

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

GUIDELINE / PROCEDURE

Guideline/Procedure Number: MPQG1005 (previously MCQG1005 & QG1001050)			Lead Department: Health Services Business Unit: Quality Improvement	
Guideline/Procedure Title: Adult Preventive Health Guidelines			<input checked="" type="checkbox"/> External Guideline <input type="checkbox"/> Internal Guideline	
Original Date: 04/25/1994		Next Review Date: 03/12/2026 Last Review Date: 03/12/2025		
Applies to:	<input type="checkbox"/> Employees	<input checked="" type="checkbox"/> Medi-Cal	<input checked="" type="checkbox"/> Partnership Advantage ¹	
Reviewing Entities:	<input checked="" type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input checked="" type="checkbox"/> QUAC	
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD		<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE <input checked="" type="checkbox"/> PAC
	<input type="checkbox"/> CEO	<input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALS	<input type="checkbox"/> DEPT. DIRECTOR/OFFICER
Approval Signature: Robert Moore, MD, MPH, MBA			Approval Date: 03/12/2025	

I. RELATED POLICIES:

MCQP1021 – Initial Health Appointment
 MPQP1022 – Site Review Requirements and Guidelines
 MCUP3047 – Tuberculosis Related Treatment
 MCUP3052 – Medical Nutrition Services
 MCUP3101 – Screening and Treatment for Substance Use Disorders
 MCCP2026 – Diabetes Prevention Services

II. IMPACTED DEPTS:

A. Health Services
 B. Claims
 C. Provider Relations

III. DEFINITIONS:

N/A

IV. ATTACHMENTS:

A. [Adult Preventive Health Screening Guidelines](#)
 B. [TB Screening Recommendations \(Flowcharts\)](#)

V. PURPOSE:

To specify and define Partnership Health Plan of California (Partnership) guidelines for adult health screening and preventive services provided by primary care providers to adults aged 18 and over, as recommended by the United States Preventive Services Task Force (USPSTF) and other nationally recognized standards of practice. These include the American Academy of Family Physicians (AAFP), the American College of Obstetricians and Gynecologists (ACOG), and the American College of Physicians (ACP). These guidelines address periodic health and behavioral risk screening and preventive services for average risk asymptomatic adults.

¹ This policy may also apply in part to Partnership Advantage, the HealthPlan's Medicare product effective Jan. 1, 2026 in eight counties: Del Norte, Humboldt, Mendocino, Lake, Marin, Sonoma, Napa, and Solano, and may be subject to change based on Centers for Medicare and Medicaid Services (CMS) rules.

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Individuals identified as being at high risk for a given condition may require screening at intervals that are more frequent or the performance of additional screening tests specific to the condition. High-risk individuals are defined as those individuals whose risk behaviors, family history, socioeconomic status, or lifestyle is associated with a higher tendency towards a specific disease. “Required” and “recommended” screening interventions for various conditions as adapted from the USPSTF guidelines and other resources are listed in Attachment A. (See VI.C below for Preventive Care for Medicare recipients.) Required interventions are an integral component of primary care. Partnership audits the compliance of each primary care provider (PCP) performing these services at least once every three years during Medical Record Review (MRR). Recommended interventions are considered to constitute good clinical care but are not required by Partnership and are not considered as audit criteria.

VI. GUIDELINE / PROCEDURE:

- A. An Initial Health Appointment (IHA) must be completed for all Members within 120 days of assignment to Partnership and periodically re-administered per Department of Health Care Services’ Contract and CalAIM: Population Health Management ([PHM Policy Guide](#)) requirements.
 1. An IHA must be performed by a provider within the primary care medical setting.
 2. An IHA is not necessary if the Member’s PCP determines that the Member’s medical record contains complete information that was updated within the previous 12 months.
 - a. If a Member is new to a PCP’s practice and received health-screening services from another provider within the past 12 months, the new PCP should request those medical records from the former provider.
 3. If a Member has not been seen for an IHA or for a periodic health-screening visit, the PCP should perform the indicated screening, behavioral risk assessment, and preventive interventions during episodic visits or recommend that the Member schedule a health-screening appointment.
 4. An IHA must be provided in a manner culturally and linguistically appropriate to the Member.
 5. An IHA must be documented in the Member’s medical record and include all of the following:
 - a. A history of the Member’s physical and mental health;
 - b. An identification of risks;
 - c. An assessment of need for preventive screenings or services;
 - d. Health education offered, and
 - e. The diagnosis of and plan for treatment of any diseases.
 6. A subsequent risk assessment should be completed annually or as indicated by the Member’s needs and according to the provider’s clinical judgment.
- B. Documentation
 1. Preventive services offered and/or performed, as well as health education provided either verbally or in writing, must be documented in the Member’s medical record. Completed and outstanding preventive services should be easily identifiable.
 2. Providers must ensure timely provision of immunizations to Members in accordance with the most recent schedule and recommendations published by the Advisory Committee on Immunization Practices (ACIP), regardless of the Member’s age, sex, or medical condition, including pregnancy. Providers must document each Member’s need for ACIP-recommended immunizations as part of all regular health visits. All provided immunizations must be documented in the California Immunization Registry (CAIR2).
 3. PCPs are required to provide annual cognitive assessments for Members who are 65 years of age or older and who do not have Medicare coverage. (Reference [APL 22-025](#).) Partnership verifies whether providers have completed the required DHCS Dementia Care Aware cognitive health assessment training, using the list of providers who have completed the training provided by DHCS. Providers must complete the required training to bill and receive reimbursement from Partnership. As part of new provider training, Partnership educates its providers to bill appropriately for an annual cognitive health assessment according to the Provider billing requirements outlined in APL 22-025.

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- a. To receive reimbursement for this assessment, providers must complete the DHCS Dementia Care Aware cognitive health assessment training **prior to** billing for the annual cognitive assessments.
 - b. Once certified, providers will perform the annual cognitive health assessment as a part of an Evaluation and Management (E&M) visit and have readily available documentation based on APL guidelines in the Member's medical record. Approved assessment screening tools include the General Practitioner assessment of Cognition (GPCOG) and the Mini-Cog. Informant tools for family members and close friends, which include the Eight-item Informant Interview to Differentiate Aging and Dementia, the GPCOG, and the Short Informant Questionnaire on Cognitive Decline in the Elderly.
 - c. Providers who bill for the annual cognitive assessment must provide appropriate follow-up care based on assessment scores including, but not limited to, additional assessments or specialist referrals.
 - d. Certified providers should use the CPT code 1494F for billing. **Partnership is not required to reimburse non-certified providers.**
- C. Medicare Preventive Care
1. All recommendations described in Attachment A apply to Medicare recipients, provided age and other individual specific criteria are met.
 2. All adult vaccinations recommended by the current CDC's Advisory Committee on Immunization Practices apply.
 3. The following services are available to both Medicare and Medi-Cal recipients:
 - a. Medical Nutrition Services (MNT) as outlined in Partnership policy MCUP3052 – Medical Nutrition Services.
 - b. Diabetes Prevention Services (DPP) as outlined in Partnership policy MCCP2026 – Diabetes Prevention Services.
 4. Medicare-specific preventive care visits as outlined on the Medicare website at <http://www.medicare.gov/coverage/preventive-screening-services> including, but not limited to
 - a. A "Welcome to Medicare" visit
 - b. An annual "adult wellness visit" (AWV)
 - c. A cardiovascular behavioral therapy visit (performed by the PCP)
 - d. An obesity behavioral therapy visit (performed by the PCP).
- D. Monitoring and Quality Improvement
1. Documentation of adult preventive health services is reviewed as a component of the Medical Record Review.

VII. REFERENCES:

- A. California Department of Health Care Services' (DHCS) CalAIM: Population Health Management (PHM) Policy Guide (updated May 2024) <https://www.dhcs.ca.gov/CalAIM/Documents/PHM-Policy-Guide.pdf>
- B. DHCS All Plan Letter (APL) 24-008 Immunization Requirements (June 21, 2024, supersedes APL 18-004)
- C. DHCS APL [22-030](#), Initial Health Appointment (Dec. 22, 2022, supersedes APL 13- 017)
- D. DHCS APL [22-025](#), Responsibilities for Annual Cognitive Health Assessment for Eligible Members 65 Years of Age or Older (Nov. 28, 2022)
- E. DHCS APL [21-014](#) Alcohol and Drug Screening, Assessment, Brief Intervention and Referral to Treatment (Oct. 11, 2021 supersedes APL 18-014)
- F. American Cancer Society Screening Guidelines:
<http://www.cancer.org/healthy/findcancerearly/cancerscreeningguidelines/american-cancer-society->

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[guidelines-for-the-early-detection-of-cancer](#)

- G. American Academy of Family Physicians (AAFP) 2023 list of assessments that differ from USPSTF: [Clinical Preventive Services Recommendations https://www.aafp.org/family-physician/patient-care/clinical-recommendations/aafp-cps.html](https://www.aafp.org/family-physician/patient-care/clinical-recommendations/aafp-cps.html)
- D. American College of Obstetricians & Gynecologists (ACOG): <http://www.acog.org/> (requires subscription)
- E. American College of Physicians (ACP): http://www.acponline.org/clinical_information/guidelines/
- F. Centers for Disease Control, Vaccines and Immunizations <https://www.cdc.gov/vaccines/schedules/index.html>
- G. American Society for Colposcopy and Cervical Pathology: <http://www.asccp.org>
- H. Adult Vaccination Schedule; <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule-bw.pdf>
- K. United States Preventive Services Task Force (USPSTF) <https://uspreventiveservicestaskforce.org/uspstf/home>
- L. California Welfare and Institutions Code 14132.171, [Annual cognitive health assessment](#)
- M. Medicare Preventive & Screening Services – <https://www.medicare.gov/coverage/preventive-screening-services>
- N. California Assembly Bill 2132 Health Care Services: Tuberculosis (Sept. 29, 2024) <https://leginfo.ca.gov/>

VIII. DISTRIBUTION:

- A. Partnership Department Directors
- B. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Medical Officer

X. REVISION DATES:

Medi-Cal

HS-4 - 12/27/95; 08/05/97; 10/10/97 [name change only]; 02/10/99; 06/21/00, 06/20/01; 06/19/02; 10/30/02; 10/20/04; 05/17/06; 09/19/07; 03/18/09; 10/20/10; 03/21/12; 04/17/13; 04/16/14; 04/15/15; 05/18/16;

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04/19/17; *06/13/18; 06/12/19; 06/10/20; 06/09/21; 02/09/22; 09/14/22; 03/08/23; 04/10/24; 03/12/25

*Through 2017, Approval Date reflective of the Quality Utilization Advisory Committee meeting date.
Effective January 2018, Approval Date reflects that of the Physician Advisory Committee meeting date.

PREVIOUSLY APPLIED TO:

Partnership Advantage

MPQG1005 - 09/19/2007 to 01/01/2015

Healthy Families

MPQG1005 - 10/20/2010 to 03/01/2013

Healthy Kids

MPQG1005 - 09/19/2007 to 04/17/2013