OBJECTIVE

The objective of this Clinical Practice Guideline (CPG) is to provide evidence-based recommendations for older adult preventive health including screenings, immunizations and examinations. These best practice recommendations detail services that are considered medically necessary by WellCare for the prevention of certain diseases and medical conditions among this population. WellCare strongly recommends that all members receive the necessary preventive services, leading to improved healthcare quality and outcomes.

OVERVIEW

Preventive health services can help detect disease earlier to allow optimal treatment and live longer. Providers and those working with Members should emphasize counseling on such topics such as quitting smoking, losing weight, eating better, treating depression, and reducing alcohol use. In addition, Providers should discuss routine vaccinations to prevent diseases and available screenings with Members. In an effort to improve the health of Americans, the United States Preventive Services Task Force (USPSTF) focuses on evidence-based recommendations on clinical preventive services (e.g., screenings, counseling services, and preventive medications). Recommendations are published on the USPSTF’s web site and/or in peer-reviewed journals. The USPSTF is an independent, volunteer panel of national experts in prevention and evidence-based medicine. Recommendations are assigned a grade (A, B, C, or D grade or an I statement) based on the strength of the evidence and the balance of benefits and harms of a preventive service.

The Agency for Healthcare Research and Quality (AHRQ) was authorized by the United States Congress in 1998 to organize the USPSTF in an effort to provide ongoing scientific, administrative, and dissemination support to the Task Force. An annual report is presented to Congress that identifies critical evidence gaps in research related to clinical preventive services and recommends priority areas that deserve further examination. WellCare is committed to providing the most current information to its Members and Providers. This CPG focuses on medical-behavioral integration to ensure Members receive the best preventive care driven by the efforts of the USPSTF and AHRQ as well as other related national organizations.

WellCare is committed to ensuring that Members have access to preventive health screenings. America’s Health Insurance Plans (AHIP) launched a searchable Preventive Services Dashboard (here). The goal of the dashboard is to allow Providers and Members to have a central location to access preventive health guidelines. Organizations that are included are: United States Preventive Service Task Force (USPSTF), Advisory Committee on Immunization Practices (ACIP), and Health Resources and Services Administration (HRSA) Women’s Clinical Preventive Guidelines. The database is categorized by target patient gender, target patient age range, and recommended frequency. The database will be updated twice a year. Guidelines are available from USPSTF and HRSA; guidelines from ACIP are forthcoming.
Hierarchy of Support

**GUIDELINE HIERARCHY**

CPGs are updated annually or as necessary due to updates made to guidelines or recommendations by the United States Preventive Services Task Force (USPSTF) and the organizations listed below. When there are differing opinions noted by national organizations, WellCare will default to the member's benefit structure as deemed by state contracts and Medicaid/Medicare regulations. If there is no specific language pertaining to older adult preventive health, WellCare will default (in order) to the following:

- National Committee for Quality Assurance (NCQA);
- United States Preventive Services Task Force (USPSTF), National Quality Strategy (NQS), Agency for Healthcare Research and Quality (AHRQ);
- Specialty associations, colleges, societies, etc. (e.g., American Academy of Family Physicians, American Congress of Obstetricians and Gynecologists, American Cancer Society, etc.).

Links to websites within the CPGs are provided for the convenience of Providers. Listings do not imply endorsement by WellCare of the information contained on these websites. NOTE: All links are current and accessible at the time of MPC approval.

WellCare aligns with the USPSTF and the condition-specific organizations below on the topic of older adult preventive health. Highlights from their recommendations are included below – also see **Recommended Screenings, Immunizations, and Assessments.**

Evidence Based Practice

**AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)**

The Agency for Healthcare Research and Quality (AHRQ) works in partnership with the United States Preventive Services Task Force (USPSTF) on reviews. Items from the USPSTF and other noted organizations reviewed by the AHRQ are included below.

**MEASUREMENT OF COMPLIANCE**

WellCare is committed to adhering to the measures and standards published by the Centers for Medicare and Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA). Please reference WellCare’s Clinical Policy Guiding Document titled **Quality Improvement.**

NOTE: To access Clinical Policy Guiding Documents visit [www.wellcare.com](http://www.wellcare.com) – select the Provider tab, then “Tools” and “Clinical Guidelines”.

**MARKET SPECIFIC INFORMATION**

**Illinois**

A complete health history and physical examination is provided to each member initially within the first twelve (12) months of enrollment. Thereafter, Members between ages twenty-one (21) and sixty-four (64) should have a complete health history and physical examination every 1-3 years. For Members aged sixty-five (65) and older, a complete health history and physical examination is conducted annually. With each health history and physical
examination, screening, counseling and immunization should be provided in accordance with national medical organizations’ guidelines. This should include the following:

- Height and weight measurement for Body Mass Index (BMI);
- Blood pressure;
- Nutrition and physical activity assessment and counseling;
- Alcohol, tobacco, substance abuse, intimate partner violence, and depression screening and counseling;
- Health promotion and anticipatory guidance;
- Any known condition or condition discovered during the complete health history and physical examination requiring further Medically Necessary diagnostic study or treatment must be provided if within the scope of Covered Services.

In addition, annual tuberculin (Mantoux) skin testing for all at-risk Members. At risk may include signs and symptoms of tuberculosis, recent contact with someone diagnosed with tuberculosis, occupational or living hazard of close quarters, and recent immigrants from county with high prevalence of tuberculosis, illicit drug use, compromised immune system, or healthcare workers.

WellCare will provide the following immunizations by age and interval for both male and female Enrollees, unless contraindicated (42 CFR 438.208(b)):

- **Influenza** – one (1) dose annually
- **Tetanus/ Diphtheria (Td) –** one Tdap and one td booster every ten (10) years
- **Varicella** – one (1) two dose series for all adults without previous evidence of immunity
- **Human Papilloma Virus (HPV) -** one (1) three dose series up through age 26
- **Shingles (zoster)** – one (1) dose at 60 years of age and older
- **Hepatitis A and B** – combined Hepatitis A and Hepatitis B one (1) three dose series or Hepatitis A one (1) two dose series or Hepatitis B one (1) three dose series provided at any age for any Member requesting protection

In addition, women aged 40 to 49 are recommended to have biennial mammogram screenings and annual screenings begin at age 50. Clinical breast exams are recommended every one (1) to three (3) years from 20 to 40 years old and annually thereafter. Breast self-awareness to recognize changes can be discussed from age 20 years old. Using one of several tools, women with a family history of breast, ovarian, tubal, or peritoneal cancer should be offered the gene mutation screening for BRCA1 and BRCA2. Subsequent positive testing should be offered genetic counseling. Women who are at increased risk for breast cancer should be counseled and offered risk reducing medication such as selective estrogen response modulators.

**New Jersey**

**Preventive Cancer Screening Requirements.** WellCare complies with the New Jersey requirements to ensure the provision of preventive cancer screening services including, at a minimum, mammography and prostate cancer screening. The program includes the following components:

- Measurement of provider compliance with performance standards;
- Education outreach for both enrollees and practitioners regarding preventive cancer screening services;
- Mammography services for women ages 65 to 75 offered at least annually;
- Screen for prostate cancer scheduled for enrollees aged 65 to 75 at least every two years; and
- Documentation on medical records of all tests given, positive findings and actions taken to provide appropriate follow-up care.

**Care Management**

The goal for Care Management is to support the member’s ability to self-manage Preventive Health Care and remove barriers preventing the member from achieving this goal. Primary Preventive Health Care to educate member on
include: Provide education regarding appropriate screenings and immunizations for member age, gender and health condition. Assist with transportation and address any other barriers preventing member from receiving recommended Older Adult Preventive Health Care.

MEASURABLE HEALTH OUTCOMES

Targeted Health Outcomes (Extended Program Goals) result from successful member self-management (see Case Management Objectives).

- Member will have age/gender/condition appropriate Older Adult Preventive Health Care as evidenced by claims for immunizations, screenings. CM may use Provider and/or Member narrative and/or HRA data may be used.

CASE MANAGEMENT GOALS

Case Goals should target specific care gaps and/or adherence issues, and measure the member’s progress towards self-management and adherence which will lead to the targeted health outcomes above. Examples:

1. The Member’s claims demonstrate adherence to Preventive Health Care immunizations, screenings, and education (verified by claims or member/provider narrative) over last 360 days.

2. Specific for Members requiring hospitalization: The Member participates in provider follow-up visit within 7 days of hospital discharge.

CASE MANAGEMENT OBJECTIVES

Case Management Objectives should focus on improving the member’s self-management skills including:

- Adhering to provider visit(s) as scheduled
- Educate member on age/gender/condition specific Older Adult Preventive Health Care screenings & immunizations
- Assist member with transportation and making appointments for screenings and immunizations as needed
- Assist member with addressing barriers to receiving Older Adult Preventive Care screenings and immunizations
- Utilize approved screening tools to identify risk factors

The care team should also conduct risk screening and treat anxiety and depression, if applicable.

MEDICAL AND BEHAVIORAL INTEGRATION

PCPs provide about 70% of all mental health treatment in the USA. About 25% of adults experience a mental illness a year and more than half of them do not receive treatment. Integrating behavioral health services in primary care can get patients back to work sooner, increase compliance with medical treatment, lower medical costs and possibly even reduce physician burnout. PCPs should universally screen all their patients for mental health conditions and substance abuse, provide care to patients with mild to moderate behavioral health concerns and refer out to mental health professionals for severe or complex cases while collaborating with the professional and sharing clinical information such as medications. Behavioral counseling to all patients regarding exercise, diet and stress management should also be given. PCPs should also address overall mental well-being and explain the links between mental well-being and physical well-being. Domestic violence risks should also be assessed as well as the quality of the patient’s support system. Many providers are now adding behavioral health professionals to their staff as patients are more likely to attend follow up appointments as the stigma of seeing a behavioral health professional is removed and quality of care outcomes improve. High-risk populations can be addressed by incorporating behavioral health screenings into well-child checkups, screening all pregnant and perinatal women for depression and substance abuse and providing guidance and coaching to parents as part of pediatric care to ensure children’s social and emotional needs are being met. If behavioral health professionals cannot be located in the same office then easy consultation with a behavioral health professional should be available.2
Recommended Screenings

UNITED STATES PREVENTIVE SERVICES TASK FORCE (USPSTF)

The USPSTF has published over 60 guidelines pertaining to adult preventive health. Topics most common for WellCare members are noted below that received a grade of A, B, or C. The link provided will direct to the most recent USPSTF recommendation.\

**Behavioral Health**
- Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions [UPDATED 2018]
- Depression in Adults: Screening
- Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults: Screening [UPDATED 2018]

**Cancer**
- Breast Cancer: Medications for Risk Reduction [UPDATE in PROGRESS]
- Breast Cancer: Screening
- Colorectal Cancer: Screening [UPDATE in PROGRESS]
- Lung Cancer: Screening [UPDATE in PROGRESS]
- Prostate Cancer: Screening [NEW 2018]
- Skin Cancer Prevention: Behavioral Counseling [UPDATED 2018]

**Cardiovascular**
- Aspirin Use to Prevent Cardiovascular Disease and Colorectal Cancer: Preventive Medication
- Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors: Behavioral Counseling [UPDATE in PROGRESS]
- Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults: Behavioral Counseling
- Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication

**Other**
- Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening [UPDATE in PROGRESS]
- Hepatitis B Virus Infection: Screening [UPDATE in PROGRESS]
- Hepatitis C: Screening [UPDATE in PROGRESS]
- High Blood Pressure in Adults: Screening [UPDATE in PROGRESS]
- Human Immunodeficiency Virus (HIV) Infection: Screening [UPDATE in PROGRESS]
- Latent Tuberculosis Infection: Screening
- Osteoporosis to Prevent Fractures: Screening
- Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions [UPDATE in PROGRESS]
- Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions [UPDATED 2018]

**Sexual Health**
- Sexually Transmitted Infections: Behavioral Counseling [UPDATE in PROGRESS]

For recommendations in progress by the USPSTF, click [here][5]. A summary of selected USPSTF screenings can be found in the Addendum.
The AAFP has published guidelines pertaining to adult preventive health. Topics most common for WellCare members are noted below and can be accessed here.\(^6\)

- Hearing Loss
- Hepatitis
- HIV
- Illicit Drug Use
- Immunizations
- Influenza Vaccines
- Lipid Disorders
- Obesity
- OTC Oral Contraceptives
- Pap Smears
- Pelvic Exam or Physical Exams
- Skin Cancer
- Suicide
- Tobacco Use

### AMERICAN CANCER SOCIETY

In addition to the USPSTF guidelines for colorectal screening, WellCare adheres to the American Cancer Society (ACS) Guidelines for the Early Detection of Cancer published in 2018. For people aged 20 or older who get periodic health exams, a cancer-related check-up should include health counseling and, depending on a person’s age and gender, exams for cancers of the thyroid, oral cavity, skin, lymph nodes, testes, and ovaries, as well as for some other diseases besides cancer. For information regarding specific cancer prevention screenings, please refer to the Addendum. The full ACS guidelines are available here.\(^7\)

### OTHER TOPICS

The Addendum lists cancer-related organizations that WellCare aligns with regarding prevention and screening. In addition, the CDC has published a *Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention* that includes Evidence-Based Interventions (EBIs) and Best Practices. Items are identified by the CDC's Prevention Research Synthesis (PRS) Project through a series of ongoing systematic reviews. The *Compendium* is available here.\(^8\)

### Recommended Prevention Education

The following topics are recommended for discussion with members:

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Source</th>
</tr>
</thead>
</table>
| Care for Older Adults Advance Care Planning | Adults, ≥ 66 years | Providers should discuss the following:  
  - Advance care planning  
  - Medication review  
  - Functional status assessment  
  - Pain assessment | NCQA\(^9\) |
| Aspirin Use to Prevent Cardiovascular Disease (CVD) and Colorectal Cancer (CRC) | Adults, 60 to 69 years with a ≥10%  
  10-year CVD risk  
  All other adults | The decision to initiate low-dose aspirin use for the  
  primary prevention of CVD and CRC in this  
  population should be an individual one. Persons  
  who are not at increased risk for bleeding, have a  
  life expectancy of at least 10 years, and are willing  
  to take low-dose aspirin daily for at least 10 years  
  are more likely to benefit. Persons who place a  
  higher value on the potential benefits than the  
  potential harms may choose to initiate low-dose  
  aspirin.  
  Current evidence is insufficient to assess the  
  balance of benefits and harms of initiating aspirin  
  use for the primary prevention of CVD and CRC in  
  adults <50 years and adults ≥70 years. | USPSTF\(^10\) |
| Calcium Intake - Vitamin D Supplementation | Females, age 51-70  
  Females, age 71+ | 1,200 mg of calcium, 600 IU of vitamin D  
  1,200 mg of calcium, 800 IU of vitamin D | ACOG\(^11\) |
<table>
<thead>
<tr>
<th>Category</th>
<th>Population Description</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury Prevention</td>
<td>Women should be counseled on the recommended daily dietary allowances for calcium and vitamin D from the Institute of Medicine. A serum vitamin D level of 20 ng per mL (50 nmol per L) is recommended for good bone health.</td>
<td></td>
</tr>
<tr>
<td>Diet and Physical Activity for Cardiovascular Disease Prevention</td>
<td>Adults</td>
<td>The USPSTF recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.</td>
</tr>
<tr>
<td>Statin Use for the Prevention of Cardiovascular Disease</td>
<td>Adults, ages 40-75 with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater. Adults, ages 40 to 75 years with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 7.5% to 10%.</td>
<td>Screening is recommended for adults without a history of cardiovascular disease (CVD) (e.g., asymptomatic coronary artery disease or ischemic stroke) using a low- to moderate-dose statin for the prevention of CVD events and mortality. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults aged 40 to 75 years. Although statin use may be beneficial for the primary prevention of CVD events in some adults with a 10-year CVD event risk of less than 10%, the likelihood of benefit is smaller, because of a lower probability of disease and uncertainty in individual risk prediction. Providers may choose to offer a low- to moderate-dose statin to certain adults without a history of CVD.</td>
</tr>
<tr>
<td>Tobacco Smoking Cessation in Adults</td>
<td>Adults</td>
<td>Discussion about tobacco use, advise member to stop using tobacco, and provide behavioral interventions, and FDA approved pharmacotherapy for tobacco.</td>
</tr>
<tr>
<td>Unhealthy Alcohol Use in Adults</td>
<td>Adults ≥ 18 years, including pregnant women</td>
<td>Providers should screen adults ≥ 18 years for unhealthy alcohol use in primary care settings. Education should be provided to persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.</td>
</tr>
<tr>
<td>Weight Loss / Obesity Prevention</td>
<td>Adults, body mass index (BMI) of ≥30</td>
<td>Providers should offer or refer adults to intensive, multicomponent behavioral interventions.</td>
</tr>
<tr>
<td>Recommended Immunizations</td>
<td>2019 Recommended Immunizations for Adults: By Age and Health Condition</td>
<td>The ACIP provides advice and guidance to the Director of the CDC regarding use of vaccines and related agents for control of vaccine-preventable diseases in the civilian population of the United States. Recommendations made by the ACIP are reviewed by the CDC Director and, if adopted, are published as official CDC/HHS recommendations in the Morbidity and Mortality Weekly Report (MMWR). For the full recommendation of individual vaccines, visit the ACIP website.</td>
</tr>
</tbody>
</table>
Table 1
Recommended Adult Immunization Schedule by Age Group
United States, 2019

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>18–31 years</th>
<th>22–64 years</th>
<th>27–40 years</th>
<th>50–64 years</th>
<th>&gt;65 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza inactivated (I) or Influenza recombinant (R)</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
</tr>
<tr>
<td>Influenza live attenuated (IIV)</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
</tr>
<tr>
<td>Tdap, tetanus, diphtheria, pertussis</td>
<td>1 dose Tdap, then Td booster every 10 yrs</td>
<td>1 dose Tdap, then Td booster every 10 yrs</td>
<td>1 dose Tdap, then Td booster every 10 yrs</td>
<td>1 dose Tdap, then Td booster every 10 yrs</td>
<td>1 dose Tdap, then Td booster every 10 yrs</td>
</tr>
<tr>
<td>Mumps, measles, rubella (MMR)</td>
<td>1 or 2 doses depending on indication (if born in 1967 or later)</td>
<td>1 or 2 doses depending on indication (if born in 1967 or later)</td>
<td>1 or 2 doses depending on indication (if born in 1967 or later)</td>
<td>1 or 2 doses depending on indication (if born in 1967 or later)</td>
<td>1 or 2 doses depending on indication (if born in 1967 or later)</td>
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<tr>
<td>Varicella (VVR)</td>
<td>2 doses (if born in 1980 or later)</td>
<td>2 doses (if born in 1980 or later)</td>
<td>2 doses (if born in 1980 or later)</td>
<td>2 doses (if born in 1980 or later)</td>
<td>2 doses (if born in 1980 or later)</td>
</tr>
<tr>
<td>Zoster vaccine (ZDV)</td>
<td>2 doses</td>
<td>2 doses</td>
<td>2 doses</td>
<td>2 doses</td>
<td>2 doses</td>
</tr>
<tr>
<td>Human papillomavirus (HPV)</td>
<td>2 or 3 doses depending on age at initial vaccination</td>
<td>2 or 3 doses depending on age at initial vaccination</td>
<td>2 or 3 doses depending on age at initial vaccination</td>
<td>2 or 3 doses depending on age at initial vaccination</td>
<td>2 or 3 doses depending on age at initial vaccination</td>
</tr>
<tr>
<td>Human papillomavirus (HPV)</td>
<td>2 or 3 doses depending on age at initial vaccination</td>
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<td>2 or 3 doses depending on age at initial vaccination</td>
<td>2 or 3 doses depending on age at initial vaccination</td>
<td>2 or 3 doses depending on age at initial vaccination</td>
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<tr>
<td>Pneumococcal conjugate (PCV)</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
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<tr>
<td>Pneumococcal polysaccharide (PPSV23)</td>
<td>1 or 2 doses depending on indication</td>
<td>1 or 2 doses depending on indication</td>
<td>1 or 2 doses depending on indication</td>
<td>1 or 2 doses depending on indication</td>
<td>1 or 2 doses depending on indication</td>
</tr>
<tr>
<td>Hepatitis A (HepA)</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
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<tr>
<td>Hepatitis B (HepB)</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
</tr>
<tr>
<td>Meningoacoccal A, C, W, Y (MenACWY)</td>
<td>1 or 2 doses depending on indication, then booster every 5 yrs if risk remains</td>
<td>1 or 2 doses depending on indication, then booster every 5 yrs if risk remains</td>
<td>1 or 2 doses depending on indication, then booster every 5 yrs if risk remains</td>
<td>1 or 2 doses depending on indication, then booster every 5 yrs if risk remains</td>
<td>1 or 2 doses depending on indication, then booster every 5 yrs if risk remains</td>
</tr>
<tr>
<td>Meningoacoccal B (MenB)</td>
<td>2 doses depending on vaccine and indication</td>
<td>2 doses depending on vaccine and indication</td>
<td>2 doses depending on vaccine and indication</td>
<td>2 doses depending on vaccine and indication</td>
<td>2 doses depending on vaccine and indication</td>
</tr>
<tr>
<td>Haemophilus influenza type b (HIB)</td>
<td>1 or 3 doses depending on indication</td>
<td>1 or 3 doses depending on indication</td>
<td>1 or 3 doses depending on indication</td>
<td>1 or 3 doses depending on indication</td>
<td>1 or 3 doses depending on indication</td>
</tr>
</tbody>
</table>

Recommended Assessments

All adults should be screened for tobacco and alcohol misuse as well as depression at their initial preventive care visit as well as at subsequent visits. Additional information can be found in the CPG Behavioral Health Screening in Primary Care Settings: HS-1036 which addresses common mental health concerns.

Related WellCare Guidelines

WellCare has a library of CPGs on a variety of conditions. In addition to the information contained in this document, please reference the following age-specific Preventive Health CPGs: Adolescent (HS-1051), Adult (HS-1018), and Pediatric (HS-1019). The CPG Behavioral Health Screening in Primary Care Settings: HS-1036 addresses common mental health concerns. In addition, WellCare has created the Claims Edit Guideline (CEG) Preventive Health Services: HS-335 to emphasize the Plan’s commitment to preventive health screening.

Clinical Policies can be accessed by going to www.wellcare.com – select the Provider tab, then “Tools” and “Clinical Guidelines”.

References

1. State of New Jersey Department of Human Services (Division of Medical Assistance and Health Services). Medicaid Contract, Section 4.6.2.R.2.b.
Clinical Practice Guideline

OLDER ADULT PREVENTIVE HEALTH CARE GUIDELINES
HS-1063


Disclaimer

Clinical Practice Guidelines (CPGs) made available by WellCare are informational in nature and are not a substitute for the professional medical judgment of treating physicians or other health care practitioners. CPGs are based on information available at the time and may not be updated with the most current information available at subsequent times. Individuals should consult with their physician(s) regarding the appropriateness of care or treatment options to meet their specific needs or medical condition. Disclosure of a CPG is not a guarantee of coverage and is not intended to be used for Utilization Management Decisions or for claims. Members of WellCare Health Plans should consult their individual coverage documents for information regarding covered benefits. WellCare does not offer medical advice or provide medical care, and therefore cannot guarantee any results or outcomes. WellCare does not warrant or guarantee, and shall not be liable for any deficiencies in the information contained herein or for any inaccuracies or recommendations made by independent third parties from whom any of the information contained herein was obtained. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting the Provider tab, then "Tools" and "Clinical Guidelines".

Easy Choice Health Plan ~ Harmony Health Plan of Illinois ~ Missouri Care ~ "Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona. OneCare (Care1st Health Plan Arizona, Inc.) ~ Staywell of Florida ~ WellCare Prescription Insurance ~ WellCare Texas Plus (Medicare ~ Dallas and Houston markets)
WellCare (Arizona, Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)

Medical Policy Committee Approval History

<table>
<thead>
<tr>
<th>Date</th>
<th>History and Revisions by the Medical Policy Committee</th>
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<tbody>
<tr>
<td>3/28/2019</td>
<td>• Approved by MPC. Updated immunization tables.</td>
</tr>
<tr>
<td>11/1/2018</td>
<td>• Approved by MPC. Inclusion of American Cancer Society guidelines for colorectal cancer screening (changed from age 50 to age 45).</td>
</tr>
<tr>
<td>3/1/2018</td>
<td>• Approved by MPC. Updated immunization tables.</td>
</tr>
<tr>
<td>10/15/2017</td>
<td>• Approved by MPC. New.</td>
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</table>

Addendum

CANCER SCREENINGS

<table>
<thead>
<tr>
<th>Screening</th>
<th>Age</th>
<th>Frequency</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer / Mammography</td>
<td>Females, age 50-74</td>
<td>Regular, biennial screening ≤ age 50 years is an individual decision; patient values regarding benefits and harms should be considered.</td>
<td>USPSTF[19]</td>
</tr>
<tr>
<td></td>
<td>Females, age 40+</td>
<td>Women should be screened with MRIs along with mammograms if there is a family history, a genetic tendency, or certain other factors. Providers should discuss risk for breast cancer and the best screening plan for these patients. In addition, the following guidelines are recommended by the ACS:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ages 40 to 44 – start annual breast cancer screening with mammograms (if patient chooses).</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ages 45 to 54 – annual mammogram.</td>
<td>American Cancer Society[7]</td>
</tr>
<tr>
<td></td>
<td>Females, ≥40 years</td>
<td>Mammograms should begin at 40 years; clinical breast examinations should also continue.</td>
<td>ACOG[81]</td>
</tr>
</tbody>
</table>

Clinical Practice Guideline

Original Effective Date: 10/15/2017 - Revised: 3/1/2018, 11/1/2018, 3/28/2019
PRO_42935E Internal/State Approved 09262019
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<thead>
<tr>
<th>Cancer Type</th>
<th>Population/Characteristics</th>
<th>Screening Recommendations</th>
<th>Agency/Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cervical Cancer (HPV)</strong></td>
<td>Women, ages 30-65</td>
<td>Screening using a Pap test plus an HPV test (&quot;co-testing&quot;) done every 5 years. (Pap test alone is recommended every 3 years).</td>
<td>American Cancer Society</td>
</tr>
<tr>
<td></td>
<td>Women, ≥ 65 years</td>
<td>Screening is not recommended for cervical cancer in women older than 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer.</td>
<td>American Cancer Society</td>
</tr>
<tr>
<td></td>
<td>Women who have had a hysterectomy</td>
<td>Screening is not recommended in women who have had a hysterectomy with removal of the cervix and who do not have a history of a high-grade precancerous lesion or cervical cancer.</td>
<td>American Cancer Society</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Screening is not recommended for women who have had regular cervical cancer testing in the past 10 years with normal results. Once testing is stopped, it should not be started again. Women with a history of a serious cervical pre-cancer should continue to be tested for at least 20 years after that diagnosis, even if testing goes past age 65.</td>
<td>USPSTF22</td>
</tr>
<tr>
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</tr>
<tr>
<td><strong>Colorectal Cancer</strong></td>
<td>Adults, ≥ 50 years (until age 75)</td>
<td>Screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults. Risks and benefits of methods vary.</td>
<td>USPSTF23</td>
</tr>
<tr>
<td></td>
<td>Adults, age 45 and older</td>
<td>In addition to the USPSTF guidelines for colorectal screening, the American Cancer Society (2018) recommends screening for average-risk adults age 45 years and older to have regular screening with a high-sensitivity stool-based test or a structural (visual) exam (based on personal preferences and test availability).</td>
<td>American Cancer Society</td>
</tr>
<tr>
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</tr>
<tr>
<td>Lung Cancer</td>
<td>Adults, ages 55-80 with a History of Smoking</td>
<td>Annual screening with low-dose computed tomography (LDCT) in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.</td>
<td>USPSTF(^\text{25})</td>
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</tr>
<tr>
<td></td>
<td>Adults</td>
<td>Screening is not recommended in people who are at average risk. Annual screening with an low-dose CT scan (LDCT) of the chest is recommended for those at high risk due to cigarette smoking and who are: • 55 to 74 years of age • In good health • Have at least a 30 pack-year smoking history AND are still smoking or have quit within the last 15 years. NOTE: A pack-year is the number of cigarette packs smoked each day multiplied by the number of years a person has smoked. Someone who smoked a pack of cigarettes per day for 30 years has a 30 pack-year smoking history, as does someone who smoked 2 packs a day for 15 years.</td>
<td>American Cancer Society(^\text{7})</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>Men aged 55 to 69 years</td>
<td>The decision to undergo periodic prostate-specific antigen (PSA)-based screening for prostate cancer should be an individual one. Men should have an opportunity to discuss the potential benefits and harms of screening with their provider and to incorporate their values and preferences in the decision. See the full recommendation <a href="#">here</a>.</td>
<td>USPSTF(^\text{26})</td>
</tr>
<tr>
<td></td>
<td>Men aged 70+ years</td>
<td>PSA-based screening is not recommended for prostate cancer in men 70 years and older.</td>
<td>USPSTF(^\text{26})</td>
</tr>
<tr>
<td></td>
<td>Men, age 50+</td>
<td>The ACS recommends that men make an informed decision with a health care provider about whether to be tested for prostate cancer. • Starting at age 50, men should talk to a provider about the pros and cons of testing. • Men who are African American or have a father or brother who had prostate cancer before age 65 should discuss screening at age 45. • Screening should include a PSA blood test (with or without a rectal exam); the frequency of testing depends on the patient’s PSA level.</td>
<td>American Cancer Society(^\text{7})</td>
</tr>
<tr>
<td>Skin Cancer</td>
<td>Adults older than 24 years with fair skin types</td>
<td>Providers should selectively offer counseling those with fair skin types about minimizing exposure to UV radiation. Providers should consider the presence of risk factors for skin cancer.</td>
<td>USPSTF(^\text{27})</td>
</tr>
</tbody>
</table>
### All Other Cancers

<table>
<thead>
<tr>
<th>Screening</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>For a listing of all USPSTF cancer related recommendations, see the USPSTF section above which includes links to recommended screenings on a variety of cancers. The Addendum also includes additional information from the ACS, ASCO, and NCCN. USPSTF, American Cancer Society (ACS), American Society of Clinical Oncology (ASCO), National Comprehensive Cancer Network (NCCN)</td>
</tr>
</tbody>
</table>

### AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO)

In addition, WellCare adheres to the practice guidelines set forth by the American Society of Clinical Oncology. The guidelines can be accessed [here](#). Topics include types of cancer as well as Assays and Predictive Markers; Supportive Care and Quality of Life; Survivorship; and Treatment-Related Issues.

### NATIONAL COMPREHENSIVE CANCER NETWORK (NCCN)

WellCare adheres to the practice guideline set forth by the National Comprehensive Cancer Network (NCCN) Guidelines that can be accessed [here](#). Guidelines are categorized by site and include topics such as: Detection, prevention and risk reduction; Supportive care; Age related recommendations; and Patient education.

**NOTE:** Readers will be prompted to register for a free membership in order to access the guidelines.

### OTHER HEALTH SCREENINGS

The following topics are recommended for discussion with Members. For additional information, please see the applicable reference(s):

<table>
<thead>
<tr>
<th>Screening</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Screening for depression is recommended in the general adult population. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. USPSTF[^30],[^31]</td>
</tr>
<tr>
<td>Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults</td>
<td>The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for abuse and neglect in all older or vulnerable adults. USPSTF[^32]</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Screening for abnormal blood glucose is recommended as part of cardiovascular risk assessment. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthy diet and physical activity. Adults who are overweight (BMI &gt;25 kg/m²[^]) with risk factors[^1] should be screened. USPSTF[^33]</td>
</tr>
</tbody>
</table>

[^1]: According to the American Diabetes Association,[^34] a diagnosis can be made with a fasting plasma glucose level of ≥126 mg per dL; an A1C level of 6.5% or greater; or by meeting criteria for type 2 diabetes as set forth by the American Diabetes Association.
<table>
<thead>
<tr>
<th>Health Condition</th>
<th>Age Groups</th>
<th>Screening Recommendations</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Random Plasma Glucose Level</strong></td>
<td>&gt; 50 years</td>
<td>Random plasma glucose level of 200 mg per dL or greater; or a 75-g two-hour oral glucose tolerance test with a plasma glucose level of 200 mg per dL or greater.</td>
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<tr>
<td><strong>Asymptomatic Pregnant Women</strong></td>
<td></td>
<td>Screening for gestational diabetes mellitus (GDM) in asymptomatic pregnant women after 24 weeks of gestation is recommended. Current evidence is insufficient to assess the balance of benefits and harms of screening for GDM in asymptomatic pregnant women before 24 weeks of gestation.</td>
<td>USPSTF</td>
</tr>
<tr>
<td><strong>Hearing</strong></td>
<td>Adults, &gt; 50 years</td>
<td>Evidence is insufficient to assess the balance of benefits and harms of screening for hearing loss in asymptomatic adults.</td>
<td>USPSTF</td>
</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>Adults</td>
<td>Screening in persons at high risk for infection.</td>
<td>USPSTF</td>
</tr>
<tr>
<td><strong>Hepatitis C</strong></td>
<td>Adults</td>
<td>Screening is recommended in persons at high risk for infection; offer 1-time screening for HCV infection to adults born between 1945 and 1965.</td>
<td>USPSTF</td>
</tr>
<tr>
<td><strong>High Blood Pressure</strong></td>
<td>Adults, &gt; 18 years</td>
<td>Screening is recommended and includes obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment.</td>
<td>USPSTF</td>
</tr>
<tr>
<td><strong>HIV</strong></td>
<td>Adults, 15 to 65 years</td>
<td>Screening is recommended in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened. All pregnant women should also be screened for HIV, including those who present in labor who are untested and whose HIV status is unknown.</td>
<td>USPSTF</td>
</tr>
<tr>
<td><strong>Osteoporosis (Bone Mass Measurement)</strong></td>
<td>Women 65 years and older; Postmenopausal women &gt;65 years at increased risk</td>
<td>Screening is recommended with bone measurement testing to prevent osteoporotic fractures in women 65 years and older and in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool. Current evidence is insufficient to assess the balance of benefits and harms of screening.</td>
<td>USPSTF</td>
</tr>
<tr>
<td></td>
<td>Males, All</td>
<td></td>
<td></td>
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<tr>
<td><strong>Vision Screening</strong></td>
<td>Age 18 to 64</td>
<td>At least every two years in those who are low-risk or asymptomatic or annually for those at risk.</td>
<td>Association</td>
</tr>
<tr>
<td></td>
<td>Age ≥ 65</td>
<td>Annually, or as recommended.</td>
<td></td>
</tr>
<tr>
<td><strong>Sexual Health</strong></td>
<td>Sexually Active Women</td>
<td>Screening is recommended for sexually active older women who are at increased risk for infection. Screening is not recommended for men due to insufficient evidence assessing the balance of benefits and harms of screening.</td>
<td>USPSTF</td>
</tr>
<tr>
<td></td>
<td>Sexually Active Men</td>
<td></td>
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</tr>
</tbody>
</table>

Clinical Practice Guideline
<table>
<thead>
<tr>
<th>Sexually Transmitted Infections (STIs)</th>
<th>Sexually Active Adults</th>
<th>Screening and intensive behavioral counseling is recommended for all sexually active adults who are at increased risk for STIs.</th>
<th>USPSTF[^44]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syphilis Infection</td>
<td>Asymptomatic, adults at increased risk</td>
<td>Screening is recommended in persons who are at increased risk for infection.</td>
<td>USPSTF[^45,46]</td>
</tr>
</tbody>
</table>

[^44]: USPSTF, 2018
[^45]: USPSTF, 2018
[^46]: USPSTF, 2018