



Improving Quality of Care

JULY 2022– PROVIDER UPDATES

How to Improve Your Scores

- Document for each visit:
 - Member's preferred language
 - A one time documentation of the need for interpreter services is sufficient
 - Member's refusal of interpretation (if applicable)
- All medical charts must have a copy of signed HIPAA consent
- Consent forms in the member's preferred language:
 - English equivalent of the same document must be provided



Medical Record Review

Pediatric Preventive Criteria

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Please note, the sources and reference links within this presentation may be subject to change

Improving Quality of Care

- Alcohol: Screening/Counseling
 - Screen all children **11 years and older** at each well-child visit
 - Complete IHEBA/Staying Healthy Assessment (SHA)
 - Include provider review & intervention(s)
 - Signature, printed name & date
 - Follow instructions on MRR Standards if the alcohol question in the IHEBA/SHA is answered “yes” or at any time a potential alcohol misuse is identified
- Anemia Screening
 - Perform risk assessment or screening at **4, 15, 18, 24, 30** and **3 years old, then annually thereafter**
 - Perform serum hemoglobin test at **12 months old**

Improving Quality of Care

- Autism Spectrum Disorder (ASD) Screening
 - Perform screening at **18** and **24 months** using approved screening tool
- Blood Lead Education and Testing
 - Perform anticipatory guidance/education at each periodic health assessment, starting at **6 months of age and continuing until 72 months of age**
 - Complete **blood lead testing** on all children:
 - At 12 & 24 months and all children up to 72 months of age who have not previously been screened
 - If test is not performed, provider must document the reason.
 - If refused by parent or guardian obtain a sign document and document in medical record

Improving Quality of Care

- Blood Pressure Screening

- Perform blood pressure measurement **annually** for ages 3-21
- Perform blood pressure measurement for children with specific risk conditions at visits before age 3 years



Improving Quality of Care

■ Dental Assessment

- Complete inspection of the mouth, teeth and gums is performed at **every health assessment visit**
- Perform a dental caries risk assessment (documentation of “HEENT” is acceptable)
- Refer children to a dentist:
 - At any age if a dental problem is detected or suspected
 - At **12 months old** then annually, regardless if a dental problem is detected or suspected



Improving Quality of Care

- Fluoride Supplementation

- Perform risk assessment for children ages 6 months until their fifth-year birthday whose daily exposure to systemic fluoride is deficient

- Fluoride Varnish

- Apply fluoride varnish to all children every 3-6 months **starting at tooth eruption until their fifth-year birthday**
 - Documentation of “seeing a dentist” without specific notation that fluoride varnish was applied at the dentist office does not meet the criterion

Improving Quality of Care

- Depression Screening
 - Complete depression screening annually for adolescents **12 to 20 years old**
 - Screening must be done using a validated screening tool, such as PHQ-2 or PHQ-9
 - IHEBA/Staying Healthy Assessment (SHA) is not sufficient.
- Suicide Risk Screening
 - Pending AAP guidance
- Maternal Depression Screening
 - Screen at 1-, 2-, 4-, and 6-months visits
 - Document who is bringing the baby to the office visits
 - Screening must be done using a validated screening tool, such as Edinburgh Postnatal Depression Scale (EPDS), Postpartum Depression screening scale, or PHQ-9
 - IHEBA/Staying Healthy Assessment (SHA) is not sufficient.

Improving Quality of Care

- Developmental Disorder screening
 - Complete screening at **the 9th, 18th, and 30th (or 24th) month visits**
 - Screening must be done using a validated screening tool, such as ASQ and ASQ3
 - ASQ:SE and M-CHAT are excluded because they screen for a domain-specific condition rather than a full general assessment of developmental delays

Improving Quality of Care

Developmental Surveillance

Ask the parent or guardian if there are developmental concerns for the child at these intervals:

Infancy	Early Childhood	Middle Childhood	Adolescence
Newborn	12 months	5 years	11 years
3-5 days	15 months	6 years	12 years
By 1 month	24 months	7 years	13 years
2 months	3 years	8 years	14 years
4 months	4 years	9 years	15 years
6 months		10 years	16 years
			17 years
			18 years
			19 years
			20 years

Improving Quality of Care

- Drug Disorder: Screening and Behavioral Counseling

- Screen all children **11 years and older** at each well-child visit using brief screening tools such as the Staying Healthy Assessment (SHA)
 - Include provider review & intervention(s)
 - Signature, printed name & date
- If screening is positive use the CRAFFT assessment tool to determine if unhealthy drug use is present
 - If assessment is positive brief misuse counseling with appropriate referral for additional evaluation and treatment options, referrals, or services must be offered

Improving Quality of Care

- Dyslipidemia Screening

- Perform a risk assessment at **2, 4, 6, and 8 years old, then annually**
- Order one lipid panel **between ages 9 and 11, and again at 17 and 21 years old**

- Hearing Screening

- Audiometric screenings are performed at:
 - **Birth to 2 months old, 4, 5, 6, and 10 years old**
 - **Once between 11-14 years old**
 - **Once between 15-17 years old**
 - **Once between 18-21 years old**
- Non-audiometric assessments shall be performed at each health assessment visit until the child reaches 21 years old

Improving Quality of Care



- Hepatitis B Screening
 - Pending guidance from AAP
- Hepatitis C Screening
 - Test at least once between the ages of **18** and **79**
- HIV Screening
 - Complete a risk assessment at each well-child visit starting at **11 years old** (SHA is an acceptable screening tool)
 - Conduct HIV test for adolescents once between the ages of **15** and **18**

Tips on how to approach the adolescent with sensitive topics

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- ✓ Make no assumptions – ask specifics
- ✓ Be respectful
- ✓ Be non-judgmental
- ✓ Encourage patients to talk

“I’m here to educate you and give you information...I know at the end of the day you are going to be making your own decisions. We’re hoping you’ll make the best decision for yourself and if you make a mistake, that you trust us enough to come back to the clinic and let us help take care of you.”

Improving Quality of Care

- Psychosocial/ Behavioral Assessment
 - Should be performed at each well child visit
 - Assessment should include child social-emotional health, caregiver depression, and social determinants of health
- Sexually Transmitted Infection (STI) Screening and Counseling
 - Assess for sexual activity for every child starting at 11 years old
 - Assess using the SHA or by report
 - If sexually active test for Chlamydia, gonorrhea, syphilis, HIV, Hepatitis B (as appropriate)
- Sudden Cardiac Arrest and Sudden Cardiac Death Screening
 - Pending guidance from AAP

Improving Quality of Care

■ Tobacco Products Use: Screenings/Prevention/Cessation Services

- Screen all children **11 years and older** at each well child visit

Completion of IHEBA/Staying Healthy Assessment (SHA)

Questions #19, 20 on SHA for 12-17 years

Questions #17, 18 on SHA for Adults

Include intervention(s) provider signature, printed name, and date

- Document prevention and/or cessation services if:

Patient answered “yes” to the smoke/tobacco questions in the IHEBA (SHA)

A potential tobacco use problem is identified



Tuberculosis Screening

- Assess for risk of exposure at 1, 6 and 12-months old and annually thereafter

Improving Quality of Care

■ Vision Screening

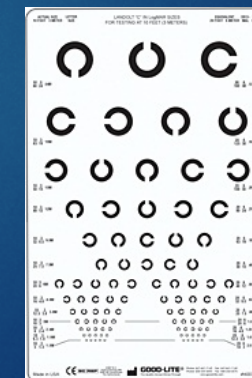
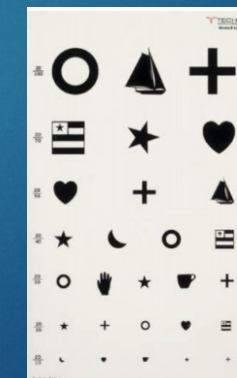
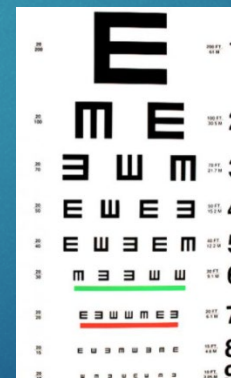
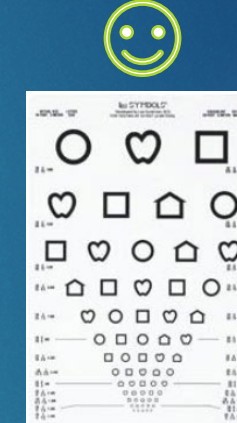
- Visual acuity screening using optotypes are to be performed at ages **3 (if cooperative), 4, 5, 6, 8, 10, 12 and 15 years old**
- Instrument-based screening may be used to assess risk at **ages 12 and 24 months**, in addition to the well visits at **3 to 5 years of age**
- Documentation of “PERRLA” is acceptable for children below the age of 3 years

AAP Recommended Eye Chart	Age Range
LEA Symbols	3 – 5 years old
HOTV Chart	3 – 5 years old
Sloan Letters (preferred over Snellen	Over 5 years old

Wall mounted eye charts should be approved by AAP, height adjustable and positioned at eye level to the member, using acceptable eye occluder

AAP approved vision charts:

- Sloan (preferred over Snellen)
- LEA Symbols
- HOTV Letters



Unapproved vision charts:

- Tumbling E
- Kindergarten Eye Charts
- Landolt C

Medical Record Review

Adult Preventive Criteria



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Improving Quality of Care

- Abdominal Aneurysm Screening

- Documentation of smoking history for men ages **65 to 75 years**
- Perform a one-time screening by ultrasonography in man who have ever smoked 100 or more cigarettes in their lifetime
- Documentation of tests ordered, results, or member refusal

- Alcohol Misuse: Screening & Behavioral Counseling

- Staying Healthy form is completed or documentation of alcohol use history
- If problem is identified documentation of interventions:
 - Referral to County program
 - Complete AUDIT-C
 - Complete at least one expanded screening annually
 - Behavioral counseling intervention offered

Improving Quality of Care

- Breast Cancer Screening

- Screen all women between **50 and 75 years** every 1 to 2 years
- Documentation of referral, including follow-up, results, or documentation of member refusal
- Follow-up of abnormal test results is documented

- Cervical Cancer Screening

- Screen all women between **21 to 65 years** with cytology (Pap smear) every 3 years.
- Document of referral, including follow-up, results, or documentation of member refusal or reason not required
- Follow-up of abnormal test results is documented



Improving Quality of Care

- Colorectal Cancer Screening
 - Screen everyone between **45 to 75 years**
 - Documentation of referral, including follow-up, results, or documentation of member refusal
 - Follow-up of abnormal test results is documented
- Depression Screening
 - Screen everyone at each well visit using recommended tools, such as PHQ, EPDS.
 - SHA may not be a reliable tool for depression
 - Positive screening results should lead to additional documented assessment that considers severity of depression and comorbid psychological problems (e.g., anxiety, panic attacks, or substance abuse), alternate diagnoses, and medical conditions
 - Documentation of referral, including follow-up, results, or documentation of member refusal

Improving Quality of Care

- Diabetic Screening and Intervention
 - Screen everyone **35 to 70 years** who are overweight or obese
 - Document at each well visit:
 - Risk assessment performed
 - Referrals/tests ordered
 - Counseling
 - Interventions implemented
 - Member refusal (if applicable)
 - Consultation reports and diagnostic test results are documented for ordered requests, with evidence of practitioner review
 - Document follow up of abnormal results

Improving Quality of Care

- Drug Disorder Screening and Behavioral Counseling
 - Assess all adults at each well visit using the SHA
 - If potential drug use problem is identified:
 - Refer to drug treatment program in the county
 - Complete an expanded screening, such as CRAFFT, NM-ASSIST and DAST-20
 - Offer behavioral counseling interventions
 - Document screenings, interventions, referrals and refusal

Improving Quality of Care

- Dyslipidemia Screening

- Screen everyone between **40 and 75 years**
- Consultation reports and diagnostic test results are documented for ordered requests, with evidence of practitioner review
- Document follow up of abnormal results
- Document member refusal

- Folic Acid Supplementation

- All women **ages 12 to 49** who are planning or capable of pregnancy should be offered, prescribed or counseled on folic acid Supplementation every well visit
- Document member refusal

Improving Quality of Care

- Hepatitis B Screening
 - Document Hepatitis B risk assessment at each well visit
 - For high-risk adults, document:
 - Referrals/diagnostic tests ordered
 - Counseling given
 - Interventions implemented
 - Member refusal
 - Consultation reports and diagnostic test results are documented for ordered requests, with evidence of practitioner review
 - Document follow up of abnormal results

Improving Quality of Care

- Hepatitis C Screening
 - Assess all adults **18 to 79 years old** for risk at each well visit
 - Persons with continued risk for HCV infection should be tested periodically
 - For high-risk adults, document:
 - Referrals/diagnostic tests ordered
 - Counseling
 - Interventions implemented
 - Member refusal
 - Screening, consultation reports and diagnostic test results are documented for ordered request with evidence of practitioner review
 - Document follow up of abnormal results

Improving Quality of Care

- HIV Screening
 - Assess at each well visit all adults **65 years old and younger**
 - Document:
 - HIV risk assessment performed
 - Referrals/tests ordered
 - Counseling
 - Interventions implemented
 - Member refusal
 - Consultation reports and diagnostic test results are documented for ordered requests, with evidence of practitioner review
 - Document follow up of abnormal results

Improving Quality of Care

- Intimate Partner Violence Screening for women of Reproductive Age
 - Screen women between **12 and 49 years** (focus on 18 years or older) at each well visit
 - Use screening tools such as HITS and WAST
 - Do NOT use the SHA, it is an incomplete tool to screen for IPV
 - Document IPV risk assessment performed, referrals ordered, counseling, interventions implemented and/or member refusal

Improving Quality of Care

- Lung Cancer Screening-Annually
 - Screen annually adults **50 to 80 years old** who have smoked 20 packs a year or quit within the last 15 years
 - Document risk assessment performed, referral for CT Scan, follow up of abnormal CT scan and member refusal
 - Consultation reports and diagnostic test results are documented for ordered requests and evidence of practitioner review
- Obesity Screening and Counseling
 - Document at each visit: Weight and BMI
 - For patients with BMI >30, document:
 - Counseling and what behavioral interventions were given (diet, exercise, both)
 - Document noted improvement in glucose level, cholesterol and blood pressure
 - Document refusal of interventions

Improving Quality of Care

- Osteoporosis Screening

- Assess postmenopausal women **under 65 years** using a screening tool.

- Tools Include:

 - Fracture Risk Assessment Tool (FRAX)

 - Osteoporosis Risk Assessment Instrument (ORAI)

 - Osteoporosis Index of Risk (OSIRIS)

 - Osteoporosis Self-Assessment Tool (OST)

 - Simple Calculated Osteoporosis Risk Estimation (SCORE)

- Document reviewed results of screening tool to determine if patient does or does not need bone density testing

- **High risk women** who meet criteria and women **65 years and older** should have bone density testing:

 - Document test has been ordered, the results were given to patient or patient refusal

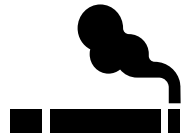
Improving Quality of Care

- Sexually Transmitted Infection Screening and Counseling
 - Screen all adults for risk of STI at each well visit. Including chlamydia, gonorrhea, syphilis, trichomonas and herpes
 - Document if patient is at risk for a STI, if intensive behavioral counseling was offered or provided and refusal (if applicable)
- Skin Cancer Behavioral Counseling
 - Counsel adults up to **24 years old** on minimizing sun exposure
 - Document in medical record that behavioral counseling of skin cancer prevention was given to patient

Improving Quality of Care

- Tobacco Use: Screening, Counseling, and Interventions

- Assess all adults during well visits using the SHA
- For tobacco users document:
 - Interventions ordered/provided (i.e. referrals to cessation services, pharmacological orders, in-office counseling)
 - Progress of smoking interventions in subsequent well visits
 - Refusal to any intervention



- Tuberculosis Screening

- Assess for risk factors upon enrollment and at periodic physical evaluations

Improving Quality of Care

- Adult Immunizations

- Document that immunization status was assessed at initial and at each periodic health evaluation
- Document if patient declines a vaccine at periodic health evaluation or well visit

- Vaccine Administration

- Document name, manufacturer, date of administration, and lot number

- Vaccine Information Statement (VIS) documentation

Document date the VIS was given (or presented and offered) and publication date



New MRR Criteria	References
Person or entity providing medical interpretation is identified. (Format section)	<ol style="list-style-type: none">1) https://www.lep.gov/faq/faqs-rights-lep-individuals/commonly-asked-questions-and-answers-regarding-limited-english2) https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf
Signed Copy of the Notice of Privacy	<ol style="list-style-type: none">1) https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/permitted-uses/index.html

New MRR Criteria	References
Abdominal Aortic Aneurysm Screening (Adults only)	1) https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/abdominal-aortic-aneurysm-screening
Alcohol Use Disorder Screening & Behavioral Counseling	1) https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions 2) https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-016.pdf 3) https://pubs.niaaa.nih.gov/publications/arh28-2/78-79.htm 4) https://www.niaaa.nih.gov/guide 5) https://craftt.org 6) https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf 7) https://www.dhcs.ca.gov/formsandpubs/publications/Pages/Manuals.aspx 8) https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools
Anemia Screening (Pediatrics only)	1) https://www.aap.org/en-us/documents/periodicity_schedule.pdf 2) https://www.nhlbi.nih.gov/health-topics/anemia#:~:text=Some%20people%20are%20at%20a,such%20as%20chemotherapy%20for%20cancer 3) https://www.cdc.gov/ncbddd/blooddisorders/women/menorrhagia.html
Anthropometric Measurements (Pediatrics only)	1) https://www.cdc.gov/growthcharts/who_charts.htm 2) https://www.dhcs.ca.gov/services/chdp/Documents/HAG/4AnthropometricMeasure.pdf

New MRR Criteria	References
Autism Spectrum Disorder Screening (Pediatrics only)	<ol style="list-style-type: none"> 1) https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-006.pdf 2) https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-007.pdf 3) https://pediatrics.aappublications.org/content/145/1/e20193447 4) https://pediatrics.aappublications.org/content/145/1/e20193449 5) https://www.tuftschildrenshospital.org/The-Survey-of-Wellbeing-of-Young-Children/Overview
Blood Lead Screening (Pediatrics only)	<ol style="list-style-type: none"> 1) https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/CDPH%20Document%20Library/CLPPB-antguid(S).pdf 2) https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/report_results.aspx 3) https://www.cdc.gov/nceh/lead 4) https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/prov.aspx 5) https://publications.aap.org/pediatrics/article/138/1/e20161493/52600/Prevention-of-Childhood-Lead-Toxicity 6) https://www.cdc.gov/nceh/lead/acclpp/final_document_030712.pdf
Blood Pressure screening	<ol style="list-style-type: none"> 1) http://pediatrics.aappublications.org/content/140/3/e20171904 2) https://brightfutures.aap.org/Bright%20Futures%20Documents/MSRTable_InfancyVisits_BF4.pdf 3) https://publications.aap.org/pediatrics/article/140/3/e20171904/38358/Clinical-Practice-Guideline-for-Screening-and 4) https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hypertension-in-adults-screening
Cervical Cancer Screening (Adults only)	<ol style="list-style-type: none"> 1) https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cervical-cancer-screening4
Colorectal Screening (Adults only)	<ol style="list-style-type: none"> 1) https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/colorectal-cancer-screening

New MRR Criteria	References
Dental/ Oral Health Assessment, Fluoride Supplementation and Fluoride Varnish (Pediatrics only)	<ol style="list-style-type: none"> 1) https://www.aapd.org/media/Policies_Guidelines/BP_CariesRiskAssessment.pdf 2) https://pediatrics.aappublications.org/content/134/6/1224 3) https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Oral-Health-Practice-Tools.aspx 4) https://pediatrics.aappublications.org/content/134/3/626 5) https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2007/MMCDAPL07008.pdf 6) https://www.uspreventiveservicestaskforce.org/Search/dental%20screening 7) https://nccd.cdc.gov/doh_mwf/default/default.aspx 8) https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-dental-caries-in-children-younger-than-age-5-years-screening-and-interventions1 9) https://publichealth.nc.gov/oralhealth/library/includes/IMBresources/2020-FluorideSupplementation.pdf#:~:text=Pediatric%20Dentistry%20%28AAPD%29%20recommend%20the%20daily%20administration%20of,years%20of%20age%20to%20provide%20the%20maximum%20benefits 10) https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-dental-caries-in-children-younger-than-age-5-years-screening-and-interventions1 11) https://publications.aap.org/pediatrics/article/134/6/1224/33112/Maintaining-and-Improving-the-Oral-Health-of-Young

New MRR Criteria	References
Depression Screening	<ol style="list-style-type: none"> 1) https://www.hiv.uw.edu/page/mental-health-screening/phq-2 2) https://downloads.aap.org/AAP/PDF/Mental_Health_Tools_for_Pediatrics.pdf. 3) https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/depression-in-children-and-adolescents-screening 4) https://www.acog.org/womens-health/faqs/postpartum-depression?utm_source=redirect&utm_medium=web&utm_campaign=otn 5) https://pediatrics.aappublications.org/content/143/1/e20183259 6) https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations 7) https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/depression-in-adults-screening
<ul style="list-style-type: none"> • Suicide Risk Screening (Pediatrics only) 	<ol style="list-style-type: none"> 1) Pending AAP guidance
<ul style="list-style-type: none"> • Maternal Depression Screening (Pediatrics only) 	<ol style="list-style-type: none"> 1) https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/11/screening-for-perinatal-depression 2) https://pediatrics.aappublications.org/content/143/1/e20183259 3) https://www.acog.org/Patients/FAQs/Postpartum-Depression 4) https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/depression-in-adults-screening1 5) https://www.womenshealth.gov/mental-health/mental-health-conditions/postpartum-depression

New MRR Criteria	References
Developmental Disorder Screening (Pediatrics only)	1) https://www.medicaid.gov/license/form/6466/4391 2) https://pediatrics.aappublications.org/content/145/1/e20193449
Diabetes Screening and Comprehensive Care	1) https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-018.pdf 2) https://uspreventiveservicestaskforce.org/uspstf/recommendation/screening-for-prediabetes-and-type-2-diabetes 3) https://www.ncqa.org/hedis/measures/comprehensive-diabetes-care/
Drug Use Disorder Screening and Behavioral Counseling	1) http://crafft.org 2) https://pediatrics.aappublications.org/content/138/1/e20161211 3) https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools
Dyslipidemia Screening	1) https://www.nhlbi.nih.gov/node/80308 2) https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/statin-use-in-adults-preventive-medication 3) https://www.nhlbi.nih.gov/health-topics/integrated-guidelines-for-cardiovascular-health-and-risk-reduction-in-children-and-adolescents 4) https://www.uspreventiveservicestaskforce.org/uspstf/draft-update-summary/statin-use-primary-prevention-cardiovascular-disease-adults
Folic Acid Supplementation (Adults only)	1) https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/folic-acid-for-the-prevention-of-neural-tube-defects-preventive-medication

New MRR Criteria	References
Hearing Screening (Pediatrics only)	<ol style="list-style-type: none"> 1) https://www.cdc.gov/ncbddd/hearingloss/recommendations.html 2) https://www.cdc.gov/ncbddd/hearingloss/screening.html 3) https://www.cdc.gov/ncbddd/hearingloss/facts.html 4) www.aap.org/periodicityschedule 5) http://pediatrics.aappublications.org/content/120/4/898.full
Hepatitis B Virus Infection Screening	<ol style="list-style-type: none"> 1) https://www.cdc.gov/hepatitis/hbv/index.htm 2) https://www.cdc.gov/hepatitis/hbv/hbvfaq.htm
Hepatitis C Virus Infection Screening	<ol style="list-style-type: none"> 1) https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening 2) https://www.cdc.gov/hepatitis/hcv/guidelinesc.htm 3) https://www.cdc.gov/mmwr/volumes/69/rr/rr6902a1.htm
HIV Infection Screening	<ol style="list-style-type: none"> 1) https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening 2) https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/prevention-of-human-immunodeficiency-virus-hiv-infection-pre-exposure-prophylaxis 3) https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf 4) https://www.cdc.gov/mmwr/volumes/68/rr/rr6805a1.htm#B3_down 5) https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm 6) https://stacks.cdc.gov/view/cdc/82088 7) https://www.cdc.gov/mmwr/volumes/68/rr/rr6805a1.htm

New MRR Criteria	References
Intimate Partner Violence Screening for Women of Reproductive Age (Adults only)	<ol style="list-style-type: none"> 1) https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html 2) https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/intimate-partner-violence-and-abuse-of-elderly-and-vulnerable-adults-screening
Lung Cancer Screening (Adults only)	<ol style="list-style-type: none"> 1) https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/lung-cancer-screening
Obesity Screening and Counseling (Adults only)	<ol style="list-style-type: none"> 1) https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/obesity-in-adults-interventions 2) https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/obesity-in-adults-screening-and-counseling-2003
Osteoporosis Screening (Adults only)	<ol style="list-style-type: none"> 1) https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/osteoporosis-screening
Psychosocial/Behavioral Assessment (Pediatrics only)	<ol style="list-style-type: none"> 1) https://pediatrics.aappublications.org/content/135/2/384 2) https://pediatrics.aappublications.org/content/early/2016/03/07/peds.2016-0339 3) https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf 4) https://toolkits.solutions.aap.org/DocumentLibrary/BFTK2e_Links_Screening_Tools.pdf 5) https://brightfutures.aap.org/Bright%20Futures%20Documents/BF_IntegrateSDoH_Tipsheet.pdf 6) https://www.cdc.gov/socialdeterminants/about.html

New MRR Criteria	References
Skin Cancer Behavioral Counseling (Adults only)	1) https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/skin-cancer-counseling
STI Screening and Counseling	1) https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/sexually-transmitted-infections-behavioral-counseling 2) https://www.cdc.gov/std/healthcomm/fact_sheets.htm 3) https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm 4) https://publications.aap.org/pediatrics/article/134/1/e302/62344/Screening-for-Nonviral-Sexually-Transmitted 5) https://www.aap.org/en/patient-care/adolescent-sexual-health/ 6) https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf 7) https://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx 8) https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/chlamydia-and-gonorrhea-screening 9) https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/syphilis-infection-in-nonpregnant-adults-and-adolescents
Sudden Cardiac Arrest and Sudden Cardiac Death Screening (Pediatrics only)	1) Pending guidance from AAP
Tobacco Products Use: Screening and Prevention and Cessation Services	1) https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2016/APL16-014.pdf 2) http://crafft.org

New MRR Criteria	References
Tuberculosis Screening	<ol style="list-style-type: none"> 1) https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-CA-Pediatric-TB-Risk-Assessment.pdf 2) https://www.cdc.gov/tb/topic/testing/default.htm 3) https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-CA-TB-Risk-Assessment-and-Fact-Sheet.pdf 4) https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/latent-tuberculosis-infection-screening 5) www.cdc.gov/tb/publications/
Vaccination	<ol style="list-style-type: none"> 1) https://www.cdc.gov/vaccines/acip/index.html 2) https://www.cdc.gov/vaccines/schedules/hcp/index.html 3) https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-004.pdf 4) https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html 5) https://www.cdc.gov/vaccines/vpd/mmr/hcp/recommendations.html 6) https://redbook.solutions.aap.org/SS/immunization_Schedules.aspx 7) https://www.cdc.gov/vaccines/hcp/acip-recs/index.html 8) https://www.congress.gov/bill/99th-congress/house-bill/5546 9) https://www.cdc.gov/vaccines/hcp/vis/current-vis.html
Vision Screening (Pediatrics Only)	<ol style="list-style-type: none"> 1) https://www.dhcs.ca.gov/services/chdp/Documents/CHDPTrain/SloanLettersChart.pdf 2) https://www.dhcs.ca.gov/services/chdp/Documents/CHDPTrain/CHDPPediatricVision.pdf 3) http://pediatrics.aappublications.org/content/137/1/e20153597 4) http://pediatrics.aappublications.org/content/137/1/e20153596

National Resources & References (repeat from FSR)

Entity	Website
AAP Periodicity Table	www.aap.org/periodicityschedule
American Academy of Pediatrics - Bright Futures (AAP)	https://brightfutures.aap.org
American College of Obstetricians and Gynecologists (ACOG)	https://www.acog.org
California Code of Regulations (CCR)	https://www.dir.ca.gov/dlse/CCR.htm
Centers for Disease Control (CDC)	https://www.cdc.gov
Health and Human Services (HHS)	https://www.hhs.gov
Medi-Cal Provider Manual	https://www.dhcs.ca.gov/formsandpubs/publications/Pages/Manuals.aspx
National Heart, Lung and Blood Institute (NHLBI) of National Institutes of Health (NIH)	https://www.nhlbi.nih.gov
National Institute on Alcohol Abuse and Alcoholism (NIH)	https://www.niaaa.nih.gov
NCQA HEDIS Measures (HEDIS)	https://www.ncqa.org/hedis/measures

National Resources & References (repeat from FSR)

Entity	Website
Staying Healthy Assessment	https://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx
U.S. Preventive Services Taskforce (USPSTF)	https://www.uspreventiveservicestaskforce.org
USPSTF Recommendations Table	https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations

Medical Record Review

Obstetric Comprehensive Preventive Services Program (CPSP)



Please note, the sources and reference links within this presentation may be subject to change

OB Section Overview

Rationale: Perinatal assessments are provided according to the current American College of Obstetrics and Gynecologists (ACOG) standards and Comprehensive Perinatal Services Program (CPSP) Guidelines

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/default.aspx>

- Total possible points (for one OB record): 59
- Added criteria: 39*

*Some criteria are duplicated in each trimester

OB/CPSP Preventive

Dental Assessment and referral

- Document assessment, screening, referrals and refusal
- <https://www.acog.org/en/Clinical/Clinical%20Guidance/Committee%20Opinion/Articles/2013/08/Oral%20Health%20Care%20During%20Pregnancy%20and%20Through%20the%20Lifespan>

Healthy Weight Gain and Behavior Counseling

- Offer effective counseling interventions to promote healthy weight gain to decrease risk of gestational diabetes mellitus, emergency cesarean delivery, infant macrosomia and LGA infants.

Diabetes Screening

- Screen asymptomatic pregnant women after 24 weeks of gestation using one of the following approaches:
 - **Two-step approach:** the 50-g OGCT is performed between 24 and 28 weeks of gestation. A Diagnosis of GDM is made when 2 or more glucose values fall at or above the specified glucose thresholds.
 - **One-step approach:** a 75-g glucose load is administered after fasting and plasma glucose levels are evaluated after 1 and 2 hours. GDM is diagnosed if 1 glucose value falls at or above the specified glucose threshold.
- <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/gestational-diabetes-mellitus-screening>

OB/CPSP Preventive

Gonorrhea Infection Screening during first prenatal visit

- Screen all pregnant women under 25 years of age and older who are at increased risk
- <https://www.cdc.gov/std/treatment-guidelines/gonorrhea-adults.htm>
- <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/chlamydia-and-gonorrhea-screening>

Preeclampsia Screening

- Screen all pregnant women in the 1st, 2nd and 3rd trimester with blood pressure measurements throughout pregnancy
- Low Dose Aspirin (81 mg/d) should be recommended as preventive medication after 12 weeks of gestation in women who are at high risk.
- <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/preeclampsia-screening>

OB/CPSP Preventive

Maternal Mental Health Screening

- Screen all pregnant women during every trimester and postpartum.
- Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.
- Health and Safety Code 123640: Licensed health care practitioner who provides prenatal or postpartum care for a patient shall ensure that the mother is offered screening or is appropriately screened for maternal mental health conditions.
- “Maternal mental health condition” means a mental health condition that occurs during pregnancy or during the postpartum period and includes, but is not limited to, postpartum depression.
- Document counselling, referrals and/or refusal
- Providing materials in appropriate threshold languages and must meet readability and suitability requirements for educational material distributed to Medi-Cal members.
- <https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/>

OB/CPSP Preventive

Social Needs Assessment

- Comprehensive assessment should be done in each trimester and postpartum.
- Address housing, food, transportation, unintended pregnancy and ensure support system is available
- Document referrals and refusal if appropriate.

Substance Use Disorder Assessment

- Screen for tobacco and alcohol use at every trimester and postpartum.
- Provide counseling and referrals if needed.
- Document counseling, referral, and refusal, if appropriate

Intimate Partner Violence Screening

- Screen for IPV at every trimester.
- Document Provision of Domestic Violence screening was performed
- Assessment checklists, body diagrams and/or documentation in progress notes are acceptable.
- Domestic violence screening includes medical screening, documentation of physical injuries or illnesses attributable to spousal/partner abuse.
- Referral to appropriate community service agencies and/or refusal should be documented, if appropri

OB/CPSP Preventive

Breastfeeding and other Health Education Assessment

- Provide education at every semester and postpartum
- Health education should include breast feeding, preparation to breastfeed, language, and cultural competence.
- Provide materials in appropriate threshold languages that meets readability and suitability requirements for educational material distributed to Medi-Cal members.

Screening for Strep B

- Screen between the 35th and 37th week of pregnancy



OB/CPSP Preventive

HIV-related services offered

- Testing is recommended to all women under 25 years of age (and older if at risk) in the third trimester, preferably before 36 weeks of gestation.
- The USPSTF recommends that clinicians screen for HIV infection in all pregnant women, including those who present in labor or at delivery whose HIV status is unknown.
- The **offering** of prenatal HIV information, counseling and HIV antibody testing is documented (CA Health & Safety Code, Section 125107).
- Practitioners are **not required** to document that the HIV test was given or disclose (except to the member) the results (positive or negative) of an HIV test.
- Offering a prenatal HIV test is not required if a positive HIV test is already documented in the patient's record or if the patient has AIDS diagnosed by a physician.
- <https://www.acog.org/clinical-information/physician-faqs/-/media/3a22e153b67446a6b31fb051e469187c.ashx>
- <https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm>
- <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Prenatal-and-Perinatal-Human-Immunodeficiency-Virus-Testing?IsMobileSet=false>
- <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening>

OB/CPSP Preventive

Tdap Immunization

- Should be given during every pregnancy, preferably at 27 through 36 weeks gestation
- Tdap is recommended only in the immediate postpartum period before discharge from the hospital or birthing center for new mothers who have never received Tdap before or whose vaccination status is unknown.
- The immunization must be given unless medically contraindicated or refused by the member. Omissions must be documented.

Influenza Vaccine

- Should be given during any trimester of their pregnancy



OB/CPSP Preventive

COVID Vaccine

- Recommended for pregnant and lactating individuals.
- Document refusal and offered vaccine at later visits.
- <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/covid-19-vaccination-considerations-for-obstetric-gynecologic-care>

Comprehensive Postpartum Assessment

- Schedule postpartum visit no later than 12 weeks after birth.
- Include a full assessment of physical, social, and psychological well-being.
- <https://www.acog.org/news/news-releases/2018/04/acog-redesigns-postpartum-care>
- <https://www.acog.org/More-Info/OptimizingPostpartumCare->