

**411 - WOMEN'S PREVENTATIVE CARE SERVICES**

EFFECTIVE DATES: 10/01/15, 10/01/18

REVISION DATE: 09/06/18

**I. PURPOSE**

This Policy applies to AHCCCS Complete Care (ACC), ALTCS E/PD, DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors; Fee-For-Service (FFS) Programs as delineated within this Policy including: Tribal ALTCS, TRBHA, the American Indian Health Program (AIHP); and all FFS populations, excluding Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). This Policy establishes requirements for annual well-woman preventative care visit as a covered benefit for women to obtain the recommended preventative services, including preconception counseling.

**II. DEFINITIONS**

**CLINICAL BREAST EXAM** A physical examination of the breasts by a health care provider used as a primary diagnostic procedure for early detection of breast cancer.

**FAMILY PLANNING COUNSELING** The provision of accurate information and discussion with a health care provider to allow members to make informed decisions about the specific family planning methods available that align with the member's lifestyle.

**HUMAN PAPILOMAVIRUS (HPV)** A sexually transmitted infection for which a series of immunizations are available for both males and females beginning at a recommended age of 11 years up to 26 years of age.

**MAMMOGRAM** An x-ray of the breasts used to look for early signs of breast cancer. Coverage does not include genetic testing.

**PRECONCEPTION COUNSELING** Counseling aimed at identifying/reducing behavioral and social risks, through preventive and management interventions, in women of reproductive age who are capable of becoming pregnant, regardless of whether she is planning to conceive. This counseling focuses on the early detection and management of risk factors before pregnancy and includes efforts to influence behaviors that can affect a fetus prior to conception. The purpose of preconception counseling is to ensure that a woman is healthy prior to pregnancy.

Preconception counseling is considered included in the well-

woman preventative care visit and does not include genetic testing.

**WELL EXAM**

A physical examination in the absence of any known disease, symptom, or specific medical complaint by the member precipitating the examination.

**III. POLICY**

A well-woman preventative care visit is covered on an annual basis when clinically indicated.

**A. CONTRACTOR REQUIREMENTS FOR WELL-WOMAN PREVENTATIVE CARE SERVICES**

Contractors shall develop policies and procedures to monitor, evaluate, and improve women’s participation in preventative care services.

Contractors shall:

1. Inform all participating Primary Care Providers (PCPs) and Obstetrician/Gynecologist (OB/GYN) providers of the availability of women’s preventative care services, detailing the covered services included as part of the well-woman preventative care visit, as outlined in this Policy.
2. Develop and implement a process for monitoring compliance with well-woman preventative care services provider requirements.
3. Develop, implement, and maintain a process to inform members about women’s preventative health services annually and within 30 days of enrollment with the Contractor for newly enrolled members. This information shall be provided in a second language, in addition to English, in accordance with ACOM Policy 405.
  - a. This information shall include:
    - i. The benefits of preventive health care,
    - ii. A complete description of the services available as described in this section,
    - iii. Information on how to obtain these services. This shall include a statement that assistance with medically necessary transportation and scheduling appointments is available to obtain well-woman preventative care services, and
    - iv. A statement that there is no copayment or other charge for women’s preventative care visit.

**B. WELL-WOMAN PREVENTATIVE CARE SERVICES PROVIDER REQUIREMENTS**

Provider requirements for well-woman preventative care services include the following:

1. Covered Services included as Part of a Well-Woman Preventative Care Visit

An annual well-woman preventative care visit is intended for the identification of risk factors for disease, identification of existing physical/behavioral health problems, and promotion of healthy lifestyle habits essential to reducing or preventing risk factors for various disease processes. As such, the well-woman preventative care visit is inclusive of a minimum of the following:

- a. A physical exam (Well Exam) that assesses overall health,
- b. Clinical Breast Exam,
- c. Pelvic exam (as necessary, according to current recommendations and best standards of practice),
- d. Review and administration of immunizations, screenings, and testing as appropriate for age and risk factors. Refer to AMPM Policy 310-H further information pertaining to health risk assessments and associated screening tests,
- e. Screening and counseling focused on maintaining a healthy lifestyle and minimizing health risks and addresses at a minimum the following:
  - i. Proper nutrition,
  - ii. Physical activity,
  - iii. Elevated BMI indicative of obesity,
  - iv. Tobacco/substance use, abuse, and/or dependency,
  - v. Depression screening,
  - vi. Interpersonal and domestic violence screening, that includes counseling involving elicitation of information from women and adolescents about current/past violence and abuse, in a culturally sensitive and supportive manner to address current health concerns about safety and other current or future health problems,
  - vii. Sexually transmitted infections,
  - viii. Human Immunodeficiency Virus (HIV),
  - ix. Family Planning Counseling,
  - x. Preconception Counseling that includes discussion regarding a healthy lifestyle before and between pregnancies that includes:
    - (a) Reproductive history and sexual practices,
    - (b) Healthy weight, including diet and nutrition, as well as the use of nutritional supplements and folic acid intake,
    - (c) Physical activity or exercise,
    - (d) Oral health care,
    - (e) Chronic disease management,
    - (f) Emotional wellness,
    - (g) Tobacco and substance use (caffeine, alcohol, marijuana and other drugs), including prescription drug use, and
    - (h) Recommended intervals between pregnancies
- f. Initiation of necessary referrals when the need for further evaluation, diagnosis, and/or treatment is identified.

Genetic screening and testing is not covered, except as described in AMPM Chapter 300.

2. Well-Woman Preventative Care Service Standards
  - a. Immunizations
    - i. AHCCCS covers the Human Papilloma Virus (HPV) vaccine for female members 11 to 26 years of age. For adult immunizations, refer to AMPM Policy 310-M,
    - ii. Providers shall coordinate with The Arizona Department of Health Services (ADHS) Vaccines for Children (VFC) Program in the delivery of immunization services if providing vaccinations to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) aged members less than 19 years of age,
    - iii. Immunizations shall be provided according to the Advisory Committee on Immunization Practices Recommended Schedule. Refer to the CDC website at <http://www.cdc.gov/vaccines/schedules/index.html>,
    - iv. Providers shall enroll and re-enroll annually with the VFC program, in accordance with AHCCCS Contract requirements in providing immunizations for EPSDT aged members less than 19 years of age, and shall document each EPSDT age member's immunizations in the Arizona State Immunization Information System (ASIIS) registry, and
    - v. Contractors shall not utilize AHCCCS funding to purchase vaccines covered through the VFC program for members younger than 19 years of age.
  - b. Screenings
    - i. Refer to AMPM Policy 310-H for details pertaining to specific screening and limitations related to health risk assessments and associated screening tests for those members over 21 years of age, and
    - ii. Refer to AMPM Policy 430 for details related to covered services for members less than 21 years of age.

### **C. ADDITIONAL COVERED RELATED SERVICES**

Refer to AMPM Policy 310-H for further details pertaining to specific screening and limitations related to health risk assessments and associated screening tests.

Refer to AMPM Policy 420 for further details related to the family planning covered services.