

Clinical Guidelines for Childhood Preventive Care (birth to 18 years old)

Line of Business: DE Medicaid

Summary:

The Clinical Guidelines for Childhood Preventive Care is meant to provide guidance for preventive care for the general, pediatric population. The guidance for immunizations comes from the 2020 Recommended Immunization Schedule from the Centers for Disease Control and Prevention. Guidance from Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program periodicity schedule, which is aligned with the American Academy of Pediatrics’ Bright Futures Schedule. The guideline is relative to Highmark Health Options child population (ages 0-18) which represents about 52% of the total Medicaid population. EPSDT is also one of Highmark Health Options programs.

Changes to the Guideline: Changed title from “Clinical Guidelines for Childhood Preventive Care (birth to 21 years old)” to “Clinical Guidelines for Childhood Preventive Care (birth to 18 years old).” Updated with 2020 immunization schedule and EPSDT periodicity schedule. Updated 2020 Recommendations for Preventive Pediatric Health Care from Bright Futures/American Academy of Pediatrics. Added 2020 Pediatric Preventive Health Guidelines: Ages 0 through 18 Years. Added reference Bright Futures: Promoting Healthy Weight and Central California Alliance on WCC. Added clinical indicators: Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34) and Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC).

This guideline does not replace the judgment or the role of the clinician in the decision making process for individual patients. This report is only intended to serve as an educational resource for the delivery of care.

Clinical Indicators	Description of the Indicators
<p>1. Well-Child Visits in the First 15 Months of Life (W15) Source: HEDIS 2020, Vol. 2, Technical Specifications</p>	<p>The percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life:</p> <ul style="list-style-type: none"> No well-child visits.

	<ul style="list-style-type: none"> • One well-child visit. • Two well-child visits. • Three well-child visits. • Four well-child visits. • Five well-child visits. • Six or more well-child visits.
<p>2. Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34) Source: HEDIS® 2020, Vol. 2, Technical Specifications</p>	<p>The percentage of members 3-6 years of age who had one or more well child visits with a PCP during the measurement year.</p>
<p>3. Adolescent Well-Care Visits (AWC) Source: HEDIS 2020, Vol. 2, Technical Specifications</p>	<p>The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.</p>
<p>4. Childhood Immunizations (CIS) Source: HEDIS 2020, Vol. 2, Technical Specifications</p>	<p>The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.</p>
<p>5. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) Source: HEDIS 2020, Vol. 2, Technical Specifications</p>	<p>The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and had evidence of following:</p> <ul style="list-style-type: none"> • BMI percentile documentation • Counseling for nutrition • Counseling for physical activity

Recommendations	Reference
Preventive Pediatric Health Care	https://www.aap.org/en-us/documents/periodicity_schedule.pdf
Child and Adolescent Immunization Schedule for ages 18 years or younger	https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html
Developmental Monitoring and Screening	https://www.cdc.gov/ncbddd/childdevelopment/screening.html
Promotion of Healthy Weight	https://brightfutures.aap.org/Bright%20Futures%20Documents/BFHealthyWeight_Tipsheet.pdf https://www.ccah-alliance.org/HEDIS/2020_HEDIS_tip_sheet_WCC.pdf
2020 Pediatric Preventive Health Guidelines: Ages 0 through 6 Years	https://content.highmarkprc.com/Files/Region/hdebcbs/EducationManuals/ClinicalGuidelines/guideline-0-6.pdf
2020 Pediatric and Adolescent Preventive Health Guidelines: Ages 7 through 18 Years	https://content.highmarkprc.com/Files/Region/hdebcbs/EducationManuals/ClinicalGuidelines/guideline-7-18.pdf

Adult Preventive Clinical Guideline (19 years old & over)

Line of Business: DE Medicaid

Summary:

The Adult Preventive Clinical Guideline is meant to provide guidance for preventive care for the general, adult population. The guideline adopts recommendations from national and state-recognized organizations including the Centers for Disease Control and Prevention, the U.S. Preventive Task Force and the American Academy of Family Physicians.

Changes to the Guideline: Changed Title from “Adult Preventive Guideline (21 & over)” to “Adult Preventive Guideline (19 & over).” Updated with 2020 immunization schedule. Updated 2020 Adult Preventive Health Guidelines for: ages 19 through 64 years old and for members 65 years of age and older. Updated guidelines for Cervical Cancer Screening, Breast Cancer Screening and Chlamydia and Gonorrhea Screening.

This guideline does not replace the judgment or the role of the clinician in the decision making process for individual patients. This report is only intended to serve as an educational resource for the delivery of care.

Clinical Indicators	Description of the Indicators
<p>1. Breast Cancer Screening (BCS) Source: HEDIS 2020, Vol. 2, Technical Specifications</p>	<p>The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.</p>
<p>2. Cervical Cancer Screening (CCS) Source: HEDIS 2020, Vol. 2, Technical Specifications</p>	<p>The percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:</p> <ul style="list-style-type: none"> • Women 21-64 years of age who had a cervical cytology performed every 3 years • Women 30-64 years of age who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years

3. Chlamydia Screening (CHL) Source: HEDIS 2020, Vol. 2, Technical Specifications	The percentage of women 16--24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.
4. Adult BMI (ABA) Source: HEDIS 2020, Vol. 2, Technical Specifications	The percentage of members 18-74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.
5. Breast Cancer Screening (BCS) Source: HEDIS 2020, Vol. 2, Technical Specifications	The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.
Recommendations	Reference
2020 Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States	http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf
U.S. Preventive Services Task Force: <ul style="list-style-type: none"> • Breast Cancer Screening 	https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/breast-cancer-screening1
U.S. Preventive Services Task Force: <ul style="list-style-type: none"> • Cervical Cancer Screening 	https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/cervical-cancer-screening
U.S. Preventive Services Task Force: <ul style="list-style-type: none"> • Chlamydia and Gonorrhea Screening 	https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/chlamydia-and-gonorrhea-screening
2020 Adult Preventive Health Guidelines: Ages 19 through 64 Years	https://content.highmarkprc.com/Files/Region/hdebcbs/EducationManuals/ClinicalGuidelines/guideline-19-64.pdf

2020 Preventive Health Guidelines for Members 65 Years of Age and Older	https://content.highmarkprc.com/Files/Region/hdebcbs/EducationManuals/ClinicalGuidelines/guideline-over-65.pdf
Additional Preventive Health Guidelines and Immunization Schedules	https://content.highmarkprc.com/Files/EducationManuals/addendum-to-2020-phg-de.pdf

Clinical Guidelines for Routine and High Risk Prenatal Care

Line of Business: DE Medicaid

Summary:

Highmark Health Options adopts The American College of Obstetricians and Gynecologists, Committee on Obstetric Practice, Committee Opinions and Practice Bulletins and the Centers for Disease Control and Prevention (CDC); Advisory Committee on Immunization Practices (ACIP); American College of Obstetricians and Gynecologists (ACOG) and the American College of Nurse Midwives (ACNM).

Maternity is one of the top diagnoses in the Highmark Health Options population and is one of Highmark Health Options Lifestyle Management Programs. Historically Highmark Health Options two most frequent risk factors are smoking followed by depression. Smoking is associated with increased perinatal mortality, ectopic pregnancy and bleeding complications of pregnancy and a higher incidence of small, low birth weight babies and preterm deliveries. Untreated depression has been associated with unfavorable health behaviors in pregnancy and subsequent fetal growth restrictions, preterm deliveries, placental abruption, and newborn irritability. With early identification of maternal risk factors, Highmark Health Options can make an impact on reducing risk factors that can lead to poor pregnancy outcome, low birth weight and infant mortality.

Changes to the Guideline:

Updated the references for routine and high risk prenatal care. Updated HEDIS 2020 Technical Specifications.

Clinical practice guidelines are designed to assist clinicians by providing a framework for the evaluation and treatment of Highmark Health Options maternity patients that they are managing. This guideline does not replace the judgment or the role of the clinician in the decision making process for individual patients. This report is only intended to serve as an educational resource for the delivery of care.

Clinical Indicators	Description of the Indicators
1. Timeliness of Prenatal Care Source: HEDIS 2020, Vol. 2, Technical Specifications	The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization.
2. Postpartum Care Source: HEDIS 2020, Vol. 2, Technical Specifications	A postpartum visit for a pelvic exam or postpartum care on or between 21 and 56 days after delivery, as documented through either administrative data or medical record review.
Recommendations	Reference
ACOG Clinical Guidance Current Practice Bulletin	https://www.acog.org/clinical/clinical-guidance/practice-bulletin
2020 Prenatal/Perinatal Care Preventive Health Guidelines	https://content.highmarkprc.com/Files/Region/hdebcbs/EducationManuals/ClinicalGuidelines/guideline-prenatal.pdf
2020 United States Preventive Services Task Force (USPSTF) Perinatal Depression Prevention Counseling	https://content.highmarkprc.com/Files/Region/hdebcbs/EducationManuals/ClinicalGuidelines/perinatal-depression-prevention-coding.pdf
Marijuana Use During Pregnancy and Lactation	https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/10/marijuana-use-during-pregnancy-and-lactation

Clinical Guidelines for the Management of Major Depression in Adults in Primary Care

Line of Business: DE Medicaid

Summary:

Highmark Health Options adopts the American Psychiatric Association (APA) Clinical Practice Guideline for the Treatment of Patients with Major Depression. This practice guideline is an extensive guide intended to assist Psychiatrists in the management of adult patients suffering from major depressive disorder. Depression is one of Highmark Health Options Behavioral Health Care Management Programs.

Changes to the Guideline:

Updated the references for the treatment of patients with major depression. Updated HEDIS 2020 Technical Specifications.

This guideline does not replace the judgment or the role of the clinician in the decision making process for individual patients. This report is only intended to serve as an educational resource for the delivery of care.

Clinical Indicators	Description of the Indicators
<p>Antidepressant Medication Management (AMM) Source: HEDIS 2020, Volume 2 Technical Specifications</p>	<p>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:</p> <ul style="list-style-type: none"> • <i>Effective Acute Phase Treatment.</i> The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). • <i>Effective Continuation Phase Treatment.</i> The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

Recommendations	Reference
Practice Guidelines for the Psychiatric Evaluation of Adults	https://www.psychiatry.org/psychiatrists/practice/clinical-practice-guidelines https://psychiatryonline.org/doi/full/10.1176/appi.books.9780890426760.p.e02 https://psychiatryonline.org/guidelines
Depression , Adult in Primary Care (Institute for Clinical Systems Improvement)	https://www.icsi.org/guideline/depression/

Clinical Guidelines for the Management of Diabetes

Line of Business: DE Medicaid

Summary:

Highmark Health Options adopts the American Diabetes Association's (ADA) Standards of Medical Care in Diabetes.

Diabetes is a complex, chronic illness requiring continuous medical care for glycemic control. The condition can go undiagnosed and increases the risk of heart attack, stroke, kidney failure, amputation and blindness. It requires patient self-management, education and support to prevent these complications.

Diabetes is one of Highmark Health Options top 10 diseases by member count and total disease cost per reporting period 1/1/19 to 6/30/2020 and one of Highmark Health Options Lifestyle Management Programs.

Changes to the Guideline:

Updated to add the ADA Standards of Medical Care in Diabetes 2020, Supplement 1 reference. Updated HEDIS 2020 Technical Specifications.

This guideline does not replace the judgment or the role of the clinician in the decision making process for individual patients. This report is only intended to serve as an educational resource for the delivery of care.

Clinical Indicators	Description of the Indicators
<p>1. Comprehensive Diabetes Care - HbA1c testing Source: HEDIS 2020, Vol. 2, Technical Specifications</p>	<p>The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had HbA1c testing.</p>

<p>2. Comprehensive Diabetes Care - Poor Control >9% Source: HEDIS 2020, Vol. 2, Technical Specifications</p>	<p>The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had an HbA1c poor control >9%.</p>
<p>3. Comprehensive Diabetes Care - Eye exam Source: HEDIS 2020, Vol. 2, Technical Specifications</p>	<p>The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had a retinal eye exam.</p>
<p>4. Comprehensive Diabetes Care - BP control <140/90 Source: HEDIS 2020, Vol. 2, Technical Specifications</p>	<p>The percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose blood pressure was <140/90.</p>
<p>5. Comprehensive Diabetes Care - Medical Attention for Nephropathy Source: HEDIS 2020, Vol. 2, Technical Specifications</p>	<p>The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who received a nephropathy screening or monitoring test during the measurement year.</p>
<p>Recommendations</p>	<p>Reference</p>
<p>American Diabetes Association Standards of Medical Care in Diabetes - 2020</p>	<p>https://care.diabetesjournals.org/content/43/Supplement_1/S1</p>