



2010 Practitioner Satisfaction Survey Results

Molina Healthcare of California conducts an annual Satisfaction Survey with Primary Care Practitioners in Riverside, San Bernardino, San Diego and Sacramento counties. Both directly contracted practitioners and practitioners contracted with Molina Healthcare through an Independent Physicians Association (IPA) or medical group are surveyed. An independent contractor fields the survey.

In 2010, 303 completed surveys were received. 74% were from IPA providers and 26% were from directly contracted providers.

Molina's Provider Satisfaction Survey Performance Goal is to meet or exceed the score or rates of the other plans.

Practitioner Satisfaction with Utilization Management

These survey questions:

- Measure how well we are meeting providers expectations & needs in obtaining / resolving authorization issues & access to UM staff
- Identify improvement opportunities to increase the providers understanding of UM processes and support our providers in obtaining timely medically appropriate services for our members

Goals we met:

- Respondents (>50%) were satisfied with the Direct Referral process
- Ability of plan UM staff to resolve authorization issues
- Alternate care and community resources/options offered by the care/case manager to my patients

Areas identified as priorities for 2011 improvement:

- Access to staff with questions related to the UM Process
- Timeliness of obtaining inpatient and outpatient authorization of services

Practitioner Satisfaction with Pharmacy

These survey questions:

- Measure how well we are meeting providers expectations & needs in obtaining pharmacy services
- Identify improvement opportunities to increase the providers understanding of pharmacy processes and support our providers in obtaining timely pharmacy services for our members

Goals we met:

- Variety of drugs available in the Molina Healthcare of California drug formulary
- Ease of using the formulary

Area identified as priorities for 2011 improvement:

- Timeliness of response to pharmacy prior authorization requests

Interventions taken to achieve improvement in UM and Pharmacy Satisfaction:

- Careful attention to UM and pharmacy phone coverage to improve the speed of answering calls and increase the number of calls answered.
- Increased UM and pharmacy staff monitoring and coaching to show sustained improvement in all service areas including authorization turn-around time

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Clinical Practice Guidelines (CPG) UPDATE

The Molina Healthcare of California Clinical Quality Management Committee (CQMC) annually reviews and adopts evidence-based clinical practice guidelines from recognized sources to help practitioners and members make decisions about appropriate health care for specific clinical circumstances. Molina analyzes inpatient/outpatient diagnoses, HEDIS® data, ethnicity prevalence, and other indicators to ensure that the clinical practice guidelines that are adopted are relevant to our populations.

NEW Clinical Practice Guidelines for 2011

Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III):

In December 2010 the Molina CQMC adopted the NHLBI Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III).

Lipid Screening and Cardiovascular Health in Childhood:

In December 2010 the Molina CQMC adopted the American Academy of Pediatrics Lipid Screening and Cardiovascular Health in Childhood Guideline.

Clinical Practice Guidelines Readopted for 2011

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|---|---|
| <ul style="list-style-type: none"> • Asthma • Chlamydia • COPD • CVD: Secondary Prevention for Patients with Coronary and other Vascular Disease • Diabetes: Blood Pressure Control has been revised to reflect new evidence reinforcing the importance of individualization of blood pressure goals. | <ul style="list-style-type: none"> • Gestational Diabetes: <i>Diagnosis of GDM has been revised to reflect use of the 75-g oral glucose tolerance test and new diagnostic criteria.</i> • Hypertension • Major Depression in Adults in Primary Care • Routine Prenatal Care: • Upper Respiratory Infection (Includes Acute Bronchitis/ Pharyngitis) |
|---|---|

The Provider Booklet *Clinical Practice Guidelines and Protocols for Seniors and Persons with Disabilities/ Chronic Conditions* contains the following CPGs: Acute Respiratory Tract Infection- Adult, Asthma, COPD, Diabetes, Hypertension, Major Depression in Adults in Primary Care, and Preventive Care Guidelines – Adults and Seniors.

This booklet and the Clinical Practice Guidelines and recommendations are posted on the Molina website at http://www.molinahealthcare.com/medicaid/providers/ca/resource/Pages/guide_clinical.aspx or contact Molina's Provider Services Department at 1-888- 665-4621 for a copy.

Enhanced Growth Charts for New HEDIS Measures

To address the need for clinical guidelines and resources for the prevention and treatment of obesity among children and adolescents, an expert panel of physicians and other health care providers developed a toolkit that addresses pediatric obesity. One of the recommendations by the Expert Committee on the assessment of overweight children and adolescents is the accurate measurement, calculation and plotting of BMI percentile on the Body Mass Index-for-age percentile growth chart.

This toolkit is timely given the new Healthcare Effectiveness Data and Information Set (HEDIS) performance outcomes measures focusing on obesity in children and adolescents. The new measure will assess how consistently physicians perform BMI assessments among children and adolescents. The measure will also track counseling for nutrition and physical activity.

To simplify and assist in the identification and documentation of BMI and nutrition and physical activity counseling, some enhancements were made to the CDC's Body Mass Index-for-age percentile growth charts. The classifications of BMI percentiles were highlighted for ease in identification. Two columns were also added for quick documentation of nutrition and physical activity counseling by the provider. Molina hopes this tool will be useful in the accurate and timely documentation of BMI and nutrition and physical activity counseling in children and adolescents.

A sample of the growth charts is attached. Please go to <http://www.molinahealthcare.com/medicaid/providers/ca/forms/Pages/fuf.aspx> to print copies from our website.

ASTHMA UPDATE

HEDIS Appropriate Medication for People with Asthma Rates

HEDIS Appropriate Medication for People with Asthma Rates Ages 5 - 50					
	Healthy Families	Riverside/San Bernardino	Sacramento	San Diego	2010 NCQA 75 th Medicaid Percentile
Reporting Year 2010	85.53%	79.50%	80.16%	80.26%	
2011 Goal	90.19%	83.21%	87.26%	83.49%	90.00%

HEDIS methodology was modified in 2010, changing the age range to ages 5-50. For 2010, all rates failed to meet the NCQA 75th percentile benchmark. Interventions for providers and members continued in 2010 to improve these rates in 2011.

Asthma Clinical Study

Inhaled Steroid Use by Members with High Usage of Short-Acting Beta Agonist Medications

Molina identifies members who may be at risk for over-utilization of short acting beta-agonist medications per quarter, and determines if the member is concurrently filling prescriptions for inhaled corticosteroids. **High Usage of Short-Acting Beta Agonist Medications is defined as 3 or more refills per quarter.** 2010 was the baseline measurement period for the new methodology – age range of 5-50.

GOAL: Increase use of long-acting inhaled corticosteroids by members with persistent asthma.

Inhaled Steroids Used By Members With High Usage Of Short-Acting Beta Agonist Medications Ages 5 - 50				
	Healthy Families	Riverside/San Bernardino	Sacramento	San Diego
2010 Results (Annual)	71.6%	76.9%	79.8%	79.0%
5% Improvement Goal 2011	75.2%	80.7%	83.8%	82.9%

View the NHLBI Asthma Clinical Practice Guidelines on our website:

http://www.molinahealthcare.com/medicaid/providers/ca/resource/Pages/guide_clinical.aspx

For a copy of these guidelines, please contact Molina's Provider Services Department at (888) 665-4621.

Breathe with Ease Asthma Disease Management Program

Molina's Breathe with Ease disease management program is designed to improve the quality of care for members (ages 2 to 56 years old), by promoting preventive asthma care and reducing unnecessary urgent care needs. If you have a Molina Healthcare patient, especially a child you think will benefit from receiving educational materials or talking with a Care Manager, please refer them to our Disease Management Programs by calling Member Services Department at 1-800-526-8196.

Molina encourages our health care providers and practitioners to promote patient safety education at the local level by sharing below helpful patient safety tips with your organization and patients.

Patient Safety Tips to Give to Your Patients and Families:

- Keep and bring a list of all your prescription and over-the-counter medications (including doses), as well as any allergies at every visit.
- Carry your Molina member card and the names and phone numbers of your pharmacies with you at all times.
- Get the results of any test or procedures by asking when and how you will get the results, and what the results mean.
- Talk to your doctor about which hospital is best for your health needs.
- Make sure you understand what will happen if you need surgery.
- Learn about your condition and treatment plan by asking your doctor and nurse.

2010 Molina Member Demographic Synopsis

Molina Medi-Cal Member Ethnicity in Riverside/San Bernardino, Sacramento and San Diego Counties

Ethnicity	2010 Rate	2009-2010 % change
Hispanic	58.1%	-0.9
Caucasian	14.9%	+0.1
African-American	12.9%	-0.1
No Ethnicity	8.7%	+1.5
Other (<1%)	2.6%	-0.5
Asian Pacific Islander	1.5%	0
Vietnamese	1.3%	-0.1

Ethnic and racial assessment of Molina Medi-Cal members showed no significant changes from 2009 to 2010. Molina Medi-Cal members are primarily Hispanics, followed by Caucasian and African-Americans.

Molina Medi-Cal Member's Primary Language Preference in Riverside/San Bernardino, Sacramento and San Diego Counties

Primary Language	2010 Rate	2009-2010 % change
English	59.3	+0.9
Spanish	34.2	-0.6
Arabic	1.9	+0.2
Other, Non-English	1.2	0
Vietnamese	1.0	0
Other (<1%)	2.4	-0.5

Although a greater proportion of Molina Medi-Cal members are Hispanic, English language is identified as our member's spoken language of preference, followed by Spanish. Among other languages, Arabic showed a slight increase as a preferred language from 2009 to 2010.

Molina Medi-Cal Member Gender Assessment by County

County	Female	Male	Total Membership
Riverside/San Bernardino	54,907	45,358	100,265
Sacramento	17,124	13,783	30,907
San Diego	37,673	29,938	67,611

A slightly greater number of female Molina members are found in all counties without significant ratio difference between the two genders.

Molina Medicare Options Plus (MMOP):

- Difficult to demonstrate an accurate ethnic or racial assessment in MMOP population due to large proportion of unidentified ethnicities. This problem may be caused by either refusing to identify ethnicity or lack of sufficient documentation upon enrollment.
- Primary language preference among MMOP population showed the greatest proportion of English (64.0%) as their preferred language, followed by Spanish (26.9%), No Language/unidentified (6.7%), Other/Non-English (1.4%), and Other (1.0%).
- Similar to Medi-Cal members, MMOP members also showed a slightly greater number of females without any significant ratio difference between the two genders.
- MMOP members are primarily ages 65-69 years, followed by 70-74 years of age.



Molina Healthcare of California (MHC) Diabetes Quality Improvement Project (QIP)

- Every quarter the Quality Improvement Department identifies diabetic members 18 years and older who have not received HbA1C, LDL-C or DRE testing or whose test results are out of normal range
- The Molina Health Care Inc. outreach unit is notified of the members to contact and assist these members in scheduling appointments with their PCPs.
- The PCPs of these members are identified and notified regarding their patient's health care deficit and advised to set up appointments with their patients. The member's name, date of birth and current results are listed in the letter.
- Each identified member receives specific educational materials ranging from postcards to newsletters to assist them in self managing their condition.

2010 Analysis

HbA1C

There was a significant increase in HbA1C screening between 2009 and 2010 in San Diego County. There was no significant difference in the HbA1C1 screening levels in all the other counties. There was a significant increase in the good control HbA1C ≤ 8 between 2009 and 2010 in Riverside County but there was no significant difference in good control in all the other counties. The goal for a 3 % increase in HbA1C screening was met in San Diego County and the goal for the 3 % increase in good control (HbA1C ≤ 8) was met for Riverside County.

DREs

There was a significant improvement in the number of eye exams performed between 2009 and 2010 for diabetic Medi-Cal members. The performance goal of 3% improvement was met for the overall Medi-Cal population and specifically for the members in San Bernardino.

LDL-C

There is no statistically significant difference between 2009 and 2010 in the LDL-C measure for all counties. The 3% performance goal was not met for 2010. This measure will also be targeted in another study namely, "Adult Member Cholesterol Screening and Treatment Clinical Study," where interventions targeting both the members and the practitioners are designed to focus on controlling the LDL-C values. The project is ongoing.

What's new in Diabetes Care?

2010- Diabetes guidelines were modified to include the use of HbA1C for the diagnosis of diabetes.

2011- Diabetes guideline for Hypertension/Blood Pressure Control was revised to reflect new evidence reinforcing the importance of individualization of B/P goals.

To view the NIH guidelines that Molina adopted as our Clinical Practice Guideline, visit the Molina website: http://www.molinahealthcare.com/medicaid/providers/ca/resource/Pages/guide_clinical.aspx

Please review the BMI charts in the newsletter and use them to assess if the child or adolescent is overweight or obese. Children with pediatric obesity are at risk for developing Type 2 diabetes.

HEDIS® 2011 (Healthcare Effectiveness Data and Information Set)

HEDIS® is the most widely used set of performance measures used in health care for recognizing quality among providers and health plans. Molina Healthcare of California participates in HEDIS® as part of our State quality reporting and voluntary quality accreditation process for NCQA (National Committee for Quality Assurance).

As part of Molina Healthcare's HEDIS® activities for 2011, we may ask for your participation during the HEDIS medical record chart abstraction process. You may receive a list of randomly selected patient medical records members that will require onsite chart abstraction. You will be contacted to set up appointments for these chart abstractions. If you have three (3) or fewer records that need abstraction, you may be requested to submit medical records by fax or mail.

Riverside/San Bernardino and Sacramento Counties

Molina Healthcare retained the services of a medical record vendor, The Medical Review Group, LLC, (MRG) to perform the data abstraction in your offices. Molina Healthcare entered into a business associate agreement with MRG, and they are authorized to perform HEDIS data abstraction services on our behalf. Their staff are trained RNs and they will identify themselves as our vendor.

San Diego County

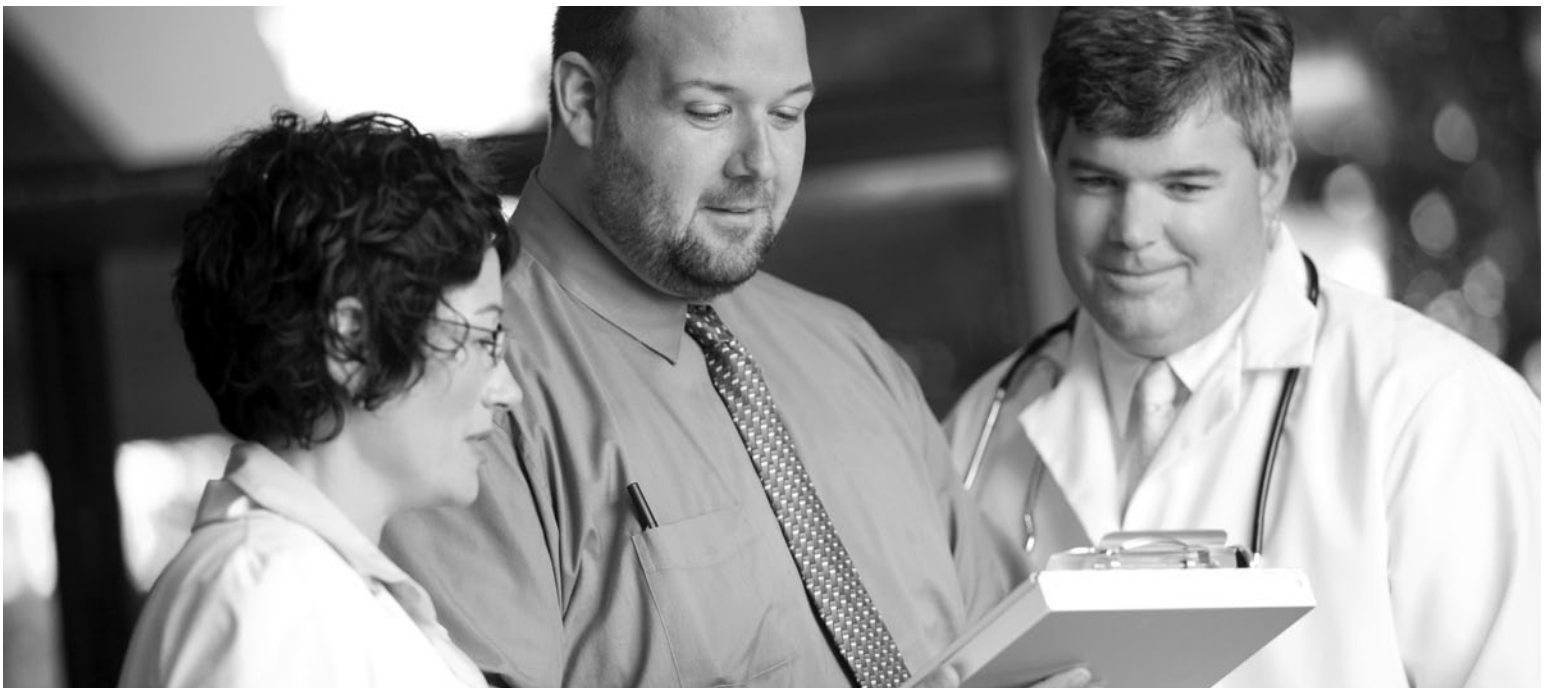
Molina Healthcare retained the services of trained HEDIS abstractors you may have met last year to collect the data in your office. Molina Healthcare entered into a business associate agreement with them and they are authorized to perform HEDIS data abstraction services on our behalf. They will identify themselves as our abstractor.

The data collection process is different from past years. Abstractors will use laptops to collect the data from the medical records. MRG will scan or photograph each paper record or EMR notation that has a positive numerator hit and other pertinent medical record information. The San Diego abstractors may request a copy of pertinent medical record data.

If you have any issues or concerns they will notify us and we will contact you. Or you may contact Molina Healthcare's Quality Improvement Department at (800) 526 8196/Ext. 126137.

Please note covered entities may use or disclose member and patient PHI for treatment, payment and health care operations (TPO), without consent or authorization. Uses and disclosures for TPO apply not only to the covered entity's own TPO activities, but also for the TPO of another covered entity. Your contract with Molina Healthcare also includes your commitment to make your patient records pertaining to our members available to us for quality improvement purposes.

We thank you for your continued support, the quality of care you provide to our members, and your participation in our quality improvement activities.



Hypertension Clinical Study Update

The primary goal of the Hypertension Quality Improvement Project (QIP) is to increase the percentages of controlled blood pressure (Systolic Blood Pressure of less than 140 mmHg and Diastolic Blood Pressure of less than 90 mmHg) among hypertensive members. Outcome measures are based on **Controlling High Blood Pressure** rate of the **HEDIS** measures.

HEDIS rate: Controlling High Blood Pressure (SBP of < 140 mmHg and DBP of < 90 mmHg)

Medi-Cal County	HEDIS Reporting Years			NCQA Medicaid Benchmark (90 th /75 th Percentile)
	2010	2009	2008	
Riverside/San Bernardino	59.63%	55.69%	55.68%	66% / 60%
Sacramento	56.61%	54.99%	52.07%	66% / 60%
San Diego	66.36%	64.50%	62.33%	66% / 60%

The last three-year trends of Controlling High Blood Pressure HEDIS measure demonstrated a gradual increase in rates in all counties; however, on the contrary to these gradual improvements, the rates demonstrate areas for improvements to achieve 75th percentile national benchmark in Riverside/San Bernardino and Sacramento Counties and to sustain its 90th percentile benchmark in San Diego County.

One of the key interventions to achieve exceptional HEDIS rate of Controlling High Blood Pressure measure is to assist our practitioners and providers in improving hypertension control through appropriate and effective pharmacological treatments. Molina provides a quarterly generated list of hypertensive patient's antihypertensive medication status to the patient's Primary Care Physician (PCP). This list is provided as an informational tool for PCPs to review the member's antihypertensive prescription drug profiles during the measurement quarter in conjunction with the most recent blood pressure readings to assess appropriateness and effectiveness of the listed antihypertensive drugs.

2010 semi-annual percentages of hypertensive members who did not fill any type of antihypertensive medication:

Analysis Period	Riverside/San Bernardino		Sacramento		San Diego		Medicare Options & Options Plus	
2010 Q1-Q2	21.24%	Sig. Decrease	17.71%	Sig. Decrease	18.73%	Sig. Decrease	19.59%	Sig. Decrease
2010 Q3-Q4	25.91%	Sig. Increase	24.47%	Sig. Increase	23.44%	Sig. Increase	20.50%	No Stat. Sig.

The latter part of 2010 semi-annual analysis showed statistically significant increased percentages of hypertensive members who did not fill any type of antihypertensive medication.

Molina's Hypertension Clinical Practice Guideline is based on JNC 7. JNC 7 provides an evidence-based approach to hypertension prevention and management. Its key messages are:

- Help patients achieve a blood pressure (BP) of less than 140/90mmHg. For most patients, two or more antihypertensive medications will be required to achieve this blood pressure.
- For uncomplicated hypertension, thiazide-type diuretics should be used as a part of pharmacological regimen, either alone or combined with drugs from other classes (in patients with no contraindication due to co-morbidity, potential drug interactions or allergy/intolerance to thiazide-type diuretics).
- For patients with BP of more than 20 mmHg above the SBP goal or more than 10 mmHg above the DBP goal, initiate therapy using two agents, one of which usually should be a thiazide-type diuretic.

Hypertension Clinical Practice Guidelines is available on our website at: http://www.molinahealthcare.com/medicaid/providers/ca/resource/Pages/guide_clinical.aspx. To request a hardcopy of the guidelines, please contact Molina's Provider Services Department at 1-888-665-4621.

Classification of Blood Pressure and its Thresholds Recommended by JNC 7.

Category	SBP mmHg		DBP mmHg
Normal	Less than 120	And	Less than 80
Prehypertension	120 – 139	Or	80 – 89
Stage 1 Hypertension	140 – 159	Or	90 – 99
Stage 2 Hypertension	≥ 160	Or	≥ 100

Regional Center Project

Molina Healthcare of California (MHC) is contracted by the Department of Health Care Services (DHCS) to deliver preventive services to the Regional Centers of California. A baseline study was conducted on the members who were Regional Center Clients (RCC) as of Quarter 4, 2007 and the results revealed that only 59% of the clients had received preventive care since January 2006. This showed the need for a Quality Improvement Project to improve the delivery and monitoring of care

Molina Healthcare of California (MHC) Quality Improvement Project (QIP)

- Every quarter the Quality Improvement Department identifies members from the Regional Center who have not received preventive measures from their Primary Care Physicians (PCP) in the last two years (since January 2009)
- The Molina Health Care Inc. outreach unit will be informed to contact and assist these members in scheduling appointments with their PCPs.
- The PCPs of these members are identified and notified regarding their patient health care deficit and advised to set up appointments with their patients.
- To improve the coordination of care, the list of specialists seen by the members is provided to their respective PCPs and the information of the PCPs is given to the specialists.
- The PCPs will also be alerted on all their patients whose diagnosis at the ER was designated as an avoidable visit by the ICD-9 Codes based on DHCS for the ER Collaborative.
- The results are assessed and reported quarterly at the Clinical Quality Management Committee (CQMC) meeting.

2010 Analysis:

Table 1: Percentage of members who received Preventive Care from their PCP

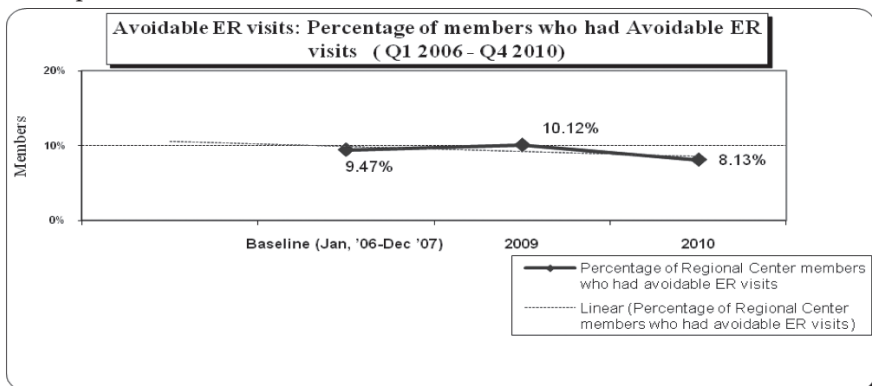
<u>2008-2009 Data</u>	Baseline (Jan, '06-Dec '07) N=1299	2008 (Q1-Q2) N=1341	2008(Q3- Q4) N=1351	2009 (Q1- Q2)***N=1607	2009 (Q3- Q4)*** N=1436	2010 Q1- Q2 N=1451	2010 Q3- Q4 N=1476
# Members who received Preventive Care from their PCP	772	783	814	1114	1284	691	1056
# Members who did not receive Preventive Care from their PCP	527	558	537	493	152	760	420
% of Members who received Preventive Care from their PCP	59.43%	58.38%	60.25%	69.32%	89.36%	47.62%	71.55%

*initial baseline measure. 2-sided Z test 95% Stat. sig. p=0.05 and z= ±1.96

Table 1 shows there was no significant increase in the number of members receiving Preventive Care from 2009 to 2010. There was an improvement in clinical care in 2010. 71.55% of the Regional center population has received preventive care in the last two years. The results were verified using two different methods. Firstly, the queries were retested to ensure correct manipulation of the data. Secondly, random regional members were picked and their visits were verified using QNXT. Both methods confirmed that the results were accurate. The efforts to increase preventive care for the Regional Center members will continue in 2011.

2010 Analysis of Avoidable ER visits in the Regional Center Study:

Graph 1



The second component of the study is to decrease the number of non-emergent or avoidable Emergency Room (ER) visits. Graph 1 shows that there is a decrease in the members whose visits were designated as unavoidable by the ICD-9 Codes based on the DHCS for the ER Collaborative in 2010, but the decrease isn't significant. Of the 120 members who used the ER inappropriately, 87.5% of them received preventive care from their PCPs. The efforts to decrease Avoidable ER rates will continue in 2011.

URI UPDATE

Antibiotics are frequently prescribed for non-specific upper respiratory tract infection (the common cold) inappropriately. Molina Healthcare's current HEDIS rates indicate that the pattern for over-prescribing antibiotics for the common cold persists within our network. The rates of antimicrobial drug use are highest in children ages 3 months to 19 years.

HEDIS measure description: The percentage of children 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the Episode Date.

HEDIS Appropriate Treatment for Children Ages 3 months to 19 years with URI

County	2009	2010	Goal 2010*	Goal Met?	2009 NCQA 75 th Percentile
Healthy Families	92.61%	88.04% ↓	93.71%	NOT MET	90.50%
Riverside/San Bernardino	89.49%	86.56% ↓	90.27%	NOT MET	
Sacramento	95.82%	94.23% ↔	97.31%	NOT MET	
San Diego	90.05%	94.14% ↑	91.18%	MET	
2-sided 95% Stat. Sig. at p= 0.05 increase, ↔ no change, ↓ decrease					

*Goal: 2 Standard Deviations increase above prior year rate

The H1N1 flu and increased incidence of whooping cough with subsequent public health warnings throughout 2010 resulted in a rise in antibiotic prescribing. This had a strong impact on these rates.

Upper Respiratory Infection Clinical Practice Guideline Study Results

PCPs serving the highest volume of children under age 19 in the contracted provider network prescribing an antibiotic for a URI to a MHC member who is under 19 years of age using the HEDIS definition for the URI such as ICD-9 of 460 or 465 are measured quarterly (All Counties). Study interventions include notifying PCPs via letter of assigned children prescribed an antibiotic for a URI. The letter will explain the URI guidelines and resources available from the CDC.

Percentage of PCPs Prescribing an Antibiotic for a URI to a Member who is under 19 Years of Age

County	2009	2010	5% Improvement (decrease) Goal 2010	Goal Met?
Healthy Families	3.1%	1.8%	2.9% ↔	MET
Riverside/San Bernardino	8.8%	6.6%	8.4% ↔	MET
Sacramento	6.0%	9.2%	5.7% ↔	NOT MET
San Diego	8.4%	4.0%	8.0% ↓	MET

The 2010 rates met the improvement goals (decrease = improvement) for all counties except Sacramento but there was no statistically significant decrease except for San Diego County.

Members Prescribed Antibiotics at an ER for a Diagnosis of URI

County	2009	2010	5% Improvement (decrease) Goal 2010	Goal Met?
All Counties Combined	10.4%	8.3%	9.7%	MET

The 2010 rates met the improvement goals (decrease = improvement) for all counties combined.

The complete summary of the new 2009 Upper Respiratory Infection CPG and recommendations are posted on the Molina website at http://www.molinahealthcare.com/medicaid/providers/ca/resource/Pages/guide_clinical.aspx
For a copy of these guidelines contact Molina's Provider Services Department at (888) 665-4621.

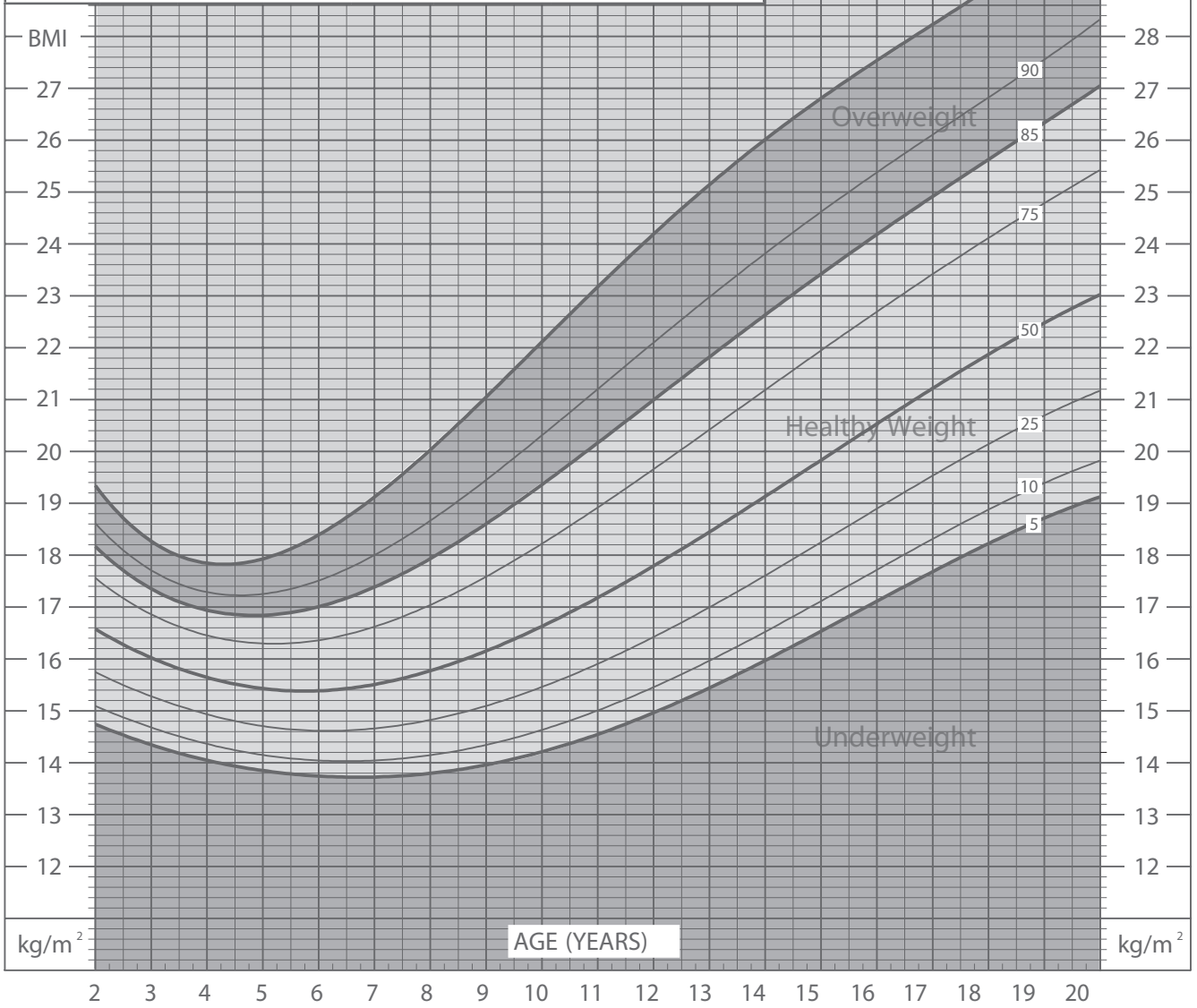
2 to 20 years: Boys
Body mass index-for-age percentiles

NAME _____

RECORD # _____

Date	Age	Weight	Height	BMI*	BMI percentile	Nutrition**	Physical activity**

*To Calculate BMI: $\text{Weight (kg)} \div \text{Height (cm)} \div \text{Height (cm)} \times 10,000$
 or $\text{Weight (lb)} \div \text{Height (in)} \div \text{Height (in)} \times 703$.
 **Indicate nutrition and physical activity counseling with a "C"



Adapted from the CDC Growth Charts



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