CCHP Provider Training Q4
Contra Costa Health Plan –
Zoom Virtual Meeting

October 27, 2020

CHAIR

	Dennis Hsieh, MD, JD

CO-CHAIR

	Elisa Hernandez, MPH, CHES

ATTENDANCE

	Amanda Sysum NP, Aneela Ahmed MD, Anthony Lopresti DO, Barbara Devane, Deeann Del Rio, Gina Davis PsyD, Gretchen Graves MD, Irina Kolomey DO, Jane Bond MFT, Jeanette Leon PA, Jen Clark, Jessica Naomi, John Murphy MD, Jose Arias-Vera, Kaitlin Warren NP, Karen Graham, Kim Butler, Krista Farley, Kristina Stortz, Mary Marine MA, Maryna Seifi BA, Meltem Karatepe MD, Mimi Ogawa, Nadine Kindy Baillot, Nicole Brito NP, Olga Eaglin, Olga Kelly, Omoniyi Omotoso MD MPH FAAP, Ori Tzveli MD, Parham Gharagozlou, Paula Thibodeau, Shelly Maramonte MD, Sloane Blair NP, Stanley Ng MD, Soter Ming Chang MD, Stephanie Swenson NP, Suresh Sachdeva MD, Susan Mason, Michelle Pair, Tamera Rennaker, Taraneh Mostaghasi MD, Vanessa Piña, Wendy Escamilla, Xiao Yang MD, Yeillie Concepcion FNP, Yvonne Cobbs

GUESTS

	Christopher Farnitano MD, Joseph Cardinalli PharmD, Otilia Tiutin, Robin Bevard RN,

Topic	Discussion/Decision Action	Presenter
Call to Order	Meeting called to order at 7:30am and 12:30pm	Dennis Hsieh, MD, Medical Director, CCHP
Review / Approval Previous Minutes	Minutes were approved with no revisions.	Dennis Hsieh, MD, Medical Director, CCHP

Regular Reports		
CCHP Pharmacy Department Update	Retail Prescription Drug Carve Out Background • Per Governor Newsom's Executive Order N-01-19 • Going live January 1st, 2021 <u>What Will Change for Providers?</u> • Non-formulary medication authorization requests will now be sent to Medi-Cal Rx (Magellan) instead of CCHP • New medication formulary (CDL) and non-formulary medication criteria is now hosted by DHCS not CCHP <u>Medi-Cal Rx TAR (PA) vs. CCHP PA</u> • The state will continue to pay the member's medication until it's expiration date, Provider can submit a prior Authorization to Medi-Cal/Medi-Cal RX, or change to covered medication • Medication will be paid for up to 1 year on prior Authorization; Chronic conditions will go up to 5 years <u>What Stays with CCHP vs. What Goes to Medi-Cal Rx</u> • CCHP retains 100% of commercial member pharmacy benefit • CCHP responsible for clinical oversight of Medi-Cal member's pharmacy benefit <u>Current CCHP Medi-Cal Rx Projects</u> • Permission for staff to function as Medi-Cal Rx designated users and to contact Medi-Cal Rx clinical liaisons for urgent issues	Joe Cardinalli, PharmD, Interim Pharmacy Director, CCHP

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Contra Costa Health Plan –
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Topic	Discussion/Decision Action	Presenter
	• Provider information presentations including information regarding Medi-Cal Rx portal registration and training • ID Card updates for Medi-Cal members For Questions: CCHP Pharmacy Department (925) 957-7260 Option 1 https://www.dhcs.ca.gov/provgovpart/pharmacy/Pages/Medi-CalRX.aspx	
Initial Health Assessment (IHA) and Staying Healthy Assessment (SHA)	SHA's goals are to support Providers to: • Identify and track high-risk behaviors of MCP members to begin initiating discussions and counseling ○ Specifically, tailored health education counseling, interventions, referral, and follow-up • Provide an opportunity for providers to review a member's SHA along with medical history, conditions, problems, medical/testing results, and member concerns New Guidelines • New members must complete the SHA within 120 days of the effective date of enrollment as part of the IHA. Current members who have not completed an updated SHA must complete it during the next preventive care office visit	Elisa Hernandez, MPH, CHES, Health Education Manager, CCHP
Behavioral Health Update: Mild to Moderate	• Members can receive a PCP Referral, Clinic Referral/Request, or contact the Direct Access Line call from a Caregiver/Consumer/Provider in order to obtain comprehensive screening • Member is checked for Medi-Cal eligibility, who will then meet medical/service necessity for Specialty MH services. Members who are not Medi-Cal eligible or has primary coverage, can refer to a primary if applicable. They are then turned to other community resources, low fee referral, or other medical specialties 24 Hour Behavioral Health Access Line: 1-888-678-7277	Robin Bevard, NP Utilization Management
Population Health Needs Assessment	Goal: Improve the outcomes for the members and their medical needs and health disparities. Providers: keep in mind of the higher risk populations and the need for intervention.	Elisa Hernandez, MPH, CHES, Health Education Manager, CCHP Otilia Tiutin, Senior Health Education Specialist CCHP
COVID-19 Update	• Contra Costa County has met the criteria and will move to another tier, leading to higher capacity in stores and eateries • Monthly testing is recommended. If employer does not offer testing, attend county and state testing sites • Biggest risk of spread between Healthcare workers is not from patients, but from co-workers • Providers: Recommend patients to attend county and state testing sites, instead of another clinic within network	Christopher Farnitano MD Health Officer CCRMC
Medical Director Update	• Self-introduction of his work experience and joining CCHP	Dennis Hsieh, MD, Medical Director, CCHP

CCHP Provider Training Q4
Contra Costa Health Plan –
Zoom Virtual Meeting

October 27, 2020

Topic	Discussion/Decision Action	Presenter
New Regulation from Medi-Cal on Blood Lead Screening	Contra Costa Health Plan must ensure that our network providers: • Inform parents of their children's' potential risks of exposure to lead and lead poisoning • Order or perform blood lead screening tests on all child members in accordance with the guidelines. Follow the CDC Recommendations for Post-Arrival Lead Screening of Refugees contained in the CLPPB issued guidelines. Network Providers are not required to perform a blood lead screening test if: • In the professional judgment of the network provider, the risk of screening poses a greater risk to the child member's health than the risk of lead poisoning. • If a parent, guardian, or other person with legal authority to withhold consent for the child refuses to consent to the screening.	Dennis Hsieh, MD, Medical Director, CCHP
Non-Emergency Medical Transport (NEMT) / DHCS-Required Documents	When services are needed, the DHCS requires for CCHP to obtain the following from Providers: 1. Completed Physician Certification Statement form (PCS) 2. Completed Minor Consent form for unaccompanied minors Incompletion of documents results to denial of authorization request for transportation and/or reimbursement for the transportation.	Dennis Hsieh, MD, Medical Director, CCHP
Updates from United States Preventive Services Task Force A and B Recommendations	• Conclusion of insufficient evidence assessing the benefits and harms of screening for drug use in adolescents. • Conclusion of current evidence lacking the benefits and harms of behavioral counseling to non-sexually active adolescents and adults not at increased risk for STIs. For additional information please go to: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics	Elisa Hernandez, MPH, CHES, Health Education Manager, CCHP
Call to Order	Training adjourned at 8:45 AM and 1:45 PM.	

CCHP Provider Network Training

October 27, 2020

CONTRA COSTA HEALTH PLAN
A Division of Contra Costa Health Services
A Culture of Caring

Agenda

Introductions & Purpose

Approval of Minutes from Previous Meeting

Pharmacy Medi-Cal Rx Update – Discussion Q&A

IHA/SHA Discussion: What Are the Barriers?

Behavioral Health Update: Mild to Moderate – Discussion Q&A

Population Health Needs Assessment

COVID-19 – Discussion Q&A

Medical Director Update/Forum

Lead Screening APL

NEMT Update

USPSTF: Reminder

Claims – Discussion Q&A

CCHP Provider Training Q3
Contra Costa Health Plan –
Webex Virtual Meeting
July 28, 2020

CHAIR	David Gee, MD
CO-CHAIR	Elisa Hernandez, MPH, CHES
ATTENDANCE	Kristina Stortz, Jose Arias MD, Louis Enrique MD, Gretchen Graves MD, Maria McMillon PA, Stanley Ng MD, Robin Bevard RN, Sylvia Rodriguez, Stephanie Swensen NP, Usha Vallamdas MD, Chicka Akera MD, Lucia Yang MD, Kanwal Merchant MD, Deborah Miller MD, Irina Kolomey MD, Jose Enz MD, Sloane Blaire NP, Ryan Tracy MD, Kaitlin Warren NP, Danielle McBride, Morgan Gilland, Ming Chang MD
GUESTS	Kristin Burnett, Linda Copeland, MD, Sharricci Dancy, MSW

Topic	Discussion/Decision Action	Presenter
Call to Order	Meeting called to order at 7:30am and 12:30pm	David Gee, MD, Interim Medical Director, CCHP
Review / Approval Previous Minutes	Minutes were approved with no revisions.	David Gee, MD, Interim Medical Director, CCHP

Regular Reports		
Reminders/Updates	• Initial Health Assessment (IHA) ○ Must be completed within 120 days of enrollment into the health plan or documented within the 12 months prior to Plan enrollment. ○ If member assigned to new PCP, IHA must be completed within 120 days of that assignment if no IHA documented within the past 12 months. ○ Member has the right to refuse to fill out SHA form. Provider must document on the SHA questionnaire and keep in member's medical record. ○ IHA includes H&P, IHEBA (SHA), USPSTF screenings, ensure up-to-date immunizations per ACIP.	Elisa Hernandez, MPH, CHES, Health Education Manager, CCHP
	• USPSTF Update: ○ <u>Hepatitis C Screening Expansion of Ages to 18-79</u> The new USPSTF recommendation expands the ages for screening to all adults from 18 to 79 years. ○ <u>Extend Tobacco Counseling to Children and Adolescents and Addition of e-Cigarettes</u> New to the current recommendation is the inclusion of e-cigarettes as a tobacco product. The USPSTF is calling for more research to identify interventions (behavioral counseling or pharmacotherapy) to help children and adolescents who use tobacco to quit. ○ <u>Screening for Drug Use Disorders in Adults</u> The USPSTF continues to conclude that the evidence is insufficient to assess the balance of benefits and harms of screening for drug use in adolescents.	Elisa Hernandez, MPH, CHES, Health Education Manager, CCHP

Topic	Discussion/Decision Action	Presenter
	The USPSTF continues to conclude that the evidence is insufficient to assess the balance of benefits and harms of screening for drug use in adolescents.	
Immunization Update from Public Health	• See website for guidance of routine immunizations: https://www.cdc.gov/vaccines/pandemic-guidance/index.html • Follow guidance to prevent the spread of COVID-19 in health care settings • Immunization schedules for children still recommended and school age are required. • Annual Flu Vaccines continued recommendations • Will not have enough vaccine; recommend priority established groups • Website to immunization experts: http://www.immunize.org/askexperts/ • Contact Info: Kristin Burnett, MPH Immunization Program Manager kristin.burnett@cchealth.org 925.313.6734	Kristin Burnett, MPH Program Manager of Immunizations, Public Health
Overview of CCHP Autism Program	• CM provides CCHP eligible members access to Behavioral Health Treatment (BHT) services under the age of 21 as required by the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) mandate. • Referrals routed to CCHP BHT CM via ABCD Center • Refer by Using the ABCD Center referral form, Primary Care Providers (PCP), Therapists, or ABA providers can submit a referral on the patient's behalf via fax to 925-370-5277. • For more information or to request the referral form, contact the ABCD Center at 925-370-5635 or CCHP BHT CM LCSW at 925-313-6874 / HPAR at 925-313-6094.	Linda Copeland, MD, BCBA Board-Certified Behavior Analyst & Developmental Behavioral Pediatrician Behavioral Health Sharricci Dancy, MSW, LCSW, Case Manager, CCHP
CCHP Pharmacy Department Update	• Medi-Cal prescription drug carve-out • Provider notification of TAR vs. PA • For Questions: CCHP Pharmacy Department (925) 957-7260 option 1 https://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/MRX-FAQ-V3-6-30-20.pdf	Joe Cardinalli, PharmD, Interim Pharmacy Director, CCHP
Medical Director Reports	• Dennis Hsieh – New CCHP Medical Director • Closer review of referrals to tertiary care referral centers for services that can be done locally. • Review of requirements for referrals to tertiary care referral centers for services that can be done locally. • Review of required documentation in the progress notes that a procedure, referral, or surgery is needed and being requested, documentation of that standard criteria were met (failure of what conservative measures, specific test results, etc.) • Discuss criteria we use to make UM decisions • Appeal process and peer to peer discussions	David Gee, MD, Interim Medical Director, CCHP

CCHP Pharmacy Department

Joe Cardinalli, PharmD

Medi-Cal Prescription Drug Carve Out (Medi-Cal Rx)

CCHP Pharmacy Department

Joe Cardinalli, PharmD

Retail Prescription Drug Carve Out Background

1. Per Governor Newsom's Executive Order N-01-19
   - standardize the Medi-Cal pharmacy benefit statewide
   - improve access to pharmacy services
   - apply statewide utilization management protocols
   - achieve cost savings for drug purchases made by the state
2. Go live will be January 1st, 2021

CCHP Pharmacy Department

Joe Cardinalli, PharmD

What Will Change for Providers?

1. Non-formulary medication authorization requests will now be sent to Medi-Cal Rx (Magellan) instead of CCHP
2. New medication formulary (CDL) and non-formulary medication criteria is now hosted by DHCS not CCHP
3. Complaints/grievances and appeals will all go through Medi-Cal Rx
   a. Member appeal option appears to be state fair hearing

CCHP Pharmacy Department

Joe Cardinalli, PharmD

Medi-Cal Rx TAR (PA) vs. CCHP PA

1. TARs sent directly to Medi-Cal Rx
2. 180 day transition period for medications members are currently taking
3. Grandfathering of existing PAs for up to 1 year
   a. Possible multi-year extension of existing PAs (up to 5 years) for chronic conditions

CCHP Pharmacy Department

Joe Cardinalli, PharmD

What Stays With CCHP vs. What Goes to Medi-Cal Rx

1. CCHP retains 100% of commercial member pharmacy benefit
2. Medi-Cal Rx=retail pharmacy benefit for Medi-Cal members (including call center)
3. Medi-Cal members, CCHP retains physician administered drugs, DME (when billed as a medical claim) and medications used in LTC
4. CCHP responsible for clinical oversight of Medi-Cal member's pharmacy benefit

CCHP Pharmacy Department

Joe Cardinalli, PharmD

Current CCHP Medi-Cal Rx Projects

1. CCHP has been given permission for staff to function as Medi-Cal Rx designated users and able to contact Medi-Cal Rx clinical liaisons to help solve urgent issues
2. Medi-Cal member 30 day notices
3. CCHP IVR updates
4. Provider information presentations including information regarding Medi-Cal Rx portal registration and training
5. ID Card updates for Medi-Cal members

CCHP Pharmacy Department

Joe Cardinalli, PharmD

Medi-Cal Prescription Drug Carve Out (Medi-Cal Rx)

Questions?

CCHP Pharmacy Department

(925) 957-7260 option 1

https://www.dhcs.ca.gov/provgovpart/pharmacy/Pages/Medi-CalRX.aspx

Initial Health Assessment (IHA) / Staying Healthy Assessment (SHA)

The SHA is the Individual Health Education Behavioral Assessment (IHEBA) developed by the Department of Health Care Services (DHCS). The IHEBA is a required component of the Initial Comprehensive Health Assessment (IHA).

Within the Medi-Cal population, a higher incidence of chronic and/or preventable illnesses, injuries, and disabilities exists (i.e., cancer, heart disease, stroke, chronic obstructive pulmonary disease, and diabetes.) In addition, there are also many modifiable health-risk behaviors, such as lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption which can increase the risk for these illnesses and conditions.

An IHA consists of a history and physical examination and an IHEBA. An IHEBA enables a provider of primary care services to comprehensively assess the member's current acute, chronic, and preventive health needs as well as identify those members whose health needs require coordination.

The Goals of the SHA Are to Assist Providers With:

- Identifying and tracking high-risk behaviors of MCP members
- Prioritizing each member's need for health education related to lifestyle, behavior, environment, and cultural and linguistic needs
- Initiating discussion and counseling regarding high-risk behaviors
- Providing tailored health education counseling, interventions, referral, and follow-up.
- Provide an opportunity for providers to review a member's SHA in combination their medical history, conditions, problems, medical/testing results, and member concerns
- Take into consideration a member's social history which will include member's demographic data, personal circumstances, family composition, member resources, and social support

Guidelines:

- New members must complete the SHA within 120 days of the effective date of enrollment as part of the IHA
- Current members who have not completed an updated SHA must complete it during the next preventive care office visit (e.g. well-baby, well-child, well-woman exam health and medical status, and not exclusively on the patient's age)

SHA Documentation by PCP:

- The PCP must sign, print his/her name, and date the “Clinic Use Only” section of a newly administered SHA to verify that it was reviewed and discussed with the member
- The PCP must document specific behavioral-risk topics and patient counseling, referral, anticipatory guidance, and follow-up provided
- The PCP must sign, print his/her name, and date the “SHA Annual Review” section of the questionnaire to document that an annual review was completed and discussed with the member

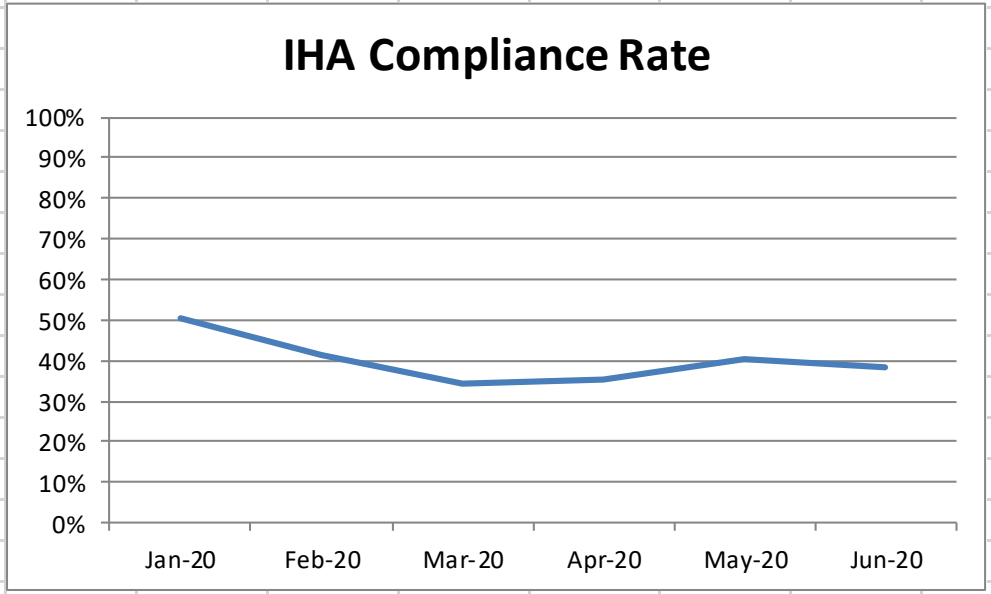
Can a Member Refuse to Complete the SHA?

- A member has the right to refuse to fill out the SHA. When this occurs, the Provider must document this on the SHA questionnaire
- Enter the member’s name (or person completing the form), date of birth, and date of refusal in the header section of the questionnaire
- Check the box “SHA Declined by Patient.”
- PCP should sign, print his or her name, and date the “Clinic Use Only” section of the SHA.
- Maintain the SHA refusal in the member’s medical record

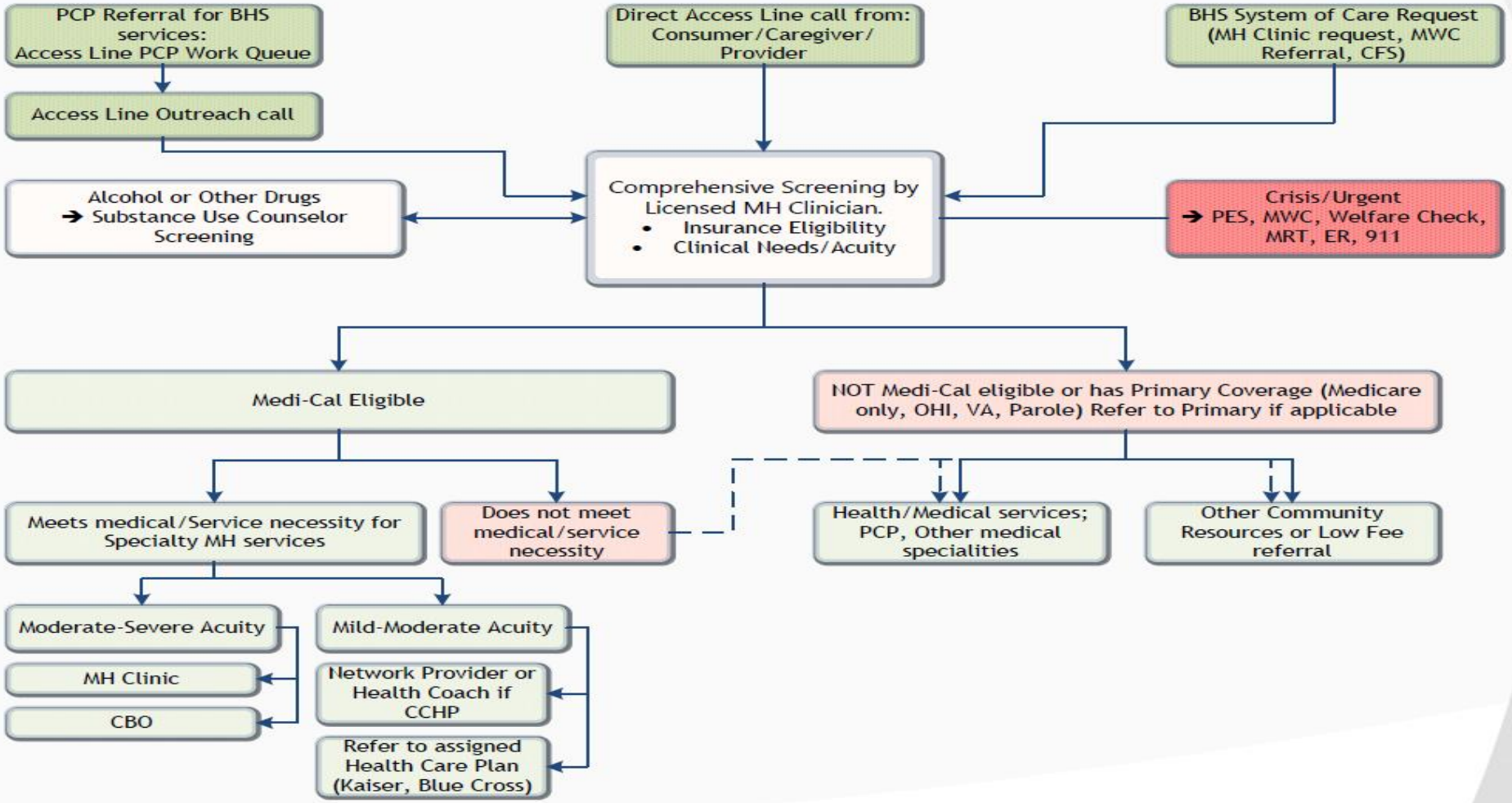
For additional information on our website https://cchealth.org/healthplan/providers/

How Are We Doing?

	New	Compliant	Rate
Jan-20	1705	861	50%
Feb-20	2105	870	41%
Mar-20	2178	745	34%
Apr-20	2050	724	35%
May-20	1879	762	41%
Jun-20	2190	840	38%



BH Access Line Triage Workflow



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Population Health Needs Assessment

Population Needs Assessment identifies member health status and behaviors, member health education and cultural and linguistic needs, health disparities, and gaps in services about these issues. The goals of the PNA is to improve health outcomes for members by identifying member health needs and health disparities, evaluating health education, cultural and linguistic, and quality improvement (QI) activities and available resources to address concerns, and implement targeted strategies for health education, cultural and linguistic services, and quality improvement (QI) programs and services.

Data Sources included Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, 2019 Adult and 2020 Child, Contra Costa Health Services Population Health Dashboard, CCHP claims encounter data and disease prevalence, and Member Survey.

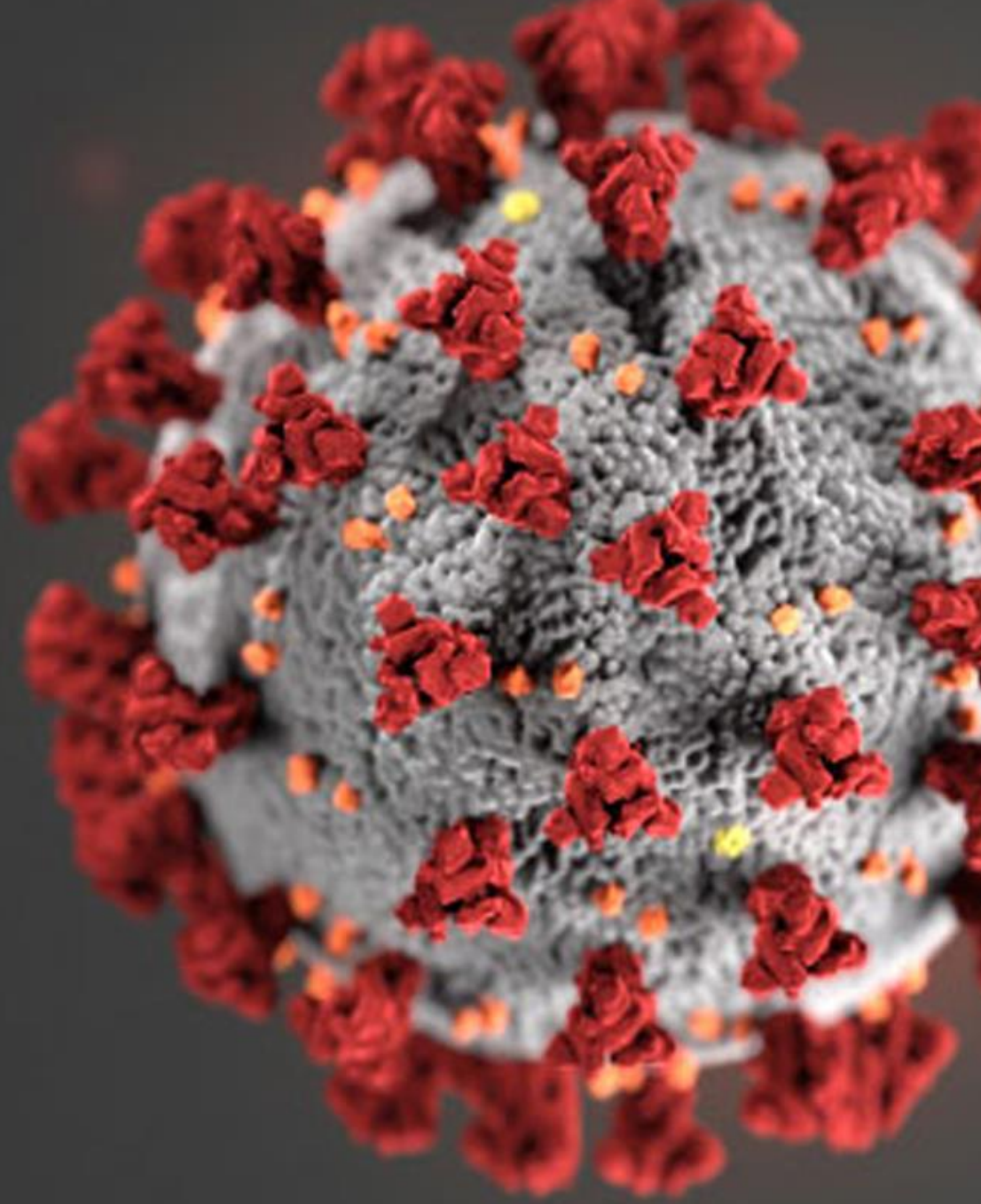
2020 PNA we would like to report on key findings:

- 71% of Providers discussed ways to prevent illness with members
- 53% of Providers asked members about tobacco use
- In 2019, the # 1 reported Mental Health Disorder was anxiety, PTSD was 2nd and depression was 3rd
- 14.9 % of members reported they were unaware of the Nurse Advice Line number
- 23 % CPN and 25% RMC members replied that the health education services they received had met their needs
- 21.4% of Providers did not know how to access interpreter services
- In 2019, Cesarean rates at CCRMC hospital in African American members were at 36.8% compared to Asians 23.4%, Hispanics 17.5% and Whites 9.3%
- Obesity diagnosis in adults were the highest in Hispanics 44% vs. Whites 23%, 20% Blacks, 8% Asians
- In children, 69% were Hispanic, 6% White, 5% Black, 4% Asian
- Children diagnosed with diabetes in 2019, were 54% Hispanic, 10% Black, 10% White, 3% Asian
- Adult diabetics were 37% Hispanic, 19% Asian, 17% White, and 14% Black
- Members with Asthma diagnosis were 38% Hispanic, 20% Black, 20% White and 7% Asian

As you are meeting with your CCHP patients in your practice, keep in mind the higher risk populations and the need for intervention. We will be working on some objectives for these findings and we would appreciate your cooperation to address these areas and will be reaching out to you during the year.

COVID-19 Discussion Q&A

Christopher Farnitano, MD



Medical Director Update

Dennis Hsieh, MD, JD

New Regulation from Medi-Cal on Blood Lead Screening

The California Department of Health Care Services recently issued guidance related to the importance of blood lead testing in young children. As a result, the Contra Costa Health Plan must ensure that our network providers:

1. Provide oral or written anticipatory guidance to the parent(s) or guardian(s) of a child member that, at a minimum, includes information that children can be harmed by exposure to lead, especially deteriorating or disturbed lead-based paint and the dust from it, and are particularly at risk of lead poisoning from the time the child begins to crawl until 72 months of age. This anticipatory guidance must be provided to the parent or guardian at each well visit, starting at 6 months of age and continuing until 72 months of age.

2. Order or perform blood lead screening tests on all child members in accordance with the following:

   At 12 months and at 24 months of age.

   When the network provider performing a well visit becomes aware that a child member who is 12 to 24 months of age has no documented evidence of a blood lead screening test taken at 12 months of age or thereafter.

   When the network provider performing a well visit becomes aware that a child member who is 24 to 72 months of age has no documented evidence of a blood lead screening test taken.

   At any time a change in circumstances has, in the professional judgement of the network provider, put the child member at risk.

   If requested by the parent or guardian.

Follow the CDC Recommendations for Post-Arrival Lead Screening of Refugees contained in the CLPPB issued guidelines.

3. Network providers are not required to perform a blood lead screening test if either of the following applies:

a) In the professional judgment of the network provider, the risk of screening poses a greater risk to the child member's health than the risk of lead poisoning.

b) If a parent, guardian, or other person with legal authority to withhold consent for the child refuses to consent to the screening.

The provider must document the reason(s) for not performing the blood lead screening test in the child member's medical record.

Per the guidance, we will be sending lists of members who have missed a screening or who have no record of screening, for providers to follow up on quarterly.

Non-Emergency Medical Transport (NEMT) / DHCS-Required Documents

Dear Valued Hospitals, Providers, and NEMT Vendors:

In August of this year, CCHP sent an email notification regarding the Department of Health Care Services (DHCS) document requirements for Non-Emergency Medical Transportation (NEMT) and the process for obtaining NEMT services. In follow-up, we would like to provide additional information that we believe will be helpful in relation to CCHP's authorization and claims processes for this service.

When the provider determines the need for and orders NEMT services for a CCHP Medi-Cal member (e.g. for discharge home by BLS, discharge to SNF, transfer to psych facility, etc.) the DHCS requires that CCHP obtain from the provider:

1) A completed Physician Certification Statement form (PCS). The DHCS has approved ***one specific form*** for this purpose (form attached). This is the ***only*** form that can be accepted.

2) A completed Minor Consent form when consent is required for **unaccompanied minor** transport (form attached).

If these forms, as applicable, are not completed for a NEMT request, CCHP will deny the authorization request for transportation and/or reimbursement for the transportation.

We hope this information helps.

For any questions or concerns, please do not hesitate to contact us at 1 (877) 800-7423, Option 3 -OR- CCHPauthorzations@cchealth.org

Thank you,

Christine Gordon, RN

Christine Gordon, RN, BSN, PHN, MPA
Manager, Utilization Management
Contra Costa Health Plan

Updates from United States Preventive Services Task Force A and B Recommendations

Unhealthy Drug Use: Screening

This recommendation statement replaces the 2008 USPSTF recommendation, which concluded that the evidence at that time was insufficient to assess the balance of benefits and harms of screening for illicit drug use in adolescents and adults, including those who were pregnant or postpartum.[36] This updated statement incorporates new evidence since 2008 about the accuracy of screening tools and the benefits and harms of treatment of unhealthy drug use or drug use disorders. This new evidence supports the current recommendation that primary care clinicians offer screening to adults 18 years or older, including those who are pregnant or postpartum, when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. The USPSTF continues to conclude that the evidence is insufficient to assess the balance of benefits and harms of screening for drug use in adolescents.

Behavioral Counseling to Prevent Sexually Transmitted Infections

In 2014, the USPSTF recommended intensive behavioral counseling (defined as total contact time of 30 minutes or more) to prevent STIs for all sexually active adolescents and for adults at increased risk for STIs (B recommendation).[33] This updated recommendation statement is consistent with the 2014 USPSTF statement but slightly differs by recommending a broader range of effective counseling approaches, including those involving less than 30 minutes of total contact time. The USPSTF continues to conclude that the current evidence is lacking on the benefits and harms of behavioral counseling to prevent STIs in nonsexually active adolescents and in adults not at increased risk for STIs.

For additional information please go to https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics

Claims Discussion Q&A