

2020 HEDIS[®]

Provider Guide & Toolkit

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HEDIS[®] 2020

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Welcome to 2020 HEDIS® Tips

This is the Beacon Health Options (Beacon) Healthcare Effectiveness Data and Information Set (HEDIS®) Provider Guide and Toolkit. Developed by the National Committee for Quality Assurance (NCQA), HEDIS® is a set of performance measures used in the managed care industry, is part of NCQA accreditation, and is an essential activity for Beacon to ensure members are getting the best care possible. The purpose of this toolkit is to offer better understanding of the HEDIS® applications and guidelines.

Beacon's mission is to help people live their lives to the fullest potential which includes ensuring our members receive the highest quality care from providers. This toolkit is intended to be a reference guide that covers the 2020 HEDIS® behavioral health measures as they apply to Medicaid, Medicare, and Commercial lines of business.

About Beacon Health Options:

Beacon is a leader in changing the way people live with behavioral health conditions serving over 40 million people across all 50 states. Beacon offers superior clinical mental health and substance use disorder management, a comprehensive employee assistance program, work/life support, specialty programs for autism and depression, and insightful analytics to improve the delivery of care.

Beacon Health Options is headquartered in Boston, MA with more than 70 locations across the U.S. Beacon has 4,700 employees nationally, over 260 clients, including employers, Fortune 500 companies, health plans, and state and local governments serving commercial, FEP, Medicare, Medicaid, and Exchange populations, programs serving Medicaid recipients and other public sector populations in 25 states and the District of Columbia, and services for 5.4 million military personnel and their family members.

Beacon Health Options is accredited by both URAC and NCQA.

A better quality of life for patients starts with you, the providers at the core of their health care delivery.

Follow Up Care for Children Prescribed ADHD Medication (ADD)

Measure Description

The rate of members age 6-12 on ADHD medication who had at least 3 follow up care visits within 10 months (one within 30 days) of the first ADHD medication being dispensed

There are two best-practices being evaluated:

1. *Initiation Phase*: Members receiving a follow up visit within 30 days of receiving their medication
2. *Continuation & Maintenance Phase*: members who continue taking ADHD medication during the nine months after the initiation phase require two additional follow up visits within those nine months.

WHY IS THE ADD MEASURE IMPORTANT?

ADHD is the most common mental health disorder affecting children, five to seven percent worldwide¹.

Both medication and/or behavioral therapy are recommended ADHD treatments, however²:

- 43% are treated with medication alone
- 13% are treated with behavioral therapy alone
- 31% are treated with combination therapy (medication and behavioral therapy); and
- 6.5% of children with ADHD are receiving neither medication treatment nor behavioral therapy

WHO IS INCLUDED IN THE MEASURE?

All members aged 6 – 12 that are dispensed an ADHD medication so long as they have not received one in the 120 days prior

Applies to Commercial and Medicaid LOB only.

Only encounters from the intake period of March 1, 2019 through Feb 29, 2020 are included in the 2020 measurement year

WHEN DOES A MEMBER 'PASS' THE MEASURE?

Initiation: When they have had an OP visit with a practitioner who has prescribing authority within 30 days of the prescription being dispensed

Continuation & Maintenance: When they are compliant in the initiation phase AND have had at least 2 follow-up visits on different dates with any practitioner from days 31 – 300 from the prescription being dispensed

WHICH MEMBERS ARE EXCLUDED?

- Members with acute inpatient encounters for mental, behavioral or neurodevelopmental disorders within 30 days after the medication dispense date
- Members with narcolepsy
- Members in hospice

WHAT CAN PROVIDERS DO TO IMPROVE ADD HEDIS® Scores?

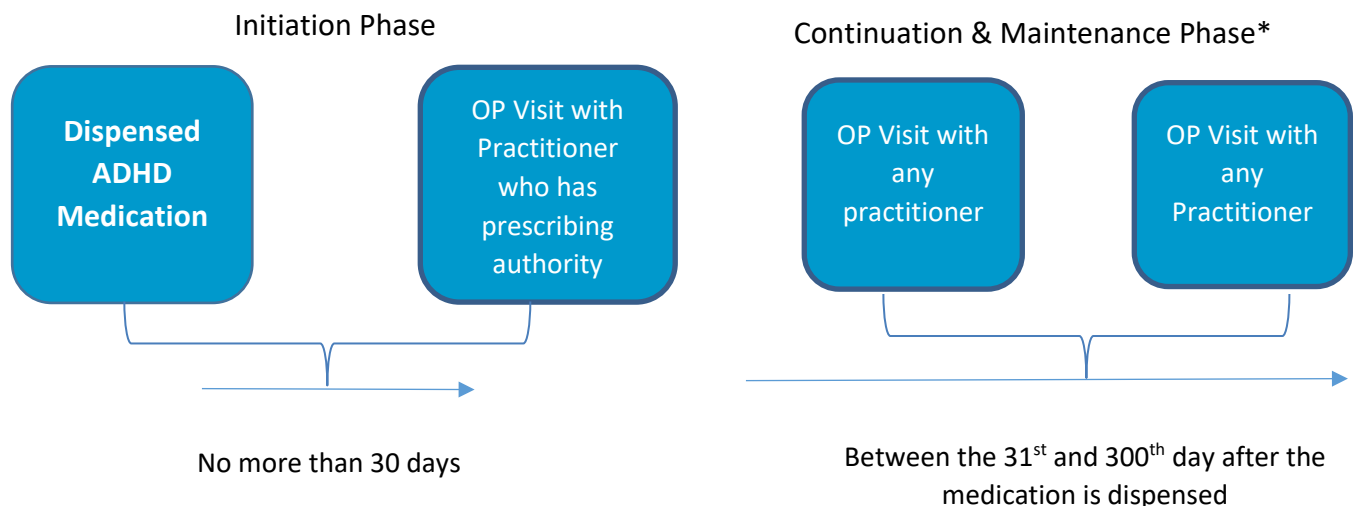
- ✓ Monitor dosage of meds after 30 days to make adjustments if needed
- ✓ Remind patients of their follow up appointments
- ✓ Explain to parents the medication options and side effects to come to a joint agreement on a treatment plan
- ✓ Discuss behavioral therapy, psychotherapy, family therapy, support groups, social skills training and/or parenting skills training in addition to medication therapy.
- ✓ Promote continuity of care between primary care physicians, multiple providers and schools to ensure quality healthcare
- ✓ Telehealth – may be used for one visit in the maintenance phase to ensure compliance

Which CPT Codes Should be Present to be Compliant with the Measure?

Initiation: 96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99219, 99241-99245, 99341-99345, 99347, 99348-99350, 99381-33387, 99391-99397, 99401-99404, 99411-99412, 99483, 99510

Continuation & Maintenance: Any of the above codes; additionally, one visit may be a telephone visit – represented by a telehealth modifier – or telephone visit CPT: 98966 – 68, 99441 - 99443

ADD Measure At-a-Glance:



*Must be compliant with initiation phase in order to be compliant in Continuation Phase

Antidepressant Medication Management (AMM)

WHAT IS THE AMM MEASURE LOOKING AT?

The rate of members age 18 and over with a diagnosis of major depression who were treated with an antidepressant and who remained on antidepressant medication

There are two measures that assess medication adherence at different points in treatment:

1. **Acute Phase:** Members who remained on their antidepressant for at least 84 days (12 weeks)
2. **Continuation Phase:** Members who remained on their antidepressant for at least 180 days (6 months)

WHY IS THE AMM MEASURE IMPORTANT?

According to NCQA's "State of Health Care Quality 2013" report, approximately 50% of psychiatric patient and primary care patients prematurely discontinue antidepressant therapy (when assessed at six months after the initiation of treatment):

- ✓ Less than half of those impacted by depression receive treatment even though effective treatments are available
- ✓ Appropriate dosing and continuation of medication therapy in both the short term and the long term treatment of depression decrease the recurrence of depressive symptoms
- ✓ Increasing client compliance with prescribed medications, monitoring treatment effectiveness, and identifying and managing side effects are all best practices when managing care for clients with depression.

WHO IS INCLUDED IN THE MEASURE?

Members diagnosed with major depression in an inpatient, outpatient or partial hospitalization setting

Applies to members aged 18+; Commercial, Medicare or Medicaid LOB are included.

Only encounters from the intake period of May 1 2019 – April 30, 2020 are included in the 2020 measurement year

WHEN DOES A MEMBER 'PASS' THE MEASURE?

- **Acute Phase:** When they have remained on their antidepressant medication for at least 84 days (12 weeks)
- **Continuation Phase:** When they have remained on their antidepressant medication for at least 180 days (6 months)

WHICH MEMBERS ARE EXCLUDED?

Members in hospice are excluded

WHAT CAN PROVIDERS DO TO IMPROVE AMM RATES?

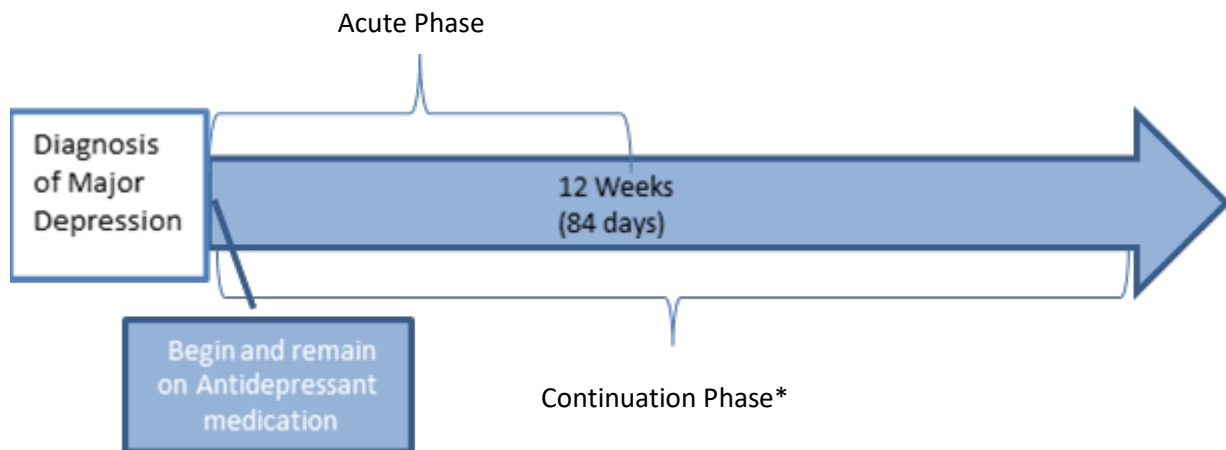
- ✓ Schedule a follow-up appointment no later than four weeks after starting a new prescription
- ✓ Remind patients about their appointments
- ✓ Assist clients in setting up a follow-up appointment with a prescriber when patients are transitioning to another level of care
- ✓ Targeted outreach for clients at risk of noncompliance via phone calls, medication prompts or case management
- ✓ Educate staff about the importance of adherence to prescription medications, side effects and benefits of antidepressant medication
- ✓ Involve the client and family in a collaborative discussion of treatment options and promote client participation in decision-making
- ✓ Connect the client to health coaching programs, peer support and case management
- ✓ Communicate with other providers to ensure a whole health approach

What are some Codes that Include Members in this Measure?

The following ICD-10 codes for major depression include members in the denominator (when paired with either an acute or non-acute inpatient stay or an outpatient visit):

F32.0, F32.1, F32.2, F32.3, F32.3, F32.4, F32.9, F33.0, F33.1, F33.2, F33.2, F33.3, F33.41

AMM Measure At-a-Glance



*The continuation phase is not measured until the acute phase is complete/compliant

Metabolic Monitoring For Children & Adolescents on Antipsychotics (APM)

WHAT IS THE APM MEASURE LOOKING AT?

The rate of members age 1 – 17 taking two or more antipsychotics, who received metabolic testing

WHY IS THE APM MEASURE IMPORTANT?

Antipsychotic medications can increase a child's risk for developing serious metabolic health complications^{3,4} associated with poor cardio-metabolic outcomes in adulthood⁵. Given these risks and the potential lifelong consequences, metabolic monitoring is important to ensure appropriate management of children and adolescents on antipsychotic medications.

WHO IS INCLUDED IN THE MEASURE?

Members aged 1 – 17 with at least two dispensing dates of antipsychotic medications

Commercial and Medicaid LOB are included.

WHEN DOES A MEMBER 'PASS' THE MEASURE?

There must be at least one documented Glucose lab test AND one LDL-C lab test

WHICH MEMBERS ARE EXCLUDED?

Members in hospice are excluded

WHAT CAN PROVIDERS DO TO IMPROVE APM RATES?

- ✓ Document patient's response to medication
- ✓ Document lab results and any action that may be required
- ✓ Use supplemental lab data to update medical records when applicable
- ✓ Monitor the glucose and cholesterol levels of children and adolescents on antipsychotic medications
- ✓ Monitor children on antipsychotic medications to help to avoid metabolic health complications such as weight gain and diabetes
- ✓ Establish a baseline and continuously monitor metabolic indices to ensure appropriate management of side-effects of antipsychotic medication therapy

Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP)

WHAT IS THE APP MEASURE LOOKING AT?

The percentage of children and adolescents age 1 – 17 with a new prescription for an antipsychotic medication that had documentation of psychosocial care as their first-line treatment

WHY IS THE APP MEASURE IMPORTANT?

Antipsychotic medications may be effective treatment for a narrowly defined set of psychiatric disorders in children and adolescents. However, they are often prescribed for nonpsychotic conditions for which psychosocial interventions are considered first line

Treatment.1. Safer first-line psychosocial interventions may be underutilized. Children and adolescents may unnecessarily incur the risks associated with antipsychotic medications.

WHO IS INCLUDED IN THE MEASURE?

Members dispensed their first antipsychotic medication

Applies to members age 1 – 17; Commercial and Medicaid LOB are included

WHEN DOES A MEMBER 'PASS' THE MEASURE?

When there is documentation of psychosocial care in the 121-day period from 90 days prior through 30 days after the medication is dispensed

WHICH MEMBERS ARE EXCLUDED?

Members with at least one inpatient encounter or 2 outpatient encounters with a diagnosis of schizophrenia, schizoaffective disorder, bipolar, other psychotic disorder, autism or other developmental disorder

Members in hospice are also excluded

WHAT CAN PROVIDERS DO TO IMPROVE APP RATES?

- ✓ When prescribed, antipsychotic medications should be part of a comprehensive, multi-modal plan for coordinated treatment that includes psychosocial care
- ✓ Psychosocial care, which includes behavioral interventions, psychological therapies and skills training, among others, is the recommended first-line treatment option for children and adolescents diagnosed with nonpsychotic conditions such as attention-deficit disorder and disruptive behaviors
- ✓ Periodically review the ongoing need for continued therapy with antipsychotic medications
- ✓ Assess the need for Case Management and refer if necessary
- ✓ Ensure progress notes are complete and accurate

Follow Up After ED Visit for Alcohol/Drug Abuse or Dependence (FUA)

WHAT IS THE FUA MEASURE LOOKING AT?

The percentage of ED visits for members age 13+ with a principal diagnosis of alcohol or other drug abuse or dependence (AOD) with follow-up visit for AOD

WHY IS THE FUA MEASURE IMPORTANT?

High ED use for individuals with AOD may signal a lack of access to care or issues with continuity of care⁶. Timely follow-up care for individuals with AOD who were seen in the ED is associated with a reduction in substance use, future ED use, hospitals admissions and bed days.^{7,8,9}

WHO IS INCLUDED IN THE MEASURE?

Members with an ED visit for a principal diagnosis of AOD

WHEN DOES A MEMBER 'PASS' THE MEASURE?

When there is a follow-up visit with any practitioner with a principal diagnosis of AOD within 7 (and 30) days after the ED visit

Applies to members age 13+; Commercial, Medicaid and Medicare LOB are included.

Please Note: Visits may occur on the same date of the ED visit

What counts as a follow up visit?

Any of the following with a principal diagnosis of AOD:

- ✓ An outpatient visit
- ✓ Telehealth
- ✓ Intensive outpatient visit
- ✓ Partial hospitalization
- ✓ An observation visit
- ✓ A telephone visit
- ✓ An online assessment

WHICH MEMBERS ARE EXCLUDED?

Detox-only chemical dependency visits are excluded

ED visits followed by an inpatient admission within 30 days are excluded; and

Members in hospice are also excluded

WHAT CAN PROVIDERS DO TO IMPROVE FUA RATES?

- ✓ Use appropriate documentation and correct coding
- ✓ Maintain appointment availability for patient with recent ED visits
- ✓ Explain the importance of follow-up to your patients
- ✓ Reach out to patients who do not keep initial appointments and reschedule them as soon as possible
- ✓ Telehealth visits with the appropriate principle diagnosis will meet the follow-up criteria
- ✓ Provide timely submission of claims and encounter data

What are the ED Visit Codes that need a follow-up Visit?

These are some common ICD-10 codes for alcohol / drug abuse or dependence that need a follow up visit within 7 (or no longer than 30) days after the ED Visit:

F10.10, F10.120, F10.121, F10.129, F10.19, F10.20, F10.220, F11.10, F11.120, F11.121, F11.20, F11.220, F11.23, F11.24, F13.19, F13.220, F14.10, F14.120, F15.10, F15.120, F16.10, F16.120, F18.19, F18.20, F18.220, F19.10, F19.120, F19.239, F19.24, F19.250

Follow Up After Hospitalization for Mental Illness: 7 & 30 Day (FUH)

WHAT IS THE FUH MEASURE LOOKING AT?

Individuals (six years and older) who are hospitalized for a mental health diagnosis and then discharged to the community. The measure assesses the percentage who receive an outpatient appointment with a mental health practitioner within seven days of discharge, but no later than 30 days from the discharge date.

WHY IS THE FUH MEASURE IMPORTANT?

Evidence suggests that individuals who receive follow-up care after a psychiatric hospitalization show a decline in re-admittance to an inpatient facility^{10,11}. Additionally, the ability to provide consistent continuity of care can result in better mental health outcomes and supports a patient's return to baseline functioning in a less-restrictive level of care.

WHO IS INCLUDED IN THE MEASURE?

Members hospitalized with a primary diagnosis of mental illness or intentional self-harm

Applies to members age 6+; Commercial, Medicaid and Medicare LOB are included

WHEN DOES A MEMBER 'PASS' THE MEASURE?

When there is an aftercare appointment within 7 (or 30) days of the hospitalization

Please Note: Visits that occur on the same date of discharge are not reportable as part of the quality measure. Scheduling follow up appointments between the first and seventh day after hospital discharge ensures meaningful, effective engagement

What Aftercare Services Qualify?

- ✓ Medication Management with a Psychiatrist/ARNP
- ✓ Individual Therapy in the home or office in accordance with program specifications
- ✓ Electroconvulsive Therapy (ECT)
- ✓ Intensive Outpatient Program (IOP) or Partial Hospitalization Program (PHP)
- ✓ Mental Health and/or Substance Use Assessments, Screenings, Treatment Planning
- ✓ Community-Based Wrap-Around and/or Day Treatment Services

WHICH MEMBERS ARE EXCLUDED?

Non-acute IP stays are excluded.

Members in hospice are also excluded

WHAT CAN PROVIDERS DO TO IMPROVE FUH ENGAGEMENT RATES?

Inpatient Providers:

1. Discharge planning should begin as soon as the individual is admitted and should be ongoing and specific
2. Schedule the patient's aftercare appointment prior to discharge.
3. Attempt to alleviate barriers to attending appointments prior to discharge (i.e., obtaining accurate, current contact information, coordinating with Beacon).
4. Ensure the member's discharge paperwork is sent to the outpatient provider and to Beacon within 24 hours.
5. Invite care coordinators to meet members so that aftercare planning can occur.

Outpatient Providers:

1. Ensure flexibility when scheduling appointments for patients who are being discharged from acute care; the appointment should be scheduled within seven days of discharge.
2. Review medications with patients to ensure they understand the purpose, appropriate frequency, and method of administration.
3. Educate office staff on local resources to assist with barriers such as transportation needs
4. Establish communication pathway with inpatient discharge coordinators at local facilities
5. Submit claims in a timely manner.

What are the Discharge Diagnosis Codes that need a Follow-Up Visit?

These are some common ICD-10 codes for Mental Illness that need a follow up visit within 7 (or no longer than 30) days after the Inpatient Visit:

F20.0, F20.1, F20.89, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F31.0, F31.10, F31.30, F31.89, F32.0, F34.9, F39, F42, F90.0, F90.1, F90.2, F91.1, F91.2, F91.3, F91.8, F93.0, F93.8, F94.8

Follow Up After High Intensity Care for Substance Abuse Disorder (FUI)

WHAT IS THE FUI MEASURE LOOKING AT?

The percentage of acute inpatient episodes for members age 13+ seen for substance use who had a follow-up visit for substance use disorder

WHY IS THE FUI MEASURE IMPORTANT?

Individuals receiving SUD care in high intensity settings are especially vulnerable to losing contact with the health care system after discharge. Failure to ensure timely follow-up can result in negative outcomes such as continued substance use, relapse, high utilization of intensive care services and mortality.

WHO IS INCLUDED IN THE MEASURE?

Members with an inpatient stay with a principal diagnosis of substance abuse disorder
Applies to members aged 13+; Commercial, Medicaid and Medicare LOB are included.

WHEN DOES A MEMBER 'PASS' THE MEASURE?

When there is a follow-up visit with any practitioner within 7 (or 30) days after the episode / discharge date
Please note: *Visits may NOT occur on the same date of discharge*

What qualifies as a follow up visit?

Any of the following, with a principal diagnosis of substance use disorder:

- ✓ An acute or non acute inpatient admission
- ✓ Residential behavioral health stay
- ✓ An outpatient visit
- ✓ Telehealth
- ✓ Intensive outpatient visit or partial hospitalization
- ✓ Residential behavioral health treatment
- ✓ A telephone visit
- ✓ An online assessment
- ✓ A pharmacotherapy dispensing event

WHICH MEMBERS ARE EXCLUDED?

Non-acute inpatient stays are excluded and members in hospice are also excluded

WHAT CAN PROVIDERS DO TO IMPROVE FUI RATES?

- ✓ Use appropriate documentation and correct coding
- ✓ Maintain appointment availability for patient with recent hospital admissions
- ✓ Explain the importance of follow-up to your patients
- ✓ Coordinate assistance for members with competing social demands including childcare, transportation, and housing that otherwise prevent them from attending treatment appointments.
- ✓ Reach out to patients who do not keep initial appointments and reschedule them as soon as possible
- ✓ Telehealth visits with the appropriate principle diagnosis will meet the follow-up criteria
- ✓ Provide timely submission of claims and encounter data

What are the Discharge Codes that need a Follow-Up Visit?

These are some common ICD-10 codes for substance abuse that need a follow up visit within 7 (or no longer than 30) days after the Inpatient or Detox visit:

F10.10, F10.120, F10.121, F10.129, F10.19, F10.20, F10.220, F11.10, F11.121, F11.20, F11.220, F11.23, F11.24, F13.19, F13.220, F14.10, F14.120, F15.10, F15.120, F16.10, F16.120, F18.19, F18.20, F18.220, F19.10, F19.120, F19.239, F19.24, F19.250

Follow Up After ED Visit for Mental Illness (FUM)

WHAT IS THE FUM MEASURE LOOKING AT?

The percentage of ED visits for members age 6+ with a principal diagnosis of Mental Illness or Intentional Self-Harm who had a follow-up visit for mental illness.

WHY IS THE FUM MEASURE IMPORTANT?

Research suggests that follow-up care for people with mental illness is linked to fewer repeat ED visits, improved physical and mental function and increased compliance with follow-up instructions. ^{12,13,14}

WHO IS INCLUDED IN THE MEASURE?

Members with an ED visit with a principal diagnosis of Mental Illness or Intentional Self-harm.

Applies to members age 6+; Commercial, Medicaid and Medicare are included.

WHEN DOES A MEMBER 'PASS' THE MEASURE?

When there is a follow up visit with any practitioner within 7 (or 30) days after the episode that has a principal diagnosis of mental health disorder or intentional self-harm

Please note: Visits may occur on the same date of the ED visit

What Qualifies as a Follow-Up Visit?

Any of the following, with a principal diagnosis of a mental health disorder or intentional self-harm:

- An outpatient visit
- A Behavioral Health outpatient visit
- An intensive outpatient encounter or partial hospitalization
- A community mental health center visit
- Electroconvulsive therapy
- A telehealth visit
- An observation visit

WHICH MEMBERS ARE EXCLUDED?

ED visits followed by an inpatient stay or admission to acute or non-acute inpatient care within 30 days are excluded. Members on hospice are also excluded.

WHAT CAN PROVIDERS DO TO IMPROVE FUM RATES?

- Use appropriate documentation and correct coding
- Maintain appointment availability for patient with recent ED visits
- Explain the importance of follow-up to your patients
- Reach out to patients who do not keep initial appointments and reschedule them as soon as possible
- Telehealth visits with the appropriate principle diagnosis will meet the follow-up criteria
- Provide timely submission of claims and encounter data

What are the Discharge Codes that need a Follow-Up Visit?

These are some common ICD-10 codes for mental illness that need a follow up visit within 7 (or no longer than 30) days after the ED Visit:

F20.0, F20.1, F20.89, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F31.0, F31.10, F31.30, F31.89, F32.0, F34.9, F39, F42, F90.0, F90.1, F90.2, F91.1, F91.2, F91.3, F91.8, F93.0, F93.8, F94.8

Use of Opioids at High Dosage (HDO)

WHAT IS THE HDO MEASURE LOOKING AT?

The percentage of members age 18+ who received prescription opioids at a high dosage (≥ 90 mg morphine milligram equivalent) for ≥ 15 days

WHY IS THE HDO MEASURE IMPORTANT?

HEDIS 2020 continues to measure high-risk opioid use and provides plans the opportunity to identify members at risk as a result of their chronic or high-dose opioid use. When used appropriately, prescription opioid analgesics provide pain relief to patients. However, misuse and overuse of opioids can lead to addiction, opioid use disorders and overdose deaths.

WHO IS INCLUDED IN THE MEASURE?

Members with two or more opioid dispensing events (on different dates of service) and with at least 15 days covered by opioids. Applies to members age 18+; Commercial, Medicaid and Medicare LOB are each included.

WHEN DOES A MEMBER 'PASS' THE MEASURE?

If the member's average daily dose of morphine milligram equivalent is < 90

What is an Average Daily Dose of Morphine Milligram Equivalent?

The Morphine Milligram Equivalent (MME) is the dose of oral morphine that is the analgesic equivalent of a given dose of another opioid analgesic.

A daily dose is calculated using the units per day, strength and the MME conversion factor (different for each drug)

A total sum of daily doses is calculated in order for an Average Daily Dose to finally be calculated representing all opioids dispensed to the member

WHICH MEMBERS ARE EXCLUDED?

Members with cancer and sickle cell disease are excluded. Members on hospice are also excluded.

Additionally, injectables, cough and cold products, fentanyl transdermal patches and methadone are all excluded

WHAT CAN PROVIDERS DO TO IMPROVE HDO RATES?

- Use the lowest dosage of opioids in the shortest length of time possible.
- Establish and measure goals for pain and function
- Discuss benefits and risks and availability of non-opioid therapies with patient
- Evaluate benefits and harms with patients within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalation
- Review the patient's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving opioid dosages or dangerous combinations that put them at high risk for overdose

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

WHAT IS THE IET MEASURE LOOKING AT?

The percentage of adolescent and adult members with a new episode of alcohol and other drug (AOD) use or dependence who received the following:

- **Initiation of AOD Treatment:** The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization, telehealth or medication-assisted treatment (MAT) within 14 days of the diagnosis
- **Engagement of AOD Treatment:** The percentage of members who initiated treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit

WHY IS THE IET MEASURE IMPORTANT?

Early identification of substance use disorder issues can help your patients avoid future drug-related illnesses and deaths, improving quality of life.

WHO IS INCLUDED IN THE MEASURE?

Members with a new episode of alcohol or drug abuse or dependence

Applies to members age 13+; Commercial, Medicaid and Medicare LOB are included

Only encounters from the intake period of Jan 1, 2020 – Nov 13, 2020 are included in the 2020 measurement year.

WHEN DOES A MEMBER 'PASS' THE MEASURE?

- **Initiation:** AOD treatment within 14 days of the diagnosis episode
 - If the episode is an inpatient encounter – this is considered treatment and the member is compliant!
- **Engagement:** Compliant with the initiation treatment AND at least 2 visits within 34 days after the initiation visit
 - One may be a medication assisted treatment event such as a medication dispensing event for the treatment of alcohol abuse, dependence or opioid abuse or dependence

Does a telehealth visit count as a treatment visit?

Yes; the telehealth service must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via face-to-face interaction. Telehealth visits billed with the telehealth modifier 95 or GT will meet the IET measure.

WHICH MEMBERS ARE EXCLUDED?

Members already being treated for AOD are excluded. Members in hospice are also excluded

WHAT CAN PROVIDERS DO TO IMPROVE IET RATES?

Follow Up: When a substance use disorder concern is identified, it is very important to schedule appropriate follow-up treatment. For newly diagnosed patients in particular, it is recommended that you schedule an initial follow-up appointment within 14 days and two additional appointments within 34 days of that first visit. Utilize telehealth and home based therapy

Contact PCC/PCP: It is recommended that you contact the member’s PCC/PCP to alert them of the new AOD diagnosis. This will support coordinated care long-term and more effectively address the member’s whole health

Assess barriers to treatment: When possible, use motivational interviewing to assess the social, economic, and cultural barriers to the member’s access and/or engagement in treatment. If barriers cannot be addressed through brief intervention, consider connecting to a collateral contact such as a Community Support Provider (CSP), Recovery Coach, Recovery Support Navigator, peer bridge support, or family.

What codes represent members that need this follow-up?

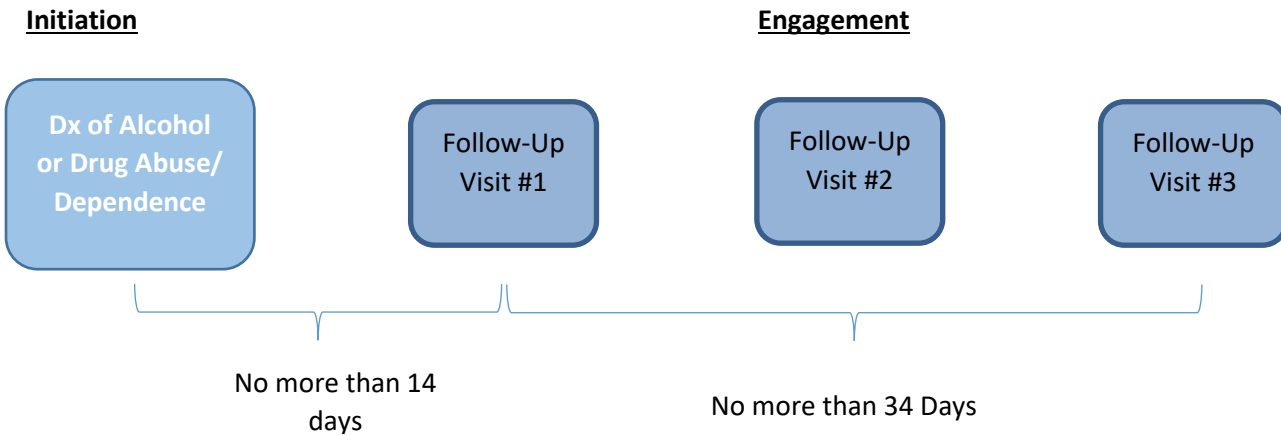
When paired with an outpatient visit, telehealth, intensive outpatient visit, partial hospitalization, detox visit, ED visit, observation visit, or an acute / non-acute inpatient stay – some ICD-10 codes for alcohol / drug dependence that require follow-up are:

F10.10, F10.120, F10.120, F10.14, F10.180, F10.19, F10.220, F10.232, F10.239, F10.24, F10.26, F10.288, F10.29

F11.10, F11.120, F11.121, F11.121, F11.129, F11.14, F11.150, F11.19, F11.20, F11.220, F11.23, F11.24, F11.288, F11.29

F12.10, F12.120, F12.121, F12.180, F12.20, F12.220, F13.10, F13.14, F13.20, F13.220, F14.10, F14.120, F14.121, F14.14, F14.222, F14.229, F15.10, F15.20, F16.10, F16.20, F18.10, F18.20, F19.10, F19.20

IET Measure At-a-Glance:



Pharmacotherapy For Opioid Use Disorder (POD)

WHAT IS THE POD MEASURE LOOKING AT?

The percentage of new opioid use disorder (OUD) pharmacotherapy events for members with a diagnosis of OUD, age 16+, that have OUD pharmacotherapy for 180 days or more

WHY IS THE POD MEASURE IMPORTANT?

Evidence suggests that pharmacotherapy can improve outcomes for individuals with OUD and that continuity of pharmacotherapy is critical to prevent relapse and overdose. Despite the evidence, pharmacotherapy is an underutilized treatment option for individuals with OUD and the NCQA seeks to address this gap by measuring episodes of pharmacotherapy and assessing adherence to treatment.

WHO IS INCLUDED IN THE MEASURE?

Members with a new diagnosis of OUD that have an OUD dispensing or medication administration event

Applies to members age 16+; commercial, Medicaid and Medicare LOB are included

Only encounters from the intake period of July 1 2019 – June 30, 2020 are included in the 2020 measurement period.

WHEN DOES A MEMBER 'PASS' THE MEASURE?

When OUD pharmacotherapy is received for 180 days or more without a gap in treatment of more than 8 days

WHICH MEMBERS ARE EXCLUDED?

Members that have an acute or non-acute inpatient stay of 8 days or more are excluded. Members in hospice are also excluded

WHAT CAN PROVIDERS DO TO IMPROVE POD RATES?

- Consider MAT for opioid abuse or dependence
- Patients with OUD should be informed of the risks and benefits of pharmacotherapy, treatment without medication, and no treatment
- Helping the patient manage stressors and identify triggers for a return to illicit opioid use
- Provide empathic listening and nonjudgmental discussion of triggers that precede use or increased craving and how to manage them
- Provide ongoing assessment to mark progress. Revise treatment goals via shared decision making to incorporate new insights
- Engage and educate family members and friends who are reluctant to accept medication's role in treatment
- Submit claims and encounter data in a timely manner

What are the Codes Used to Identify Included Members?

The following are some of the ICD-10's for opioid use disorder requiring pharmacotherapy:

F11.10, F11.120, F11.121, F11.129, F11.14, F11.150, F11.19, F11.20, F11.220, F11.23, F11.24, F11.288, F11.29

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

WHAT IS THE SAA MEASURE LOOKING AT?

The percentage of members 18+ diagnosed with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

The treatment period is the time between the members first antipsychotic medication fill date in the current year through Dec 31st of the current year.

WHY IS THE SAA MEASURE IMPORTANT?

As many as 60% of patients diagnosed with schizophrenia do not take medications as prescribed. When antipsychotics are not taken correctly, member outcomes can be severe, including hospitalization and interference with the recovery process¹⁵.

Adherence problems may make it difficult for a prescriber to assess the member's medication response. Prescribers may unnecessarily alter medication type or dosage in order to resolve what appears to be medication complications for a member who actually has an adherence problem¹⁶.

WHO IS INCLUDED IN THE MEASURE?

Members with either one acute inpatient encounter or two outpatient encounters with a diagnosis of either schizophrenia or schizoaffective disorder with at least 2 antipsychotic medication dispensing events.

Applies to members age 18+; Commercial, Medicaid and Medicare are included

WHEN DOES A MEMBER 'PASS' THE MEASURE?

When their proportion of days covered for their antipsychotic medications is at least 80% of their treatment period

Are there common patient-reported barriers to adherence with antipsychotic medications that providers should be aware of?

- Stigma
- Adverse Drug Reactions
- Side Effects, such as weight gain, different from Adverse Reactions
- Homelessness
- Lack of Social Support
- Substance Use

WHICH MEMBERS ARE EXCLUDED?

Members with Dementia are excluded, as well as members over age 80 diagnosed with frailty

Members that do not have at least 2 medication dispensing events are excluded; and members in hospice are also excluded

WHAT CAN PROVIDERS DO TO IMPROVE SAA RATES?

Outreach directly to members who were recently prescribed antipsychotics or who have prescription refills that are past due:

- Follow up with members to confirm that they are taking their medications
- Inform the members that they should talk to their providers if they are experiencing adverse medication side-effects

Develop member-driven plans for medication reminders:

- Possible reminder modes include text messages, automated phone calls, alarms, signs in the member's home, and technology-equipped pillboxes that prompt members of the appropriate times to take medications ¹⁷

Provide evidence-based practices that are recommended for the treatment of schizophrenia, such as Cognitive-Behavioral Therapy (CBT), or refer members to providers who employ such practices.

Address risk factors and barriers associated with non-adherence, such as negative stigmas, homelessness and substance use. Interventions focused on these risk factors may improve outcomes for members with the highest danger of non-adherence related relapse

Discuss with the member the potential side effects of the medication

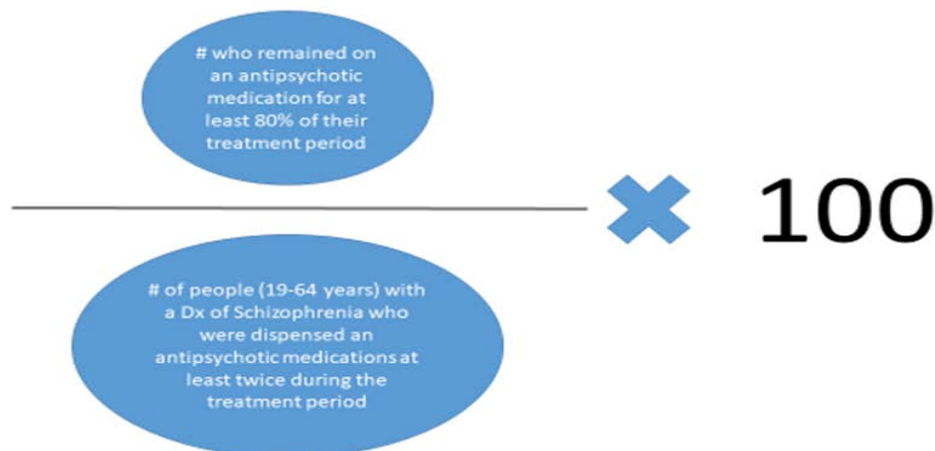
Include a family member or caregiver in discussions regarding treatment when able

Which codes identify the members that are being looked at in this measure?

Some common ICD-10 codes for schizophrenia, placing members in this measure (when coupled with either an IP stay or two OP encounters) are:

F20.0, F20.1, F20.89, F25.0, F25.1, F25.8

SAA Measure At-a-Glance:



Cardiovascular Monitoring for People with Cardiovascular Disease & Schizophrenia (SMC)

WHAT IS THE SMC MEASURE LOOKING AT?

The percentage of members age 18 – 64 with schizophrenia or schizoaffective disorder AND cardiovascular disease, who had an LDL-C test

WHY IS THE SMC MEASURE IMPORTANT?

Persons with serious mental illness who use antipsychotics are at increased risk of cardiovascular diseases and diabetes; because of this, screening and monitoring of these conditions is important. Lack of appropriate care for diabetes and cardiovascular disease for people with schizophrenia or bipolar disorder who use antipsychotic medications can lead to worsening health and death. Addressing these physical health needs is an important way to improve health, quality of life and economic outcomes downstream. 1

WHO IS INCLUDED IN THE MEASURE?

Members with either 1 acute inpatient encounter or two outpatient encounters with a diagnosis of either schizophrenia or schizoaffective disorder; AND have cardiovascular disease.

Applies to members age 18 – 64; Medicaid is the only included product line

WHEN DOES A MEMBER 'PASS' THE MEASURE?

When they have a calculated or direct LDL

WHICH MEMBERS ARE EXCLUDED?

Members in hospice are excluded

WHAT CAN PROVIDERS DO TO IMPROVE SMC RATES?

- Order labs prior to patient appointments
- Ensure lipid levels, blood pressure and glucose are monitored at every appointment
- For patients that do not have regular contact with their PCP, coordinate medical management – including communication of lab results - with PCP
- Educate patient (and caregiver) about the risks associated with antipsychotic medications and cardiovascular disease and the importance of a healthy lifestyle.
- Assess the need for Case Management and refer if necessary

Which Codes Include Members in this Measure?

Members with a combination of an Inpatient encounter or 2 outpatient visits with an ICD code for schizophrenia, such as one of the following:

F20.0 F20.1, F20.89, F25.0, F25.1, F25.8

Along with ALSO having a cardiovascular code such as:

For having a PCI (CPT examples: 92920, 92924, 92928), CABG (ICD-10 examples: 021193, 0212083, 0213083, 021008C), or a diagnosis of IVD (ICD-10 examples: I20.0, I20.8, I20.9, I24.0, I24.8)

Diabetes Monitoring for People with Diabetes & Schizophrenia (SMD)

WHAT IS THE SMD MEASURE LOOKING AT?

The percentage of members age 19 – 64 with schizophrenia or schizoaffective disorder AND diabetes who had both an LDL-C and an HbA1c test.

WHY IS THE SMD MEASURE IMPORTANT?

Persons with serious mental illness who use antipsychotics are at increased risk of cardiovascular diseases and diabetes; because of this, screening and monitoring of these conditions is important. Lack of appropriate care for diabetes and cardiovascular disease for people with schizophrenia or bipolar disorder who use antipsychotic medications can lead to worsening health and death. Addressing these physical health needs is an important way to improve health, quality of life and economic outcomes downstream. 1

WHO IS INCLUDED IN THE MEASURE?

Members with either 1 acute inpatient encounter or 2 outpatient encounters with a diagnosis of either schizophrenia or schizoaffective disorder; AND also have cardiovascular disease

Applies to members age 18 – 64; Medicaid is the only included product line

WHEN DOES A MEMBER 'PASS' THE MEASURE?

When they have both an AbA1c test and LDL-C test performed

WHICH MEMBERS ARE EXCLUDED?

Members with a diagnosis of gestational diabetes, or steroid-induced diabetes are excluded

Members on hospice are also excluded

WHAT CAN PROVIDERS DO TO IMPROVE SMD RATES?

- Document all elements of the exam, including response to medication and test results
- For patients that do not have regular contact with their PCP, coordinate medical management – including communication of lab results - with PCP
- Adjust therapy to improve HbA1c, LDL, and BP levels; follow-up with patients to monitor changes
- Give any patient caregiver instructions on the course of treatment, labs or future appointments
- Consider additional monitoring of associated factors (e.g. BMI, plasma glucose level, lipid profile)

Which Codes are Including Members in this Measure?

Members with a combination of an Inpatient encounter or 2 outpatient visits with an ICD code for schizophrenia, such as one of the following:

F20.0 F20.1, F20.89, F25.0, F25.1, F25.8

along with ALSO having a diabetes ICD-10 code such as

E10.10, E10.11, E10.21, E11.341, E11.349

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

WHAT IS THE SSD MEASURE LOOKING AT?

The percentage of members age 18 – 64 with schizophrenia or schizoaffective disorder OR bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test.

WHY IS THE SSD MEASURE IMPORTANT?

Persons with serious mental illness who use antipsychotics are at increased risk of cardiovascular diseases and diabetes; because of this, screening and monitoring of these conditions is important. Lack of appropriate care for diabetes and cardiovascular disease for people with schizophrenia or bipolar disorder who use antipsychotic medications can lead to worsening health and death. Addressing these physical health needs is an important way to improve health, quality of life and economic outcomes downstream¹⁸.

WHO IS INCLUDED IN THE MEASURE?

Members with either 1 acute inpatient encounter or 2 outpatient encounters with a diagnosis of either schizophrenia or schizoaffective disorder or bipolar disorder

Applies to members age 18 – 64; Medicaid is the only included product line

WHEN DOES A MEMBER 'PASS' THE MEASURE?

When they have a glucose test or AbA1c test

WHICH MEMBERS ARE EXCLUDED?

Members with diabetes are excluded. Members on hospice are also excluded.

WHAT CAN PROVIDERS DO TO IMPROVE SSD RATES?

- Document all elements of exam, including medications, diagnosis and results of A1c
- Ensure patients schedule appropriate lab screenings
- Ensure patient (and/or caregiver) is aware of the risk of diabetes and have awareness of the symptoms of new onset diabetes while taking antipsychotic medication
- Educate patient (and caregiver) about the risks associated with antipsychotic medications and cardiovascular disease and the importance of a healthy lifestyle.
- Assess the need for Case Management and refer if necessary

Which Codes are Including Members in this Measure?

Members with a combination of an Inpatient encounter or 2 outpatient visits with an ICD code for schizophrenia, such as one of the following:

F20.0 F20.1, F20.89, F25.0, F25.1, F25.8

or an ICD-10 code for Bipolar such as:

F30.10, F30.11, F30.3, F30.8, F31.0, F31.10, F31.2, F31.64, F31.71

along with ALSO receiving an antipsychotic medication

Use of Opioids from Multiple Providers (UOP)

WHAT IS THE UOP MEASURE LOOKING AT?

The measure assesses the opioid dispensing events of members 18 years and older during the measurement year, and calculates three rates associated with high risk of overdose/death:

- members who use multiple prescribing providers (four or greater)
- multiple pharmacies (four or greater)
- both multiple prescribing providers (four or greater) and multiple pharmacies (four or greater)

*a lower rate indicates better performance for all three rates

WHY IS THE UOP MEASURE IMPORTANT?

High dosage, multiple prescribers and pharmacies are all risk factors for dangerous overdose and death. These measures add health plans to the group of stakeholders currently addressing the opioid epidemic.

WHO IS INCLUDED IN THE MEASURE?

Members with 2 or more opioid dispensing events (on different dates of service) and have at least 15 days covered by opioids

Applies to members 18+; Commercial, Medicaid and Medicare LOB are all included

WHEN DOES A MEMBER 'PASS' THE MEASURE?

If they have 3 or less prescribers and 3 or less pharmacies that they receive their opioids from

WHICH MEMBERS ARE EXCLUDED?

Members in hospice are excluded

Excluded medications include: Injectables, cough and cold products, products used as part of medication assisted treatment of opioid use disorder (buprenorphine), fentanyl patch and methadone

WHAT CAN PROVIDERS DO TO IMPROVE UOP RATES?

- Have coordination of care conversations with other prescribers involved in care
- Discuss risks with member of using multiple prescribers
- Involve Care Management to ensure coordination of care
- Check State Prescription Drug Monitoring Program to check status of member prescribing habits
- Understand community resources and educate staff on what is available

Additional Resources

FOR ANY TOPIC:

A link to SAMHSA's (Substance Abuse and Mental Health Services Administration) resource center to search for any desired topic

<https://www.samhsa.gov/ebp-resource-center>

RELATED TO OPIOID USE DISORDERS

A one page toolkit, with links to assist with dosing, tapering and education of opioids:

https://www.cdc.gov/drugoverdose/pdf/guidelines_factsheet-a.pdf

Article by CDC with guidelines for prescribing opioids:

<https://www.cdc.gov/media/modules/dpk/2016/dpk-pod/rr6501e1er-ebook.pdf>

RELATED TO SCHIZOPHRENIA

An easy to read article including information on the link between schizophrenia and diabetes and integrating diabetes care into behavioral health treatment:

<https://store.samhsa.gov/system/files/sma13-4780.pdf>

An article outlining the importance of monitoring for diabetes in schizophrenia patient's:

<https://www.hindawi.com/journals/ije/2015/969182/>

RELATED TO ADOLESCENT AND MEDICATION MANAGEMENT

An article on Best Practices for prescribing Antipsychotic medications for children, including information on metabolic monitoring:

<https://store.samhsa.gov/product/guidance-on-strategies-to-promote-best-practice-in-antipsychotic-prescribing-for-children/PEP19-ANTIPSYCHOTIC-BP>

Fact sheet on Coordinated Specialty Care:

https://www.nimh.nih.gov/health/publications/raise-fact-sheet-coordinated-specialty-care/raise-fact-sheet-coordinated-specialty-care-om-16-4304_152927.pdf

RELATED TO TRANSITIONS OF CARE / FOLLOW - UP

A general overview regarding transitions of care to / from any setting:

https://www.jointcommission.org/assets/1/18/Hot_Topics_Transitions_of_Care.pdf

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