

FSR Provider Updates — June 2025

Preventive care screening updates

California | Anthem Blue Cross | Medi-Cal Managed Care (Medi-Cal)

The Department of Health Care Services (DHCS) requires all participating Medi-Cal Managed Care primary care providers to comply with the most current recommendations by the American Academy of Pediatrics (AAP), the U.S. Preventive Care Services Task Force (USPSTF) Grades A and B recommendations, and the Centers for Disease Control (CDC).

The following preventive care screening recommendations have been updated:

- Breast cancer screening
- COVID-19 vaccination
- Hepatitis B infection screening
- Hepatitis C infection screening
- HIV screening and testing
- Member risk assessment
- Pneumococcal vaccination for adults
- Sudden cardiac arrest and sudden cardiac death screening
- Suicide risk assessment

Breast cancer screening

Effective date: April 30, 2024

Target population: Women 40 to 74 years old

The USPSTF recommends biennial screening mammography for women ages 40 to 74 years old. The Task Force now recommends that all women get screened every other year starting at age 40.

Reference:

<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening>

COVID-19 vaccination

Effective date: November 21, 2024

Target population: 6 months and older

Patients 6 months and older shall receive one or more doses of the COVID-19 vaccine 2024-25 version annually.

References:

1. <https://www.cdc.gov/vaccines/hcp/imz-schedules/index.html>
2. <https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-notes.html#note-covid-19>

Hepatitis B infection screening

Effective dates: December 15, 2020, and January 31, 2025

Target population: All

Recommended screening tool: **CDC Hepatitis Risk Assessment Tool**

The AAP recommends performing a risk assessment at least once for patients 0 to 21 years old. Screen for the following risk factors:

- Individuals or whose parents were born in Sub-Saharan Africa: Egypt, Algeria, Morocco, Libya; Central and Southeast Asia: Afghanistan, Vietnam, Cambodia, Thailand, Philippines, Malaysia, Indonesia, Singapore
- Pregnant women
- People with a history of sexually transmitted infections or multiple sex partners
- Men who have sex with men (MSM)
- Past or current injection drug use
- People with a history of past or current HCV infection
- HIV positive
- People incarcerated or formerly incarcerated in a jail, prison, or other detention setting
- People on maintenance dialysis, including in-center or home hemodialysis and peritoneal dialysis
- Household contact with hepatitis B virus (HBV) infected people
- Infants born to HBsAg+ parents
- People with elevated liver enzymes

Those at risk shall be tested for three HBV screening seromarkers (HBsAg, antibody to HBsAg anti-HBs, and antibody to hepatitis B core antigen anti-HBc) so that they can be classified into the appropriate hepatitis B category and properly recommended to receive vaccination, counseling, and linkage to care

and treatment. Infants born to HBsAg+ mothers or women whose HBsAg status remains unknown should have post-vaccination testing at 9 to 12 months of age or one to two months after the final dose of the vaccine series, if delayed.

Document vaccine series completion during the earliest well visit.

According to the CDC Hepatitis B Virus (HBV) Screening recommendations, children under 18 years old who have documented completion of the HBV vaccination series meet the requirement for Hep B screening. Patients are considered susceptible if they have not completed the HBV vaccine series, along with those who have never been infected. Although the AAP Periodicity schedule indicates that screening can be performed once from newborn to 21 years old, risk assessment should continue at every well-child visit until the HBV vaccine series is completed up until age 18. Once a patient is 18 years old, an HBV risk assessment shall be completed at every physical exam.

According to the 2021-2024 edition of the *Red Book: Report of the Committee on Infectious Diseases*, long-term studies of immunocompetent (vaccinated) adults and children indicate that immune memory remains intact for two decades and protects against symptomatic acute and chronic HBV infection.

The CDC recommends testing all adults aged 18 years and older, even those without the above risk factors or regardless of vaccination status, for HBV infection at least once during their lifetime (at the earliest opportunity) using the triple panel test.

References:

1. <https://www.aap.org/en/practice-management/care-delivery-approaches/periodicity-schedule/>
2. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-b-virus-infection-screening>
3. <https://www.cdc.gov/hepatitis/hbv/testingchronic.htm>
4. https://www.cdc.gov/hepatitis-b/hcp/clinical-overview/?CDC_AAref_Val=https://www.cdc.gov/hepatitis/hbv/hbvfaq.htm
5. <https://www.cdc.gov/hepatitis-b/>

Hepatitis C infection screening

Effective dates: March 2, 2020, and January 31, 2025

Target population: 18 to 79 years old

Recommended screening tool: **CDC Hepatitis Risk Assessment Tool**

The AAP and the USPSTF recommend that all adults 18 to 79 years old be assessed for risk of Hepatitis C virus (HCV) exposure. Screen for the following risk factors at each well visit:

- Pregnant women
- People with a history of sexually transmitted infections or multiple sex partners
- Past or current injection drug use
- People with a history of past or current HCV infection
- HIV positive
- People incarcerated or formerly incarcerated in a jail, prison, or other detention setting
- Prior recipients of transfusions or organ transplants before July 1992, or donors who later tested positive for HCV infection
- Persistently abnormal ALT levels, and those who received clotting factor concentrates produced before 1987. Testing should be initiated with anti-HCV. For those with reactive test results, the anti-HCV test should be followed with an HCV RNA.

According to the CDC, universal testing should be conducted at least once between the ages of 18 and 79, even for those without risk factors. Persons with an increased risk of HCV infection should be tested and reassessed annually.

References:

1. https://www.cdc.gov/hepatitis-c/hcp/diagnosis-testing/?CDC_AAref_Val=https://www.cdc.gov/hepatitis/hcv/guidelinesc.htm

HIV screening

Effective date: June 11, 2019

Target population: 11 to 65 years old

Recommended screening tool: **STI and HIV Infection Risk Assessment**

The AAP recommends conducting HIV risk assessments at each annual well-child visit from 11 to 21 years old. Test adolescents for HIV at least once between the ages of 15 and 21, making every effort to preserve the confidentiality of the adolescent. After initial screening, youth at increased risk of HIV infection should be retested annually or more frequently.

The USPSTF recommends that clinicians test for HIV infection in adolescents and adults aged 15 to 65 years. Universal testing for HIV should be done at least once, starting at 15 years old. Younger adolescents and older adults who are at increased risk of infection should also be tested.

References:

1. <https://www.aap.org/periodicityschedule?srsId=AfmBOor5sR0ZIFmq5nlAVgviqhVPA4XpE994l6rTlrFendtHtA-yyU6W>
2. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening>

Member risk assessment

Effective date: January 1, 2024

Target population: All

Recommended screening tools: **ACEs**, **Mini-Cog**, **PEARLS**, or **Social Needs Screening Tool**

DHCS retired the Individual Health Education Behavior Assessment (IHEBA) (Staying Health Assessment — SHA) on January 1, 2023, and replaced it with a Member Risk Assessment (MRA). DHCS requires an MRA to be completed as part of the pediatric and adult patients' initial health appointments and subsequent comprehensive health assessments. An initial and subsequent assessment of at least one of the following risk assessment domains meets the standard:

- Adverse Childhood Experiences (ACEs) (birth to 64 years old): Potentially traumatic experiences, such as neglect, experiencing or witnessing violence, having a family member attempt or die by suicide, household with substance use problems, mental health conditions, and other experiences that occur in childhood that can affect people for years and impact their life opportunities. Examples of validated screening tools that meet the standards are as follows:
 - The Pediatric ACEs and Related Life-Events Screener (PEARLS) is used to screen children and adolescents ages 0 to 19 for ACEs.
 - The ACE Questionnaire for Adults is used to screen adults 18 years and older for ACEs.
- Cognitive Health Assessment (65 years and older): Annual cognitive assessment for Medi-Cal members to identify whether the patient has signs of Alzheimer's disease or related dementias. Examples of validated screening tools that meet the standard are as follows:
 - General Practitioner Assessment of Cognition (GPCOG)
 - Mini-Cog
 - Eight-item Informant Interview to Differentiate Aging and Dementia
- Health Risk Assessment: A DHCS-approved health risk stratification mechanism or algorithm and assessment to identify newly enrolled Seniors and Persons with Disabilities (SPD) beneficiaries who have higher risk and more complex healthcare needs. It is a systematic process used to identify, evaluate, and manage potential health risks. It aims to assess an individual's or population's susceptibility to specific health conditions based on their lifestyle, medical history, and environmental factors.

- Social drivers of health (SDoH): The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Examples of SDoH include housing instability, food insecurity, transportation needs, utility needs, and interpersonal safety. Documented assessments of SDoH in the progress notes or use of the following examples of SDoH screening tools meet the standard:
 - Social Needs Screening Tool

References:

1. https://providers.anthem.com/docs/gpp/CA_MMP_StayingHealthyAssessReqRetired.pdf?v=202302211858
2. <https://www.dhcs.ca.gov/CalAIM/Documents/2023-PHM-Policy-Guide.pdf>
3. <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-009.pdf>
4. www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-025.pdf
5. <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-024.pdf>
6. <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-017.pdf>
7. <https://www.cdc.gov/violenceprevention/aces/fastfact.html>
8. https://www.cdc.gov/about/priorities/why-is-addressing-sdoh-important.html?CDC_AAref_Val=https://www.cdc.gov/about/sdoh/index.html

Pneumococcal vaccination for adults

Effective date: November 21, 2024

Target population: 50 years or older

Vaccinate adults aged 50 years or older who have:

- Not previously received a dose of PCV13, PCV15, PCV20, or PCV21, or whose previous vaccination history is unknown: one dose PCV15, one dose PCV20, or one dose PCV21.
- If PCV15 is used, administer one dose of PPSV23 at least one year after the PCV15 dose (may use minimum interval of eight weeks for adults with an immunocompromising condition*, cochlear implant, or cerebrospinal fluid leak).
- Previously received only PCV7: follow the recommendation above.
- Previously received only PCV13: one dose PCV20 or one dose PCV21 at least one year after the last PCV13 dose.
- Previously received only PPSV23: one dose PCV15, one dose PCV20, or one dose PCV21 at least one year after the last PPSV23 dose.
- If PCV15 is used, no additional PPSV23 doses are recommended.
- Previously received both PCV13 and PPSV23, but no PPSV23 was received at age 65 years or older: one dose PCV20 or one dose PCV21 at least five years after the last pneumococcal vaccine dose.

- Previously received both PCV13 and PPSV23, **and** PPSV23 was received at age 65 years or older: Based on shared clinical decision-making, one dose of PCV20 or one dose of PCV21 at least five years after the last pneumococcal vaccine dose.

***Note:** Immunocompromising conditions include chronic renal failure, nephrotic syndrome, immunodeficiencies, iatrogenic immunosuppression, generalized malignancy, HIV infection, Hodgkin disease, leukemia, lymphoma, multiple myeloma, solid organ transplant, congenital or acquired asplenia, or sickle cell disease or other hemoglobinopathies.

References:

1. <https://www.cdc.gov/vaccines/hcp/imz-schedules/index.html>
2. <https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-notes.html#note-pneumo>
3. www.cdc.gov/pneumococcal/hcp/vaccine-recommendations/app.html

Sudden cardiac arrest and sudden cardiac death screening

Effective date: July 1, 2021

Target population: 11 to 21 years old

Recommended screening tool: **Sudden Cardiac Death Risk Assessment**

According to the AAP, screen young adolescents starting at 11 years old at the earliest opportunity and every three years or more often, depending on family and care provider concerns. Refer to a pediatric cardiologist or electrophysiologist if positive for any of the following:

- Fainting, passing out, or sudden unexplained seizure(s) without warning, especially during exercise or in response to sudden loud noises, such as doorbells, alarm clocks, and ringing telephones
- Exercise-related chest pain or shortness of breath
- Family history of death from heart problems or an unexpected, sudden death before age 50. This would include unexpected drownings, unexplained auto crashes in which the relative was driving, or SIDS.
- Related to anyone with hypertrophic cardiomyopathy (HCM) or hypertrophic obstructive cardiomyopathy, Marfan syndrome, arrhythmogenic cardiomyopathy (ACM), long QT syndrome, short QT syndrome, Brugada syndrome (BrS), or catecholaminergic polymorphic ventricular tachycardia (CPVT), or anyone younger than 50 years with a pacemaker or implantable defibrillator

References:

1. <https://www.aap.org/en/practice-management/care-delivery-approaches/periodicity-schedule/>
2. <https://doi.org/10.1542/peds.2021-052044>

Medical record documentation

In an effort to ensure care providers comply with required medical record documentation on preventive care screenings, Anthem developed/compiled the following resource:

Resource	Description	Website (case sensitive)
Comprehensive Health Assessment Forms (CHAF)	Age-specific health assessment forms providers may use during well-visits to document preventive care screenings and risk assessments. This resource is updated at least twice yearly based on new DHCS requirements. Please visit our FSR website routinely to download the most current version.	https://tinyurl.com/CHAForms



For additional information about Facility Site and Medical Record Reviews and other important resources, please visit:
<https://providers.anthem.com/california-provider/resources/fsr>.

