

HEDIS® behavioral health measures (cont.)



Use of Opioids at High Dosage (UOD)

This measure addresses members 18 years and older prescribed long term opioids at a high dosage. The NCQA defines a high dosage as an average morphine equivalent dose greater than 120 mg. It is advisable to be cautious when prescribing dosages higher than this amount.



Use of Opioids from Multiple Providers (UOP)

This measure addresses members 18 years and older prescribed opioids from multiple prescribers and multiple pharmacies. Please note, it is important to be aware of or, if possible, verify medications already prescribed to a member to reduce doctor shopping and/or polypharmacy.



Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS)

This measure assesses the percentage of health plan members 12 years and older with a diagnosis of major depression or dysthymia, and who had an outpatient visit with a PHQ-9 score present in their record during the same year. Members who screen positive should be scheduled for a follow-up visit with the provider and referred to a specialist if appropriate.



Depression Remission for Adolescents and Adults (DRR)

This measure assesses the percentage of health plan members 12 years and older with a depression/dysthymia diagnosis and an elevated PHQ-9, who had evidence of response to treatment or remission within 5-7 months of the elevated score.

HEDIS® behavioral health measures (cont.)



Unhealthy Alcohol Use Screening and Follow-Up (ASF)

This measure assesses the percentage of health plan members 18 years and older screened for unhealthy alcohol use and, if screened positive, received appropriate follow-up care within two months.



Plan All-Cause Readmissions (PCR)

The number of acute inpatient stays that were followed by an unplanned acute readmission for any diagnosis, including behavioral health, within 30 days.



What is HEDIS (Healthcare Effectiveness Data and Information Set)?

- Most widely used, standardized, health performance measures in the United States
- Based off of best practice guidelines
- Administered by the NCQA
- Used by CMS

For additional information, visit <https://providers.amerigroup.com/TN>.



HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

Amerigroup

An Anthem Company

HEDIS® Quality Assurance Reporting
Requirements Measures

Behavioral Health Resource



For more information, contact your Provider Solutions representative or call **1-877-411-0929**.

TNPEC-2544-18



Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)

Patients diagnosed with schizophrenia or bipolar disorder and prescribed an antipsychotic are at a higher risk of developing diabetes.

- Administer a glucose test or an HbA1c test at least once a year to screen for diabetes.
- If screening indicates the member is diabetic, the member should be monitored for diabetes.

Members already diagnosed with diabetes and schizophrenia are excluded from this measure and fall into the Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD) measure listed below.



Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)

Patients diagnosed with schizophrenia and diabetes should receive:

- An HbA1c test at least once a year.
- An LDL-C test at least once a year.



Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)

Patients diagnosed with schizophrenia and cardiovascular disease should be administered an LDL-C test at least once a year.



Antidepressant Medication Management (AMM)

Patients with newly prescribed antidepressants and diagnosed with depression should be systematically monitored on a regular basis for at least one year to assess their response to the medication, identify and monitor side effects, and assess patient safety.



Follow-Up After Hospitalization for Mental Illness (FUH)

Patients hospitalized with a primary mental health diagnosis must be seen by a mental health specialist within seven days after discharge. Outpatient providers can help members remain stable in the community.

A mental health specialist is defined as a licensed mental health counselor, licensed clinical social worker, licensed marriage and family therapist, advanced practice registered nurse, psychologist, or psychiatrist.



Follow-Up Care for Children Prescribed ADHD Medication (ADD)

Patients 6-12 years old prescribed medication for ADHD should have a follow-up visit within 30 days of the initial prescription with any provider with prescribing authority. Additionally, members need at least two additional follow-up visits with a prescribing provider within a 10-month period and to consistently refill their medication as prescribed.



Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)

Patients diagnosed with schizophrenia and prescribed antipsychotic medication are to be supported in maintaining at least 80 percent adherence to medication during the treatment period.



Follow-Up After Emergency Department Visit for Mental Illness/Alcohol and Other Drug Abuse or Dependence (FUM/FUA)

Patients discharged from an ER visit with a primary mental health or primary substance use disorder diagnosis must be seen by an outpatient provider within seven days after discharge. Outpatient providers can help members remain stable in the community.



Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)

Children and adolescents on two or more concurrent antipsychotic medications for at least 90 consecutive days during the measurement year should be treated and monitored closely by a psychiatric physician.



Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Children and adolescents prescribed any antipsychotic medication on two separate occasions during the measurement year should be referred for metabolic testing.

- Administer at least one test for LDL-C.
- Administer a glucose test or an HbA1c test at least once a year to screen for diabetes.

If screening indicates the member has diabetes, the member should be monitored for diabetes.



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

Children and adolescents prescribed a new antipsychotic medication during the measurement year are recommended to see a mental health professional within 30 days of starting the medication.



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

Patients newly diagnosed with a substance use disorder in any level of care are recommended to be seen within 14 days for a follow-up or medication-assisted treatment visit. Following this, at least two additional visits are recommended within 34 days of the initial visit. All visits must be documented with a substance use diagnosis.