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HEDIS measures

Behavioral health (HEDIS measurement year 2022)

Continuing education credit

This training awards one continuing medical education unit approved by the American Association of Family Physicians (AAFP). Healthcare providers should check with accrediting organizations to ensure that AAFP-approved medical education is accepted.

Coding guidance provided does not, nor is it intended to, replace the official coding guidelines or professional coding expertise. Providers should always ensure that documentation supports all codes submitted for conditions and services. Please contact Provider Services **800-454-3730** at for billing/claim specific questions.

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Agenda

- **Medication management:**
  - Antidepressant Medication Management (AMM)
  - Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
  - Use of Opioids at High Dosage (HDO)
  - Use of Opioids from Multiple Providers (UOP)
  - Risk of Continued Opioid Use (COU)
  - Pharmacotherapy for Opioid Use Disorder (POD)
  - Diagnosed Substance Use Disorders (DSU)

Agenda (cont.)

- **Follow-up care:**
  - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)
  - Follow-Up Care for Children Prescribed ADHD Medication (ADD)
  - Follow-Up After Hospitalization for Mental Illness (FUH)
  - Follow-Up After Emergency Department Visit for Mental Illness (FUM)
  - Follow-Up Care After High-Intensity Care for Substance Use Disorder (FUI)
  - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)

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Agenda (cont.)

- **Chronic condition management:**
  - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)
  - Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)
  - Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)
  - Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)

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Agenda (cont.)

- **Utilization:**
  - Diagnosed Mental Health Disorders (DMH)
  - Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)
  - Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)

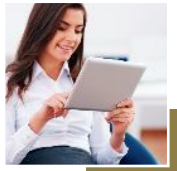
- **Washington State Department of Social and Health Services Measures:**
  - Substance Use Disorder Treatment Penetration
  - Mental Health Service Penetration

Agenda (cont.)

- **Resources (10 minutes):**
  - Question and answer session
  - Resources for your patients
  - Resources for practitioners

Medication management

Antidepressant Medication Management (AMM)



Focus group

- Members ≥ 18 with a diagnosis of major depression

Service

- Newly treated with antidepressant medication

Frequency

- On treatment for at least 84 days (12 weeks)
- Ongoing treatment for at least 180 days (six months)

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AMM (cont.)

- Diagnosis and treatment visits will be counted through one of the following:
  - Inpatient stay
  - Outpatient visit
  - Emergency department visit
  - Intensive outpatient encounter
  - Partial hospitalization
  - Telehealth or telephone visit

- Two phases to treatment are measured:
  - Initiation of treatment — stays on treatment for at least 12 weeks
  - Maintenance phase — continues on medications for at least six months

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Antidepressant medications

Description	Prescription		
Miscellaneous antidepressants	• Bupropion	• Vilazodone	• Vortioxetine
Monoamine oxidase inhibitors	• Isocarboxazid • Phenelzine	• Selegiline • Tranylcypromine	
Phenylpiperazine antidepressants	• Nefazodone	• Trazodone	
Psychotherapeutic combinations	• Amitriptyline Chlordiazepoxide • Amitriptyline Perphenazine		• Fluoxetine-olanzapine
SNRI antidepressants	• Desvenlafaxine • Duloxetine	• Levomilnacipran • Venlafaxine	
SSRI antidepressants	• Citalopram • Escitalopram	• Fluoxetine • Fluvoxamine	• Paroxetine • Sertraline
Tetracyclic antidepressants	• Maprotiline	• Mirtazapine	
Tricyclic antidepressants	• Amitriptyline • Amoxapine • Clomipramine	• Desipramine • Doxepin (>6 mg) • Imipramine	• Nortriptyline • Protriptyline • Trimipramine

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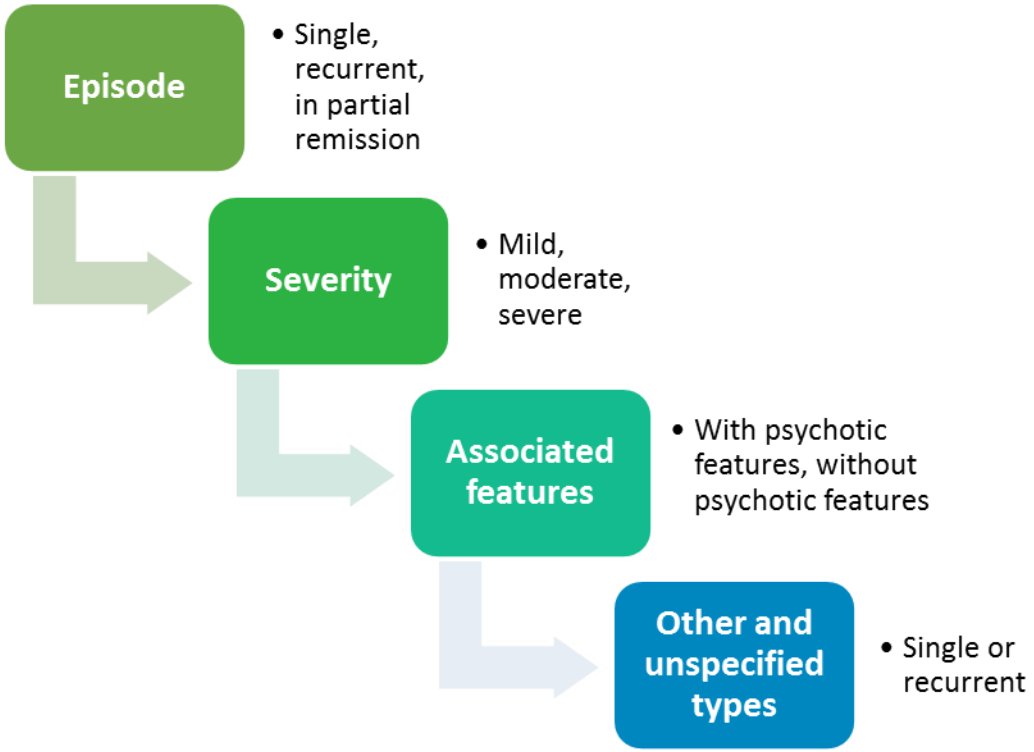
Understanding coding: ICD-10-CM classifies major depression according to:



AMM (cont.)

ICD-10-CM codes for major depressive disorder:

Major depressive disorder (by type)	ICD-10-CM codes
Single episode, mild	F32.0
Single episode, moderate	F32.1
Single episode, severe without psychotic features	F32.2
Single episode with psychotic features	F32.3
Single episode in partial remission	F32.4
Single episode, unspecified	F32.9
Major depressive disorder (by type)	**ICD-10-CM codes**
Recurrent episode, mild	F33.0
Recurrent episode, moderate	F33.1
Recurrent episode, severe without psychotic features	F33.2
Recurrent episode with psychotic features	F33.3
Recurrent episode in partial remission	F33.41
Recurrent episode, unspecified	F33.9

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Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)

Focus group

- Ages ≥ 18 years of age as of December 31 of measurement year with a diagnosis of schizophrenia or schizoaffective disorder

Service

- Must be on an antipsychotic medication during the measurement year

Frequency

- Patients who were dispensed and remained on antipsychotic medication for at least 80% of their treatment period

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SAA (cont.)

- The treatment period is based on the index prescription start date (IPSD) through the end of the measurement year.

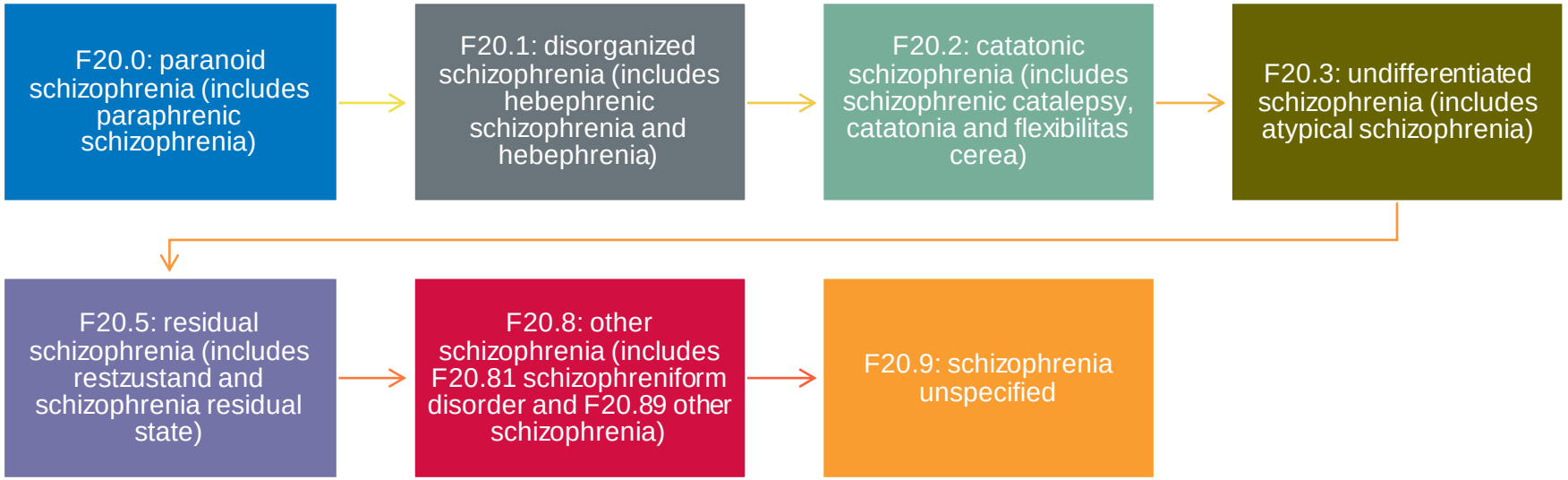
- Diagnosis and treatment visits will be counted through one of the following:
  - Inpatient stay
  - Outpatient visit
  - Emergency department visit
  - Intensive outpatient encounter
  - Partial hospitalization
  - Telehealth or telephone visit

Antipsychotic medications

Description	Prescription	
Miscellaneous antipsychotic agents	Aripiprazole Asenapine Brexpiprazole Cariprazine Clozapine Quetiapine Iloperidone Risperidone	Lurisadone Molindone Olanzipine Paliperidone Haloperidol Ziprasidone Loxapine
Phenothiazine antipsychotics	Chlorpromazine Fluphenazine Perphenazine	Prochlorperazine Thioridazine Trifluoperazine
Thioxanthenes	Thiothixene	
Long-acting injections	Aripiprazole Fluphenazine decanoate Haloperidol decanoate	Olanzipine Paliperidone Palmitate Risperidone

SAA

Understanding codes for schizophrenia: F20 category in ICD-10-CM contains codes for schizophrenia by type



Refer to Amerigroup Washington, Inc. billing guides for allowable codes.

SAA (cont.)

Understanding codes for schizoaffective disorders: F25 category in ICD-10-CM contains codes for schizoaffective disorders by type

F25.0: schizoaffective disorder, bipolar type

- Cyclic schizophrenia
- Schizoaffective disorder, manic type
- Schizoaffective disorder, mixed type
- Schizoaffective psychosis, bipolar type
- Schizoaffective psychosis, manic type

F25.1: schizoaffective disorder, depressive type

- Schizoaffective psychosis, depressive type
- Schizophreniform psychosis, depressive type

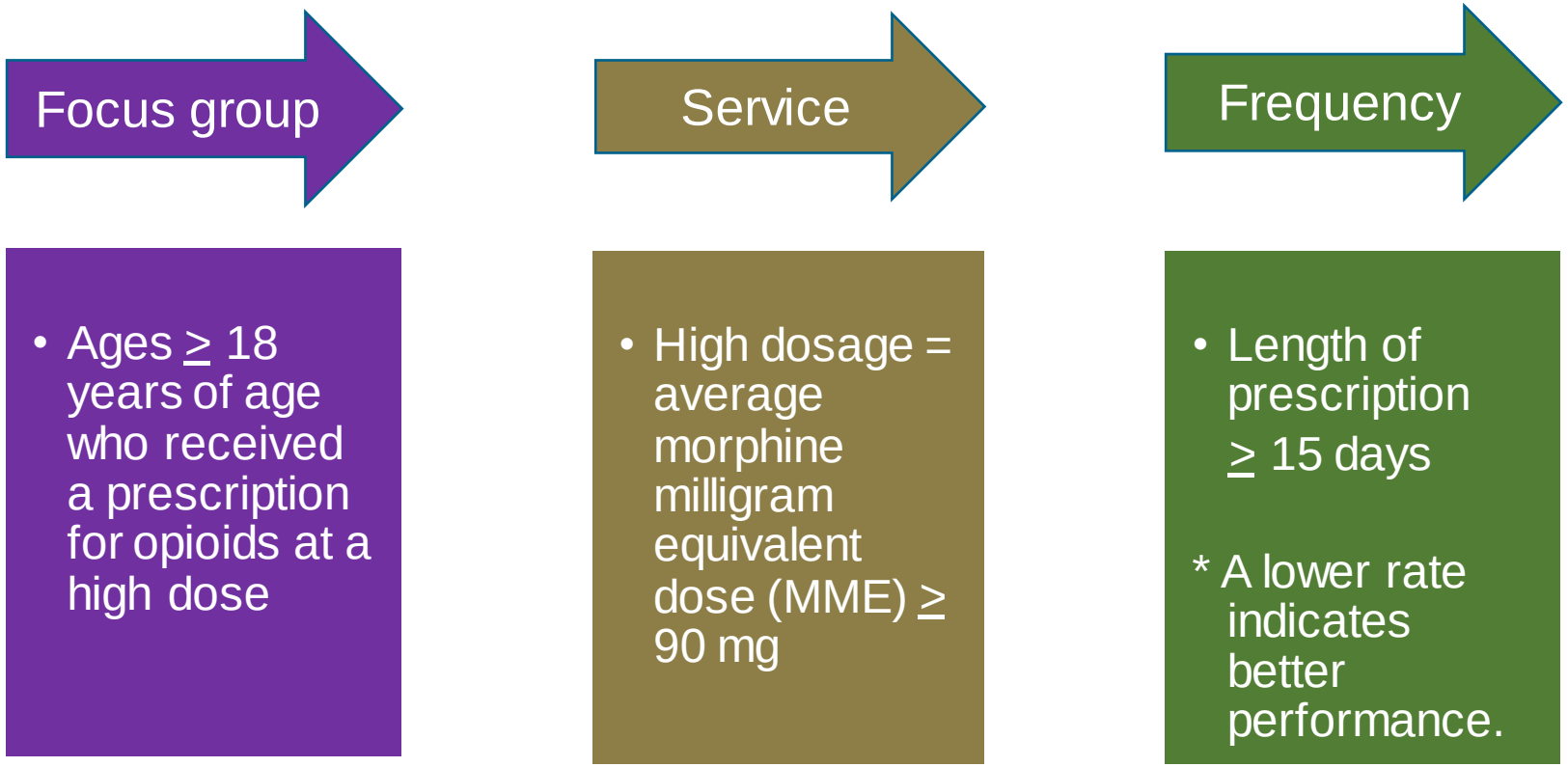
F25.8: other schizoaffective disorders

F25.9: schizoaffective disorders, unspecified type

- Schizoaffective psychosis not otherwise specified

Refer to Amerigroup billing guides for allowable codes.

Use of Opioids at High Dosage (HDO)



Use of Opioids From Multiple Providers (UOP)

Focus group

- Ages ≥ 18 years of age who received prescriptions for opioids from multiple providers

Service

- Prescriptions from:
  1. ≥ 4 prescribers **or**
  2. ≥ 4 pharmacies **or**
  3. ≥ 4 prescribers and ≥ 4 pharmacies

Frequency

- Length of prescription ≥ 15 days

Note: A lower rate indicates better performance.

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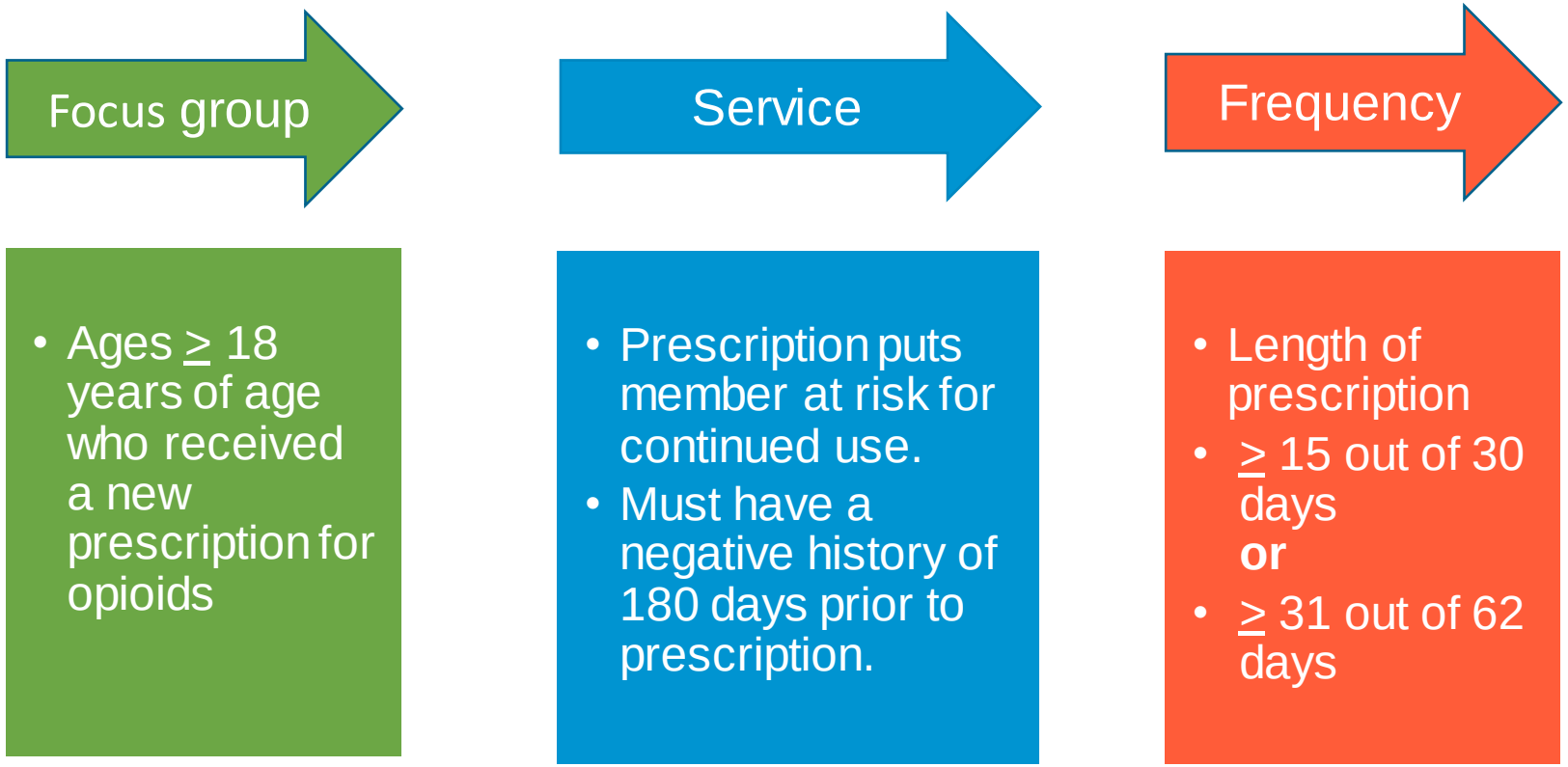
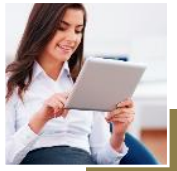
Risk of Continued Opioid Use (COU)



COU (cont.)

- To be included in the sample, they must not have had an opioid prescription over the previous 180 days.
- The IPSD is counted as the first day.
- Multiple prescriptions will be added together for the total number of days calculated.
- The measurement period is the 12-month window beginning with November 1 of the previous year and ends on October 31 of the measurement year.
- Members must be 18 years of age or older as of November 1 of the previous year.

Pharmacotherapy for Opioid Use Disorder (POD)



Focus group

- Members ≥ 16 with a diagnosis of opioid use disorder (OUD)

Service

- Dispensing events for OUD medications for 180 or more days

Frequency

- 180 or more days without a gap in treatment of eight or more consecutive days

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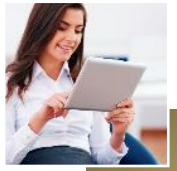
Diagnosed Substance Use Disorders (DSU)



Focus group

- Members ≥ 13 with a diagnosis of substance use disorder (SUD)

Service

- Alcohol disorder
- Opioid disorder
- Disorder for other or unspecified drugs
- Substance use disorder

Frequency

- Reported three age stratifications
  - 13 to 17
  - 18 to 64 years
  - 65+ years

Note: *The measure provides information on the diagnosed prevalence of substance use disorders. Neither a higher nor lower rate indicates better performance.*

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Medication management tips

Educate your patients and their supports about the importance of:

- Adhering to medications as prescribed.
- Not stopping medications without consulting you.
- Contacting you immediately if they experience any unwanted/adverse reactions so that their treatment can be re-evaluated.
- Scheduling and attending follow-up appointments to review the effectiveness of their medications.
- Calling your office if they cannot get their medications refilled.
- Adherence assistance, such as divided pill boxes, setting alarms, etc.

Tips for behavioral health line staff

- Medication adherence does not need to be the focus of your behavioral health treatment plan:
  - Be aware of the medication management plan and provide supportive assistance:
    - Access to pharmacy or appointments, reminder programs, etc.
    - Enrollment in mail delivery Rx services
- Route questions and concerns to the prescriber:
  - Changes in symptoms, side effects, drug/alcohol use, etc. must be reported to the prescriber.
- Review available records and collaborate with the prescriber.

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Follow-up care

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

Focus group

- Adolescent (≥ 13 years of age) or adult members with a new episode of alcohol or other drug (AOD) dependence

Service

- Identified through ED, outpatient, telehealth, partial hospitalization, detox, or inpatient discharge

Frequency

- Initiation visit within 14 days of the diagnosis
- Engagement (two or more) visits within 34 days of the initial visit

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IET (cont.)

- Initiation and engagement visits can be counted through:
  - An acute or nonacute inpatient admission with AOD diagnosis
  - A stand-alone treatment visit
  - An observation visit
  - A group therapy visit
  - Outpatient visit
  - An e-visit or virtual check-in
  - A telehealth or telephone visit
  - A medication dispensing event

ICD-10-CM codes for IET

Drug disorders:

- F11 — Opioid related disorders
- F12 — Cannabis related disorders
- F13 — Sedative, hypnotic or anxiolytic related disorders
- F14 — Cocaine related disorders
- F15 — Other stimulant related disorders
- F16 — Hallucinogen related disorders
- F17 — Nicotine dependence
- F18 — Inhalant related disorders
- F19 — Other psychoactive substance related disorders

Alcohol disorders:

- F10.1 — Alcohol abuse
- F10.2 — Alcohol dependence
- F10.9 — Alcohol use, unspecified

Refer to Amerigroup billing guides for allowable codes.

CPT and HCPCS codes for IET

- **Stand-alone CPT® codes:** 98960-98962, 99078, 99202-99205, 99211-99215, 99217, 99218, 99219, 99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99510

- **Stand-alone HCPCS codes:** G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034 to H0037, H0039, H0040, H0047, H2000, H2001, H2010 to H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015

Informational only, no reimbursement guarantee

Refer to Amerigroup billing guides for allowable codes.

CPT and HCPCS codes for IET (cont.)

- **Group 1 visit:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876
- **Group 2 visit:** 99221-99223, 99231 to 99233, 99238, 99239, 99251-99255
- **Emergency department:** 99281-99285
- **Medication assisted treatment:** H0020, H0033, J0571 to J0575, J2315, S0109
- **Detoxification:** H0008-H0014

Informational only, no reimbursement guarantee

Refer to Amerigroup billing guides for allowable codes.

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

Focus group

- Members ages 6 to 12 with a new diagnosis of ADHD who have not been prescribed an ADHD medication in the previous four months

Service

- Newly treated with ADHD medication and remained on medication for at least 210 days.

Frequency

- First visit after medication prescribed within 30 days
- Two additional visits in the next nine months, all visits within a 10-month period

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ADD (cont.)

- A follow-up visit within 30 days can be counted through:
  - Outpatient visit
  - Intensive outpatient encounter or partial hospitalization
  - A community health center visit
  - A telehealth or telephone visit

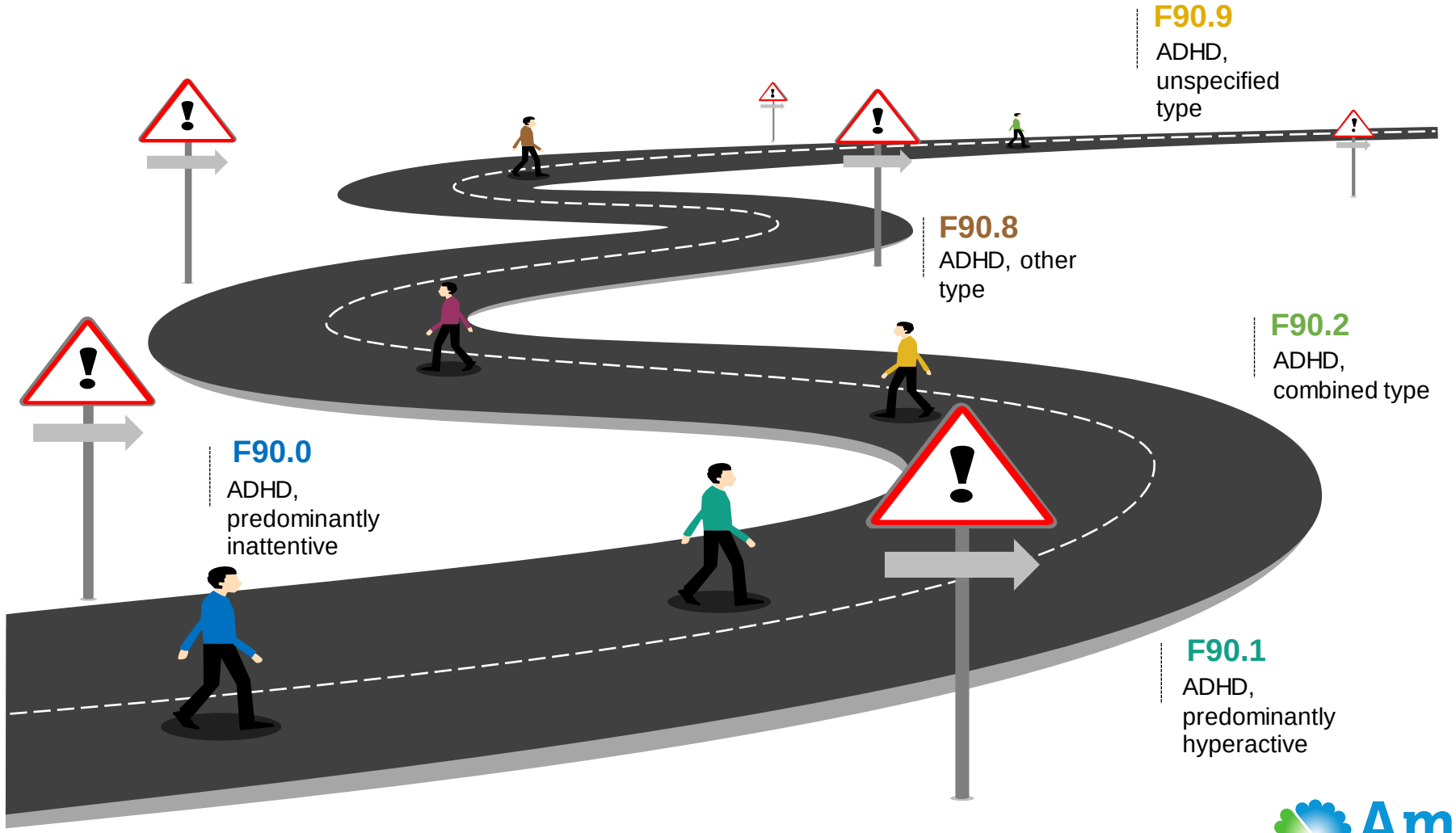
- A follow-up visit during the subsequent nine months can be counted through:
  - Outpatient visit
  - Intensive outpatient encounter or partial hospitalization
  - A community health center visit
  - A telehealth or telephone visit
  - An e-visit or virtual check-in

ADD (cont.)

- Schedule the 30-day follow-up and all follow-up visits before they leave the office:
  - Engage staff to call patient to remind of visit.
  - Use email/text as appropriate.

- Provide resources for success, including:
  - A phone number to call if they experience any adverse reactions.
  - Local support groups.
  - Family therapy.
  - Note for school counselors.

ICD-10-CM codes for ADHD disorders



Source: https://www.cdc.gov/ncbddd/adhd/index.html

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CPT and HCPCS codes for ADD

- **Stand-alone CPT codes**: 96155-96154, 98960-98962, 99078, 99202-99205, 99211 to 99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99384, 99391-99394, 99401-99404, 99411, 99412, 99510
- **Stand-alone HCPCS codes:** G0155, G0176, G0177, G0409 to G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010 to H2020, S0201, S9480, S9484, S9485, T1015
- **Group 1 visit:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876
- **Group 2 visit:** 99221 to 99223, 99231 to 99233, 99238, 99239, 99251-99255
- **Telephone visit codes:** 98966-98968, 99441-99443

Informational only, no reimbursement guarantee

Refer to Amerigroup billing guides for allowable codes.

Follow-Up After Hospitalization for Mental Illness (FUH)

Focus group

- Members ages 6 years and older as of the date of discharge

Service

- An acute inpatient discharge with a diagnosis of mental illness or intentional self-harm during the measurement year

Frequency

Two rates are captured:

Follow up with a mental health provider:

- Within seven days
- Within 30 days
- Visits on day of discharge **do not** count.

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FUH (cont.)

- A follow-up visit for both rates can be counted through:
  - Outpatient visit
  - Intensive outpatient encounter or partial hospitalization
  - A community health center visit
  - A telehealth or telephone visit
  - Electroconvulsive therapy visit
  - Transitional care management services
  - A visit in a behavioral health center
  - An observation visit with a mental health provider

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Focus group

- Members ages 6 years and older as of the date of discharge

Service

- An emergency department visit with a diagnosis of mental illness or intentional self-harm during the measurement year

Frequency

Two rates are captured:

Member to follow up after discharge with any provider:

- Within seven days
- Within 30 days

Visits on the day of discharge **do**

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FUM (cont.)

A follow-up visit for both rates can be counted through:

- Outpatient visit
- Intensive outpatient encounter or partial hospitalization
- A community health center visit
- A telehealth or telephone visit
- An e-visit or virtual check-in
- Electroconvulsive therapy visit
- Transitional care management services
- A visit in a behavioral health center
- An observation visit

CPT and HCPCS codes for FUM

- **CPT codes:** 98960-98962, 99078, 99202-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99245, 99246, 99510
- **HCPCS codes:** G0155, G0176, G0177, G0409 to G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, S0201, S9480, S9484, S9485, T1015
- **Group 1 visit:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876
- **Group 2 visit:** 99221-99223, 99231-99233, 99238, 99239, 99251-99255
- **Telehealth:** 98966 to 98969, 99441-99444

Informational only, no reimbursement guarantee

Refer to Amerigroup billing guides for allowable codes.

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

Focus group

- Members ages 13 and older with a diagnosis of substance use disorder as of the date of discharge

Service

- Inpatient discharge, residential treatment discharge or detoxification visit

Frequency

Two rates are captured:

Member to follow up with any provider

- Within seven days
- Within 30 days
- Visits on the day of discharge **do not count**.

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FUI (cont.)

- A follow-up visit for both rates can be counted through:
  - An acute or non-acute inpatient admission or residential treatment stay
  - Outpatient visit
  - Telehealth or telephone visit
  - Intensive outpatient visit or partial hospitalization
  - An e-visit or virtual check-in
  - A pharmacotherapy dispensing event

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

Focus group

- Members ages 13 and older with a diagnosis of AOD dependence as of the date of discharge

Service

- An emergency department visit with a diagnosis of AOD abuse or dependence during the measurement year

Frequency

Two rates are captured:

Member to follow up with any provider

- Within seven days
- Within 30 days
- Visits on the day of discharge **do count**.

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FUA (cont.)

A follow-up visit for both rates can be counted through:

- Outpatient visit
- Telehealth or telephone visit
- An observation visit
- An e-visit or virtual check-in

ICD-10-CM codes for FUA (cont.)

Alcohol disorders:

- F10.1 — Alcohol abuse
- F10.2 — Alcohol dependence
- F10.9 — Alcohol use, unspecified

Other drugs:

- F11 — Opioid related disorders
- F12 — Cannabis related disorders
- F13 — Sedative, hypnotic or anxiolytic related disorders
- F14 — Cocaine related disorders
- F15 — Other stimulant related disorders
- F16 — Hallucinogen related disorders
- F17 — Nicotine dependence
- F18 — Inhalant related disorders
- F19 — Other psychoactive substance related disorders

Chronic condition management and metabolic monitoring

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

Focus group

- Members ages 18 to 64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder during the measurement year

Service

- Member was dispensed an antipsychotic medication between January 1 and December 1 of the measurement year

Frequency

- Had a diabetes screening test — a blood glucose or A1C test during the measurement year

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CPT and HCPCS codes for SSD

- **Glucose tests:** 80047, 80048, 80050, 80069, 82947, 82950, 82951
- **HbA1c:** 83036, 83037
- **Category II:** 3044F, 3046F
- **Long-acting injections:** J0401, J1631, J2358, J2680, J2794
- **Outpatient:** 99202-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99455, 99456
- **HCPCS:** G0402, G0438, G0439, G0463, T1015

Informational only, no reimbursement guarantee

Refer to Amerigroup billing guides for allowable codes.

Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)

Focus group

- Members ages 18 to 64 years of age with schizophrenia or schizoaffective disorder and diabetes during the measurement year

Service

- Member was seen for diagnoses of both schizophrenia or schizoaffective disorder and diabetes between January 1 and December 1 of the measurement year

Frequency

- Had both an A1C test and an LDL-C test during the measurement year

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

Focus group

- Members ages 18 to 64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease during the measurement year

Service

- Member was seen for both schizophrenia or schizoaffective disorder and cardiovascular during the measurement year

Frequency

- Had an LDL-C test during the measurement year

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Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Focus group

- Children and adolescents 1 to 17 years of age who had two or more antipsychotic prescriptions

Service

- At least two antipsychotic medication dispensing events of the same or different medications on different dates of service during the measurement year

Frequency

- Metabolic testing to include one blood glucose or HbA1C **and** one LDL-C or cholesterol test during the measurement year

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CPT and HCPCS codes for APM

- **Cholesterol tests other than LDL:** 82465, 83718, 84478
- **Glucose tests:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
- **HbA1c:** 83036, 83037, 3044F, 3046F
- **LDL-C tests:** 80061, 83700, 83701, 83704, 83721, 3048F, 3049F, 3050F

Information only, no reimbursement guarantee

Refer to Amerigroup billing guides for allowable codes.

Metabolic Monitoring

Chronic conditions metabolic monitoring	Blood glucose or HbA1C	HbA1C	LDL-C or LDL-D
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	X		
Diabetes Monitoring for People with Diabetes and Schizophrenia		X	X
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia			X
Metabolic Monitoring for Children and Adolescents on Antipsychotics	X		X

Utilization

Diagnosed Mental Health Disorders (DMH)

Focus group	• Members who are age >1 as of December 31 of the measurement year
Service	• The measure provides information on the diagnosed prevalence of mental health disorders.
Frequency	• Diagnosed with a mental health disorder

Note: Neither a higher nor lower rate indicates better performance.

Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)

Focus group	• Members who are age ≥ 12 as of December 31 of the measurement year
Service	• A positive depression screen using a standardized screening tool
Frequency	• Follow-up care within 30 days of a positive depression screen finding

DSF-E (cont.)

Standardized instrument for depression screening

Instruments for Depression Screening by Age Grouping			
Instrument	**Positive Finding**	**Adolescents (12-17 years)**	**Adults (18+ years)**
Patient Health Questionnaire (PHQ-9)®	Total Score ≥10	X	X
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	Total Score >10	X	
Patient Health Questionnaire-2 (PHQ-2)®,[2]	Total Score ≥3	X	X
Beck Depression Inventory-Fast Screen (BDI-FS)®,[1,2]	Total Score ≥8	X	X
Beck Depression Inventory (BDI-II)	Total Score ≥20		X
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total Score ≥17	X	X
Duke Anxiety-Depression Scale (DADS)®,1	Total Score ≥30		X
Edinburgh Postnatal Depression Scale (EPDS)	Total Score ≥10	X	X
My Mood Monitor (M-3)®	Total Score ≥5		X
PROMIS Depression	Total Score ≥60	X	X
Clinically Useful Depression Outcome Scale (CUDOS)	Total Score ≥31		X

[1]Proprietary; may be cost or licensing requirement associated with use.
[2]Brief screening instrument. All other instruments are full-length.

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DSF-E (cont.)

- A follow-up visit within 30 days of a positive test can be counted through:
  - Outpatient visit
  - Telehealth or telephone visit
  - An e-visit or virtual check-in
  - A depression case management encounter
  - A behavioral health encounter
  - A depression medication dispensing event

    or
  - Additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up on the same day as a positive screen on a brief screening instrument.

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

Focus group	• Members who are age ≥ 12 who had a diagnosis of major depression or dysthymia
Service	• An outpatient visit, telephone or telehealth visit, e-visit or virtual check-in, or online assessment
Frequency	• Had a PHQ-9 depression score during the visit during the measurement year

DMS-E (cont.)

- There are some exclusions to this measure.

- They are members who had one of the following at any time during the measurement year:
  - Bipolar disorder.
  - Personality disorder.
  - Psychotic disorder.
  - Pervasive developmental disorder.
  - In hospice or using hospice services.

Follow-up care

Follow-up care by measure	Within seven days of discharge	Within 30 days of discharge	Day of discharge counts	Within 30 days of prescription start date – one visit	Within next nine months – two more visits	Within 30 days of + depression screen
Children Prescribed ADHD Medication (ADD)				X	X	
After Hospitalization for Mental Illness (FUH)	X with MH	X with MH	No			
After ED Visit for Mental Illness (FUM)	X	X	Yes			
After High-Intensity Care for Substance Use Disorder (FUI)	X	X	No			
After Emergency Department Visit for AOD Dependence (FUA)	X	X	Yes			
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)						X

Quick reference guide to follow-up care

Amerigroup

Washington State Department of Social and Health Services measures

Substance Use Disorder Treatment Penetration (AOD)

Focus group

- Adolescents and adults ages ≥ 12 with a diagnosis of substance use disorder (drug or alcohol use) from January 1 of the prior year through December 31 of measurement year (24 months)

Service

- Treatment event:
  - Outpatient
  - Detox
  - Inpatient
  - Counseling
  - Case management
  - Intensive outpatient
  - Skills development

Frequency

- At least one substance use disorder treatment during the measurement year

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Mental Health Service Penetration (MHP)

Focus group

- Members ages ≥ 6 years of age with a mental health service need from January 1 of the prior year through December 31 of measurement year (24 months)

Service

- MH Services:
  - Outpatient
  - Inpatient
  - Psychological testing
  - Counseling
  - Sex offender treatment
  - Skills development

Frequency

- At least one mental health service during the measurement year

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Resources for your patients

- Homelessness: ICD-10 — Z590, Dial **211**, http://wliha.org/resources/find-affordable-housing
- Washington Recovery Help Line — **866-789-1511**, https://www.warecoveryhelpline.org

Additional resources

- Refer patients who are ready to explore quitting:
  - Washington State Tobacco Quitline:
    - https://2morrowhealth.net/WADOH#waquitline
    - **800-QUIT-NOW** (**800-784-8669**)

  - Amerigroup members ages 13 and older may enroll in Quit for Life, the state's smoking cessation program:
    - https://www.quitnow.net
    - **866-QUIT-4-LIFE** (**866-784-8454**)

Resources for your patients (cont.)

- Amerigroup provides additional resource information and local tobacco cessation program promotion via collaborative partnerships.

- Amerigroup also pays PCPs for smoking cessation referral evaluations, smoking cessation prescription evaluation and face-to-face counseling for all members ages 18 years and older:
  - Intensive smoking cessation counseling:
    - (Procedure 99407 for greater than 10 minutes) limited to one per day.
  - Two cessation counseling attempts (or up to eight sessions) are allowed every 12 months. An attempt is defined as up to four cessation counseling sessions.

Provider resources

- American Academy of Child and Adolescent Psychiatry: https://www.aacap.org
- American Academy of Family Physicians: https://www.aafp.org/patient-care.html
- American Academy of Pediatrics: https://brightfutures.aap.org
- *NCQA Updates Quality Measures for HEDIS ®* : https://www.ncqa.org/hedis
- Consumer Assessment of Healthcare Providers and Systems (CAHPS®): https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS/index

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Questions?

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