Adult Preventative Guidelines (21 & Over)

Line of Business: PA Medicare Assured

Date of QI/UM Committee Review and Adoption: April 17th, 2024

Changes for 2024	
Updated the Description of Indicator for the Breast Cancer Screening and Cervical Cancer Screening to include the verbiage "who were recommended for" when discussing members who had screenings completed. This guideline does not replace the judgment or the role of the clinician in the decision-making process for individual patients, and it is only intended to serve as an educational resource for the delivery of care.	
Clinical Indicators	**Description of the indicator**
1. Breast Cancer Screening (Source: HEDIS® Measurement Year (MY) 2024, Vol. 2, Technical Specifications - *BCS*)	The percentage of members 50–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.
2. Colorectal Cancer Screening (Source: HEDIS® Measurement Year (MY) 2024, Vol. 2, Technical Specifications – COL-E)	The percentage of members 45–75 years of age who had appropriate screening for colorectal cancer.
3. Osteoporosis Management in Women Who Had A Fracture (Source: HEDIS® Measurement Year (MY)	The percentage of women 67–85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

2024, Vol. 2, Technical Specifications - *OMW*)	
Reference	**Reference Link**
Center for Disease Control and Prevention Recommended Adult Immunization Schedule, for Ages 19 Years and Older (2024)	Center for Disease Control and Prevention Recommended Adult Immunization Schedule
Centers for Disease Control and Prevention Promoting Health for Adults (2022)	Centers for Disease Control and Prevention Promoting Health for Adults
U.S. Preventive Task Force Recommendations Adult Preventive Health Care Schedule (2022)	U.S. Preventive Task Force Recommendations Adult Preventive Health Care Schedule
U.S. Preventive Services Task Force Final Recommendations Statement Breast Cancer: Screening (2016)	U.S. Preventive Services Task Force Final Recommendations Statement Breast Cancer: Screening
U.S. Preventive Services Task Force Final Recommendations Statement Colorectal Screening (2021)	U.S. Preventive Services Task Force Final Recommendations Statement Colorectal Screening
U.S. Preventive Services Task Force Final Recommendations Statement Osteoporosis to Prevent Fractures (2018)	U.S. Preventive Services Task Force Final Recommendations Statement Osteoporosis to Prevent Fractures

Clinical Indicator	Ages 21-39	Ages 40-49	Ages 50-64	Ages 65+
Assessing tobacco use	Every visit	Every visit	Every visit	Every visit
Advising smokers to quit	At least annually	At least annually	At least annually	At least annually
Assess drug/alcohol use[1]	Annually	Annually	Annually	Annually
Depression screening[2]	Annually	Annually	Annually	Annually
Assess STD risk	Annually	Annually	Annually	Annually
Assessment of functional status				Annually
Assessment of fall risk			Annually if high risk	Annually
Pain assessment				Annually
Medication review	Every Visit	Every Visit	Every Visit	Every Visit
Advance care planning	Annually	Annually	Annually	Annually
Discussion of aspirin prophylaxis[3]	High risk	If high risk: Men-annually Women-post menopausal	Annually if high risk	Annually if high risk
Preventive screening evaluation	Every visit	Every visit	Every visit	Every visit
Blood Pressure	Every visit	Every visit	Every visit	Every visit
Cervical cancer screening[4] (Pap)	At a minimum every three years, more frequently if in a high risk group. When combined with HPV cotesting, once every 5 years for women ≥ 30 years.	At a minimum every three years, more frequently if in a high risk group. When combined with HPV cotesting, once every 5 years for women ≥ 30 years	At a minimum every three years, more frequently if in a high risk group. When combined with HPV cotesting, once every 5 years for women ≥ 30 years	Women: high risk

HPV[5]	Women: ≥ age 30 every 5 years, more frequently if in a high risk group	Women: ≥ age 30 every 5 years, more frequently if in a high risk group	Women: ≥ age 30 every 5 years, more frequently if in a high risk group	Women high risk
Mammogram[6]		Women, if high risk: May benefit from screening in their 40s	Women: every 2 years	Women: every 2 years until the age of 75
Abdominal Aortic Aneurysm Screening[7]				Men aged 65 to 75 who have ever smoked (One-time screening)
Chlamydia screening[8]	Women: annually to age 24 & with Pregnancy	If high risk	If high risk	
Discuss prostate cancer screening [9]		Annually	Annually	Annually
Colorectal cancer screening by any of the following methods:[10] Fecal occult blood (high sensitivity) or			Annually	Annually until age 75
Fecal Immunochemical Test-DNA or			Every 3 years	Every 3 years until age 75
Sigmoidoscopy or			Every 5 years	Every 5 years until age 75
Colonoscopy			Every 10 years	Every 10 years until age 75
Vision, Hearing	Every 5 years, Diabetics Annually	Every 5 years, Diabetics Annually	Every 5 years, Diabetics Annually	Every 5 years, Diabetics Annually
Lipid Profile [11]	Men ≥ 20: every 5 years unless high risk	Men: every 5 years unless high risk	Every 5 years unless high	If not checked previously

			risk	
		Women ≥ age 45: every 5 years unless high risk		
Obesity screening (BMI)[12]	Every visit	Every visit	Every visit	Every visit
Domestic violence[13]	Annually	Annually	Annually	Annually
Osteoporosis Screening	BMD testing if postmenopausal woman who is at increased risk of osteoporosis.	BMD testing if postmenopausal woman who is at increased risk of osteoporosis.	BMD testing if postmenopausal woman who is at increased risk of osteoporosis.	At age 65, provide BMD testing if not previously tested. Evidence is lacking about optimal intervals for repeated screening
Hepatitis C Screening	At least once if high risk	At least once if high risk	One time screening for those aged 50-64	One time screening for those aged 65-70
HIV screening	At least once or annually if High risk	At least once or annually if High risk	At least once or annually if High risk	At least once or annually if High risk
Bladder control/ incontinence				Annually
Diabetes screening w/out prior diagnosis – HbA1C[14]		At least once or annually if at risk	At least once or annually if at risk	At least once or annually if at risk until age 70
Diabetes screening w/ prior diagnosis – HbA1C, dilated retinal examination, and microalbumin/ nephropathy testing[15]	At least once annually	At least once annually	At least once annually	At least once annually
Wellness Visit or Physical	Annually	Annually	Annually	Annually

[1] Use CAGE screening. **C**: "Have you ever felt you ought to **C**ut down on drinking?" **A**: "Have people **A**nnoyed you by criticizing your drinking?" **G**: "Have you ever felt bad or **G**uilty about your drinking?" **E**: "Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (**E**ye opener)?

[2] Screening questions are: "Over the past month have you felt down, depressed or hopeless" and "Over the past month have you felt little interest or pleasure in doing things."

[3] Aspirin prophylaxis high risk-diabetes, elevated cholesterol levels, low levels of HDL cholesterol, elevated blood pressure, family history and smoking.

[4] Discontinuation of cervical cancer screening in older women is appropriate, provided women have had adequate recent screening with normal Pap results. Screening is recommended in older women who have not been previously screened, when information about previous screening is unavailable or when screening is unlikely to have been done in the past. Recommendations from various organizations differ in how often the Pap screen should be done. The general recommendation is to screen every 2-3 years after 3 years of being sexually active but not later than age 21. Women ages 30-64 may only need to be screened every 5 years if the Pap test is done in combination with HPV testing.

[5] Although the United States Preventive Services Task Force found insufficient evidence to recommend for or against screening, other organizations endorsed routine screening along with Pap tests for women age 30 and older.

[6] There is controversy over how often and at what age the mammograms should be done. Various agencies recommend starting annual screening at age 40 for all women, other agencies say to start at age 50. The included recommendation is based off of current United States Preventive Services Task Force guidelines. The United States Preventive Services Task Force also suggests that screening starting at age 40 may benefit high risk women.

[7] United States Preventive Services Task Force

[8] Chlamydia screening high risk – Prevalence is higher in the following populations: unmarried women, African –American race, prior history of STD, having new or multiple sex partners, having cervical ectopy using barrier contraceptives inconsistently, and partners having multiple partners who engage in high risk behavior.

[9] The American Urological Association recommends shared decision making with men on the use of PSA for screening. Men ages 40-54 at high risk and men at average risk ages 55-69 with a life expectancy > 10 years who decide to include PSA should have routine screening every two years. PSA screening is not recommended for men ages 70+.

[10] United States Preventive Services Task Force recommends against routine screening for colorectal cancer in adults 76-85. There may be considerations that support colorectal cancer screening in an individual patient.

[11]Lipid disorder high risk – diabetes, history of cardiovascular disease before age 50 in male relatives or age 60 in female relatives, history suggestive of familial hyperlipidemia, multiple coronary heart disease risk factors and people who have lipid levels close to those warranting treatment.

[12]Assess BMI and waist circumference at every visit during which weight is measured. Use 5As: Ask if patient is ready to make a change. Advise in a clear, specific and tailored manner. Assess level of obesity and co morbidities. Assist by providing necessary tools and support. Arrange contact with other providers who can provide a team approach.

[13] At each visit ask: "Within the past year have you been hit, slapped, kicked or otherwise physically hurt by someone?" "Are you in a relationship with a person who physically hurts you?" "Has anyone forced you to have sexual activities that make you feel uncomfortable?"

[14]Men and women ages 40-70 years who have at least one risk factor should be screened at least once annually. Risk factors include a BMI > 25, history of smoking, or a prior abnormal A1C. Abnormal A1C tests should receive follow-up within 3-6 months.

[15]Microalbumin/ nephropathy testing should occur annually if results are negative. Positive results should receive follow-up testing within 3-6 months.

Scientific Evidence Sources:

U.S. Preventive Services Task Force. Guide to Clinical Preventive Services: Washington, DC: Office of Disease Prevention and Health Promotion, U.S. Government Printing Office, 2014.

U.S. Preventive Services Task Force. Recommendations and Rationale: Tobacco Use in Adults (2015) Screening for Depression (2016), Screening for Colorectal Cancer (2017), Screening for Breast Cancer (2016), Behavioral Counseling in Primary Care to Promote Physical Activity (2014), Aspirin for the Primary Prevention of Cardiovascular Events (2016), Screening for Cervical Cancer (2018), Screening for Obesity in Adults (2012), Osteoporosis Screening (2018), Screening for Family and Intimate Partner Violence (2018), Screening for Alcohol Misuse (2018), Human Immunodeficiency Virus (HIV) Infection: Screening (2018), Abdominal Aortic Aneurysm: Screening (2014), Chlamydia and Gonorrhea Screening (2014) and Colorectal Cancer Screening (2015).

American Urological Association: Recommendation on the Use of PSA for Detection of Prostate Cancer (2013)

American Academy of Family Physicians: Panel on Obesity, October 7, 2005

American Academy of Family Physicians: Summary of Recommendations for Clinical Preventive Services, July 2017

The Advisory Committee on Immunization Practices: Recommended Adult Immunization Schedule United States, 2019

National Osteoporosis Foundation: Clinician's Guide to Prevention and Treatment of Osteoporosis, 2010

American College of Obstetricians and Gynecologists: Cervical Cancer Screening and Prevention (2016)

Institute for Clinical Systems Improvement: Health Care Guideline: Preventive Services for Adults; 2012

American College of Obstetricians and Gynecologists: Well-woman visit. Committee Opinion No. 755. 2018

American Diabetes Association: The Journal of Clinical And Applied Research And Education: Diabetes Care: Standards of Medical Care in Diabetes 2016

Clinical Guideline: The Diagnosis and Management of Asthma

Line of Business: PA Medicare Assured

Date of QI/UM Committee Review and Adoption: April 17, 2024

Changes for 2024	
No changes for 2024 This guideline does not replace the judgment or the role of the clinician in the decision-making process for individual patients, and it is only intended to serve as an educational resource for the delivery of care	
Clinical Indicators	**Description of the indicator**
1. Controller Medication Adherence (Source: Asthma Medication Ratio Measure from HEDIS ® Measurement Year (MY) 2024, Vol. 2, Technical Specifications - AMR)	The percentage of members 19+ years of age who were identified as having persistent asthma and had filled at least 75% of the expected controller medication units during the measurement year. For each member, count the units of asthma controller medications during the measurement year. Count each individual medication, defined as an amount lasting 30 days or less, as one medication unit. Age brackets for measurement: 19-40 and 40+
References	**Reference Link**
National Heart Lung and Blood Institute (NHLBI), National Asthma Education and Prevention Program (NAEP) (2020)	National Heart Lung and Blood Institute (NHLBI), National Asthma Education and Prevention Program (NAEP)

Clinical Guideline: The Treatment of Members with Bipolar Disorder

Line of Business: PA Medicare Assured

Date of QI/UM Committee Review and Adoption: April 17, 2024

Changes for 2024	
Replaced Reference: American Psychiatric Association (APA) Treatment of Patients with Bipolar Disorder, Second Edition (2002) with Reference: Bipolar Disorder Diagnosis and Treatment, Mayo Clinic (2024) This guideline does not replace the judgment or the role of the clinician in the decision-making process for individual patients, and it is only intended to serve as an educational resource for the delivery of care	
Clinical Indicators	**Description of the indicator**
1. Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (Source: HEDIS ® Measurement Year (MY) 2024, Vol. 2, Technical Specifications, SSD)	The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.
2. Follow-Up After Hospitalization for Mental Illness (Source: HEDIS® Measurement Year (MY) 2024, Vol. 2, Technical Specifications, *FUH*)	The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are reported: • The percentage of discharges for which the member received follow-up within 30 days after discharge. • The percentage of discharges for which the member received follow-up within 7 days after discharge.
References	**Reference Link**
Bipolar Disorder Diagnosis and Treatment, Mayo Clinic (2024)	Bipolar Disorder Diagnosis and Treatment
American Psychiatric Association (APA) Clinical Practice Guidelines (2002)	American Psychiatric Association (APA) Clinical Practice Guidelines

Clinical Guideline: Heart Failure, MI, CAD, IVD and Cholesterol Management

Line of Business: PA Medicare

Date of QI/UM Committee Review and Adoption: April 17, 2024

Changes for 2024	
No changes for 2024 This guideline does not replace the judgment or the role of the clinician in the decision-making process for individual patients, and it is only intended to serve as an educational resource for the delivery of care	
Clinical Indicators	**Description of the indicator**
1. Persistence of Beta-Blocker Treatment after a Heart Attack (Source: HEDIS ® Measurement Year (MY) 2024, Vol. 2, Technical Specifications - PBH)	The percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.
2. Statin Therapy for Patients with Cardiovascular Disease (Source: HEDIS® 2020 Measurement Year (MY), 2024,Vol. 2, Technical Specifications - *SPC*)	The percentage of males 21-75 and females 40-75 years of age during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria: The following rates are reported: • *Received statin therapy:* Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year. • *Statin Adherence 80%:* Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.
References	**Reference Link**
American College of Cardiology/American Heart Association, Task Force on Clinical Practice Guidelines (2019)	American College of Cardiology/American Heart Association, Task Force on Clinical Practice Guidelines
Journal of the American College of Cardiology, Treatment of Blood Cholesterol (2018)	Journal of the American College of Cardiology, Treatment of Blood Cholesterol

AHA Guideline on the Management of Blood Cholesterol: Executive Summary: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines (2018)	AHA Guideline on the Management of Blood Cholesterol: Executive Summary
Guideline for the Management of Heart Failure (2022)	Guideline for the Management of Heart Failure
Secondary Prevention and Risk Reduction for Coronary and other Atherosclerotic Vascular Disease (2011)	Secondary Prevention and Risk Reduction for Coronary and other Atherosclerotic Vascular Disease
Addressing Social Determinants of Health in the Care of Patients with Heart Failure: A Scientific Statement From the American Heart Association (2020)	Addressing Social Determinants of Health in the Care of Patients with Heart Failure
Guideline for the Evaluation and Diagnosis of Chest Pain (2021)	Guideline for the Evaluation and Diagnosis of Chest Pain

Clinical Guideline: The Management of Chronic Obstructive Pulmonary Disease

Line of Business: PA Medicare

Date of QI/UM Committee Review and Adoption: April 17, 2024

Changes for 2024	
Global Initiative for Chronic Obstructive Lung Disease (GOLD) updated for 2024 Retired HEDIS measure Use of Spirometry Testing in the Assessment and Diagnosis of COPD This guideline does not replace the judgment or the role of the clinician in the decision-making process for individual patients, and it is only intended to serve as an educational resource for the delivery of care	
Clinical Indicators	**Description of the indicator**
1. Pharmacotherapy Management of COPD Exacerbation (Source: HEDIS® Measurement Year (MY) 2024 Vol. 2, Technical Specifications- *PCE*)	Percentage of COPD exacerbations for members 40 years and older who had an acute inpatient discharge or ED visit *(any claims for COPD)* between January 1-November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported: • Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event • Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event **Note:** The eligible population for this measure is based on acute inpatient discharges and ED visits, not on members. It is possible for the denominator to include multiple events for the same individual
References	**Reference Link**
Global Initiative for Chronic Obstructive Lung Disease – GOLD (2023)	Global Initiative for Chronic Obstructive Lung Disease
AAFP COPD: Clinical Guidance and Practice Resources (2023)	AAFP COPD: Clinical Guidance and Practice Resources

Clinical Guideline: The Management of Major Depression in Adults in Primary Care

Line of Business: PA Medicare

Date of QI/UM Committee Review and Adoption: April 17, 2024

Changes for 2024	
Removed Agency for Healthcare Research and Quality (AHRQ), Adult Depression in Primary Care (2016) as the link is no longer active. Added Multiple Chronic Conditions, Depression Guidelines (2024) as a new Reference This guideline does not replace the judgment or the role of the clinician in the decision-making process for individual patients, and it is only intended to serve as an educational resource for the delivery of care	
Clinical Indicators	**Description of the indicator**
1. Antidepressant Medication Management (Source: HEDIS® Measurement Year (MY) 2024, Vol. 2 Technical Specifications- AMM)	The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported: 1. *Effective Acute Phase Treatment.* The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). 2. *Effective Continuation Phase Treatment.* The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).
References	**Reference Link**
American Psychiatric Association Treating Major Depressive Disorder – A Quick Reference Guide (2010)	American Psychiatric Association Treating Major Depressive Disorder – A Quick Reference Guide
Institute for Clinical Systems Improvement Health Care, Depression, Adult Depression in Primary Care (2016)	Institute for Clinical Systems Improvement Health Care, Depression, Adult Depression in Primary Care
American Psychological Association Psychotherapy and Pharmacotherapy for Treating Depression (2019)	American Psychological Association Psychotherapy and Pharmacotherapy for Treating Depression

Clinical Guideline: The Management of Diabetes

Line of Business: PA Medicare Assured

Date of QI/UM Committee Review and Adoption: April 17, 2024

Changes for 2024
American Diabetes Association (ADA) Standards of Medical Care in Diabetes was updated for 2024 Retired HEDIS indicator Hemoglobin A1c Control for Patients with Diabetes Added HEDIS indicator Glycemic Status Assessment for Patients With Diabetes This guideline does not replace the judgment or the role of the clinician in the decision-making process for individual patients, and it is only intended to serve as an educational resource for the delivery of care

Clinical Indicators	**Description of the indicator**
1. Glycemic Status Assessment for Patients With Diabetes (Source: HEDIS® Measurement Year (MY) 2024, Vol. 2, Technical Specifications, GSD)	The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year: • Glycemic Status <8.0%. • Glycemic Status >9.0%. Note: Organizations must use the same data collection method (Administrative or Hybrid) to report these indicators.
2.Eye Exam for Patients with Diabetes (Source: HEDIS® Measurement Year (MY) 2024, Vol. 2, Technical Specifications, *EED*)	The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had a retinal eye exam performed.
3.Blood Pressure Control for Patients with Diabetes (Source: HEDIS® Measurement Year (MY) 2024, Vol. 2, Technical Specifications, *BPD*)	The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.
4.Statin Therapy for Patients with Diabetes (Source: HEDIS® Measurement Year (MY) 2024, Vol. 2, Technical Specifications, *SPD*)	The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported:

	1. *Received Statin Therapy.* Members who were dispensed at least one statin medication of any intensity during the measurement year 2. *Statin Adherence 80%.* Members who remained on a statin medication of any intensity for at least 80% of the treatment period.
References	**Reference Link**
American Diabetes Association, Standards of Medical Care (2024)	American Diabetes Association, Standards of Medical Care
Management of Hyperglycemia in Type 2 Diabetes (2022)	Management of Hyperglycemia in Type 2 Diabetes
American Optometric Association, Eye Care of the Patient with Diabetes Mellitus (2019)	American Optometric Association, Eye Care of the Patient with Diabetes Mellitus
AHA Comprehensive Management of Cardiovascular Risk Factors for Adults with Type 2 Diabetes: A Scientific Statement from the American Heart Association (2022)	AHA Comprehensive Management of Cardiovascular Risk Factors for Adults with Type 2 Diabetes

Clinical Guideline: Healthy Weight Management

Line of Business: PA Medicare

Date of QI/UM Committee Review and Adoption: April 17, 2024

Changes for 2024	
No changes for 2024. This guideline does not replace the judgment or the role of the clinician in the decision-making process for individual patients, and it is only intended to serve as an educational resource for the delivery of care	
Clinical Indicators	**Description of the indicator**
1. Obesity rates for adults in Pennsylvania by ethnicity*: • White 32.7% • Black 44.6% • Hispanic 34.1% • Multiracial, non-Hispanic 44.9% • Asian, non-Hispanic 10.6% * 2023 CDC BRFSS BMI data	**PA Statistical Data:** Age group: 18 years and older • Racial/ethnic groups are mutually exclusive. Percentages are weighted to reflect population characteristics. • An adult who has a BMI between 25 and 29.9 is considered overweight. An adult who has a BMI of 30 or higher is considered obese. • Data based on the Behavioral Risk Factor Surveillance System, an ongoing, state-based, random-digit-dialed telephone survey of non-institutionalized civilian adults aged 18 years and older. Information about the BRFSS is available at http://www.cdc.gov/brfss/index.html. • Release date represents the date figures were accessed.
2. Reduce the proportion of adults with obesity	**Healthy People 2030 Objective:** Target: 36.0 percent **Numerator** Number of adults aged 20 years and over with a body mass index (BMI) equal to or greater than 30.0 **Denominator**

	Number of adults aged 20 years and over
References	**Reference Link**
Centers for Disease Control and Prevention (CDC) – Overweight and Obesity (2023)	Centers for Disease Control and Prevention (CDC) – Overweight and Obesity
Healthy People 2030 Reduce the portion of adults with obesity (2020)	Healthy People 2030 Reduce the portion of adults with obesity
American Association of Clinical Endocrinologists and American College of Endocrinology (AACE/ACE) Clinical Practice Guidelines for Comprehensive Medical Care of Patients with Obesity (2016)	Clinical Practice Guidelines for Comprehensive Medical Care of Patients with Obesity
Evidence Analysis Library Adult Weight Management Guideline 2020-2021 (2021)	Evidence Analysis Library Adult Weight Management Guideline 2020-2021
2020-2025 USDA Dietary Guidelines for Americans (2020)	2020-2025 USDA Dietary Guidelines for Americans
NIH Overweight and Obesity Treatment (2022)	NIH Overweight and Obesity Treatment

Clinical Guideline: Anti-retroviral Agents in HIV-1 Infected Adults and Adolescents

Line of Business: PA Medicare

Date of QI/UM Committee Review and Adoption: April 17, 2024

Changes for 2024	
No changes for 2024 This guideline does not replace the judgment or the role of the clinician in the decision-making process for individual patients, and it is only intended to serve as an educational resource for the delivery of care	
Clinical Indicators	**Description of the indicator**
1. Outpatient visit in the past 12 months	Number of HIV+ individuals with at least one outpatient visit in the past 12 months.
2.HIV Viral Load Test during the Measurement Year – Health Resources and Services Administration (HRSA)	Percentage of enrollees age 18 and older with a diagnosis of Human Immunodeficiency Virus (HIV) who had a HIV viral load test during the measurement year. (HRSA)
3. Possession ratio of HIV medication	Percentage of individuals with pharmacy claims for HIV medications in the past 12 months with an 80% medication possession ratio.
References	**Reference Link**
Department of Health and Human Services (DHHS) Panel, Anti-retroviral Guidelines for Adults and Adolescents, A Working Group of the Office of AIDS Research Advisory Council (OARAC) (2022)	Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV
What's New in the COVID-19 and HIV Interim Guidance (2021)	What's New in the COVID-19 and HIV Interim Guidance
Updated HHS Perinatal Antiretroviral Treatment Guidelines (2020)	Updated HHS Perinatal Antiretroviral Treatment Guidelines
NIH Study Finds Long-Acting Injectable Drug Prevents HIV Acquisition in Cisgender Women (2020)	NIH Study Finds Long-Acting Injectable Drug Prevents HIV Acquisition in Cisgender Women
Clinical Info HIV (2023)	Clinical Info HIV

Clinical Guideline: Prevention, Detection, Evaluation, and Treatment of High Blood Pressure

Line of Business: PA Medicare Assured

Date of QI/UM Committee Review and Adoption: April 17, 2024

Changes for 2024	
No changes for 2024 This guideline does not replace the judgment or the role of the clinician in the decision-making process for individual patients, and it is only intended to serve as an educational resource for the delivery of care	
Clinical Indicators	**Description of the indicator**
1.Controlling High Blood Pressure (Source: HEDIS® Measurement Year (MY) 2024, Vol. 2, Technical Specifications) *CBP*	Percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (BP was <140/90 mm Hg) during the measurement year.
2.Controlling High Blood Pressure Ages 60 years and younger.	Percentage of members 60 years of age and younger who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (BP was <150/90 mm Hg) during the measurement year.
References	**Reference Link**
Journal of the American College of Cardiology, Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults (2017)	Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults
American College of Cardiology/American Heart Association, Guideline on the Primary Prevention of Cardiovascular Disease: Executive Summary (2019)	ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease: Executive Summary: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines
Eighth Joint National Committee (JNC 8), Management of High Blood Pressure in Adults (2014)	Management of High Blood Pressure in Adults

Clinical Guideline: Prescribing Opioids for Chronic Pain

Line of Business: PA Medicare Assured

Date of QI/UM Committee Review and Adoption: April 17, 2024

Changes for 2024	
Removed Reference:- CDC Advises Against Misapplication of the Guideline for Prescribing Opioids for Chronic Pain (2019) as the CDC has achieved this reference and will no longer be updating it. This guideline does not replace the judgment or the role of the clinician in the decision-making process for individual patients, and it is only intended to serve as an educational resource for the delivery of care	
Clinical Indicators	**Description of the indicator**
1. Use of Opioid at High Dosage (Source: HEDIS® Measurement Year (MY) 2024, Vol. 2, Technical Specifications - *HDO*)	The percentage of members 18 years and older who received prescribed opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥90) for ≥15 days during the measurement year. ***Note:*** *A lower rate indicates a better performance*.
2. Use of Opioids from Multiple Providers (Source: HEDIS® Measurement Year (MY) 2024, Vol. 2, Technical Specifications - *UOP*)* **Adapted with financial support from CMS and with permission from the measure developer, Pharmacy Quality Alliance (PQA).*	The percentage of members 18 years and older, receiving prescription opioids for ≥15 days during the measurement year, who received opioids from multiple providers. Three rates are reported. 1. **Multiple prescribers** defined as the percentage of members receiving prescriptions for opioids from four or more different prescribers during the measurement year 2. **Multiple pharmacies** defined as the percentage of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year. 3. **Multiple prescribers and multiple pharmacies** defined as percentage of members receiving prescriptions for opioids from 4 or more different prescribers **and** 4 or more different pharmacies during the measurement year. (i.e., the proportion of member who are numerator compliant for both the Multiple Prescribers and

	Multiple Pharmacies rates). ***Note:*** *A lower rate indicates a better performance for all three rates*.
3 Continued Opioid Use (Source: HEDIS® Measurement Year (MY) 2024, Vol. 2, Technical Specifications - COU)* ***Adapted with financial support from the Centers for Medicare & Medicaid Services (CMS) and with permission from the measure developer, Minnesota Department of Human Services.*	The percentage of members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported: 1. The percentage of members with at least 15 days of prescription opioids in a 30-day period. 2. The percentage of members with at least 31 days of prescription opioids in a 62-day period. ***Note:*** *A lower rate indicates better performance.*

References	**Reference Link**
CDC Guideline for Prescribing Opioid for Chronic Pain (2022)	CDC Clinical Practice Guideline for Prescribing Opioid for Chronic Pain
CDC Guideline for Prescribing Opioids for Chronic Pain-Promoting Patient Care and Safety (2021)	CDC Guideline for Prescribing Opioids for Chronic Pain-Promoting Patient Care and Safety
CDC Stacks Checklist for Prescribing Opioids for Chronic Pain (2016)	CDC Stacks Checklist for Prescribing Opioids for Chronic Pain
CDC's Efforts to Prevent Overdoses and Substance Use-Related Harms (2022)	CDC's Efforts to Prevent Overdoses and Substance Use-Related Harms
FDA Identifies Harm Reported from Sudden Discontinuation of Opioid Pain Medicines (2019)	FDA Identifies Harm Reported from Sudden Discontinuation of Opioid Pain Medicines
NEJM: No Shortcuts to Safer Opioid Prescribing (2019)	NEJM: No Shortcuts to Safer Opioid Prescribing

Clinical Guideline: Palliative Care

Line of Business: PA Medicare

Date of QI/UM Committee Review and Adoption: April 17, 2024

Changes for 2024
Updated Clinical Indicator: Care for Older Adults-Medication review This guideline does not replace the judgment or the role of the clinician in the decision-making process for individual patients, and it is only intended to serve as an educational resource for the delivery of care

Clinical Indicators	**Description of the indicator**
1.Care for Older Adults-Medication review (Source: HEDIS® Measurement Year (MY) 2024, Vol. 2, Technical Specifications - *COA*)	Either of the following meets criteria: • Both of the following during the same visit during the measurement year where the provider type is a prescribing practitioner or clinical pharmacist. Do not include codes with a modifier. • At least one medication review • The presence of a medication list in the medical record • Transitional care management services during the measurement year. Do not include services provided in an acute inpatient setting
2.Care for Older Adults-Functional Status Assessment (Source: HEDIS® Measurement Year (MY) 2024, Vol. 2, Technical Specifications - *COA*)	The percentage of adults 66 years and older who had each of the following during the measurement year: At least one functional status assessment during the measurement year, as documented through either administrative data or medical record review.

3.Care of the Older Adult-Pain Assessment (Source: HEDIS® Measurement Year (MY) 2024, Vol. 2, Technical Specifications - *COA*)	The percentage of adults 66 years and older who had each of the following during the measurement year: At least one pain assessment during the measurement year, as documented through either administrative data or medical record review.
References	**Reference Link**
National Coalition for Hospice and Palliative Care (NCHP), National Consensus Project (NCP) Clinical Practice Guidelines for Quality Palliative Care (2018)	National Coalition for Hospice and Palliative Care (NCHP), National Consensus Project (NCP) Clinical Practice Guidelines for Quality Palliative Care

Clinical Guideline: Routine and High Risk Prenatal and Postpartum Care

Line of Business: PA Medicare

Date of QI/UM Committee Review and Adoption: April 17, 2024

Changes for 2024	
Replaced Reference: National Heart, Lung and Blood Institute, Managing Asthma During Pregnancy, Pharmacologic Treatment (2004) with Reference: Cleveland Clinic Journal of Medicine, Maternal Asthma: Management Strategies (2017) This guideline does not replace the judgment or the role of the clinician in the decision-making process for individual patients, and it is only intended to serve as an educational resource for the delivery of care	
Clinical Indicators	**Description of the indicator**
1.Timeliness of Prenatal Care (Source: HEDIS® Measurement Year (MY) 2024, Vol. 2, Technical Specifications - *PPC*)	The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care: <u>Timeliness of Prenatal Care.</u> The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.
2.Postpartum Care (Source: HEDIS® Measurement Year (MY) 2024, Vol. 2, Technical Specifications - *PPC*)	The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care: <u>Postpartum Care.</u> The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.
3.Prenatal Immunization Status (Source: HEDIS® Measurement Year (MY) 2024, Vol. 2, Technical Specifications - *PRS-E*)	The percentage of deliveries in the Measurement Period in which women had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.

4.Prenatal Depression Screening and Follow-Up (Source: HEDIS® Measurement Year (MY) 2024, Vol. 2, Technical Specifications - *PND-E*)	The percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care. 1. *Depression Screening*: The percentage of deliveries in which members were screened for clinical depression during pregnancy using a standardized instrument. 2. *Follow-Up on Positive Screen*: The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.
5.Postpartum Depression Screening and Follow-Up (Source: HEDIS® Measurement Year (MY) 2024, Vol. 2, Technical Specifications -*PDS-E*)	The percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care. 1. *Depression Screening:* The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period. 2. *Follow-Up on Positive Screen:* The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.
References	**Reference Link**
American College of Obstetricians and Gynecologists (2021)	American College of Obstetricians and Gynecologists
Cleveland Clinic Journal of Medicine, Maternal Asthma: Management Strategies (2017)	Maternal Asthma: Management Strategies
Clinical Guidance for the Integration of the Findings of the Chronic Hypertension and Pregnancy (CHAP) Study (2022)	Clinical Guidance for the Integration of the Findings of the Chronic Hypertension and Pregnancy (CHAP) Study
American College of Allergy, Pregnancy and Asthma (2023)	American College of Allergy, Pregnancy and Asthma
Centers for Disease Control and Prevention, Depression During and After Pregnancy (2022)	Centers for Disease Control and Prevention, Depression During and After Pregnancy

Clinical Guideline: The Treatment of Patients with Schizophrenia

Line of Business: PA Medicare Assured

Date of QI/UM Committee Review and Adoption: April 17, 2024

Changes for 2024	
No changes for 2024 This guideline does not replace the judgment or the role of the clinician in the decision-making process for individual patients, and it is only intended to serve as an educational resource for the delivery of care	
Clinical Indicators	**Description of the indicator**
1.Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications (Source: HEDIS® Measurement Year (MY) 2024, Volume 2 Technical Specifications, *SSD*)	The percentage of members 18-64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.
2.Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (Source: HEDIS® Measurement Year (MY) 2024, Vol. 2, Technical Specifications, *SMC*)	The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease, who had an LDL-C test during the measurement year.
3.Diabetes Monitoring for People with Diabetes and Schizophrenia (Source: HEDIS® Measurement Year (MY) 2024, Vol. 2, Technical Specifications, *SMD*)	The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.
4.Adherence to Antipsychotic Medications for Individuals with Schizophrenia (Source: HEDIS® Measurement Year (MY) 2024, Vol. 2, Technical Specifications, *SAA*) *Adapted by NCQA with permission of the measure developer, CMS.	The percentage of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.
References	**Reference Link**
American Psychiatric Association (APA) Clinical Practice Guidelines for Treatment of Patients with Schizophrenia (2020)	American Psychiatric Association (APA) Clinical Practice Guidelines for Treatment of Patients with Schizophrenia

The American Psychiatric Association Practice Guideline for the Treatment of Patients with Schizophrenia (2021)	The American Psychiatric Association Practice Guideline for the Treatment of Patients with Schizophrenia

Clinical Guideline: The Treatment of Patients with Substance Use Disorders

Line of Business: PA Medicare Assured

Date of QI/UM Committee Review and Adoption: April 17, 2024

Changes for 2024	
Replaced Reference: Practice Guideline for the Treatment of Patients with Substance Use Disorders (2010) with Reference: VA/DoD Clinical Practice Guidelines, Treatment of Substance Use Disorder (2021) This guideline does not replace the judgment or the role of the clinician in the decision-making process for individual patients, and it is only intended to serve as an educational resource for the delivery of care	
Clinical Indicators	**Description of the indicator**
1.Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence (AOD) Treatment (Source: HEDIS® Measurement Year (MY) 2024 Vol. 2, Technical Specifications, *IET*)	The percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported: 1. *Initiation of SUD Treatment*. The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days. 2. *Engagement of SUD Treatment.* The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.
2.Follow-Up After Emergency Department Visit for Substance Use (Source: HEDIS® Measurement Year (MY) 2024, Vol. 2, Technical Specifications, *FUA*) **Adapted from an NCQA measure with financial support from the Office of the Assistant Secretary for Planning and Evaluation (ASPE) under Prime Contract No. HHSP23320100019WI/HHSP23337001T, in which NCQA was a subcontractor to Mathematica. Additional financial support was*	The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up. Two rates are reported: 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).

provided by the Substance Abuse and Mental Health Services Administration (SAMHSA).	2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).
References	**Reference Link**
VA/DoD Clinical Practice Guidelines, Management of Substance Use Disorder, (2021)	Management of Substance Use Disorder
APA Practice Guideline for The Pharmacological Treatment of Patients with Alcohol Use Disorder (2018)	APA Practice Guideline for The Pharmacological Treatment of Patients with Alcohol Use Disorder
National Institute on Drug Abuse (NIDA) Principles of Drug Addiction Treatment: A Research-Based Guide (2018)	National Institute on Drug Abuse (NIDA) Principles of Drug Addiction Treatment: A Research-Based Guide
Dartmouth-Hitchcock Knowledge Map, Unhealthy Alcohol and Drug Use – Adult Primary Care (2017)	Dartmouth-Hitchcock Knowledge Map, Unhealthy Alcohol and Drug Use – Adult Primary Care
Dartmouth-Hitchcock Unhealthy Alcohol and Drug Use (2021)	Dartmouth-Hitchcock Unhealthy Alcohol and Drug Use
American Society of Addiction Medical (ASAM) National Practice Guideline (2020)	American Society of Addiction Medical (ASAM) National Practice Guideline
American Society of Addiction Medical (ASAM) National Practice Guideline for the Treatment of Opioid Use Disorder (2019)	American Society of Addiction Medical (ASAM) National Practice Guideline for the Treatment of Opioid Use Disorder
American Society of Addiction Medical (ASAM) Clinical Practice Guideline on Alcohol Withdrawal Management (2020)	American Society of Addiction Medical (ASAM) Clinical Practice Guideline on Alcohol Withdrawal Management