

Screenings & Testing	Guidelines (Not a Guarantee of Benefit Coverage)
Abdominal Aortic Aneurysm (AAA) Screening	One-time screening for AAA by ultrasonography in men aged 65 to 75 years who have ever smoked.
Blood Pressure/Hypertension	At least every 1 to 2 years or more frequent for those with higher blood pressure.
Breast Cancer Screening (Mammography)	Annually
Cervical Cancer Screening (Pap smears)	Discontinue routine cervical cancer screening for women older than age 65 if they have had adequate recent screening with normal Pap smear and are not otherwise at high risk for cervical cancer based on clinician's discretion.
Cholesterol/Lipid Disorder Screening	Routine screening intervals (every 5 years) and more frequent screening if at increased risk for coronary heart disease or high lipid level.
Colorectal Cancer Screening	Continue screening for colorectal cancer until age 75 year, using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults. <ul style="list-style-type: none"> • Fecal occult blood testing (FOBT) every year. • Sigmoidoscopy every 5 years combined with high-sensitivity fecal occult blood testing every 3 years. • Colonoscopy every 10 years.
Diabetes Screening	Screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg. Recommended 3-year screening interval may vary based on clinician's discretion.
HIV Testing	Based on clinician's discretion for adults at increased risk.
Obesity/Height/Weight/BMI	Periodically screen for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.
Osteoporosis Screening	For women 65 years of age and older.
Sexually Transmitted Infections	Based on clinician's discretion for adults at increased risk.
Vision and Hearing	Periodic eye and hearing exams recommended to adults 65 years of age and older.
IHEBA - Staying Healthy Assessment (SHA)	Initial health assessments/education includes the followings: Alcohol misuse; Depression; Physical activity/Healthy diet/Obesity; Tobacco use; Second-hand smoke; STI Violence, Family and partner.



2011 Preventive Health Guidelines Seniors (65 years of age and older)

Immunizations/ Vaccines	Guideline (Not a Guarantee of Benefit Coverage)
Td/Tdap (Tetanus, diphtheria, pertussis)	Give Td booster every 10 years after the primary series has been completed.
HepA (Hepatitis A)	2 dose series for adults at increased risk. Schedule at 0 and 6-12 months (Havrix) or 0 and 6-18 months (Vaqta).
HepB (Hepatitis B)	3 dose series for adults at increased risk. Dose 2 should be administered 1 month after first dose; the third does should be administered at least two months after the second dose is given.
Influenza (Flu)	1 dose annually during flu season. For influenza A (H1N1) recommendation, visit CDC website: http://www.cdc.gov/h1n1flu/
MMR (Measles, Mumps, Rubella)	1 or 2 doses for adults who lack evidence of immunity and are at increased risk. If dose #2 is recommended, give the second dose no sooner than 28 days after dose #1.
Meningococcal	1 dose of MPSV4 or MCV4 to senior adults with increased risk (revaccination may be given every 5 years to adults at increased risk).
Pneumococcal	1 dose of PPSV for senior adults 65 years of age and older and one-time revaccination if they were previously vaccinated 5 or more years ago and were younger than 65 years of age at time of primary vaccination.
Varicella (Chickenpox)	2 dose series for adults without previous immunization or evidence of immunity. Second dose should be administered 4 weeks after the first dose.
Zoster (herpes zoster)	1 dose for all senior adults, regardless of a prior episode of herpes zoster.

Molina's Preventive Health Guidelines are adopted from the CDC, Department of Health and Human Services, National Center for Immunization and Respiratory Disease, the American Academy of Pediatrics and the American Academy of Family Physicians. Molina recommends that clinical judgments be applied and that the treatments provided to members deviate from the guidelines when individual patient considerations and specific clinical situations dictate. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication; however they should be used with the clear understanding that continued research may result in new knowledge and recommendations. We recommend that the medical records contain appropriate documentation for clinical decisions. This Preventive Health Guideline is also available on the Molina website: www.molinahealthcare.com.