2024
HEDIS Guide

Banner Plans & Networks

2024 HEDIS Guide

Intention

To provide a resource to assist member facing teams to schedule appointments with providers to facilitate care gap closure, medication adherence and chronic condition monitoring. This guide will provide a high-level understanding of who needs to be scheduled for a provider and/or facility appointment.

Why

Healthcare Effectiveness Data and Information Set (HEDIS), a standardized set of performance measures developed by the National Committee for Quality Assurance (NCQA), is used by more than 90% of United States health plans. Standardized performance measures allow health plans to be compared.

Reward

Identifying gaps in care help to improve patient outcomes and reduce care costs.

Contents

Pediatrics

Birth to 20 years old

Assigned female at birth | Assigned male at birth | All genders | All genders and ages | Non-Standard Supplemental Data not accepted at this time

Measure	Definition	Scheduling	Talking Points	NSSD
Childhood Immunization Status (CIS) • **Commercial** • **Medicaid**	**Under 2 years** Children under 2 years old that have not received the AAP recommended vaccinations.	Current PCP **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	• Immunizations prevent tens of thousands of deaths, millions of cases of disease. • Immunizations are a safe, effective way to protect children from disease including disability and death. • Maintaining routine immunizations are important in preventing disease outbreak, public health emergency or future pandemic.	NSSD
Child and Adolescent Well-Care Visits (WCV) • **Commercial** • **Medicaid**	**3-21 years old** 3-21 year olds that have not had one or more comprehensive well-care visits with a primary care provider or OB-GYN in the current measure year.	Current PCP **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	• Well child visits are important for many reasons. • Tracking growth and development. • Discussing any concerns about your child's health. • Getting recommended vaccinations to prevent illnesses like measles and other serious diseases.	NSSD
Immunizations for Adolescents (IMA) • **Commercial** • **Medicaid**	**Under 13 years** Children under 13 years old that have not received the AAP recommended vaccinations.	Current PCP **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	• Immunizations prevent tens of thousands of deaths, millions of cases of disease. • Immunizations are a safe, effective way to protect children from disease including some cancers, disability and death. • Maintaining routine immunizations are important in preventing disease outbreak, public health emergency or future pandemic.	NSSD

Pediatrics

Birth to 20 years old

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Measure	Definition	Scheduling	Talking Points	NSSD
Lead Screening in Children (LSC) • **Medicaid**	**Under 2 years** Children under 2 year olds that have not had one or more lead blood test for lead poisoning.	Current PCP **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	• A blood test is the best way to find out if a child has high levels of lead in their body. • Lead poisoning may not have visible signs and symptoms.	NSSD
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents (WCC) • **Commercial** • **Medicaid**	**3-17 years old** 3-17 needing an outpatient visit with their PCP or OB-GYN to measure their BMI and receive counseling for nutrition and physical activity.	Current PCP **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	• Kids grow and change quickly. The doctor will check his/ her weight and height to make sure their growth is on track. • Well child visits are an opportunity to ask questions about your child's eating, sleeping, behavior and age milestones.	NSSD
Well-Child Visits in the First 30 Months of Life (W30) • **Commercial** • **Medicaid**	**Under 15 months** Children under 15 months that have not has six or more well-child visits. Children at least 15 months but less than 30 months that have not had two or more well-child visits.	Current PCP **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	• Well child visits are important for many reasons. » Tracking growth and development. » Discussing any concerns about your child's health. • Getting recommended vaccinations to prevent illnesses like measles and other serious diseases.	NSSD

Adults

18 years old and older

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Measure	Definition	Scheduling	Talking Points	NSSD
Breast Cancer Screening (BCS) • **Commercial** • **Medicaid** • **Medicare**	**50-74 years old** 50-74 years old recommended to have a mammogram.	Breast Center used prior **or** **Find a Doctor**	• Early Detection and diagnosis are very important in treating cancer. • It's best to schedule your mammogram about a week after your menstrual period. Your breast won't be as tender or swollen, which means less discomfort during your mammogram.	**Fax** (480) 655-2500 **Email** BHNPopHealthSpec@bannerhealth.com
Eye Exam for Patients with Diabetes (EED) • **Commercial** • **Medicaid** • **Medicare**	**18-75 years old** 18-75 with Diabetes needing to have a Retinal or Dilated eye exam.	Current Eye Doctor **or** **Find a Doctor**	• Diabetes is the leading cause of vision loss in people 18-64 years old. An annual routine eye exam can help identify eye disease so you can take steps to prevent or delay vision loss caused by diabetes. • People of color are at greater risk of going blind from diabetes. • In early stages, diabetic retinopathy may not have any obvious signs or symptoms, finding eye disease early can help protect your vision, making an annual dilated eye exam essential.	**Fax** (480) 655-2500 **Email** BHNPopHealthSpec@bannerhealth.com
Osteoporosis Management in Women Who Had a Fracture (OMW) • **Commercial** • **Medicaid** • **Medicare**	**67-85 years old** 67-85 women who had a fracture and had either a bone mineral density (BMD), also known as a Dexa Scan test, or RX for a drug to treat osteoporosis in 6 mo after the fx.	Current PCP **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	• Women over the age of 65 are at high risk of osteoporosis which causes bones to become weak and brittle. • It is important to get tested for Osteoporosis after a fracture. • If you have Osteoporosis, there are treatments that can lower your risk for serious injuries/ fractures from a fall.	**Fax** (480) 655-2500 **Email** BHNPopHealthSpec@bannerhealth.com

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Glycemic Status Assessment for Patients with Diabetes (A1c) • **Commercial** • **Medicaid** • **Medicare**	**18-75 years old** 18-75 with Dx of DM whose last **HbA1C** of the year was = or <9 for MA and < 8 for Commercial.	Current PCP or Member would like to change their PCP; Step 1 **Find a Doctor** Step 2 Contact health plan to update member's PCP and current contact information.	• Keeping your A1C under control will reduce the risks of potential complications of diabetes such as vision problems, kidney failure and circulation problems.	Fax (480) 655-2500 Email BHNPopHealthSpec@bannerhealth.com
Kidney Health Evaluation for Patients with Diabetes (KED) • **Commercial** • **Medicaid** • **Medicare**	**18-85 years old** 18-85 with DX of DM who have a kidney health evaluation which includes an eGFR blood test and a urine albumin-creatinne ratio (uACR).	Current PCP **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	• Having diabetes puts you at a high risk for kidney failure. • It is important to be tested annually to assure that your kidneys are functioning properly.	**Fax** (480) 655-2500 **Email** BHNPopHealthSpec@bannerhealth.com
Statin Therapy for Patients with Cardiovascular Disease (SPC) • **Medicare**	**M: 21-75** **F: 40-75 years old** Males 21-75 and Females 40-75 who have clinical atherosclerotic cardiovascualr disease (ASCVD) who receive and are adherant to statin therapy 80% of the time.	Current PCP **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	• Cardiovascular disease is the leading cause of death in the United States. • According to the American Heart Association, statins are a class of drugs that lower blood cholesterol and are recommended for adults with ASCVD. • Review current statin use and make sure member is taking daily.	NSSD

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Statin Use in Persons with Diabetes (SUPD) • **Medicare**	**40-75 years old** 40-75 with a diagnosis of Type 1 or Type 2 diabetes who have tried a statin at least once during the year.	Current PCP **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	• People with Diabetes have a higher prevalence for lipid abnormalities, contributing to high risk of atherosclerotic cardiovascular disease (ASCVD). • The American Diabetes Association (ADA) recommends the use of statins to help reduce the risk and/or treatment of ASCVS.	NSSD
Medication Adherence for Cholesterol (MAC) • **Commercial** • **Medicare**	**18 years and older** 18 and older who adhere to their cholesterol *(statin)* medication at least 80% of the time.	Current PCP **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	• Measure period starts with the date of the first fill. • Educate as to why they are on the medication. • Identify reasons for non-compliance. • Encourage use of mail order pharmacy. • Encourage use of pillboxes, organizers, or alarms as reminders.	NSSD
Medication Adherence for Diabetes Medications (MAD) • **Commercial** • **Medicare**	**18 years and older** 18 and older who are adherant to their diabetes medications at least 80% of the time.	Current PCP **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	• Measure period starts with the date of the first fill. • Educate as to why they are on the medication. • Identify reasons for non-compliance. • Encourage use of mail order pharmacy. • Encourage use of pillboxes, organizers, or alarms as reminders.	NSSD

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Medication Adherence for Hypertension (MAH) • **Commercial** • **Medicare**	**18 years and older** 18 and older who are adherant to their hypertension RAS antagonist medications at least 80% of the time.	Current PCP **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	• Measure period starts with the date of the first fill. • Educate as to why they are on the medication. • Identify reasons for non-compliance. • Encourage use of mail order pharmacy. • Encourage use of pillboxes, organizers, or alarms as reminders.	NSSD
Statin Therapy for Patients with Diabetes (SPD) • **Medicare**	**45-75 years old** 40-75 with diabetes who do not have (ASCVD) who received at least one statin of any intensity and remained on the statin for at least 80% of the time.	Current PCP **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	• Members with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD). • Measure period starts with the date of the first fill. • Educate as to why they are on the medication. • Identify reasons for non-compliance. • Encourage use of mail order pharmacy. • Encourage use of pillboxes, organizers, or alarms as reminders.	NSSD
Advance Care Planning (ACP) • **Medicare**	**66-80 years old** Adults 66–80 years of age with advanced illness, an indication of frailty or who are receiving palliative care OR adults 81 years of age and older.	Current PCP **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	• An advance medical directive is a form that lets you plan for the care you'd want if you could no longer express your wishes. • You can decide the medical treatment you'd want. • You can name the person you'd wish to make healthcare decisions for you.	**Fax** (480) 655-2500 **Email** BHNPopHealthSpec@bannerhealth.com

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Measure	Definition	Scheduling	Talking Points	NSSD
COA Functional Status Assessment • **Medicare Special Needs Plans (SNP)**	**66 years old** Adults 66 years of age and older with a complete functional status assessment (*e.g. ADLs*).	Current PCP **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	• Activities of daily living are activities related to personal care. • They include bathing or showering, dressing, getting in and out of bed or a chair, walking, using the toilet, and eating. • The inability to accomplish essential activities of daily living may lead to unsafe conditions and poor quality of life.	**Fax** (480) 655-2500 **Email** BHNPopHealthSpec@bannerhealth.com
COA Medication Review • **Medicare Special Needs Plans (SNP)**	**66 years old** Adults 66 years of age and older with at least one medication review by prescribing provider or pharmacist **and** presence of medication list in the medical record.	Current PCP **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	• Review all your medicines regularly with your healthcare provider. • Read the warning labels and usage instructions for each medicine you take. • Know when your medicine needs to be refilled so you don't run out.	**Fax** (480) 655-2500 **Email** BHNPopHealthSpec@bannerhealth.com
COA Pain Assessment • **Medicare Special Needs Plans (SNP)**	**66 years old** Adults 66 years of age and older with at least one pain assessment in the medical record.	Current PCP **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	• Pain can be a mild ache anywhere in the body or it can be severe. • Acute pain is sudden pain and is often sharp. It serves as a warning sign that there is a problem. • Chronic pain is pain that lasts longer than 3 months and may or may not have a known cause. • Talk to your doctor or nurse about your pain to determine what choices may work best to treat it.	**Fax** (480) 655-2500 **Email** BHNPopHealthSpec@bannerhealth.com

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Cervical Cancer Screening (CCS) • **Commercial** • **Medicaid**	**21-64 years old** Female members ages 21-64 who were recommended for routine cervical cancer screening and were screened for cervical cancer.	Current PCP **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	• The goal of screening for cervical cancer is to find precancerous cervical cell changes when treatment can prevent cervical cancer from developing. • * Talk to your doctor about testing options to determine what screening test is best for you.	NSSD
Chlamydia Screening in Women (CHL) • **Commercial** • **Medicaid**	**16-24 years old** Female members ages 16–24 who were identified as sexually active and had at least one test to screen for chlamydia during the measurement year.	Current PCP **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	• For sexually active female patients ages 16-24 years, consider standard orders for chlamydia urine testing as part of the office visit. • Talk to your doctor about testing options to determine what screening test is best for you.	NSSD

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Prenatal and Postpartum Care (PPC) • **Commercial** • **Medicaid**	**First Trimester** **Prenatal** Member in their first trimester that have not received prenatal care **Postpartum** Members who had a live birth less than 84 days ago that have received postpartum care.	Current PCP **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	• Prenatal and postpartum care is important for many reasons. » Discuss your health history. » Make a plan for managing any potential problems. » It's normal to feel tired and have some pain after having a baby, but there are some symptoms that can be a sign of a more serious problem. » Most pregnancy related deaths are preventable- recognize urgent maternal warning signs. Quality care can save lives.	NSSD
Controlling Blood Pressure (CBP) • **Commercial** • **Medicaid** • **Medicare**	**18-85 years old** Adults 18-85 years of age with a diagnosis of hypertension.	Current PCP **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	• Keeping your blood pressure (BP) under control (<140/90 mmHg) will reduce the risks of potential complications of experiencing a stroke and potential harm to your organs, including your heart, brain, and eyes.	**Fax** (480) 655-2500 **Email** BHNPopHealthSpec@bannerhealth.com

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Measure	Definition	Scheduling	Talking Points	NSSD
Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC) • **Commercial** • **Medicaid** • **Medicare**	**18 years and older** Adults 18 years of age and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of an ED visit.	Current PCP **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	• These patients are at risk following ED visits because of their functional limitations and use of multiple medications. • Adverse health outcomes persist when hospitals, including ED providers, fail to send medical records to PCP upon admission and following discharge.	NSSD
TRC - Inpatient Admission Notification • **Medicare**	**18 years and older** Adults 18 years of age and older with documentation in the medical record of evidence of receipt of notification of inpatient admission through 2 days after the admission *(3 total days)*.	Current PCP **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	• Informing the outpatient provider of an inpatient admission begins the discharge planning process to prevent re-hospitalization, ED visits and other poor health outcomes.	**Fax** (480) 655-2500 **Email** BHNPopHealthSpec@bannerhealth.com
TRC - Medication Reconciliation Post-Discharge • **Medicare**	**18 years and older** Adults 18 years of age and older with documentation in the medical record of medication reconciliation on the date of discharge through 30 days after discharge *(31 days total)*.	Current PCP **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	• Medication reconciliation is a critical piece of care coordination for all individuals who use prescription medications. • Medication reconciliation is an important element of patient safety. • Medication reconciliation can reduce the occurrence of adverse drug events, especially for people with multiple prescription medications.	**Fax** (480) 655-2500 **Email** BHNPopHealthSpec@bannerhealth.com

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TRC - Patient Engagement After Inpatient Discharge • **Medicare**	**18 years and older** Adults 18 years of age and older that have received a patient engagement encounter within 30 days after discharge.	Current PCP **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	• Patient engagement allows primary care provider to follow-up with member for any additional needs *(medication, diagnostic workups, etc.)* to prevent rehospitalization, ED visits and other poor health outcomes. • Patient engagement examples include office visit, home visit, telephone visit, and virtual visit.	**Fax** (480) 655-2500 **Email** BHNPopHealthSpec@bannerhealth.com
TRC - Receipt of Discharge Information • **Medicare**	**18 years and older** Adults 18 years of age and older with documentation in the medical record of evidence of receipt of discharge information on the day of discharge through 2 days after the discharge *(3 total days)*.	Current PCP **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	• Informing the outpatient provider of an inpatient discharge activates the patient engagement process *(see above)*.	**Fax** (480) 655-2500 **Email** BHNPopHealthSpec@bannerhealth.com
Follow-Up After Hospitalization for Mental Illness (FUH) • **Commercial** • **Medicaid** • **Medicare**	**6 years and older** Patients 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 provider.	Current Mental Health Provider, PCP **or** **Find a Doctor**	• Providing follow-up care to patients after psychiatric hospitalization can improve patient outcomes, decrease the likelihood of re-hospitalization and the overall cost of outpatient care. • If you have thoughts of wanting to harm yourself or end your life, call the National Suicide Prevention Lifeline at (800) 237-8255. • Follow-up should be within 7 to 30 days.	NSSD

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Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) • **Commercial** • **Medicaid** • **Medicare**	**13 years and older** Members 13 years of age and older with follow-up visit from an acute inpatient discharge, residential treatment or withdrawal management visit for substance use disorder (SUD).	Current PCP **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	• Timely follow-up care after treatment for SUD is critical to reduce negative health outcomes such as disengagement from the health care system and substance use relapse. • Follow-up should be within 7 to 30 days.	NSSD
Follow-Up After Emergency Department Visit for Substance Use (FUM) • **Commercial** • **Medicaid** • **Medicare**	**13 years and older** Members 13 years of age and older with follow-up visit from an ED with a discharge diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose.	Current PCP **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	• Timely follow-up care after treatment for SUD is critical to reduce negative health outcomes such as disengagement from the health care system and substance use relapse. • Follow-up should be within 7 to 30 days.	NSSD
Adult Immunization Status (AIS) • **Commercial** • **Medicaid** • **Medicare**	**19 years and older** Members 19 years old and older that have had the recommended vaccination.	Current PCP/ OB-GYN/Provider **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	• Vaccines help your body make protective antibodies that help to fight infections. • Vaccines can protect you, the people important to you and avoid spreading preventable diseases in the community.	NSSD

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Colorectal Cancer Screening (COL) • **Commercial** • **Medicaid** • **Medicare**	**45-75 year old** 45-75 who had any of the following: • Colonoscopy every 10 yr • Cologuard every 3 years • Flex Sig every 5 years • FOBT X3 yearly • FIT Test.	Current PCP **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	• Colorectal cancer is the third most common cancer diagnosed in both med and women in the United States • Screening helps find colorectal cancer at an early stage when treatment works best.	**Fax** (480) 655-2500 **Email** BHNPopHealthSpec@bannerhealth.com
Screening for Depression and Follow-Up Plan: Age 12-71 and 18 and Older (DSF) • **Commercial** • **Medicaid** • **Medicare**	**12 years and older** Members 12 and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan.	Current PCP **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	It is important to get a screening and follow up because it is associated with your over well-being and quality of life. Screening helps identify potential mental health issues, provide early intervention, and ensure appropriate support and treatment.	NSSD
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS) • **Commercial** • **Medicaid** • **Medicare**	**12 years and older** Members 12 years old and older with a diagnosis of major depression or dysthymia, who had an outpatient encounter with a PHQ-9 score present in their record.	Current PCP **or** Member would like to change their PCP; **Step 1** **Find a Doctor** **Step 2** Contact health plan to update member's PCP and current contact information.	It is important to get a screening and follow up because it is associated with your over well-being and quality of life. Screening helps identify potential mental health issues, provide early intervention, and ensure appropriate support and treatment.	NSSD

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Measure	Definition	Scheduling	Talking Points	NSSD
Prenatal Immunization Status (PRS) • **Commercial** • **Medicaid**	Member who has not had the recommended vaccine prior to delivery.	Current PCP **or** Member would like to change their PCP; **Step 1** Find a Doctor **Step 2** Contact health plan to update member's PCP and current contact information.	• A baby gets disease immunity, protection, from mom during pregnancy. Getting recommended vaccines while you are pregnant help protect you and your baby from potentially serious diseases.	NSSD
Postpartum Depression Screening and Follow-Up (PDS) • **Commercial** • **Medicaid**	Members who had a live birth less than 84 days ago and has not had a depression screening. Members who had a live birth less than 84 days ago and a positive depression screening but has not received follow-up within 30 days.	Current PCP **or** Member would like to change their PCP; **Step 1** Find a Doctor **Step 2** Contact health plan to update member's PCP and current contact information.	• Mental health disorders affect people of all ages and backgrounds. • Mental health symptoms can be a sign of certain physical conditions. • Screening can help identify people at risk for developing a mental health disorder. • It may not just be the "Baby Blues" if it lasts more than a few days.	NSSD
Prenatal Depression Screening and Follow-Up (PND) • **Commercial** • **Medicaid**	Pregnant members that have not received a depression screening. Pregnant members that had a positive depression screen but has not received follow-up within 30 days .	Current PCP **or** Member would like to change their PCP; **Step 1** Find a Doctor **Step 2** Contact health plan to update member's PCP and current contact information.	• Mental health disorders affect people of all ages and backgrounds. • Mental health symptoms can be a sign of certain physical conditions. • Screening can help identify people at risk for developing a mental health disorder. • Depression during pregnancy increases risk of postpartum depression.	NSSD

Scheduling Tips

***All care gaps can be addressed or closed during an Annual Wellness Visit (AWV) or Well Child Visit (WCV).**

Wellness visits are key component in the care provided BHN members. Wellness visits allows healthcare providers to create and maintain an individual plan of care for each member. Wellness visits can address preventative screenings, monitor chronic conditions, review medication, risk factors and Social Determinants of Health (SDoH).

Where/Who should I schedule each measure with?

Breast Cancer Screening (BCS)- Mammograms	Schedule with a breast imaging facility or facility capable of breast imaging.
Eye Exam for Patients with Diabetes (EED)	Schedule appointment for a regular/ routine eye appointment at Optometrist or ophthalmologist office. **Do not schedule with retinal specialist.**
Childhood Immunization Status (CIS) **Child and Adolescent Well-Care Visits (WCV)** **Immunizations for Adolescents (IMA)** **Lead Screening in Children (LSC)** **Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents (WCC)** **Well-Child Visits in the First 30 Months of Life (W30)** **Osteoporosis Management in Women Who Had a Fracture (OMW)** **Glycemic Status Assessment for Patients With Diabetes (A1c)** **Kidney Health Evaluation for Patients With Diabetes (KED)** **Statin Therapy for Patients With Cardiovascular Disease (SPC)** **Statin Use in Persons With Diabetes (SUPD)** **Medication Adherence for Cholesterol (MAC)** **Medication Adherence for Diabetes Medications (MAD)** **Medication Adherence for Hypertension (MAH)** **Statin Therapy for patients with diabetes (SPD)** **Advance Care Planning (ACP)** **Care for Older Adults (COA)**	Schedule with a primary care provider or OB/GYN office

Scheduling Tips

Where/Who should I schedule each measure with?

Cervical Cancer Screening (CCS) Prenatal Immunization Status (PRS) Postpartum Depression Screening and Follow-Up (PDS) Prenatal Depression Screening and Follow-Up (PND Chlamydia Screening in Women (CHL) Prenatal and Postpartum Care (PPC) Controlling Blood Pressure (CBP) Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC) Transitions of Care (TRC) Follow-Up After Hospitalization for Mental Illness (FUH) Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) Follow-Up After Emergency Department Visit for Substance Use (FUM) Adult Immunization Status (AIS) Colorectal Cancer Screening (COL) Depression Screening and Follow-Up for Adolescents and Adults (DSF) Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS) Prenatal Immunization Status (PRS) Postpartum Depression Screening and Follow-Up (PDS) Prenatal Depression Screening and Follow-Up (PND)	Schedule with a primary care provider or OB/GYN office

References

Measure	Reference
AAP Periodicity Schedule	downloads.aap.org/AAP/PDF/periodicity_schedule.pdf
ACP	www.kramesondemand.com/HealthSheet.aspx?id=82506&ContentTypeId=3
AIS	www.cdc.gov/vaccines/adults/reasons-to-vaccinate.html#:~:text=Vaccines%20help%20your%20body%20create,other%20people%20in%20your%20community.
American Cancer Society	www.cancer.org/
BCS	www.cancer.org/cancer/types/breast-cancer/mammogram-tips-infographic.html
CIS & IMA	www.aap.org/en/patient-care/immunizations/
COA	www.kramesondemand.com/Healthsheet.aspx?id=1067&ContentTypeId=22&type=custom www.kramesondemand.com/HealthSheet.aspx?id=90100&ContentTypeId=3
EED	diabetes.org/sites/default/files/2023-10/FOD-HVM-0-10-17-23.pdf
John Hopkins Medicine	www.hopkinsmedicine.org/johns-hopkins-health-plans/providers-physicians/health-care-performance-measures/hedis/medication-adherence-cholesterol-statins
LSC	www.cdc.gov/nceh/lead/prevention/testing-children-for-lead-poisoning.htm
NCQA	www.ncqa.org/hedis/measures/statin-therapy-for-patients-with-cardiovascular-disease-and-diabetes/ www.ncqa.org/hedis/measures/transitions-of-care/ www.ncqa.org/hedis/measures/follow-up-after-emergency-department-visit-for-people-with-high-risk-multiple-chronic-conditions/ www.ncqa.org/hedis/measures/follow-up-after-hospitalization-for-mental-illness/ www.ncqa.org/hedis/measures/follow-up-after-high-intensity-care-for-substance-use-disorder/ www.ncqa.org/hedis/measures/follow-up-after-emergency-department-visit-for-alcohol-and-other-drug-abuse-or-dependence/

References

Measure	Reference
PDS, PND	medlineplus.gov/lab-tests/mental-health-screening/#:~:text=The%20questions%20help%20the%20provider,diagnose%20a%20specific%20mental%20disorder. medlineplus.gov/postpartumdepression.html medlineplus.gov/lab-tests/postpartum-depression-screening/#:~:text=Research%20shows%20that%20depression%20during,depression%20is%20called%20postpartum%20psychosis.
PPC	www.cdc.gov/hearher/pregnancy-related-deaths/index.html www.cdc.gov/hearher/pregnant-postpartum-women/index.html
PRS	www.cdc.gov/vaccines/pregnancy/vacc-during-after.html
W30 & WCV	www.cdc.gov/vaccines/parents/visit/vaccination-during-COVID-19.html#:~:text=Well%2Dchild%20visits%20are%20essential,pertussis)%20and%20other%20serious%20diseases
WCC	www.aetnabetterhealth.com/health-wellness/well-child-visit.html

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

Bright Futures
prevention and health promotion for infants, children, adolescents, and their families™

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving nurturing parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require more frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest concerns.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. American Academy of Pediatrics; 2017).

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

The Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care are updated annually.

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	INFANCY								EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE										
AGE[1]	**Prenatal**[2]	**Newborn**[3]	**3-5 d**[4]	**By 1 mo**	**2 mo**	**4 mo**	**6 mo**	**9 mo**	**12 mo**	**15 mo**	**18 mo**	**24 mo**	**30 mo**	**3 y**	**4 y**	**5 y**	**6 y**	**7 y**	**8 y**	**9 y**	**10 y**	**11 y**	**12 y**	**13 y**	**14 y**	**15 y**	**16 y**	**17 y**	**18 y**	**19 y**	**20 y**	**21 y**
HISTORY Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS																																
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●																				
Weight for Length		●	●	●	●	●	●	●	●	●	●																					
Body Mass Index[5]												●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure[6]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING																																
Vision[7]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	★	●	★	●	★	●	★	★	●	★	★	★	★	★	★
Hearing		●[8]	●[9] →	→	★	★	★		★	★	★	★	★	★	●	●	●	★	●	★	●	←	←	●[10] →	←	←	● →		←	←	● →		
DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH																																
Maternal Depression Screening[11]				●	●	●	●																									
Developmental Screening[12]								●			●		●																			
Autism Spectrum Disorder Screening[13]											●	●																				
Developmental Surveillance		●	●	●	●	●	●		●	●		●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Behavioral/Social/Emotional Screening[14]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment[15]																					★	★	★	★	★	★	★	★	★	★	★	★
Depression and Suicide Risk Screening[16]																						●	●	●	●	●	●	●	●	●	●	●
PHYSICAL EXAMINATION[17]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES[18]																																
Newborn Blood		●[19]	●[20] →	→																												
Newborn Bilirubin[21]		●																														
Critical Congenital Heart Defect[22]		●																														
Immunization[23]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anemia[24]						★			●	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead[25]							★	★	● or ★[26]		★	● or ★[26]		★	★	★	★																
Tuberculosis[27]				★			★		★			★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia[28]												★			★		★		★	←	● →	★	★	★	★	★	★	←			● →		
Sexually Transmitted Infections[29]																						★	★	★	★	★	★	★	★	★	★	★
HIV[30]																						★	★	★	★	● →						
Hepatitis B Virus Infection[31]		★ →	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→
Hepatitis C Virus Infection[32]																												● →	→	→	→	→
Sudden Cardiac Arrest/Death[33]																						★ →	→	→	→	→	→	→	→	→	→	→
Cervical Dysplasia[34]																																●
ORAL HEALTH[35]							●[36]	●[36]	★		★	★	★	★	★	★	★															
Fluoride Varnish[37]							←	←	←		● →	→	→	→	→	→																
Fluoride Supplementation[38]							★	★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★				
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per "The Prenatal Visit" (https://doi.org/10.1542/peds.2018-1218).
3. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
4. Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Use of Human Milk" (https://doi.org/10.1542/peds.2011-3552). Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborn Infants" (https://doi.org/10.1542/peds.2015-0699).
5. Screen, per "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (https://doi.org/10.1542/peds.2007-2329C).
6. Screening should occur per "Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents" (https://doi.org/10.1542/peds.2017-1904). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
7. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (https://doi.org/10.1542/peds.2015-3596) and "Procedures for the Evaluation of the Visual System by Pediatricians" (https://doi.org/10.1542/peds.2015-3597).
8. Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (https://doi.org/10.1542/peds.2007-2333).
9. Verify results as soon as possible, and follow up, as appropriate.
10. Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (https://www.sciencedirect.com/science/article/abs/pii/S1054139X16000483).
11. Screening should occur per "Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice" (https://doi.org/10.1542/peds.2018-3259).
12. Screening should occur per "Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening" (https://doi.org/10.1542/peds.2019-3449).
13. Screening should occur per "Identification, Evaluation, and Management of Children With Autism Spectrum Disorder" (https://doi.org/10.1542/peds.2019-3447).

(continued)

KEY: ● = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ←★ or ●→ = range during which a service may be provided

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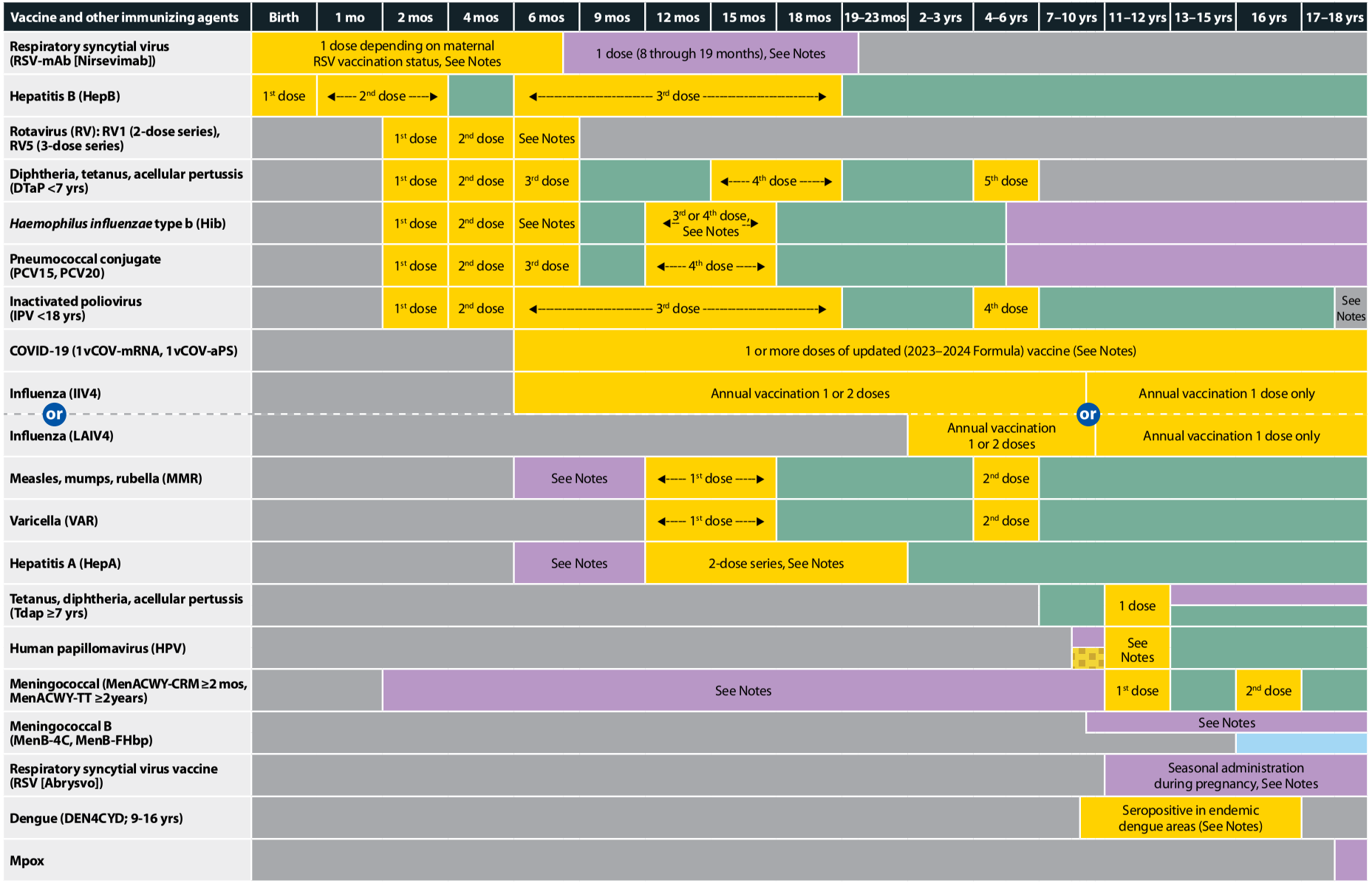
Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars.
To determine minimum intervals between doses, see the catch-up schedule (Table 2).



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