HIGHMARK HEALTH OPTIONS

Clinical Guideline: The Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder (ADHD) in Children and Adolescents

Line of Business: WV Medicaid

Date of QI/UM Committee Review and Adoption: April 24, 2025

Changes for 2025	
• Regarding "Follow-up Care for Children Prescribed ADHD Medication" Clinical Indicator: • Added ADHD medications: dexmethylphenidate-serdexmethylphenidate and viloxazine. • Clarified members should be 6 years of age at the start of intake to 12 years of age at the end of intake under initial population This guideline does not replace the judgement or the role of the clinician in the decision-making process for individual patients and is only intended to serve as an educational resource for the delivery of care.	
Clinical Indicators	**Description of the Indicator**
1. Follow-up Care for Children Prescribed ADHD Medication – Initiation Phase (Source: HEDIS® Measurement Year (MY) 2025, Vol. 2, Technical Specifications, ADD-E)	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: Initiation Phase and Continuation and Management (C&M) Phase. • *Initiation Phase*: 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. • *Continuation and Maintenance (C&M) Phase*. 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.
References	**Reference Links**
AAP Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of AttentionDeficit/Hyperactivity Disorder in Children and Adolescents (2019)	Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents, American Academy of Pediatrics (aap.org)
ADHD Diagnosis and Treatment Guidelines: A Historical Perspective (2019)	ADHD Diagnosis and Treatment Guidelines: A Historical Perspective

Medscape: Pediatric Attention Deficit Hyperactivity Disorder (2022)	Pediatric Attention Deficit Hyperactivity Disorder (ADHD)
Updated ADHD guideline addresses evaluation, diagnosis, treatment from ages 4-18 (2019)	Updated ADHD Guidelines addresses evaluation, diagnosis, treatment from ages 4-18
AAP Updates Guidelines on Attention Deficit Hyperactivity Disorder with Latest Research (2019)	AAP Updates Guidelines on Attention Deficit Hyperactivity Disorder with Latest Research

HIGHMARK HEALTH OPTIONS

Clinical Guideline: Adult Preventative Guidelines (21 & Over)

Line of Business: WV Medicaid

Date of QI/UM Committee Review and Adoption: April 24, 2025

Changes for 2025

- Updated the measure title from Chlamydia Screening in Women to *Chlamydia Screening*
- Replaced references to "women" with "members recommended for routine chlamydia screening."
- Added criteria for "members recommended for routine chlamydia screening" to the eligible population
- U.S. Preventive Services Task Force Final Recommendations Statement Breast Cancer: Screening has been updated for 2024
- Removed Centers for Disease Control and Prevention Promoting Health for Adults (2022) as the reference is no longer published

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

Clinical Indicators	Description of the Indicator
1. Breast Cancer Screening (Source: HEDIS® Measurement Year (MY) 2025, Vol. 2, Technical Specifications - BCS-E)	The percentage of members 50–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.
2. Cervical Cancer Screening (Source: HEDIS® Measurement Year (MY) 2025, Vol. 2, Technical Specifications - CCS-E)	The percentage of members 21–64 years of age who were recommended for routine cervical cancer screening who were screened for cervical cancer using any of the following criteria: • Members 21–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years. • Members 30–64 years of age who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. • Members 30–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.
3. Chlamydia Screening (Source: HEDIS® Measurement Year (MY) 2025, Vol. 2, Technical Specifications - CHL-E)	The percentage of members 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. Members recommended for routine chlamydia screening 16–24 years as of December 31 of the measurement year. Two age stratifications and a total rate are reported: • 16-20 years • 21-24 years • Total

4. Adults' Access to Preventive/Ambulatory Health Services (Source: HEDIS® Measurement Year (MY) 2025, Vol. 2, Technical Specifications – AAP)	The percentage of members 20 years and older as of December 31 who had an ambulatory or preventive care visit. • Medicaid members who had an ambulatory or preventive care visit during the measurement year. Three age stratifications and a total rate are reported: • 20-44 years • 45-64 years • 65 years and older • Total The total is the sum of the age stratifications
References	**Reference Link**
Center for Disease Control and Prevention Recommended Adult Immunization Schedule, for Ages 19 Years and Older (2024)	Recommended Adult Immunization Schedule for ages 19 years or older; 2024 U.S.
Wolters Kluwer, UpToDate, Overview of Preventative Care for Adults (2025)	UpToDate, Overview of Preventative Care for Adults
U.S. Preventive Task Force Recommendations Adult Preventive Health Care Schedule (2022)	U.S. Preventative Task for Recommendations Adult Preventative Health Care Schedule
U.S. Preventive Services Task Force Final Recommendations Statement Breast Cancer: Screening (2024)	Final Recommendation Statement: Breast Cancer: Screening | United States Preventive Services Taskforce
U.S. Preventive Services Task Force Final Recommendations Statement Cervical Cancer Screening (2021)	Final Recommendation Statement: Cervical Cancer: Screening | United States Preventive Services Taskforce

HIGHMARK HEALTH OPTIONS

Clinical Guideline: The Diagnosis and Management of Asthma

Line of Business: WV Medicaid

Date of QI/UM Committee Review and Adoption: April 24, 2025

Changes for 2025
Regarding "Asthma Medication Ratio" Clinical Indicator: • Added albuterol-budesonide as an asthma reliever medication This guideline does not replace the judgement or the role of the clinician in the decision making process for individual patients and is only intended to serve as an educational resource for the delivery of care.

Clinical Indicators	Description of the Indicator
1. Asthma Medication Ratio (Source: HEDIS® Measurement Year (MY) 2025, Vol. 2, Technical Specifications, AMR)	The percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications of 0.50 or greater during the measurement year. Report the following age stratifications as of December 31 of the measurement year: • 5-11 years • 12-18 years • 19-50 years • 51-64 years • Total
References	**Reference Link**
National Heart Lung and Blood Institute (NHLBI), National Asthma Education and Prevention Program (NAEP) (2020)	National Heart Lung and Blood Institute (NHLBI), National Asthma Education and Prevention Program (NAEP)

HIGHMARK HEALTH OPTIONS

Clinical Guideline: Heart Failure, MI, CAD, IVD and Cholesterol Management

Line of Business: WV Medicaid

Date of QI/UM Committee Review and Adoption: April 24, 2025

Changes for 2025	
Regarding References: • Replaced *Secondary Prevention and Risk Reduction for Coronary and other Atherosclerotic Vascular Disease* (2011) with an updated article *Coronary Artery Disease Prevention* (2023) This guideline does not replace the judgement or role of the clinician in the decision-making process for individual patients and is only intended as an educational resource for the delivery of care.	
Clinical Indicators	**Description of the Indicator**
1. Persistence of Beta-Blocker Treatment after a Heart Attack (Source: HEDIS ® Measurement Year (MY) 2025, Vol. 2, Technical Specifications - PBH)	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 6 months after discharge.
2. Statin Therapy for Patients with Cardiovascular Disease (Source: HEDIS® 2025 Measurement Year (MY), 2025, Vol. 2, Technical Specifications - SPC)	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: The following rates are reported: • Received statin therapy: Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year. • Statin Adherence 80%: Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.
References	**Reference Link**
American College of Cardiology/American Heart Association, Task Force on Clinical Practice Guidelines (2019)	American College of Cardiology/American Heart Association, Task Force on Clinical Practice Guidelines
Journal of the American College of Cardiology, Treatment of Blood Cholesterol (2018)	Journal of the American College of Cardiology, Treatment of Blood Cholesterol
AHA Guideline on the Management of Blood Cholesterol: Executive Summary: A Report of the American College of	AHA Guideline on the Management of Blood Cholesterol: Executive Summary

Cardiology/American Heart Association Task Force on Clinical Practice Guidelines (2018)	
Guideline for the Management of Heart Failure (2022)	Guideline for the Management of Heart Failure
Addressing Social Determinants of Health in the Care of Patients with Heart Failure: A Scientific Statement from the American Heart Association (2020)	Addressing Social Determinants of Health in the Care of Patients with Heart Failure
Guideline for the Evaluation and Diagnosis of Chest Pain (2021)	Guideline for the Evaluation and Diagnosis of Chest Pain
Coronary Artery Disease Prevention (2023)	Coronary Artery Disease Prevention

HIGHMARK HEALTH OPTIONS

Clinical Guideline: The Management of Chronic Obstructive Pulmonary Disease

Line of Business: WV Medicaid

Date of QI/UM Committee Review and Adoption: April 24, 2025

Changes for 2025
No changes for MY 2025 This guideline does not replace the judgement or role of the clinician in the decision-making process for individual patients and is only intended as an educational resource for the delivery of care.

Clinical Indicators	**Description of Indicators**
1. Pharmacotherapy Management of COPD Exacerbation (Source: HEDIS® Measurement Year (MY) 2025 Vol. 2, Technical Specifications- PCE)	Percentage of COPD exacerbations for members 40 years and older who had an acute inpatient discharge or ED visit (any claims for COPD) between January 1-November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported: • Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event • Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event *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
References	**Reference Link**
Global Initiative for Chronic Obstructive Lung Disease – GOLD (2024)	Global Initiative for Chronic Obstructive Lung Disease
AAFP COPD: Clinical Guidance and Practice Resources (2023)	AAFP CODP: Clinical Guidance and Practice Resources

HIGHMARK HEALTH OPTIONS

Clinical Guideline: Cystic Fibrosis

Line of Business: WV Medicaid

Date of QI/UM Committee Review and Adoption: April 24, 2025

Changes for 2025
No changes for 2025 This guideline does not replace the judgement or role of the clinician in the decision-making process for individual patients and is intended as an educational resource for the delivery of care.

Clinical Indicators	**Description of Indicator**
1. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents, (HEDIS ® Measurement Year (MY) 2025 Vol. 2, Technical Specifications - WCC)	The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and had evidence of the following during the measurement year: • BMI percentile documentation* • Counseling for nutrition • Counseling for physical activity * Because BMI norms for youth vary with age and gendersex, this measure measures BMI percentile rather than an absolute BMI value.
2. Outpatient visit with pulmonologist in the past 12 months.	Number of individuals with at least one outpatient visit with a pulmonologist in the past 12 months.
3. Annual Flu Shot	Annual flu vaccine
4. Pneumococcal Vaccine	Up to date on pneumococcal vaccine
References	**Reference Link**
Clinical Care Guidelines, Cystic Fibrosis Foundation (2023)	Clinical Care Guidelines
Chronic Medications to Maintain Lung Health, Cystic Fibrosis Foundation (2021)	Chronic Medications to Maintain Lung Health
Age Specific Care, Cystic Fibrosis Foundation (2023)	Age Specific Care

Clinical Guideline: The Management of Major Depression in Adults in Primary Care

Line of Business: WV Medicaid

Date of QI/UM Committee Review and Adoption: April 24, 2025

Changes for 2025
• HEDIS retired "Antidepressant Medication Management," for MY 2025 • Addition of Depression Screening and Follow-Up for Adolescents and Adults for MY 2025 This guideline does not replace the judgement or role of the clinician in the decision-making process for individual patients and is intended as an educational resource for the delivery of care.

Clinical Indicators	**Description of Indicator**
1. Depression Screening and Follow-Up for Adolescents and Adults (Source: HEDIS Measurement Year (MY) 2025 Vol 2., Technical Specifications)	The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow up care. • Depression Screening. The percentage of members who were screened for clinical depression using a standardized instrument. Follow-Up on Positive Screen. The percentage of members who received follow-up care within 30 days of a positive depressions screen finding.
References	**Reference Link**
American Psychiatric Association Using the APA Clinical Practice Guideline for the Treatment of Depression in Adults (2021)	APA Clinical Practice Guideline for the Treatment of Depression in Adults
American Psychological Association Psychotherapy and Pharmacotherapy for Treating Depression (2019)	American Psychological Association Psychotherapy and Pharmacotherapy for Treating Depression

HIGHMARK. HEALTH OPTIONS

Clinical Guideline: The Management of Diabetes

Line of Business: WV Medicaid

Date of QI/UM Committee Review and Adoption: April 24, 2025

Updates for 2025	
• Addition of Kidney Health Evaluation for Diabetes Patients to Clinical Indicators • Addition of resource regarding *Kidney Health Evaluation for the Diabetic Patient* This guideline does not replace the judgement or role of the clinician in the decision-making process for individual patients and is intended as an educational resource for the delivery of care.	
Clinical Indicators	**Description of Indicator**
1. Glycemic Status Assessment for Patients With Diabetes (Source: HEDIS® Measurement Year (MY) 2025, Vol. 2, Technical Specifications, GSD)	The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year: • Glycemic Status <8.0% • Glycemic Status >9.0%. Note: Organizations must use the same data collection method (Administrative or Hybrid) to report these indicators.
2.Eye Exam for Patients with Diabetes (Source: HEDIS® Measurement Year (MY) 2025, Vol. 2, Technical Specifications, EED)	The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had a retinal eye exam performed.
3.Blood Pressure Control for Patients with Diabetes (Source: HEDIS® Measurement Year (MY) 2025, Vol. 2, Technical Specifications, BPD)	The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.
4.Statin Therapy for Patients with Diabetes (Source: HEDIS® Measurement Year (MY) 2025, Vol. 2, Technical Specifications, SPD)	The percentage of members 40-75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported: 1. *Received Statin Therapy.* Members who were dispensed at least one statin medication of any intensity during the measurement year. 2. *Statin Adherence 80%*. Members who remained on a statin medication of an intensity for at least 80% of the treatment period.
5. Kidney Health Evaluation for Patients with Diabetes	The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation

(Source: HEDIS Measurement Year 2025, Technical Specifications, Vol. 2., KED) *This measure was developed by NCQA with input from the National Kidney Foundation	defined by and estimated glomerular filtration rate (eGFR) ***and*** a urine albumin-creatinine ratio (uACR), during the measurement year.
References	**Reference Link**
American Diabetes Association, Standards of Medical Care (2024)	American Diabetes Association, Standards of Medical Care
Management of Hyperglycemia in Type 2 Diabetes (2022)	Management of Hyperglycemia in Type 2 Diabetes
American Optometric Association, Eye Care of the Patient with Diabetes Mellitus (2019)	American Optometric Association, Eye Care of the Patient with Diabetes Mellitus
AHA Comprehensive Management of Cardiovascular Risk Factors for Adults with Type 2 Diabetes: A Scientific Statement from the American Heart Association (2022)	AHA Comprehensive Management of Cardiovascular Risk Factors for Adults with Type 2 Diabetes
Mayo Clinic Proceedings: Innovations, Quality, and Outcomes. Fulfillment and Validity of the Kidney Health Evaluation Measure for People with Diabetes. (2023)	Fulfillment and Validity of the Kidney Health Evaluation Measure for People with Diabetes

Clinical Guideline: Pediatric Preventive/EPSDT/Lead Screening - Birth to 21 Years Old

Line of Business: WV Medicaid

Date of QI/UM Committee Review and Adoption: April 24, 2025

Well Child Visits in the First 30 Months of Life

Changes for 2025	
No changes for MY 2025 This guideline does not replace the judgement or the role of the clinician in the decision-making process for individual patients and is intended as an educational resource for the delivery of care.	
Clinical Indicators	**Description of Indicator**
1. Well-Child Visits in the First 30 Months of Life (Source: HEDIS® Measurement Year (MY) 2025 Vol. 2, Technical Specifications – W30)	The percentage of members who had the following number of well-child visits with a PCP during their 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.
2. EPSDT EPSDT Visits Medicaid EPSDT Reporting Medicaid.gov	EPSDT Description The percentage of members who complete a visit in each periodicity. Eligibility occurs when the member is enrolled for 90 days. An EPSDT is identified by the use of a Well Visit Value Set (99381-99382 or 99391-99392) with an appended EP modifier and appropriate diagnosis codes.
References	**Reference Link**
Medicaid.gov Keeping America Healthy-Early and Periodic Screening, Diagnostic, and Treatment (2022)	Medicaid.gov Keeping America Healthy – Early and Periodic Screening, Diagnostic, and Treatment
Health Resources & Services Administration (HRSA) Maternal & Child Health – Early Periodic Screening, Diagnostic, and Treatment (2022)	Health Resources & Services Administration (HRSA) Maternal & Child Health – Early Periodic Screening, Diagnostic, and Treatment

West Virginia Department of Health and Human Services EPDST Periodicity Schedule (2024)	West Virginia DHHS EPDST Program Periodicity Schedule

Child and Adolescent Immunization

Changes for 2025
No changes for 2025 The guideline does not replace the judgement or role of the clinician in the decision-making process for individual patients and is intended as an educational resource for the delivery of care.

Clinical Indicators	**Description of Indicator**
1. Childhood Immunization Status (Source: HEDIS® Measurement Year 2025 Technical Specifications – CIS-E)	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 three combination rates
2. Immunizations for Adolescents (Source: HEDIS® Measurement Year (MY) 2025 Technical Specifications – IMA-E)	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.
3. West Virgina EPDST Periodicity schedule	EPSDT follows the CDC and ACIP Guidelines • EPSDT tracks all HEDIS Measures, and School Vaccine Requirements from age's birth through 20 years.
4. West Virginia Department of Health and Human Services School Requirements - School Vaccination Requirements	KINDERGARDEN (all grade school students) • 4 doses of tetanus, diphtheria, and acellular pertussis* (1 dose after the 4th birthday) • 3 doses of polio (one dose after 4th birthday) • 2 doses of measles, mumps, rubella (MMR) with first dose after the 1st birthday • 3 doses of hepatitis B • 2 doses of varicella, with first dose occurring after the 1st birthday *Usually given as DTP or DTaP or DT or Td *Those excused from the Pertussis vaccine should receive the DT vaccine FOR ATTENDANCE IN 7TH GRADE: In addition to all other required grade school immunizations:

	• 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) on the first day of 7th grade. • 1 dose of meningococcal conjugate vaccine (MCV) on the first day of 7th grade. Note: If a child gains entrance to school in any succeeding year, the same immunizations are required on the first day. FOR ATTENDANCE IN 12TH GRADE: In addition to all other required grade school immunizations: • One dose of meningococcal conjugate vaccine (MCV) on the first day of 12th grade. If one dose was given at 16 years of age or older, that shall count as the 12th grade dose.
References	**Reference Link**
CDC Recommended Child and Adolescent Immunization Schedule Ages 18 Years or Younger (2024)	CDC Recommended Child and Adolescent Immunization Schedule Ages 18 Years or Younger
ACIP Vaccine-Specific Recommendations (2023)	ACIP Vaccine Recommendations
Department of Human Services (DHHS) West Virginia Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Periodicity Schedule (2024)	West Virginia's Early and Periodic Screening, Diagnosis and Treatment (EPDST) Program Periodicity Schedule
The West Virginia Department of Health and Human Services School Vaccination Requirements for Attendance in West Virginia Schools (2022)	School Vaccination Requirements for Attendance in West Virginia Schools

Developmental Screening

Changes for 2025
• Addition of West Virginia Department of Health and Human Services *Health Check, Developmental Toolkit* This guideline does not replace the judgement or role of the clinician in the decision-making process for individual patients and is intended as an educational resource for the delivery of care.

Clinical Indicators	**Description of Indicator**
1. Developmental Screening in the First Three Years of Life	The percentage of children screened for risk of developments, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday. Four rates, one for each age group and a combined rate are to be calculated and reported. Four rates, one for each age group and a combined rate are to be calculated and reported

	• Children in the eligible population who turned 1 during the measurement year • Children in the eligible population who turned 2 during the measurement year • Children in the eligible population who turned 3 during the measurement year • Combined Rate Children should receive Structured Developmental Screenings during the following visits: • 9 Month Visit • 18 Month Visit • 30 Month Visit Children should receive a Structured Autism Screening during the following visits: • 18 Month Visit • 24 Month Visit Children who have a positive screening should be referred for further evaluation and diagnosis without delay. Children must also be referred to their local Early Intervention Services.
2. West Virginia EPSDT Periodicity Schedule	Number of children who receive the Developmental Screening at ages listed above prior to the member turning age 2 years 9 months
References	**Reference Link**
West Virginia Department of Health and Human Services EPDST Program Periodicity Schedule (2024)	West Virginia DHHS EPDST Program Periodicity Schedule
CDC Developmental Milestones (2024)	CDC Developmental Milestones
AAP Screening Technical Assistance & Resource Center (2024)	AAP Screening Technical Assistance & Resource Center
West Virginia Department of Health and Human Services: Health Check, Developmental Toolkit (2025)	WV DHHS Developmental Toolkit, Provider Resources

Lead Testing

Changes for 2025

No changes for 2025

This guideline does not replace the judgement or role of the clinician in the decision-making process for individual patients and is intended as an educational resource for the delivery of care.

Clinical Indicators	**Description of Clinical Indicators**
1. HEDIS Measure Name Lead Screening in Children (Source: HEDIS® Measurement Year 2025 Technical Specifications – LSC)	The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday. All children enrolled in Medicaid are required to have 2 lead tests. • Test 1 at 9-11 Months • Test 2 at 24 Months • Children who enroll in Medicaid after 24 months of age and not previously having had a lead test should receive a catch-up lead test • All refugee infants and children ages 0-16 should be tested for lead For children who are refugees: children should be re-tested 3 to 6 months post resettlement regardless of initial BLL result, and all children aged 6 months to 6 years should be provided with a daily pediatric multivitamin with iron.
References	**Reference Link**
Lead Testing Guidelines Form (2022)	Lead Testing Guidelines Form
Environmental Lead Investigation Form (2022)	Environmental Lead Investigation Form
Immigrant and Refugee Health (2022)	Immigrant and Refugee Health
Medicaid.gov Lead Screening (2023	Medicaid Lead Screening
American Academy of Pediatrics, AAP Blood Lead Levels Among Resettled Refugee Children in Select US States 2010-2014 (2019)	AAP Blood Lead Levels Among Resettled Refugee Children in Select US States 2010-2014
West Virginia Childhood Lead Poisoning Prevention Project-Lead Management Guidelines, Department of Health and Human Services (2023)	WV Childhood Lead Poisoning Prevention Project-Lead Management Guidelines

West Virginia Regulations for Lead Screening and Reporting, West Virginia Department of Health and Human Services (2025)	West Virginia Legislation, Public Health-Childhood Lead Screening and Reporting
West Virginia Department of Health and Human Services EPDST Program Periodicity Schedule (2024)	West Virginia DHHS EPDST Program Periodicity Schedule

Handling of Elevated Blood Lead Levels

Changes for 2025	
This guideline does not replace the role or judgement of the clinician in the decision-making process for individual patients and is intended as an educational resource for the delivery of care.	
Clinical Indicators	**Description of Clinical Indicators**
1. State Regulatory Requirement EPSDT	• Children who have a blood lead level of ≥3.5µg/dL need to receive follow up per Pennsylvania Guidelines. • Children who had an initial value ≥3.5µg/dL through capillary screening should have results confirmed with blood drawn by venipuncture. The CDC has a recommended schedule for obtaining a confirmatory venous sample. The higher the blood lead level on the capillary screening the more urgent the need for confirmatory testing. • Children who had an initial value of ≥3.5µg/dL through venipuncture should follow the CDC guidelines for follow-up blood lead testing as frequency is based on initial blood lead level. • Siblings in the home should also receive lead testing, even if previous tests showed that their lead levels were within normal limits. • Children with a venous elevated blood lead levels should be referred to Early Intervention or DART for tracking services. This can be through the CONNECT Helpline at 1-800-692-7288 • Children with a venous elevated blood lead levels should receive additional developmental screenings by their PCP to ensure that the member is achieving developmental milestones on time. • Children with a venous elevated blood lead level should be referred for an Environmental Lead Investigation on the first elevated venous lead level.
References	**Reference Links**

West Viriginia Department of Health and Human Services Blood Lead Level Reporting Form	West Virginia Blood Lead Level Reporting Form
CDC Childhood Lead Poisoning Prevention – Healthcare Providers (2024)	CDC Childhood Lead Poisoning Prevention – Healthcare Providers
CDC Recommended Actions Based on Blood Lead Level (2024)	CDC Recommended Actions Based on Blood Lead Level
CDC Childhood Lead Poisoning Prevention – Scientific Publications (2022)	CDC Childhood Lead Poisoning Prevention – Scientific Publications

Clinical Guideline: Healthy Weight Management for Children and Adolescents

Line of Business: WV Medicaid

Date of QI/UM Committee Review and Adoption: April 24, 2025

Changes for 2025
• *CDC Childhood Overweight and Obesity* article removed due to inactive link This guideline does not replace the judgement or role of the clinician in the decision-making process for individual patients and is intended as an educational resource for the delivery of care.

Clinical Indicators	**Description of Clinical Indicator**
1. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents, (HEDIS® Measurement Year (MY) 2025 Vol. 2, Technical Specifications - WCC)	1. The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and had evidence of the following during the measurement year: • BMI percentile documentation* • Counseling for nutrition • Counseling for physical activity *Because BMI norms for youth vary with age and gender, this measure measures BMI percentile rather than an absolute BMI value
References	**Reference Link**
AACE/ACE Comprehensive Clinical Practice Guidelines for Medical Care of Patients with Obesity (2016)	AACE/ACE Comprehensive Clinical Practice Guidelines for Medical Care of Patients with Obesity
JCEM – Pediatric Obesity – Assessment, Treatment and Prevention: An Endocrine Society Clinical Practice Guideline (2017)	JCEM – Pediatric Obesity - Assessment, Treatment and Prevention: and Endocrine Society Clinical Practice Guideline
Prevention of Pediatric Overweight and Obesity: Position of the Academy of Nutrition and Dietetics Based on an Umbrella Review of Systematic Reviews (2022)	Prevention of Pediatric Overweight and Obesity: Position of the Academy of Nutrition and Dietetics Based on an Umbrella Review of Systematic Reviews

U.S. Preventative Task Force: Obesity in Children and Adolescents: Screening (2017)	Obesity in Children and Adolescents: Screening
American Academy of Pediatrics Clinical Practice Guidelines for the Evaluation and Treatment of Children and Adolescents with Obesity (2023)	American Academy of Pediatrics Clinical Practice Guidelines for the Evaluation and Treatment of Children and Adolescents with Obesity

Clinical Guideline: Healthy Weight Management

Line of Business: WV Medicaid

Date of QI/UM Committee Review and Adoption: April 24, 2025

Changes for 2025	
No changes for MY 2025 This guideline does not replace the judgement or role of the clinician in the decision-making process for individual patients and is intended as an educational resource for the delivery of care.	
Clinical Indicators	**Description of Clinical Indicators**
1. Obesity Rates for adults in West Virginia • White: 41.5% • Black/African American: 42.4% • Multiracial:36.3% *Asian/Pacific Islander and Hispanic/Latino demographic data unreported	41.2% of West Virginian adults have a BMI of 30.00 or higher • A BMI between 25-29.9 is considered overweight, A BMI of 30 or higher is considered obese. • Data is based on the United Health Foundation American Health Rankings
2. Reduce the proportion of adults with obesity	**Healthy People 2030 Objective:** Target: 36.0 percent **Numerator:** Number of adults aged 20 years and over with a body mass index (BMI) equal to or greater than 30.0 **Denominator:** Number of adults aged 20 years and over
References	**Reference Links**
Centers for Disease Control and Prevention (CDC) – Overweight and Obesity (2023)	Centers for Disease Control and Prevention (CDC) – Overweight and Obesity

Healthy People 2030 Reduce the Portion of Adults with Obesity (2020)	Healthy People 2030 Reduce the Portion of Adults with Obesity
Evidence Analysis Library Adult Weight Management Guideline 2021-2022 (2022)	Evidence Analysis Library Adult Weight Management Guideline 2021-2022
2020-2025 USDA Dietary Guidelines for Americans (2020)	2020-2025 USDA Dietary Guidelines for Americans
NIH Overweight and Obesity Treatment (2022)	NIH Overweight and Obesity Treatment

Clinical Guideline: Anti-retroviral Agents in HIV-1 Infected Adults and Adolescents

Line of Business: WV Medicaid

Date of QI/UM Committee Review and Adoption: April 24, 2025

Changes for 2025	
• Regarding References: ○ Replaced "What's New in the COVID-19 and HIV Interim Guidance (2021)" with the updated site "HIV and COVID-19 (2022)". ○ Replaced "Updated HHS Perinatal Antiretroviral Treatment Guidelines (2020)" with the updated site "Recommendations for the Use of Antiretroviral Drugs During Pregnancy: Overview (2024)". This guideline does not replace the judgement or role of the clinician in the decision-making process and is intended as an educational resource for the delivery of care.	
Clinical Indicators	**Description of Clinical Indicators**
1. Outpatient visit in the past 12 months	Number of HIV+ individuals with at least one outpatient visit in the past 12 months.
2.HIV Viral Load Test during the Measurement Year – Health Resources and Services Administration (HRSA)	Percentage of enrollees age 18 and older with a diagnosis of Human Immunodeficiency Virus (HIV) who had a HIV viral load test during the measurement year. (HRSA)
3. Possession ratio of HIV medication	Percentage of individuals with pharmacy claims for HIV medications in the past 12 months with an 80% medication possession ratio.
References	**Reference Link**
Department of Health and Human Services (DHHS) Panel, Anti-retroviral Guidelines for Adults and Adolescents, A Working Group of the Office of AIDS Research Advisory Council (OARAC) (2022)	Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV
What's New in the COVID-19 and HIV Interim Guidance (2022)	What's New in the COVID-19 and HIV Interim Guidance
Updated HHS Perinatal Antiretroviral Treatment Guidelines (2024)	Updated HHS Perinatal Antiretroviral Treatment Guidelines
Clinical Info HIV, Guidelines (2023)	Clinical Info HIV

Clinical Guideline: Prevention, Detection, Evaluation, and Treatment of High Blood

Pressure Line of Business: WV Medicaid

Date of QI/UM Committee Review and Adoption: April 24, 2025

Changes for 2025	
• Replaced "Eighth Joint National Committee (JNC 8), Management of High Blood Pressure in Adults (2014)" with an updated article "Guideline-Driven Management of Hypertension: An Evidence-Based Update (2021)". This guideline does not replace the judgement or role of the clinician in the decision-making process for individual patients and is intended as an education resource for the delivery of care.	
Clinical Indicators	**Description of Clinical Indicators**
1.Controlling High Blood Pressure (Source: HEDIS® Measurement Year (MY) 2025, Vol. 2, Technical Specifications) CBP	Percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (BP was <140/90 mm Hg) during the measurement year.
2. Blood Pressure Control for Patients with Hypertension (Source: HEDIS Measurement Year (MY) 2025, Vol. 2., Technical Specifications *(BPC-E)*	Percentage of members 60 years of age and younger who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (BP was <150/90 mm Hg) during the measurement year.
References	**Reference Links**
Journal of the American College of Cardiology, Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults (2017)	Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults
Eighth Joint National Committee (JNC 8), Management of High Blood Pressure in Adults (2014)	Management of High Blood Pressure in Adults

Guideline-Driven Management of Hypertension: An Evidence-Based Update (2021)	Guideline-Driven Management of Hypertension

HIGHMARK HEALTH OPTIONS

Clinical Guideline: Prescribing Opioids for Chronic Pain

Line of Business: WV Medicaid

Date of QI/UM Committee Review and Adoption: April 24, 2025

Changes for 2025	
• Removed "CDC Guideline for Prescribing Opioids for Chronic Pain-Promoting Patient Care and Safety (2021)" and "CDC Stacks Checklist for Prescribing Opioids for Chronic Pain (2016)" as the topic is covered under the article "CDC Guideline for Prescribing Opioid for Chronic Pain (2022)" This guideline does not replace the judgement or role of the clinician in the decision-making process for individual patients and is intendent as an educational resource for the delivery of care.	
Clinical Indicators	**Description of the Clinical Indicator**
1. Use of Opioid at High Dosage (Source: HEDIS® Measurement Year (MY) 2025, Vol. 2, Technical Specifications - HDO)	The percentage of members 18 years and older who received prescribed opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥90) for ≥15 days during the measurement year. Note: A lower rate indicates a better performance.
2. Use of Opioids from Multiple Providers (Source: HEDIS® Measurement Year (MY) 2025, Vol. 2, Technical Specifications - UOP)* *Adapted with financial support from CMS and with permission from the measure developer, Pharmacy Quality Alliance (PQA).	The percentage of members 18 years and older, receiving prescription opioids for ≥15 days during the measurement year, who received opioids from multiple providers. Three rates are reported. 1. Multiple prescribers defined as the percentage of members receiving prescriptions for opioids from four or more different prescribers during the measurement year 2. Multiple pharmacies defined as the percentage of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year. 3. Multiple prescribers and multiple pharmacies defined as percentage of members receiving prescriptions for opioids from 4 or more different prescribers and 4 or more different pharmacies during the measurement year. (i.e., the proportion of member who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates).

	Note: A lower rate indicates a better performance for all three rates
3 Continued Opioid Use (Source: HEDIS® Measurement Year (MY) 2025, Vol. 2, Technical Specifications - COU)* **Adapted with financial support from the Centers for Medicare & Medicaid Services (CMS) and with permission from the measure developer, Minnesota Department of Human Services.	The percentage of members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported: 1. The percentage of members with at least 15 days of prescription opioids in a 30-day period. 2. The percentage of members with at least 31 days of prescription opioids in a 62-day period. Note: A lower rate indicates better performance.
References	**Reference Link**
CDC Guideline for Prescribing Opioid for Chronic Pain (2022)	CDC Clinical Practice Guideline for Prescribing Opioids for Pain – United States, 2022, MMWR
FDA Identifies Harm Reported from Sudden Discontinuation of Opioid Pain Medicines (2019)	FDA Identifies Harm Reported from Sudden Discontinuation of Opioid Pain Medicines
NEJM: No Shortcuts to Safer Opioid Prescribing (2019)	NEJM: No Shortcuts to Safer Opioid Prescribing

Clinical Guideline: Palliative Care

Line of Business: WV Medicaid

Date of QI/UM Committee Review and Adoption: April 24, 2025

Changes for 2025	
• Clinical indicator "Care of the Older Adults – Pain Assessment is retired for MY 2025. This guideline does not replace the judgement or role of the clinician in the decision-making process for individual patients and is intended as an educational resource for the delivery of care.	
Clinical Indicators	**Description of Clinical Indicators**
1.Care for Older Adults-Medication review (Source: HEDIS® Measurement Year (MY) 2025, Vol. 2, Technical Specifications - COA)	Either of the following meets criteria: • Both of the following during the same visit during the measurement year where the provider type is a prescribing practitioner or clinical pharmacist. Do not include codes with a modifier. • At least one medication review • The presence of a medication list in the medical record • Transitional care management services during the measurement year. *Do not include services provided in an acute inpatient setting*
2.Care for Older Adults-Functional Status Assessment (Source: HEDIS® Measurement Year (MY) 2025, Vol. 2, Technical Specifications - COA)	At least one functional status assessment during the measurement year, as documented through either administrative data or medical record review
References	**Reference Links**
National Coalition for Hospice and Palliative Care (NCHP), National Consensus Project (NCP) Clinical Practice Guidelines for Quality Palliative Care (2018)	National Coalition for Hospice and Palliative Care (NCHP), National Consensus Project (NCP) Clinical Practice Guidelines for Quality Palliative Care

Clinical Guideline: Pediatric Preventative Dental Care

Line of Business: WV Medicaid

Date of QI/UM Committee Review and Adoption: April 24, 2025

Changes for 2025
No changes for MY 2025 This guideline does not replace the judgement or role of the clinician in the decision-making process for individual patients and is intended as an educational resource for the delivery of care.

Clinical Indicators	**Description of Clinical Indicators**
1. Oral Evaluation, Dental Services (Source HEDIS® Measurement Year (MY) 2024, Vol. 2, Technical Specifications - OED) *This measure has been included in and/or adapted for HEDIS with the permission of the Dental Quality Alliance (DQA) and American Dental Association (ADA). © 2023 DQA on behalf of ADA, all rights reserved.	The percentage of members under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year. Under 21 years as of December 31 of the measurement year. Report four age stratifications and a total rate: • 0-2 years • 3-5 years • 6-14 years • 15-20 years • Total
2. Topical Fluoride for Children (Source HEDIS® Measurement Year (MY) 2024, Vol. 2, Technical Specifications - TFC) *This measure has been included in and/or adapted for HEDIS with the permission of the Dental Quality Alliance (DQA) and American Dental Association (ADA). © 2023 DQA on behalf of ADA, all rights reserved.	The percentage of members 1–4 years of age who received at least two fluoride varnish applications during the measurement year. 1–4 years as of December 31 of the measurement year. Report two age stratifications and a total rate: • 1–2 years. • 3–4 years. • Total. The total is the sum of the age stratifications
References	**Reference Link**

Periodicity of Examination, Preventive Dental Service, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents (2022)	Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents
West Virginia Department of Health and Human Services EPDST Program Periodicity Schedule (2024)	West Virginia DHHS EPDST Program Periodicity Schedule

AGE	**6-12 Months**	**12-24 Months**	**2-6 Years**	**6-12 Years**	**12 Years and Older**
Clinical Indicators					
Clinical Oral Examination	✓	✓	✓	✓	✓
Assess Oral Growth and Development	✓	✓	✓	✓	✓
Caries-Risk Assessment	✓	✓	✓	✓	✓
Radiographic Assessment	✓	✓	✓	✓	✓
Prophylaxis and Topical Fluoride	✓	✓	✓	✓	✓
Fluoride Supplementation	✓	✓	✓	✓	✓
Anticipatory Guidance/Counseling	✓	✓	✓	✓	✓
Oral Hygiene Counseling	**Parent**	**Parent**	**Patient/Parent**	**Patient/Parent**	**Patient**
Dietary Counseling	✓	✓	✓	✓	✓
Counseling for Nonnutritive Habits	✓	✓	✓	✓	✓
Injury Prevention and Safety Counseling	✓	✓	✓	✓	✓
Assess Speech and Language Development	✓	✓	✓		
Assessment Developing Occlusion			✓	✓	✓
Assessment for Pit and Fissure Sealants			✓	✓	✓
Periodontal-Risk Assessment			✓	✓	✓
Counseling for Tobacco, Vaping and Substance Misuse				✓	✓
Counseling for Human Papilloma Virus/Vaccine				✓	✓

Counseling for Intraoral/Perioral Piercings					✓
Assessment of Third Molars					✓
Transition to Adult Dental Care					✓

1 First examination at the eruption of the first tooth and no later than 12 months. Repeat every 6 months or as indicated by child's risk status/susceptibility to disease. Includes assessment of pathology injuries.
2 By clinical examination.
3 Must be repeated regularly and frequently to maximize effectiveness.
4 Timing, types and frequency determined by child's history, clinical findings and susceptibility to oral disease.
5 Consider when systemic fluoride exposure is suboptimal. Up to at least 16 years.
6 Appropriate discussion and counseling should be an integral part of each visit for care.
7 Initially, responsibility of parent, as child matures, jointly with parent; then, when indicated, only child.
8 Every appointment, initially to discuss appropriate feeding practices, then the role of refined carbohydrates and frequency of snacking in caries development and childhood obesity. Monitor body mass index beginning at age two
9 At first, discuss the need for nonnutritive sucking: digits vs. pacifiers; then the need to wean from the habit before malocclusion or deleterious effect on the dentofacial complex occurs. For school-aged children and adolescent patients, counsel regarding any existing habits such as fingernail biting, clenching, or bruxism
10 Initially pacifiers, car seats, play objects, electric cords; secondhand smoke; when learning to walk; with sports and routine playing, including the importance of mouthguards; then motor vehicles and high-speed activities.
11 Observation for age-appropriate speech articulation and fluency as well as achieving receptive and expressive language milestones.
12 Identify: transverse, vertical, and sagittal growth patterns; asymmetry; occlusal disharmonies; functional status including temporomandibular joint dysfunction; esthetic influences on self-image and emotional development.
13 For caries susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and fissures; placed as soon as possible after eruption.
14 Periodontal probing should be added to the risk-assessment process after the eruption of the first permanent molars

Clinical Guideline: Routine and High Risk Prenatal and Postpartum Care

Line of Business: WV Medicaid

Date of QI/UM Committee Review and Adoption: April 24, 2025

Changes for 2025	
• Removal of Cleveland Clinic Journal of Medicine, Maternal Asthma: Management Strategies (2017) • Addition of CDC Immunization/Vaccination adult schedule (2024) • Addition of the U.S. Preventative Task Force Final Recommendations Statement, Depression and Suicide Risk (2023) This guideline does not replace the judgement or role of the clinician in the decision-making process for individual patients and is intended as an educational resource for the delivery of care	
Clinical Indicators	**Description of Clinical Indicators**
1.Timeliness of Prenatal Care (Source: HEDIS® Measurement Year (MY) 2025, Vol. 2, Technical Specifications - PPC)	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: <u>Timeliness of Prenatal Care:</u> The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization
2.Postpartum Care (Source: HEDIS® Measurement Year (MY) 2025, Vol. 2, Technical Specifications - PPC)	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: <u>Postpartum Care:</u> The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.
3.Prenatal Immunization Status (Source: HEDIS® Measurement Year (MY) 2025, Vol. 2, Technical Specifications - PRS-E)	The percentage of deliveries in the Measurement Period in which women had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.
4.Prenatal Depression Screening and Follow-Up (Source: HEDIS® Measurement Year (MY) 2025, Vol. 2, Technical Specifications - PND-E)	The percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care. 1. Depression Screening: The percentage of deliveries in which members were screened for clinical depression during pregnancy using a standardized instrument.

	2. Follow-Up on Positive Screen: The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding
5.Postpartum Depression Screening and FollowUp (Source: HEDIS® Measurement Year (MY) 2025, Vol. 2, Technical Specifications -PDS-E)	The percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care. 1. Depression Screening: The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period. 2. Follow-Up on Positive Screen: The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding
References	**Reference Links**
American College of Obstetricians and Gynecologists Perinatal Mental Health: Patient Screening (2025)	American College of Obstetricians and Gynecologists
Centers for Disease Control, Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older – United States (2024)	CDC Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older
Clinical Guidance for the Integration of the Findings of the Chronic Hypertension and Pregnancy (CHAP) Study (2022)	Clinical Guidance for the Integration of the Findings of the Chronic Hypertension and Pregnancy (CHAP) Study
American College of Allergy, Pregnancy and Asthma (2023)	American College of Allergy, Pregnancy and Asthma
U.S. Preventative Task Force, Final Recommendations Statement, Depression and Suicide Risk in Adults (2023)	U.S. Preventative Task Force, Final Recommendations Statement, Depressions and Suicide Risk in Adults

Clinical Guideline: The Treatment of Schizophrenia in Children and Adolescents

Line of Business: WV Medicaid

Date of QI/UM Committee Review and Adoption: April 24, 2025

Changes for 2025
No changes for MY 2025 This guideline does not replace the judgement or the role of the clinician in the decision-making process for individual patients and is intended as an educational resource for the delivery of care

Clinical Indicators	**Description of the Clinical Indicators**
1.Metabolic Monitoring for Children and Adolescents on Antipsychotics (Source: HEDIS® Measurement Year (MY) 2024, Volume 2 Technical Specifications, APM)	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: • The percentage of children and adolescents on antipsychotics who received blood glucose testing. • The percentage of children and adolescents on antipsychotics who received cholesterol testing. • The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing
References	**Reference Link**
Journal of the American Academy of Child & Adolescent Psychiatry (JAACAP) "Practice Parameters for the Assessment and Treatment of Children and Adolescents with Schizophrenia" (2013)	Journal of the American Academy of Child & Adolescent Psychiatry (JAACAP) "Practice Parameters for the Assessment and Treatment of Children and Adolescents with Schizophrenia"
Childhood Onset Schizophrenia Treatment and Management (2019)	Childhood Onset Schizophrenia Treatment and Management

Clinical Guideline: Sickle Cell Disease

Line of Business: WV Medicaid

Date of QI/UM Committee Review and Adoption: April 24, 2025

Changes for 2025	
No changes for 2025 This guideline does not replace the judgement or role of the clinician in the decision-making process for the individual patient and is intended as an educational resource in the delivery of care.	
Clinical Indicators	**Description of Clinical Indicators**
1.Receipt of seasonal flu shot	Percentage of enrollees diagnosed with Sickle Cell disease who received the flu shot. (total and by race/ethnicity breakdown)
2.Receipt of meningococcal vaccination	Percentage of enrollees diagnosed with Sickle Cell disease who received the meningococcal vaccination (quadrivalent meningococcal conjugate vaccine) starting age 2-10 years, then every 5 years after)
3.Outpatient visit in the past 12 months	Percentage of enrollees diagnosed with Sickle Cell disease with at least one outpatient visit in the past 12 months.
4.Retinal Exams	Percentage of enrollees diagnosed with Sickle Cell disease who received retinal eye exams.
5. ED visits for Pain Management	Percentage of enrollees diagnosed with Sickle Cell disease who had ED Visits for Pain Management.
6. Adherence to Antibiotic Prophylaxis	Percentage of enrollees diagnosed with Sickle Cell disease who are adherent with Antibiotic Prophylaxis.
References	**Reference Link**
National Institutes of Health, National Heart, Lung, and Blood Institute (NHLBI) Sickle Cell Disease (2022)	Sickle Cell Disease
National Institutes of Health, National Heart, Lung and Blood Institute (NHLBI) Evidence-Based Management of Sickle Cell Disease: Expert Panel Report (2014)	Evidence-Based Management of Sickle Cell Disease: Expert Panel Report
National Institutes of Health, National Heart, Lung and Blood Institute (NHLBI) The	The Management of Sickle Cell Disease

Management of Sickle Cell Disease (2014)	
National Library of Medicine, Quality of Care Indicators for Children with Sickle Cell Disease (2011)	Quality of Care Indicators for Children with Sickle Cell Disease
American Society of Hematology (ASH) Clinical Practice Guidelines on Sickle Cell Disease (2021)	Clinical Practice Guidelines on Sickle Cell Disease

Clinical Guideline: The Treatment of Patients with Substance Use Disorders

Line of Business: WV Medicaid

Date of QI/UM Committee Review and Adoption: April 24, 2025

Changes for 2025	
• Updated reference from the National Institute on Drug Abuse (NIDA) Principles of Drug Addiction and Treatment (2014) to the NIDA Principles of Drug Addiction and Treatment (2023) • Addition of the American Medical Association Care for Substance Use Disorder (2024) • Removal of Dartmouth-Hitchcock Unhealthy Alcohol and Drug Use (2021) due to unavailable link This guideline does not replace the judgement or role of the clinician in the decision-making process for individual patients and is intended as an educational resource for the delivery of care.	
Clinical Indicators	**Description of Clinical Indicators**
1.Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence (AOD) Treatment (Source: HEDIS® Measurement Year (MY) 2025 Vol. 2, Technical Specifications, IET)	The percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported: 1. Initiation of SUD Treatment. The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days. 2. Engagement of SUD Treatment. The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation
2.Follow-Up After Emergency Department Visit for Substance Use (Source: HEDIS® Measurement Year (MY) 2025, Vol. 2, Technical Specifications, FUA) **Adapted from an NCQA measure with financial support from the Office of the Assistant Secretary for Planning and Evaluation (ASPE) under Prime Contract No. HHSP23320100019WI/HHSP23337001T, in which NCQA was a subcontractor to Mathematica. Additional financial*	The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up. Two rates are reported: 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days)

support was provided by the Substance Abuse and Mental Health Services Administration (SAMHSA).	
References	**Reference Link**
VA/DOD Clinical Practice Guidelines, Management of Substance Use Disorder (2021)	VA/DOD Clinical Practice Guidelines, Management of Substance Use Disorder
APA Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder (2018)	APA Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder
National Institute on Drug Abuse (NIDA) Principles of Drug Addiction Treatment (2023)	National Institute on Drug Abuse (NIDA) Principles of Drug Addiction Treatment
Dartmouth-Hitchcock Knowledge Map, Unhealth Alcohol and Drug Use – Adult Primary Care (2017)	Dartmouth-Hitchcock Knowledge Map, Unhealth Alcohol and Drug Use – Adult Primary Care
American Medical Association Care for Substance Use Disorder (2024)	American Medical Association Care for Substance Use Disorder
ASAM National Practice Guideline for Treatment of Stimulant Use Disorder (2020)	ASAM National Practice Guideline for Treatment of Stimulant Use Disorder
American Society of Addiction Medicine (ASAM) National Practice Guideline for the Treatment of Opioid Use Disorder (2020)	American Society of Addiction Medicine (ASAM) National Practice Guideline for the Treatment of Opioid Use Disorder
American Society of Addiction Medicine (ASAM) Clinical Practice Guideline on Alcohol Withdrawal Management (2020)	American Society of Addiction Medicine (ASAM) Clinical Practice Guideline on Alcohol Withdrawal Management