



**Asthma (Adult)**

Recommendations	Reference
Asthma Management Guidelines	<a href="https://www.nhlbi.nih.gov/LMBBasthma">https://www.nhlbi.nih.gov/LMBBasthma</a>  <a href="https://ginasthma.org/wp-content/uploads/2024/12/GINA-Summary-Guide-2024-WEB-WMS.pdf">https://ginasthma.org/wp-content/uploads/2024/12/GINA-Summary-Guide-2024-WEB-WMS.pdf</a>
<p><b>Changes to the guideline for 2025:</b></p> <p>Updated clinical guideline reference link.</p> <p>Updated HEDIS Clinical Indicators to reflect current measurement year.</p>	
HEDIS Clinical Indicators	Description of the HEDIS Indicators
1. Asthma Medication Ratio (AMR) (Source: HEDIS® MY 2025 Vol. 2, Technical Specifications)	The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.



## Asthma (Child)

Recommendations	Reference
Asthma Management Guidelines	<a href="https://www.nhlbi.nih.gov/LMBAsthma">https://www.nhlbi.nih.gov/LMBAsthma</a> <a href="https://ginasthma.org/wp-content/uploads/2024/12/GINA-Summary-Guide-2024-WEB-WMS.pdf">https://ginasthma.org/wp-content/uploads/2024/12/GINA-Summary-Guide-2024-WEB-WMS.pdf</a>
<p><b>Changes to the guideline for 2025:</b></p> <p>Updated clinical guideline reference link.            Updated HEDIS Clinical Indicators to reflect current measurement year.</p>	
HEDIS Clinical Indicators	Description of the HEDIS Indicators
<p>1. <b>Asthma Medication Ratio (AMR)</b>            (Source: HEDIS® MY 2025 Vol. 2, Technical Specifications)</p>	<p>The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.</p>



**Attention-Deficit/Hyperactivity Disorder (Children and Adolescents)**

Recommendations	Reference
<p><b>AAP Practice Guideline:</b> Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention- Deficit/Hyperactivity Disorder in Children and Adolescents</p>	<p><a href="https://publications.aap.org/pediatrics/article/144/4/e20192528/81590/Clinical-Practice-Guideline-for-the-Diagnosis">https://publications.aap.org/pediatrics/article/144/4/e20192528/81590/Clinical-Practice-Guideline-for-the-Diagnosis</a></p>
<p><b>Changes to the guideline for 2025:</b> Updated clinical guideline reference link. Updated HEDIS Clinical Indicators to reflect current measurement year.</p>	
HEDIS Clinical Indicators	Description of the HEDIS Indicators
<p>1. Follow-Up Care for Children Prescribed ADHD Medication (ADD) (Source: HEDIS® MY 2025 Vol. 2, Technical Specifications)</p>	<p>The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.</p> <ol style="list-style-type: none"> <li>1. <i>Initiation Phase.</i> The percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.</li> <li>2. <i>Continuation and Maintenance (C&amp;M) Phase.</i> The percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.</li> </ol>



**Bipolar Disorder (Adults)**

Recommendations	Reference
Practice Guideline for the Treatment of Patients with Bipolar Disorder	<a href="https://www.point32health.org/provider/clinical-resources/clinical-practice-guidelines/">https://www.point32health.org/provider/clinical-resources/clinical-practice-guidelines/</a> <a href="https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/bipolar-watch.pdf">https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/bipolar-watch.pdf</a> <a href="https://www.aafp.org/pubs/afp/issues/2021/0215/p227.html">https://www.aafp.org/pubs/afp/issues/2021/0215/p227.html</a>
Clinical Practice Guidelines for the Treatment of Patients with Schizophrenia	<a href="https://www.psychiatry.org/psychiatrists/practice/clinical-practice-guidelines">https://www.psychiatry.org/psychiatrists/practice/clinical-practice-guidelines</a> <a href="https://psychiatryonline.org/doi/10.1176/appi.ajp.2020.177901">https://psychiatryonline.org/doi/10.1176/appi.ajp.2020.177901</a>
<p><b>Updates to the Guideline for 2025:</b>            Added an additional link to the current guideline for Treatment of Patients with Bipolar Disorder.            Added an additional link to the American Journal of Psychiatry publication of practice guidelines for the Treatment of Patients with Schizophrenia.            Updated HEDIS Clinical Indicators to reflect current measurement year.</p>	
HEDIS Clinical Indicators	Description of the HEDIS Indicators
<p><b>1. Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)</b>            (Source: HEDIS® MY 2025 Vol. 2, Technical Specifications)</p>	<p>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.</p>



**2. Follow-Up After Hospitalization for Mental Illness (FUH)**

(Source: HEDIS<sup>®</sup> MY 2025 Vol. 2, Technical Specifications)

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 provider. Two rates are reported:

1. The percentage of discharges for which the member received follow-up within 30 days after discharge.
2. The percentage of discharges for which the member received follow-up within 7 days after discharge.



**Bipolar Disorder (Children and Adolescents)**

Recommendations	Reference
<p>Collaborative Role of the Pediatrician in the Diagnosis and Management of Bipolar Disorder in Adolescents</p>	<p><a href="https://publications.aap.org/pediatrics/article/130/6/e1725/30400/Collaborative-Role-of-the-Pediatrician-in-the">https://publications.aap.org/pediatrics/article/130/6/e1725/30400/Collaborative-Role-of-the-Pediatrician-in-the</a></p>
<p><b>No Changes to the Guideline for 2025:</b>            Recommended link reflects the current guideline.            Updated HEDIS Clinical Indicators to reflect the current measurement year</p>	
HEDIS Clinical Indicators	Description of the HEDIS Indicators
<p>1. <b>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)</b>            (Source: HEDIS<sup>®</sup> MY 2025, Vol. 2, Technical Specifications)</p>	<p>The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:</p> <ol style="list-style-type: none"> <li>1. The percentage of children and adolescents on antipsychotics who received blood glucose testing.</li> <li>2. The percentage of children and adolescents on antipsychotics who received cholesterol testing.</li> <li>3. The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.</li> </ol>



## Cardiovascular Disease

Recommendations	Reference
One-Year Landmark Analysis of the Effect of Beta-Blocker Dose on Survival After Acute Myocardial Infarction	<a href="https://www.ahajournals.org/doi/full/10.1161/JAHA.120.019017">https://www.ahajournals.org/doi/full/10.1161/JAHA.120.019017</a>
Treatment of Blood Cholesterol	<a href="https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/statin-use-in-adults-preventive-medication#:~:text=Recommendation%20Summary&amp;text=The%20USPSTF%20recommends%20that%20clinicians,event%20of%2010%25%20or%20greater.">https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/statin-use-in-adults-preventive-medication#:~:text=Recommendation%20Summary&amp;text=The%20USPSTF%20recommends%20that%20clinicians,event%20of%2010%25%20or%20greater.</a>  <a href="https://www.aafp.org/pubs/afp/issues/2019/0501/p589.html">https://www.aafp.org/pubs/afp/issues/2019/0501/p589.html</a>
Cardiovascular Disease: Risk Assessment with Nontraditional Risk Factors	<p><u>Supplemental Resource:</u></p> <a href="https://www.uspreventiveservicestaskforce.org/uspstf/draft-update-summary/cardiovascular-disease-enhanced-risk-assessment-non-traditional-risk-factors">https://www.uspreventiveservicestaskforce.org/uspstf/draft-update-summary/cardiovascular-disease-enhanced-risk-assessment-non-traditional-risk-factors</a>  <a href="https://www.mdpi.com/2308-3425/12/5/171">https://www.mdpi.com/2308-3425/12/5/171</a>
Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling Interventions	<p><u>Supplemental Resource:</u></p> <a href="https://www.ahajournals.org/doi/10.1161/CIR.0000000000000678">https://www.ahajournals.org/doi/10.1161/CIR.0000000000000678</a>



Guideline for the Management of Heart Failure	<b>Supplemental Resource:</b>  <a href="https://www.ahajournals.org/doi/10.1161/CIR.0000000000001063">https://www.ahajournals.org/doi/10.1161/CIR.0000000000001063</a>
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**Changes to the Guideline for 2025:**

Added link to reflect updated guidelines for treatment of blood cholesterol. Updated link for supplemental resources for non-traditional risk factors of CVD. Updated link to current guideline for management of heart failure.

Update HEDIS Clinical Indicators to reflect current measurement year.

HEDIS Clinical Indicators	Description of the HEDIS Indicator
<b>1. Persistence of Beta-Blocker Treatment after a Heart Attack (PBH)</b> (Source: HEDIS® MY 2025, Vol. 2, Technical Specifications)	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.
<b>2. Statin Therapy for Patients with Cardiovascular Disease (SPC)</b> (Source: HEDIS® MY 2025, Vol. 2, Technical Specifications)	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:  <i>Received statin therapy:</i> Members who were dispensed at least one high or moderate-intensity statin medication during the measurement year.  <i>Statin Adherence 80%:</i> Members who remained on a high or moderate- intensity statin medication for at least 80% of the treatment period.



## Childhood Obesity

Recommendations	Reference
Centers for Disease Control and Prevention Childhood Overweight and Obesity	<a href="https://www.cdc.gov/obesity/child-obesity-strategies/evidence-based-guidelines.html">https://www.cdc.gov/obesity/child-obesity-strategies/evidence-based-guidelines.html</a>
Obesity in Children and Adolescents: Screening	<a href="https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/obesity-in-children-and-adolescents-screening#bootstrap-panel--7">https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/obesity-in-children-and-adolescents-screening#bootstrap-panel--7</a>
<p><b>Updates to the Guideline for 2025:</b>            Updated link for CDC recommendations for childhood obesity prevention and updated the link for screening.            Updated HEDIS Clinical Indicators to reflect current measurement year.</p>	
HEDIS Clinical Indicators	Description of the HEDIS Indicators
<p><b>1. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents, ages 3- 17 years. (WCC)</b>            (Source: HEDIS® MY 2025 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"> <li>• BMI percentile documentation</li> <li>• Counseling for nutrition</li> <li>• Counseling for physical activity</li> </ul>



## Chronic Obstructive Pulmonary Disease

Recommendations	Reference
Chronic Obstructive Pulmonary Disease: Screening	<a href="https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/chronic-obstructive-pulmonary-disease-screening">https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/chronic-obstructive-pulmonary-disease-screening</a>
Global Strategy for Prevention, Diagnosis and Management Of COPD: 2025 Report	<a href="https://goldcopd.org/2025-gold-report/">https://goldcopd.org/2025-gold-report/</a>
<p><b>Changes to the Guideline for 2025:</b>            Updated Recommended link for the Gold Report to reflect current guidelines.            Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR) retired.            Updated HEDIS Clinical Indicators to reflect current measurement year.</p>	
HEDIS Clinical Indicators	Description of the HEDIS Indicators
<p><b>2. Pharmacotherapy Management of COPD Exacerbation (PCE)</b>            (Source: HEDIS® MY 2025, Vol. 2, Technical Specifications)</p>	<p>The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.</li> <li>2. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.</li> </ol> <p><i>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.</i></p>



## Diabetes

Recommendations	Reference
American Diabetes Association Standards of Medical Care in Diabetes - 2025	<a href="https://diabetesjournals.org/care/article/48/Supplement_1/S14/157553/1-Improving-Care-and-Promoting-Health-in">https://diabetesjournals.org/care/article/48/Supplement_1/S14/157553/1-Improving-Care-and-Promoting-Health-in</a>
Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening	<a href="https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/screening-for-prediabetes-and-type-2-diabetes">https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/screening-for-prediabetes-and-type-2-diabetes</a>
<p><b>Updates to the Guideline for 2025:</b>            Updated Recommended link to reflect current guidelines for Standards of Medical Care in Diabetes.            Updated link for screening Hemoglobin A1c Control for Patients with Diabetes (HBD) name changed to Glycemic Status Assessment for Patients with Diabetes (GSD)</p>	
HEDIS Clinical Indicators	Description of the HEDIS Indicators
<p><b>1. Glycemic Status Assessment for Patients with Diabetes (GSD)</b>            (Source: HEDIS<sup>®</sup> MY 2025, Vol. 2, Technical Specifications)</p>	<p>The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year:</p> <ul style="list-style-type: none"> <li>• HbA1c Control (&lt;8.0%).</li> <li>• HbA1c Poor Control (&gt;9.0%).</li> </ul>
<p><b>2. Blood Pressure Control for Patients with Diabetes (BPD)</b>            (Source: HEDIS<sup>®</sup> MY 2025, Vol. 2, Technical Specifications)</p>	<p>The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (&lt;140/90 mm Hg) during the measurement year.</p>
<p><b>3. Eye Exam for Patients with Diabetes (EED)</b>            (Source: HEDIS<sup>®</sup> MY 2025, Vol. 2, Technical Specifications)</p>	<p>The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam</p>



## Human Immunodeficiency Virus HIV (Adolescents and Adults)

Recommendations	Reference
Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis	<a href="#">Recommendation: Prevention of Acquisition of HIV: Preexposure Prophylaxis   United States Preventive Services Taskforce</a>
Human Immunodeficiency Virus (HIV) Infection: Screening	<a href="#">Recommendation: Human Immunodeficiency Virus (HIV) Infection: Screening   United States Preventive Services Taskforce</a>
Infectious Disease Society of America Guidance for Persons with HIV	<a href="https://www.idsociety.org/science-speaks-blog/2024/primary-care-for-people-with-hiv-updated-guidance-qa/">https://www.idsociety.org/science-speaks-blog/2024/primary-care-for-people-with-hiv-updated-guidance-qa/</a>  <a href="https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciae479/7818967?login=true">https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciae479/7818967?login=true</a>
<p><b>Updates to the Guideline for 2025:</b>            Updated Recommended link to reflect current guidelines for Prophylaxis and Screening.            Updated Infectious Disease Society of America Guidelines link and added an additional resource.</p>	
Clinical Indicators	Description of the Indicator
1. HIV Medical Visit Frequency	Percentage of patients, regardless of age with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period, with a minimum of 60 days between medical visits. (HRSA)
2. HIV Viral Load Suppression	The percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year. (HRSA)



## Hypertension

Recommendations	Reference
<p>Hypertension in Adults: Screening</p>	<p><a href="https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hypertension-in-adults-screening">https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hypertension-in-adults-screening</a></p> <p>Supplemental Resource:</p> <p><a href="https://www.ahajournals.org/doi/epub/10.1161/HYP.0000000000000087">https://www.ahajournals.org/doi/epub/10.1161/HYP.0000000000000087</a></p>
<p><b>No changes to the Guideline for 2025:</b>            Updated Recommended link for US Preventative Task Force.            Updated HEDIS Clinical Indicators to reflect current measurement year.</p>	
HEDIS Clinical Indicators	Description of the HEDIS Indicators
<p>Controlling High Blood Pressure (CBP)            (Source: HEDIS<sup>®</sup> MY 2025, Vol. 2, Technical Specifications)</p>	<p>The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (&lt;140/90 mm Hg) during the measurement year.</p>



## Major Depression (Adults)

Recommendations	Reference
Practice Guidelines for the Psychiatric Evaluation of Adults	<a href="https://psychiatryonline.org/doi/full/10.1176/appi.books.9780890426760.pe02">https://psychiatryonline.org/doi/full/10.1176/appi.books.9780890426760.pe02</a>
Depression in the Primary Care Setting	<a href="https://pmc.ncbi.nlm.nih.gov/articles/PMC6727965/">https://pmc.ncbi.nlm.nih.gov/articles/PMC6727965/</a>
Depression in Adults: Screening	<a href="https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/screening-depression-suicide-risk-adults">https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/screening-depression-suicide-risk-adults</a>
<p><b>No changes to the Guideline for 2025:</b>            Updated Recommended links to reflect current guidelines.            Antidepressant Medication Management (AMM) Retired.            Updated HEDIS Clinical Indicators to reflect current measurement year.</p>	
HEDIS Clinical Indicators	Description of the HEDIS Indicators
<p><b>Utilization of the PHQ9 for Depression for Adolescents and Adults (DMS-E)</b>            (Source: HEDIS® MY 2025, Vol. 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"> <li>• <i>Effective Acute Phase Treatment.</i> The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).</li> <li>• <i>Effective Continuation Phase Treatment.</i> The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).</li> </ul>



## Opioid Prescribing for Chronic Pain

Recommendations	Reference
CDC Guideline for Prescribing Opioids for Chronic Pain	<a href="https://www.cdc.gov/overdose-prevention/hcp/clinical-guidance/index.html">https://www.cdc.gov/overdose-prevention/hcp/clinical-guidance/index.html</a> <a href="https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm#:~:text=CDC%20developed%20the%20guideline%20using,disorder%2C%20overdose%2C%20and%20death.">https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm#:~:text=CDC%20developed%20the%20guideline%20using,disorder%2C%20overdose%2C%20and%20death.</a>
Prevention of Opioid Use Disorder: Interventions	<a href="https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/drug-use-illicit-screening">https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/drug-use-illicit-screening</a> <a href="https://www.cdc.gov/overdose-prevention/media/pdfs/pubs/Academic-Detailing-Implementation-Guide-508.pdf">https://www.cdc.gov/overdose-prevention/media/pdfs/pubs/Academic-Detailing-Implementation-Guide-508.pdf</a>
Checklist for Prescribing Opioids for Chronic Pain	<a href="https://stacks.cdc.gov/view/cdc/38025">https://stacks.cdc.gov/view/cdc/38025</a>
<p><b>Changes to the Guideline for 2025:</b>            Updated Recommended link to reflect current guidelines.            Updated link for CDC Guidelines for Prescribing Opioids for Chronic Pain            Updated link for Prevention of Opioid Use Disorder: Interventions            Updated HEDIS Clinical Indicators to reflect current measurement year.</p>	
HEDIS Clinical Indicators	Description of the HEDIS Indicators
1. Use of Opioids at High Dosage (HDO) (Source: HEDIS® MY 2025, Vol. 2, Technical Specifications)	The proportion of members 18 years and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] $\geq 90$ ) for $\geq 15$ days during the measurement year.  <i>Note: A lower rate indicates better performance.</i>

2. Use of Opioids From Multiple Providers (UOP)  
(Source: HEDIS® MY 2025, Vol. 2, Technical Specifications)

The proportion of members 18 years and older, receiving prescription opioids for  $\geq 15$  days during the measurement year who received opioids from multiple providers. Three rates are reported.

1. *Multiple Prescribers*. The proportion of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.
2. *Multiple Pharmacies*. The proportion of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.
3. *Multiple Prescribers and Multiple Pharmacies*. The proportion of members receiving prescriptions for opioids from four or more different prescribers *and* four or more different pharmacies during the measurement year (i.e., the proportion of members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates).

*Note: A lower rate indicates better performance for all three rates.*



## Palliative Care

Recommendations	Reference
National Consensus Project for Quality Palliative Care: “Clinical Practice Guidelines for Quality Palliative Care”4 <sup>th</sup> Edition	<a href="https://www.nationalcoalitionhpc.org/clinical-practice-guidelines/">https://www.nationalcoalitionhpc.org/clinical-practice-guidelines/</a> <a href="https://www.nationalcoalitionhpc.org/wp-content/uploads/2024/03/NCHPC67840.html">https://www.nationalcoalitionhpc.org/wp-content/uploads/2024/03/NCHPC67840.html</a>
<p><b>No changes to the Guideline for 2025:</b>            Updated Recommended link to reflect current guidelines.            Pain assessment retired.            Updated HEDIS Clinical Indicators to reflect current measurement year.</p>	
HEDIS Clinical Indicators	Description of the HEDIS Indicators
1. Care for Older Adults-Advanced Care Planning (COA) (Source: HEDIS® MY 2025, Vol. 2, Technical Specifications)	The percentage of adults 66 years and older who had each of the following during the measurement year:  Medication review. Functional status assessment.



**Prenatal Care (Routine and High Risk)**

Recommendations	Reference
ACOG Clinical Guidance Current Practice Bulletin	<a href="https://www.acog.org/clinical/clinical-guidance/clinical-consensus/articles/2025/04/tailored-prenatal-care-delivery-for-pregnant-individuals">https://www.acog.org/clinical/clinical-guidance/clinical-consensus/articles/2025/04/tailored-prenatal-care-delivery-for-pregnant-individuals</a>
Preeclampsia: Screening	<a href="https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hypertensive-disorders-pregnancy-screening">https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hypertensive-disorders-pregnancy-screening</a>
2021 United States Preventive Services Task Force Perinatal Depression Preventive Interventions	<a href="https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/perinatal-depression-preventive-interventions">https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/perinatal-depression-preventive-interventions</a>
Marijuana Use During Pregnancy and Lactation	<a href="https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/10/marijuana-use-during-pregnancy-and-lactation">https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/10/marijuana-use-during-pregnancy-and-lactation</a>  <a href="https://womensmentalhealth.org/posts/cannabis-and-breastfeeding/#:~:text=Clinical%20Recommendations&amp;text=Both%20the%20American%20College%20of,during%20pregnancy%20and%20while%20breastfeeding.">https://womensmentalhealth.org/posts/cannabis-and-breastfeeding/#:~:text=Clinical%20Recommendations&amp;text=Both%20the%20American%20College%20of,during%20pregnancy%20and%20while%20breastfeeding.</a>
Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions	<a href="https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions">https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions</a>

**Changes to the Guideline for 2025:**

Updated Recommended link to reflect current guidelines. Added link for Marijuana use during Pregnancy and Lactation.

Updated HEDIS Clinical Indicators to reflect current measurement year.

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HEDIS Clinical Indicators	Description of the HEDIS Indicators
<p><b>1. Prenatal and Postpartum Care (PPC)</b>            (Source: HEDIS® MY 2025, Technical Specifications)</p>	<p>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.</p> <p><i>Timeliness of Prenatal Care.</i> The percentage of deliveries that received a prenatal care visit in the first trimester, on or before enrollment start date or within 42 days of enrollment in the organization.</p> <p>Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.</p>



**Preventive Care (Adult: 19 years old and over)**

Recommendations	Reference
U.S. Preventive Services Task Force: Breast Cancer Screening	<a href="https://www.cdc.gov/breast-cancer/screening/?CDC_AAref_Val=https://www.cdc.gov/cancer/breast/basic_info/screening.htm">https://www.cdc.gov/breast-cancer/screening/?CDC_AAref_Val=https://www.cdc.gov/cancer/breast/basic_info/screening.htm</a>  <a href="https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening">https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening</a>
U.S. Preventive Services Task Force: Cervical Cancer Screening	<a href="https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening">https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening</a>
U.S. Preventive Services Task Force: Chlamydia and Gonorrhea Screening	<a href="https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/chlamydia-and-gonorrhea-screening">https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/chlamydia-and-gonorrhea-screening</a>
Skin Cancer: Screening	<a href="https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/skin-cancer-screening">https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/skin-cancer-screening</a>
2025 Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States	<a href="https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html?CDC_AAref_Val=https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html">https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html?CDC_AAref_Val=https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html</a>
CDC Guidelines for Medical Eligibility for Contraception	<a href="https://www.cdc.gov/contraception/hcp/usmec/table-of-contents.html">https://www.cdc.gov/contraception/hcp/usmec/table-of-contents.html</a>
CDC Guidelines for Sexually Transmitted Infections; testing and treatment	<a href="https://www.cdc.gov/std/treatment-guidelines/toc.htm">https://www.cdc.gov/std/treatment-guidelines/toc.htm</a>

<p><b>Updates to the Guideline for 2025:</b> Updated Recommended links to reflect current guidelines. Updated HEDIS Clinical Indicators to reflect current measurement year.</p>	
HEDIS Clinical Indicators	Description of the HEDIS Indicators
<p><b>1. Breast Cancer Screening (BCS)</b> (Source: HEDIS® MY 2025, 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><b>2. Cervical Cancer Screening (CCS)</b> (Source: HEDIS® MY 2025, 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"> <li>• Women 21–64 years of age who had cervical cytology performed within the last 3 years.</li> <li>• Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.</li> <li>• Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last 5 years.</li> </ul>
<p><b>3. Chlamydia Screening (CHL)</b> (Source: HEDIS® MY 2025 Vol. 2, Technical Specifications)</p>	<p>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.</p>



**Preventive Care (Child: birth to 18 years old)**

Recommendations	Reference
Preventive Pediatric Health Care	<a href="https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf?_gl=1*15ab1f3*_ga*MTIwNTkwNTQyNy4xNzUwMjUyMzMz*_ga_FD9D3XZVQQ*cze3NTAzNTAxMTYkbzMkZzEkdDE3NTAzNTAxNjQkajEyJGwwJGgw*_gcl_au*OTI5NTAyNjk5LjE3NTAzNDQyODM.*_ga_GMZCQS1K47*cze3NTAzNTAxMTYkbzIkZzEkdDE3NTAzNTAxNjQkajEyJGwwJGgw">https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf?_gl=1*15ab1f3*_ga*MTIwNTkwNTQyNy4xNzUwMjUyMzMz*_ga_FD9D3XZVQQ*cze3NTAzNTAxMTYkbzMkZzEkdDE3NTAzNTAxNjQkajEyJGwwJGgw*_gcl_au*OTI5NTAyNjk5LjE3NTAzNDQyODM.*_ga_GMZCQS1K47*cze3NTAzNTAxMTYkbzIkZzEkdDE3NTAzNTAxNjQkajEyJGwwJGgw</a>
2023 Child and Adolescent Immunization Schedule for ages 18 years or younger	<a href="https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html?CDC_AAref_Val=https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html">https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html?CDC_AAref_Val=https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html</a>
Developmental Monitoring and Screening	<a href="https://www.cdc.gov/ncbddd/actearly/screening.html">https://www.cdc.gov/ncbddd/actearly/screening.html</a>
Adolescent Health Clinical Recommendations and Guidelines	<a href="https://www.aafp.org/family-physician/patient-care/clinical-recommendations/recommendations-by-topic/adolescent-health-clinical-recommendation-guidelines.html">https://www.aafp.org/family-physician/patient-care/clinical-recommendations/recommendations-by-topic/adolescent-health-clinical-recommendation-guidelines.html</a>
Bright Future Guidelines	<a href="https://brightfutures.aap.org/clinical-practice/Pages/default.aspx">https://brightfutures.aap.org/clinical-practice/Pages/default.aspx</a>

**Updates to the Guideline for 2025:**  
 Updated Recommended links to reflect current guidelines.  
 Updated HEDIS Clinical Indicators to reflect current measurement year.

HEDIS Clinical Indicators	Description of the HEDIS Indicators
<b>1. Well-Child Visits in the First 30 Months of Life (W30)</b> (Source: HEDIS <sup>®</sup> MY 2025, Vol. 2, Technical Specifications)	The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported: <ol style="list-style-type: none"> <li>1. <i>Well-Child Visits in the First 15 Months.</i> Children who turned 15 months old during the measurement year: Six or more well-child visits.</li> <li>2. <i>Well-Child Visits for Age 15 Months–30 Months.</i> Children who turned 30 months old during the measurement year: Two or more well-child visits.</li> </ol>

<p><b>2. Child and Adolescent Well-Care Visits (WCV)</b> (Source: HEDIS® MY 2025, Vol. 2, Technical Specifications)</p>	<p>The percentage of members 3–21 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><b>3. Childhood Immunizations (CIS)</b> (Source: HEDIS® MY 2025, 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><b>4. Immunizations for Adolescents (IMA)</b> (Source: HEDIS® MY 2025, Vol. 2, Technical Specifications)</p>	<p>The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.</p>
<p><b>5. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</b> (Source: HEDIS® MY 2025, 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"> <li>• BMI percentile documentation</li> <li>• Counseling for nutrition</li> <li>• Counseling for physical activity</li> </ul>

**Schizophrenia (Adults)**

Recommendations	Reference
Clinical Practice Guidelines for Patients with Schizophrenia	<a href="https://psychiatryonline.org/doi/epdf/10.1176/appi.books.9780890424841">https://psychiatryonline.org/doi/epdf/10.1176/appi.books.9780890424841</a>
<p><b>No changes to the Guideline for 2025:</b>            Updated Recommended link to reflect current guidelines.            Updated HEDIS Clinical Indicators to reflect current measurement year.</p>	
HEDIS Clinical Indicators	Description of the HEDIS Indicators
1. Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD) (Source: HEDIS® MY 2025, Vol. 2, Technical Specifications)	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 (SMC) (Source: HEDIS® MY 2025, Vol. 2, Technical Specifications)	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 (SMD) (Source: HEDIS® MY 2025, Vol. 2, Technical Specifications)	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 (SAA) (Source: HEDIS® MY 2025, Vol. 2, Technical Specifications)	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.



## Schizophrenia (Children & Adolescents)

Recommendations	Reference
The American Psychiatric Association Practice guideline for the treatment of Patients with Schizophrenia	<a href="https://pmc.ncbi.nlm.nih.gov/articles/PMC6345123/">https://pmc.ncbi.nlm.nih.gov/articles/PMC6345123/</a>
<p><b>Changes to the Guideline for 2025:</b>            Updated Recommended link to reflect current guideline.            Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) retired.</p>	
HEDIS Clinical Indicators	Description of the HEDIS Indicators
Clinical Practice Guidelines as of 2019 per NIH as the HEDIS Clinical Indicator has been retired.	<ol style="list-style-type: none"> <li>1. Diagnosis is established using the same criteria of International Classification of Disease and Diagnostic and Statistical Manual as used for adults.</li> <li>2. Treatment is based on thorough assessment of patient and family/caregivers.</li> <li>3. Management options include antipsychotic medications, psychoeducation, psychosocial interventions, adjunctive medications, and electroconvulsive therapy (ECT).</li> </ol>



## Substance Abuse Disorders

Recommendations	Reference
Unhealthy Drug Use: Screening	<a href="https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/drug-use-illicit-screening">https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/drug-use-illicit-screening</a>
Illicit Drug Use in Children, Adolescents, and Young Adults: Primary Care-Based Interventions	<a href="https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/drug-use-illicit-primary-care-interventions-for-children-and-adolescents">https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/drug-use-illicit-primary-care-interventions-for-children-and-adolescents</a>
Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions	<a href="https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions">https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions</a>
<p><b>Changes to the Guideline for 2025:</b>            Updated Recommended link to reflect current guidelines.            Added a supplemental resource for acute detox and withdrawal management.            Updated HEDIS Clinical Indicators to reflect current measurement year</p>	
HEDIS Clinical Indicators	Description of the Indicator
1. Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence (AOD) Treatment (IET) (Source: HEDIS® MY 2025 Vol. 2, Technical Specifications)	<p>The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following.</p> <p><i>Initiation of AOD Treatment.</i> The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis.</p> <p><i>Engagement of AOD Treatment.</i> The percentage of members who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit.</p>
2. Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	<p>The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD.</p> <p>Two rates are reported:</p>



<p>(Source: HEDIS® MY 2025 Vol. 2, Technical Specifications)</p>	<ol style="list-style-type: none"><li>1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).</li><li>2. The percentage of ED visits for which the members received follow-up within 7 days of the ED visit (8 total days).</li></ol>
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