



Policy and Procedure No: CM 44.5	Revision No: 5
Division: Care Management	
Department: Care Management	
Title: PHC-CA Adult Preventive Services	
Effective Date: 1/1/2018	
Supersedes Policy No: CM 44.0, CM 44.1, CM 44.2, CM 44.3, CM 44.4	
Reviewed/Revised by: Sandy Johansson	Review/Revision Date: 12/2/2025
Approving Committee: Utilization Management Committee	Date: 12/15/2025
Executive Oversight Committee Date: 12/16/2025	

Purpose:

To provide guidance for the provision of clinical preventive services pursuant to PHC California's (the Health Plan) contract with the Department of Health Care Services (DHCS).

Policy:

1. Enrollees of the Health Plan receive an initial health appointment (IHA) within one-hundred and twenty days (120) of enrollment. The discovery of risk factors or disease conditions as a result of the IHA determines the need for further follow-up, diagnostic and/or treatment services.
2. Enrollees receive additional screening and preventive services from their PCP per the current edition of the Guide to Clinical Preventive Services published by the U.S. Preventive Services Task Force (USPSTF). These services are to be offered in the frequency specified by the USPSTF Guide.
3. The Health Plan covers and ensures the timely provision of all U.S. Food and Drug (FDA)-approved adult vaccines in accordance with the most current recommendations published by the Advisory Committee on Immunization Practices (ACIP) for the Centers for Disease Control and Prevention (CDC), regardless of an enrollee's age, sex, or medical condition, including pregnancy. The Health Plan does not impose a deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage for immunizations. The Health Plan ensures that its network providers document all immunizations in enrollees' medical records, as well as enrollees' refusal to receive immunizations.
4. The Health Plan requires its network providers to document the need for ACIP-recommended immunizations as part of all standard health visits including, but not limited to:
 - a. Illness, care management or follow-up appointments
 - b. Initial health assessments (IHA)
 - c. Pharmacy services
 - d. Prenatal and postpartum care
 - e. Pre-travel visits
 - f. Sports, school, or work physicals

- g. Visits to local health departments
 - h. Well patient check-ups
5. The Health Plan requires all contracted providers who administer vaccines to submit patient vaccination records to local health departments and appropriate immunization registries within the specified timelines in accordance with Health and Safety Code (H&S) 120440 and 16 CCR 174.4(3) as applicable. The plan is not responsible for oversight of out-of-network providers.
 6. The Health Plan does not enroll Medi-Cal beneficiaries under the age of twenty-one (21). The requirement of DHCS APL 24-008 that plans ensure a reimbursement structure for Vaccines for Children (VCF)-enrolled pharmacy network providers as a Medi-Cal benefit does not apply.

Procedure:

1. The PCP conducts each enrollee’s IHA, which includes, but is not limited to, the following preventive services:
 - a. Blood pressure screening
 - b. Obesity screening
 - c. Total serum cholesterol measurement for men ages thirty-five (35) and over and women ages forty-five (45) and over
 - d. Clinical breast examination for women over forty (40)
 - e. Mammogram for women age fifty (50) and over
 - f. Pap smear for sexually active women
 - g. Chlamydia screen for sexually active women who are high risk
 - h. Screening for tuberculosis (TB) risk factors, QuantiFERON – standard. Chest X-ray when indicated.
 - i. It is noted that the Behavioral Risk Assessment (IHEBA) was retired December 2, 2022. However, the IHA holds some components of it. (i.e. the IHA must be completed within one-hundred and twenty (120) days of enrollment for new members and must continue to include a history of the member’s physical and behavioral health, an identification of risks, an assessment of need for preventive screens or services and health education, and the diagnosis and plan for treatment of any diseases.
2. In subsequent visits, the PCP identifies and provides USPSTF “A” and “B” recommended preventive services in accordance with the enrollee’s individual risk factors:
 - a. Abdominal aortic aneurysm screening in men aged sixty-five (65) to seventy-five (75) who have ever smoked



- b. Alcohol misuse screening and counseling
- c. Aspirin for the prevention of cardiovascular disease in at-risk patients
- d. BRCA-related cancer screening in women
- e. Breast cancer preventive medications in at-risk women thirty-five (35) years or older
- f. Breast cancer screening
- g. Cervical cancer screening
- h. Chlamydial infection screening in at-risk women
- i. Colorectal cancer screening in adults age fifty (50) to seventy-five (75)
- j. Depression screening
- k. Diabetes screening for patients with sustained blood pressure greater than 135/80 mg Hg.
- l. Falls in older adults: counseling and interventions
- m. Folic acid supplementation for women
- n. Gonorrhea/chlamydia screening in at-risk patients
- o. Hepatitis A, B, C screening
- p. High blood pressure screening
- q. Intimate partner violence and elderly abuse screening
- r. Lipid disorders screening for patients who are at increased risk for coronary heart disease and all men aged thirty-five (35) and older
- s. Lung cancer screening for patients with history of smoking
- t. Obesity screening
- u. Osteoporosis screening for at-risk patients
- v. Sexually transmitted infections counseling
- w. Skin cancer counseling for young adults to age twenty-four (24)
- x. Tobacco use counseling and interventions

3. The PCP or other qualified provider administers immunizations without a requirement for prior authorization including, but not limited to, the following:
 - a. Hepatitis A/B
 - b. Pneumococcal (Pneumovax/Prevnar)
 - c. Influenza
 - d. MMR
 - e. HPV for enrollees for whom the vaccine is approved by the FDA
 - f. Td/Tdap
 - g. COVID-19/Boosters
 - h. MPox/Pox Virus (formerly known as Monkeypox vaccine)
4. An OB-GYN specialist provides additional preventive services for pregnant enrollees without a requirement for prior authorization. Since all Health Plan enrollees who are pregnant are considered high risk, these enrollees receive services from OB-GYN specialists. Additional preventative services include:
 - a. Bacteriuria screening
 - b. Breastfeeding counseling
 - c. Gestational diabetes screening
 - d. Iron deficiency screening in pregnant women
 - e. Syphilis infection screening
 - f. Hepatitis A, B, C screening as indicated
5. The Health Plan's Certified Site Reviewer (CSR) monitors adherence to preventive measures via the DHCS Facility Site and Medical Record Review process. The CSR completes comprehensive reviews to ensure that primary care sites have the resources to provide appropriate preventive health screenings and vaccinations. The CSR ensures the site has appropriate documentation standards of services in accordance with the state collaborative FSR and MRR as referenced in PHC California Policy and Procedure QM 21, Primary Care Provider Facility Site Review and Medical Record Review.
6. The Health Plan Administrator, Medical Director or designee(s) ensure that all AHF-owned Healthcare Centers operating in California report immunizations of PHC California enrollees to CAIR as required by state law.

The National Director of Contracting and Provider Relations or designee uses provider agreements, the Provider Manual, provider bulletins and conference calls to notify the Health Plan's contracted providers

that they are required to report immunizations to the California Immunization Registry (CAIR) within fourteen (14) calendars days.

Monitoring:

The Utilization Management Committee reviews, updates if necessary, and approves this policy and procedure at least once every year.

References:

1. DHCS [APL 22-030](#), Initial Health Appointment (Supersedes APL 13-017 and Policy Letters 13-001 and 08-003), dated December 27, 2022.
2. [U.S. Preventive Services Task Force](#) grade A and B recommendations
3. PHC California Policy and Procedure QM 21, Primary Care Facility Site Review and Medical Record Review.
4. CDC.Gov/vaccines <https://www.cdc.gov/vaccines/index.html>
5. ACIP Recommended Vaccine Guide <https://www.immunize.org/acip/>
6. PHC California Policy and Procedure CM 33, Initial Health Appointment
7. PHC California Policy and Procedure QM 21, Primary Care Provider Facility Site Review and Medical Record Review
8. DHCS APL 24-008, [Immunization Requirements \(Supersedes APL 18-004 and 16-009\), published June 21, 2024.](#)
9. DHCS Contract 23-30211, Exhibit A, Attachment III, Sections 2.3.1 Prior Authorization and Review Procedures, 4.3.8 Basic Population Health Management, 5.3.3 Initial Health Appointment, and 5.3.5 Services for Adults
10. Title 16, California Code of Regulations (CCR), Sections 174.4(3) and 1746.6(e)
11. DMHC APL 23-025 (OPL), Newly Enacted Statutes Impacting Health Plans (2023 Legislative Session)
12. California Health and Safety Code §1367.66 and 120440

Regulatory Agency Approval(s):

Date	Version	Regulatory Agency	Purpose	Response
10/24/2023	44.2	Department of Health Care Services (DHCS)	2024 Operational Readiness (O/R) R.0200	Approved
11/9/2023	44.2	DHCS	2024 O/R R.0125	Approved
5/16/2024	44.3	DHCS	APL 23-025	Approved
10/2/2024	44.4	DHCS	APL 24-008	AIR1



10/24/2024	44.5	DHCS	APL 24-008 AIR1	Approved
11/4/2024	44.5	DHCS	Managed Care Oversight Div. (MCO) Portal D.0404	Approved
TBD	44.5	DHCS	MCO Portal D.0330.27	Pending

