

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

Measure Description

The percentage of episodes for members ages 3 months and older, continuously enrolled without a gap of coverage from 30 days prior to the episode date through 3 days after the episode date (34 total days), with a diagnosis of acute bronchitis or bronchiolitis that did not result in an antibiotic dispensing event.

Note: The measure is reported as an inverted rate and a higher rate indicates appropriate treatment.

Product Lines: Commercial, Medicaid, Medicare, Exchange

Intake Period: A 12-month window that begins on July 1st of the year prior to the measurement year (MY) and ends on June 30th of the measurement year. The intake period captures eligible episodes of treatment.

2024						2025						2026											
Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
MY 2025 Intake Period												MY 2026 Intake Period											

Codes Included in the Current HEDIS® Measure

Codes to Identify Acute Bronchitis

Description	Code
Acute Bronchitis	ICD-10: J20.3-J20.9, J21.0, J21.1, J21.8, J21.9
Outpatient, ED and Telehealth	CPT: 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99281-99285, 99341-99342, 99344-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483 HCPCS: G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250-G2252, T1015 UBREV: 0450-0452, 0456, 0459, 0510-0517, 0519-0523, 0526-0529, 0981-0983

Codes to Identify Common Comorbid Conditions

Description	Code
Chronic Obstructive Pulmonary	ICD-10: J41.0, J41.1, J41.8, J42

Codes to Identify Pharyngitis and Common Competing Diagnosis

Description	Code
Pharyngitis	ICD-10: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
Acute Sinusitis	ICD-10: J01.00, J01.01, J01.10, J01.11, J01.20, J01.21, J01.30, J01.31, J01.40, J01.41, J01.80, J01.81, J01.90, J01.91
Otitis Media	ICD-10: H66.001-H66.007, H66.009, H66.011-H66.017, H66.019, H66.10-H66.13, H66.20-H66.23, H66.3X1-H66.3X3, H66.3X9, H66.40-H66.43, H66.90-H66.93, H67.1-H67.3, H67.9

Medications

AAB Antibiotic Medications

Description	Prescription
Aminoglycosides	Amikacin, Gentamicin, Streptomycin, Tobramycin
Aminopenicillins	Amoxicillin, Ampicillin
Beta-lactamase Inhibitors	Amoxicillin-clavulanate, Ampicillin-sulbactam, Piperacillin-tazobactam
First-generation Cephalosporins	Cefadroxil, Cefazolin, Cephalexin
Fourth generation Cephalosporins	Cefepime
Lincomycin Derivatives	Clindamycin, Lincomycin
Macrolides	Azithromycin, Clarithromycin, Erythromycin
Miscellaneous Antibiotics	Aztreonam, Chloramphenicol, Dalbapristin-quinupristin, Daptomycin, Linezolid, Metronidazole, Vancomycin
Natural Penicillin	Penicillin G benzathine-procaine, Penicillin G potassium, Penicillin G procaine, Penicillin G sodium, Penicillin V potassium, Penicillin G benzathine
Penicillinase Resistant Penicillin	Dicloxacillin, Nafcillin, Oxacillin
Quinolones	Ciprofloxacin, Gemifloxacin, Levofloxacin, Moxifloxacin, Ofloxacin
Rifamycin Derivatives	Rifampin
Second-generation Cephalosporin	Cefaclor, Cefotetan, Cefoxitin, Cefprozil, Cefuroxime
Sulfonamides	Sulfadiazine, Sulfamethoxazole-trimethoprim
Tetracyclines	Doxycycline, Minocycline, Tetracycline
Third generation Cephalosporins	Cefdinir, Cefixime, Cefotaxime, Cefpodoxime, Ceftazidime, Ceftriaxone
Urinary Anti-infectives	Fosfomycin, Nitrofurantoin, Nitrofurantoin macrocrystals-monohydrate, Trimethoprim

Ways Providers can Improve HEDIS® Performance

- Educate patients on comfort measures without antibiotics (e.g., extra fluids, rest).
- Discuss expectations for recovery time (e.g., cough can last for 4 weeks without being ‘abnormal’).
- Discuss antibiotic resistance with patients insisting on an antibiotic. You can:
 - Give a brief explanation.
 - Write a prescription for symptom relief instead of an antibiotic.
 - Encourage follow-up in 3 days if symptoms do not get better.
- Submit co-morbid diagnosis codes, if present, on claim/encounter.
- Submit competing diagnosis codes for bacterial infection, if present, on claim/encounter.

Ways Health Plans can Improve HEDIS® Performance

- Identify and provide education to top 10 providers who prescribe antibiotics for bronchitis – consider historical compliance.
- Provider education about appropriate use of antibiotics.
- Provider comparison sheet given to providers.
- Member communication about appropriate use of antibiotics.

Required Exclusions

- Members who use hospice service or elect to use a hospice benefit any time during the measurement period.
- Members who die any time during the measurement year.

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Updated 12/6/2024.



HEDIS® Tip Sheet

Asthma Medication Ratio (AMR)

Measure Description

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.

Members are in the measure if they met at least one of the following during *both* the measurement year and the year prior:

- At least one ED visit or acute inpatient encounter with a principal diagnosis of asthma.
- At least one acute inpatient discharge with asthma as a principal diagnosis on the discharge claim.
- At least four outpatient visits, observation visits, telephone visits or e-visits or virtual check-ins, on different dates of service, with any diagnosis of asthma **and** at least two asthma medication dispensing events for any controller or reliever medications. Visit type need not be the same for the four visits.
- At least four asthma medication dispensing events for any controller or reliever medication. Use all the medication dispensing events for any controller or reliever medication. Use all the medication lists in the table below to identify asthma controller and reliever medications.

Note: A member identified as having persistent asthma because of at least four asthma medication dispensing events, where leukotriene modifiers or antibody inhibitors were the sole asthma medication dispensed in that year, must also have at least one diagnosis of asthma, in any setting, in the same year as the leukotriene modifier or antibody inhibitor (the measurement year or the year prior to the measurement year).

Product Lines: Commercial, Medicaid, Exchange

Codes Included in the Current HEDIS® Measure

Description	Code
Asthma	ICD-10: J45.21, J45.22, J45.30-J45.32, J45.40- J45.42, J45.50- J45.52, J45.901, J45.902, J45.909, J45.991, J45.998
ED Visits and Acute Inpatient Encounters	ICD-10: 99221-99223, 99231-99239, 99251-99255, 99281-99285, 99291 UBREV: 0450-0452, 0456, 0459, 0981
Outpatient and Telehealth	CPT: 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99341-99342, 99344-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483 HCPCS: G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250-G2252, T1015 UBREV: 0510-0517, 0519-0523, 0526-0529, 0982, 0983

Medications

Asthma Controller Medications

Description	Prescription
Antibody Inhibitors	Omalizumab
Anti-interleukin-4	Dupilumab
Anti-interleukin 5	Benralizumab, Mepolizumab, Reslizumab

Inhaled Steroid Combinations	Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Formoterol-mometasone
Inhaled Corticosteroids	Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone, Mometasone
Leukotriene Modifiers	Montelukast, Zafirlukast, Zileuton
Methylxanthines	Theophylline

Asthma Reliever Medications

Description	Prescription
Short-acting, Inhaled Beta-2 Agonists	Albuterol-budesonide, Albuterol, Levalbuterol

Ways Providers can Improve HEDIS® Performance

- Educate patients on the use of asthma rescue and controller medications.
- Prescribe a long-term controller medication and provide reminders to your patients to fill the medication.
- Inform patients that mail-order delivery is available to them.
- Writing Prescriptions:
 - Consider writing the controller medication for a 90-day refill.
- Schedule a **telehealth** appointment to diagnose patients with asthma and prescribe a controller or reliever medication.
- Medication Adherence:
 - Inform the members of Molina’s 90-day fill policy for all HEDIS® approved AMR medications.
 - Inform the member of mail order pharmacy services through CVS (800) 875-0867.
 - Members can go into a CVS Pharmacy, located in Target stores, to start the mail-order process. If the member does not have a good home address, shipments can be mailed to the store.
 - Encourage members to sign up for autofill on medications. Members can sign up for autofill by downloading the CVS App, visiting a CVS location, or calling the number listed above.
 - Molina Member Services can help members with questions.
 - Providers can send a new electronic prescription to CVS Caremark Mail Service Pharmacy or fax to (800) 378-0323. CVS will contact the members to obtain demographics.
 - Members can create an account by calling CVS or going to www.cvs.com.

Ways Health Plans can Improve HEDIS® Performance

- Educate members on the use of asthma medications.
- Inform members that mail-order delivery is available to them.
- Refer members for Health Management interventions and coaching by contacting Health Care Services at Molina Healthcare.
- Use the services needed list and contact members who have not filled in a controller medication.
- Identify and educate the top 10 providers with open gaps.

Required Exclusions

- Members who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Members who die any time during the measurement year.
- Members who had any diagnosis from any of the following value sets, any time during the member’s history through December 31 of the measurement year: Emphysema, Other Emphysema, COPD, Obstructive Chronic Bronchitis, Chronic Respiratory Conditions Due to Fumes or Vapors, Cystic Fibrosis, or Acute Respiratory Failure value sets. Do not include laboratory claims (POS: 81).
- Members who had no asthma controller or reliever medications dispensed during the measurement year. Use all the medication lists in the tables above to identify asthma controller and reliever medications.

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Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)

Measure Description

The percentage of children or adolescents 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:

1. The percentage of children and adolescents on antipsychotics who received blood glucose testing.
2. The percentage of children and adolescents on antipsychotics who received cholesterol testing.
3. The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.

Product Lines: Commercial, Medicaid

Codes Included in the Current HEDIS® Measure

Codes to Identify Blood Glucose and Cholesterol Testing

Description	Code
Glucose Lab Test	CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
HbA1c Lab Test	CPT: 83036, 83037
Cholesterol Lab Test	CPT: 82465, 83718, 83722, 84478
LDL C Tab Test	CPT: 80061, 83700, 83701, 83704, 83721

Medications

Antipsychotic Medications

Description	Prescription
Miscellaneous Antipsychotic Agents	Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Pimozide, Quetiapine, Risperidone, Ziprasidone
Phenothiazine Antipsychotics	Chlorpromazine, Fluphenazine, Perphenazine, Thioridazine, Trifluoperazine
Thioxanthenes	Thiothixene
Long-Acting Injections	Aripiprazole, Aripiprazole lauroxil, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate, Risperidone

Antipsychotic Combination Medications

Description	Prescription
Psychotherapeutic Combinations	Fluoxetine-olanzapine, Perphenazine-amitriptyline

Please submit a request for coverage when prescribing Psychotherapeutic Combination medications.

Prochlorperazine Medications

Description	Prescription
Phenothiazine Antipsychotics	Prochlorperazine

Ways Providers can Improve HEDIS® Performance

- Monitor children on antipsychotic medications to avoid metabolic health complications such as weight gain and diabetes.
- Educate parents/guardians about the signs of metabolic disturbances, including long-term consequences of pediatric and adolescent obesity and poor cardiometabolic outcomes in adulthood.
- Establish a baseline and continuously monitor metabolic indices to ensure appropriate management of side-effects of antipsychotic medication therapy.
- Schedule follow-up appointments and metabolic lab tests after the second anti-psychotic prescription.

Ways Health Plans can Improve HEDIS® Performance

- Explore partnering with key community and school-based organizations focused on child/adolescent health to provide education about healthy diet, nutrition, and exercise.
- Identify and educate top 10 providers with open gaps.
- Member communication about the importance of metabolic testing.
- Schedule appointments for lab testing.
- Ensure receipt of high-volume lab files/feeds
- Discuss with your member/caregiver the importance of monitoring emotional well-being and following up with their BH provider.
- Care should be coordinated between providers. Encourage communication between the behavioral health providers and PCP.

Required Exclusions

- Members who use hospice service or elect to use a hospice benefit any time during the measurement period.
- Members who die any time during the measurement year.

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HEDIS® Tip Sheet

Childhood Immunization Status (CIS-E)

Note: Effective 2025, CIS measure will be retired and only the CIS-E measure will be reported.

Measure Description

The percentage of children 2 years of age who had the following vaccines by their second birthday:

- One MMR (Measles, Mumps, Rubella)
 - One Hep A (Hepatitis A)
 - One VZV (Varicella)
 - Two flu (influenza) vaccines
 - Two or three RV (Rotavirus)
 - Three Hep B (Hepatitis B)
 - Three IPV (Polio)
 - Three HiB (Haemophilus Influenza Type B)
 - Four DTaP (Diphtheria, Tetanus, Acellular Pertussis)
 - Four PCV (Pneumococcal)
- **MMR:** Members also meet measurement criteria if there is a history of **ALL** the following (on the same or different date of service) any time on or before the child's second birthday: measles, mumps, and rubella illness (Do not include laboratory claims POS: 81.)
 - **HepA:** Members also meet measure criteria if there is a history of Hepatitis A illness anytime on or before the child's second birthday (Do not include laboratory claims POS: 81.)
 - **VZV:** Vaccinations must have different dates of service. Members also meet measurement criteria if there is a history of chicken pox (VZV) illness any time on or before the child's second birthday.
 - **Influenza:** Vaccinations must have different dates of service. Do **NOT** count a vaccination administered prior to 180 days after birth. NOTE: An influenza vaccination recommended for children 2 years and older administered on the child's second birthday meets criteria for one of the two required vaccinations.
 - **RV:** Vaccinations must have different dates of service. Do **NOT** count a vaccination administered prior to 42 days after birth. Members meet measure criteria if **ANY** of the following occur on or before the child's second birthday: At least two doses of the two-dose rotavirus (RV) vaccine **OR** at least three doses of the three-dose rotavirus (RV) vaccine **OR** at least one dose of the two-dose rotavirus (RV) vaccine and at least two doses of the three-dose rotavirus (RV) vaccine.
 - **HepB:** Vaccinations must have different dates of service (One of the three vaccinations can be a newborn HepB during the eight-day period that begins on the date of birth and ends seven days after the date of birth.) Members also meet measurement criteria if there is a history of Hepatitis B illness (Do not include laboratory claims POS: 81.)
 - **IPV, HiB, DTaP, and PCV:** Vaccinations must have different dates of service. Do **NOT** count a vaccination administered prior to 42 days after birth.

Note: MMR, VZV and Hep A vaccinations must be administered on or between the child's first and second birthdays to meet this measure's criteria.

Product Lines: Commercial, Medicaid, Exchange

Codes Included in the Current HEDIS® Measure

Codes to Identify Childhood Immunizations

Description	Code
DTaP	CPT: 90697, 90698, 90700, 90723 CVX: 20, 50, 106, 107, 110, 120, 146
IPV	CPT: 90697, 90698, 90713, 90723 CVX: 10, 89, 110, 120, 146
MMR	CPT: 90707, 90710 CVX: 03, 94
HiB	CPT: 90644, 90647, 90648, 90697, 90698, 90748 CVX: 17, 46-51, 120, 146, 148
Hepatitis A	CPT: 90633 CVX: 31, 83, 85 ICD-10: B15.0, B15.9
Hepatitis B	CPT: 90697, 90723, 90740, 90744, 90747, 90748 CVX: 08, 44, 45, 51, 110, 146 HCPCS: G0010 ICD-10: B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11
VZV	CPT: 90710, 90716 CVX: 21, 94 ICD-10: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21-B02.24, B02.29-B02.34, B02.39, B02.7-B02.9
Pneumococcal conjugate	CPT: 90670, 90671 CVX: 109, 133, 152, 215 HCPCS: G0009
Rotavirus Vaccine (2 Dose Schedule) Procedure	CPT: 90681 CVX: 119
Rotavirus Vaccine (3 Dose Schedule) Procedure	CPT: 90680 CVX: 116, 122
Influenza Immunization	CPT: 90655, 90657, 90661, 90673, 90674, 90685-90689, 90756 CVX: 88, 140, 141, 150, 153, 155, 158, 161, 171, 186 HCPCS: G0008
Influenza Virus LAIV Immunization	CPT: 90660, 90672 CVX: 111, 149

Ways Providers can Improve HEDIS® Performance

- Review the child’s immunization record before every visit and administer needed vaccines.
- Leverage synchronous telehealth visits to engage with parents or caregivers about the importance of timely childhood vaccinations and arrange appointments for immunization.
- Recommend immunizations to parents or caregivers as they are more likely to agree with vaccinations when supported by their provider.
- Address common misconceptions about vaccinations (e.g., now disproven MMR causes autism).
- For tips on effectively communicating to parents regarding the importance of vaccinations, go to the CDC website at: <https://www.cdc.gov/vaccines/hcp/conversations/talking-with-parents.html>.
- Utilize the appropriate codes to record compliance and reduce the need for medical record requests.
- Ensure patient vaccination record is complete and accurate even if your office did not provide the vaccine.

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Ways Health Plans can Improve HEDIS® Performance

- Educate members on the importance of vaccinations. Address common misconceptions about vaccinations (e.g., now disproven MMR causes autism).
- Remind members of timing for vaccines.
- Send birthday cards that provide the immunization schedule and stress the importance of keeping children immunized in a timely manner.
- Ensure access to and utilize state immunization registry files/feeds.
- Audit, identify, and educate top 10 providers with open immunization gaps.

Required Exclusions

- Members who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Members who die any time during the measurement year.
- Members who had any of the following on or before their second birthday: HIV, severe combined immunodeficiency, immunodeficiency, lymphoreticular cancer, multiple myeloma or leukemia, intussusception. Do not include laboratory claims (POS: 81).
- Members with an anaphylactic reaction to a vaccine or its components can be excluded from any vaccine.
- Members who had a contraindication to a childhood vaccine on or before their second birthday: Contradictions to Childhood Vaccines Value Set or Organ and Bone Marrow Transplants Value Set.

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Updated 1/2/2025.



HEDIS® Tip Sheet

Immunizations for Adolescents (IMA-E)

Note: Effective 2025, the IMA measure will be retired and only the IMA-E measure will be reported.

Measure Description

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:

- **Meningococcal:** At least one meningococcal serogroups A, C, W, Y vaccine with a date of service on or between the member's 10th and 13th birthdays, **OR** anaphylaxis due to the meningococcal vaccine any time on or before the member's 13th birthday.
- **Tdap:** At least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine with a date of service on or between the member's 10th and 13th birthdays, **OR** anaphylaxis due to the tetanus, diphtheria, or pertussis vaccine any time on or before the member's 13th birthday, **OR** encephalitis due to the tetanus, diphtheria or pertussis vaccine any time on or before the member's 13th birthday.
- **HPV:** At least two HPV vaccines on or between the member's 9th and 13th birthdays and with dates of service at least 146 days apart, **OR** at least three HPV vaccines with different dates of service on or between the member's 9th and 13th birthdays, **OR** Anaphylaxis due to the HPV vaccine any time on or before the member's 13th birthday.
- **Combination 1 (Meningococcal, Tdap):** Adolescents who are numerator compliant for both the meningococcal and Tdap indicators.
- **Combination 2 (Meningococcal, Tdap, HPV):** Adolescents who are numerator compliant for all three indicators (meningococcal, Tdap, HPV).

Product Lines: Commercial, Medicaid, Exchange

Codes Included in the Current HEDIS® Measure

Codes to Identify Adolescent Immunizations

Description	Code
Meningococcal Immunization	CPT: 90619, 90623, 90733, 90734 CVX: 32, 108, 114, 136, 147, 167, 203, 316
Anaphylaxis due to Meningococcal Vaccine (disorder)	SNOMED CT: 428301000124106
Tdap Vaccine Procedure	CPT: 90715 CVX: 115
HPV Immunization	CPT: 90649, 90650, 90651 CVX: 62, 118, 137, 165
Anaphylaxis due to human papillomavirus Vaccine (disorder)	SNOMED CT: 428241000124101

Ways Providers can Improve HEDIS® Performance

- Review missing vaccines with parents.

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- Recommend immunizations to parents. Parents are more likely to agree with vaccinations when supported by the provider. Address common misconceptions about vaccinations.
- Train office staff to prep the chart in advance of the visit and identify overdue immunizations.
- Make every office visit count. Take advantage of sick visits for catching up on needed vaccines.
- Review if vaccines may have been given before patients were Molina members. Include these on the members' vaccination record even if your office did not provide the vaccine.
- Recommend the HPV vaccine series the same way you recommend the Tdap and Meningococcal vaccines. Missing HPV vaccines are the primary reason for noncompliance. Schedule the second HPV appointment when giving the first HPV vaccine.

Ways Health Plans can Improve HEDIS® Performance

- Use the State immunization registry to identify immunization gaps in record.
- Audit, identify, and educate top 10 providers with open immunization gaps.
- Educate families on the importance of vaccines (use motivational interviewing, culturally and linguistically appropriate language).
- Send appointment reminders to members for vaccines.
- Institute a member incentive for completing the series of adolescent vaccines.
- Send birthday cards that provide the immunization schedule and stress the importance of keeping children immunized in a timely manner.
- Explore potential vendors who can administer adolescent vaccines.

Required Exclusions

- Members who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Members who die any time during the measurement year.

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HEDIS® Tip Sheet

Lead Screening in Children (LSC)

Measure Description

The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning **on or before their second birthday**.

Product Line: Medicaid

Codes Included in the Current HEDIS® Measure

Codes to Identify Lead Tests

Description	Code
Lead Tests	CPT: 83655

Ways Providers can Improve HEDIS® Performance

- Avoid missed opportunities by taking advantage of every office visit (including sick visits) to perform lead testing.
- Consider a standing order for in-office lead testing.
- Educate parents about the dangers of lead poisoning and the importance of testing.
- Provide in-office testing (capillary).
- Bill in-office testing when permitted by the State fee schedule and Molina policy.
- Document in the medical record a note indicating the date the test was performed and the result or finding. “Unknown” is not considered a result/finding.

Ways Health Plans can Improve HEDIS® Performance

- Educate caregivers about preventing exposure to lead sources, the dangers of lead poisoning, and the importance of testing.
- Provide home lead test kits to members who opt-in.
- Audit, identify, and educate top 10 providers with open gaps.
- Ensure member communications respect language preferences and are culturally appropriate
- Include lead screening in value-based provider arrangements.
- Advocate for universal blood lead screening for all children between 9-12 months with state and local legislators.

Required Exclusions

- Members who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Members who die any time during the measurement year.

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Updated 12/10/2024.



Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

Measure Description

The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN provider and who had evidence of the following during the measurement year:

- **BMI percentile documentation.** Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.
- **Counseling for nutrition documentation** or referral for nutrition education.
- **Counseling for physical activity documentation** or referral for physical activity.

Product Lines: Commercial, Medicaid, Exchange

Codes Included in the Current HEDIS® Measure

Description	Code
BMI Percentile <5% for age	ICD-10: Z68.51
BMI Percentile 5% to <85% for age	ICD-10: Z68.52
BMI Percentile 85% to <95% for age	ICD-10: Z68.53
BMI Percentile ≥95% for age	ICD-10: Z68.54
Nutrition Counseling	CPT: 97802-97804 ICD-10: Z71.3 HCPCS: G0270, G0271, G0447, S9449, S9452, S9470
Physical Activity Counseling	ICD-10: Z02.5, Z71.82 HCPCS: S9451, G0447

Ways Providers can Improve HEDIS® Performance

- Use appropriate HEDIS codes to reduce the need for medical record review.
- Take advantage of every office visit (including sick visits and sports physicals) to capture BMI percentile, counsel on nutrition and physical activity.
- Place BMI percentile charts near scales.
- **BMI percentile documentation:**
 - This includes height, weight, and percentile. Reporting the BMI number alone is not considered proper documentation for this measure
- **Counseling for nutrition documentation:**
 - Current nutrition behaviors (e.g., meal patterns, eating and dieting habits).
 - Use a checklist that notates nutrition was addressed.
 - Provide counseling or refer to nutrition education.
 - Document that children/teens received nutritional educational materials during the visit and highlight anticipatory guidance.
 - Document weight or obesity counseling.
 - Documentation of a referral to nutritional education/ Women, Infants, and Child (WIC) services does meet criteria.
 - Documentation related to a member's appetite does not meet criteria.
- **Counseling for physical activity documentation:**

- Use a checklist that notes that physical activity was addressed.
- Physical activity counseling/education (e.g., child rides tricycle in yard).
- Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities and exam for sports participation).
- While “cleared for sports” does not count, a sports physical does count.
- Include specific mention of physical activity recommendations to meet criteria for notation of anticipatory guidance.
- Document weight or obesity counseling.
- Document that children/teens received physical activity educational materials during the visit.

Ways Health Plans can Improve HEDIS® Performance

- Educate parents on the importance of preventive care visits (including nutrition and physical activity counseling) using culturally and linguistically appropriate language.
- Assist members with scheduling visits within the recommended time frames.
- Ensure providers understand the documented components needed to close the gap for this measure including appropriate billing codes
- Audit, identify, and educate the top 10 providers with needed services
- Institute a member incentive for WCC
- Consider value added benefits for members to incentivize gap closure such as a bicycle and helmet or groceries
- Include WCC in value-based arrangements with providers

Required Exclusions

- Members who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Members who die any time during the measurement year.
- Members who have a diagnosis of pregnancy any time during the measurement year. Do not include laboratory claims (POS: 81).

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HEDIS® Tip Sheet

Well-Child Visits in the First 30 Months of Life (W30)

Measure Description

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:

1. *Well-Child Visits in the First 15 Months.* Children who turned 15 months old during the measurement year: Six or more well-child visits.
2. *Well-Child Visits for Age 15 Months-30 Months.* Children who turned 30 months old during the measurement year: Two or more well-child visits.

Note: The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.

Product Lines: Commercial, Medicaid, Exchange

Codes Included in the Current HEDIS® Measure

Description	Code
Well-Care Visits	CPT: 99381-99385, 99391-99395, 99461 HCPCS: G0438, G0439, S0302, S0610, S0612, S0613
Encounter for Well Care	ICD-10: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z02.84, Z76.1, Z76.2 Note: Do not include laboratory claims (POS 81).

Ways Providers can Improve HEDIS® Performance

- Take advantage of every office visit (including sick visits) to provide a well-child visit, immunizations, and lead testing.
- Turn daycare physicals into well-care visits by performing the required services and submitting appropriate codes.
- Medical record details should include, but not limited to, growth charts, well-child visit forms, health history and physical, sports or school physical forms and vitals sheet.
- Educate parents on the importance of preventive care visits.
- Schedule visits within the recommended time frames.
- Follow the American Academy of Pediatrics Bright Future, periodicity schedule available online at www.aap.org

Ways Health Plans can Improve HEDIS® Performance

- Educate parents on the importance of preventive care visits using culturally and linguistically appropriate language.
- Encourage parents/patients to maintain the relationship with a PCP to promote consistent and coordinated health care.
- Assist members with scheduling visits within the recommended time frames.
- Audit, identify, and educate the top 10 providers with needed services.
- Institute a member incentive for well-child visits in the first 30 months.
- Consider value added benefits for members to incentivize gap closure such as groceries or diapers.
- Include W30 in value-based arrangements with providers.

Required Exclusions

- Members who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Members who die any time during the measurement year.

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Measure Description

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.

Note: The well-care visit must occur with a PCP or an OB/GYN practitioner, but the practitioner does not have to be the practitioner assigned to the member.

Product Lines: Commercial, Medicaid, Exchange

Codes Included in the Current HEDIS® Measure

Description	Code
Well Care Visit	CPT: 99381-99385, 99391-99395, 99461 HCPCS: G0438, G0439, S0302, S0610, S0612, S0613
Encounter for Well Care	ICD-10: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z02.84, Z76.1, Z76.2 Do not include laboratory claims (POS: 81).

Ways Providers can Improve HEDIS® Performance

- Take advantage of every office visit (including sick visits) to provide a well-care visit, immunizations, and BMI percentile calculations.
- Make sports/day care/camp physicals into well-care visits by performing the required services and submitting appropriate codes.
- This measure is based on the American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (published by the National Center for Education in Maternal and Child Health). Visit the Bright Futures website at www.aap.org for more information about well-child visits.
- Educate parents/patients on the importance of preventive care visits.
- Schedule visits within the recommended time frames.

Ways Health Plans can Improve HEDIS® Performance

- Educate parents on the importance of preventive care visits using culturally and linguistically appropriate language.
- Encourage parents/patients to maintain the relationship with a PCP to promote consistent and coordinated health care.
- Assist members with scheduling visits within the recommended time frames.
- Audit, identify, and educate the top 10 providers with needed services.
- Institute a member incentive for well-child visits.
- Consider value added benefits for members to incentivize gap closure such as a bicycle and helmet.
- Include well-care visits in value-based arrangements with providers.

Required Exclusions

- Members who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Members who die any time during the measurement year.

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Measure Description

The percentage of members who were screened, using prespecified instruments, at least once during the measurement period (January 1 – December 31) for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive.

- **Food Screening:** The percentage of members who were screened for food insecurity between January 1 and December 1 of the measurement period.
- **Food Intervention:** The percentage of members who received a corresponding intervention within 1 month (31 days total) of screening positive for food insecurity.
- **Housing Screening:** The percentage of members who were screened for housing instability, homelessness or housing inadequacy between January 1 and December 1 of the measurement period.
- **Housing Intervention:** The percentage of members who received a corresponding intervention within 1 month (31 days total) of screening positive for housing instability, homelessness, or housing inadequacy.
- **Transportation Screening:** The percentage of members who were screened for transportation insecurity between January 1 and December 1 of the measurement period.
- **Transportation Intervention:** The percentage of members who received a corresponding intervention within 1 (31 total days) month of screening positive for transportation insecurity.

Eligibility: Any age member for any line of business.

Product Lines: Commercial, Medicaid, Medicare, Exchange

Codes Included in the Current HEDIS® Measure

Description	Code
Food Insecurity Procedures	CPT: 96156, 96160, 96161, 97802-97804 HCPCS: S5170, S9470
Homelessness Procedures, <i>or</i> Housing Instability Procedures, <i>or</i> Inadequate Housing Procedures, <i>or</i> Transportation Insecurity Procedures	CPT: 96156, 96160, 96161

Codes to Identify Eligible Screening Instruments and Positive Findings

Food Insecurity Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool, American Academy of Family Physicians (AAFP) Social Needs Screening Tool	88122-7	LA28397-0 LA6729-3
	88123-5	LA28397-0 LA6729-3
Health Leads Screening Panel ^{*1}	95251-5	LA33-6
Hunger Vital Sign™ ¹ (HVS)	88124-3	LA19952-3
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE] ^{*1}	93031-3	LA30125-1

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Updated 12/10/2024.

Safe Environment for Every Kid (SEEK) ^{®1}	95400-8	LA33-6
	95399-2	LA33-6
U.S. Household Food Security Survey [U.S. FSS], U.S. Adult Food Security Survey [U.S. FSS], U.S. Child Food Security Survey [U.S. FSS], U.S. Household Food Security Survey–Six-Item Short Form [U.S. FSS]	95264-8	LA30985-8 LA30986-6
We Care Survey	96434-6	LA32-8
WellRx Questionnaire	93668-2	LA33-6

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Housing Instability and Homelessness Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	71802-3	LA31994-9 LA31995-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99550-6	LA33-6
Children’s Health Watch Housing Stability Vital Signs™ 1	98976-4	LA33-6
	98977-2	≥3
	98978-0	LA33-6
Health Leads Screening Panel ^{®1}	99550-6	LA33-6
Protocol for Responding to and Assessing Patients’ Assets, Risks and Experiences [PRAPARE] ^{®1}	93033-9	LA33-6
	71802-3	LA30190-5
We Care Survey	96441-1	LA33-6
WellRx Questionnaire	93669-0	LA33-6

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Housing Inadequacy Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes	
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	96778-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0	LA31999-8 LA32000-4 LA32001-2
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	96778-6	LA32691-0 LA28580-1 LA32693-6 LA32694-4	LA32695-1 LA32696-9 LA32001-2

Transportation Insecurity Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	93030-5	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99594-4	LA33-6
Comprehensive Universal Behavior Screen (CUBS)	89569-8	LA29232-8 LA29233-6 LA29234-4
Health Leads Screening Panel ^{®1}	99553-0	LA33-6
Protocol for Responding to and Assessing Patients’ Assets, Risks and Experiences [PRAPARE] ^{®1}	93030-5	LA30133-5 LA30134-3

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PROMIS® ¹	92358-1	LA30024-6 LA30026-1 LA30027-9
WellRx Questionnaire	93671-6	LA33-6

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Ways Providers can Improve HEDIS® Performance

- Screen patients during visits for food insecurity, housing instability, homelessness, housing inadequacy and transportation insecurity using prespecified instruments.
 - *Food Insecurity*: Uncertain, limited, or unstable access to food that is: adequate in quantity and in nutritional quality; culturally acceptable; safe and acquired in socially acceptable ways.
 - *Housing Instability*: Currently consistently housed but experiencing any of the following circumstances in the past 12 months: being behind on rent or mortgage, multiple moves, cost burden or risk of eviction.
 - *Homelessness*: Currently living in an environment that is not meant for permanent human habitation (e.g., cars, parks, sidewalks, abandoned buildings, on the street), not having a consistent place to sleep at night, or because of economic difficulties, currently living in a shelter, motel, temporary or transitional living situation.
 - *Housing Inadequacy*: Housing does not meet habitability standards.
 - *Transportation Insecurity*: Uncertain, limited or no access to safe, reliable, accessible, affordable and socially acceptable transportation infrastructure and modalities necessary for maintaining one’s health, well-being or livelihood.
- Document in the medical record the screening encounter date and the corresponding intervention if the member screened positive. Help members find free or low-cost resources for basic needs (i.e., housing, food, clothing, job training, and more) in their community at www.MolinaHelpFinder.com.
- An intervention may include any of the following intervention categories: assistance, assessment, counseling, coordination, education, evaluation of eligibility, provision, or referral.

Ways Health Plans can Improve HEDIS® Performance

- Screen members during outreach for food insecurity, housing instability, homelessness, housing inadequacy and transportation insecurity using prespecified instruments.
 - *Food Insecurity*: Uncertain, limited, or unstable access to food that is: adequate in quantity and in nutritional quality; culturally acceptable; safe and acquired in socially acceptable ways.
 - *Housing Instability*: Currently consistently housed but experiencing any of the following circumstances in the past 12 months: being behind on rent or mortgage, multiple moves, cost burden or risk of eviction.
 - *Homelessness*: Currently living in an environment that is not meant for permanent human habitation (e.g., cars, parks, sidewalks, abandoned buildings, on the street), not having a consistent place to sleep at night, or because of economic difficulties, currently living in a shelter, motel, temporary or transitional living situation.
 - *Housing Inadequacy*: Housing does not meet habitability standards.
 - *Transportation Insecurity*: Uncertain, limited or no access to safe, reliable, accessible, affordable and socially acceptable transportation infrastructure and modalities necessary for maintaining one’s health, well-being or livelihood.
- Ensure your member (and member’s family) understands the local community support resources.
- Refer member/family/caregiver for Care Coordination/Case Management.
- Educate providers to utilize standardized screening tools in EMR and appropriate billing to ensure included in electronic measure.
- Connect with local crisis services immediately for an evaluation if a member is experiencing an acute need.

Exclusions

- Members in hospice or using hospice services any time during the measurement year.
- Members who die any time during the measurement year.
- Medicare members 66 years of age and older by the end of the measurement period who meet either of the following:
 - Enrolled in an Institutional SNP (I-SNP) any time during the measurement period.
 - Living long-term in an institution any time during the measurement period, as identified by the LTI flag in the Monthly Membership Detail Data File.

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