

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

Members ages 13 and older 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.



## Use of Opioids at High Dosage (UOD)

This measure addresses members ages 18 years and older prescribed long-term opioids at a high dosage as defined by the National Committee for Quality Assurance as a morphine equivalent dose greater than 120 mg. Providers are advised to be cautious when prescribing dosages higher than this amount.



## Use of Opioids from Multiple Providers (UOP)

Members 18 years and older prescribed opioids for 15 or more days from multiple prescribers and multiple pharmacies should be closely monitored to reduce risk of doctor shopping and/or polypharmacy abuse.



## Unhealthy Alcohol Use Screening and Follow-Up (ASF)

Members ages 18 years and older are recommended to be screened for unhealthy alcohol use and, if screening is positive, receive appropriate follow-up care within two months.



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

Members ages 12 years and older are recommended to be screened for clinical depression and, if screening is positive, receive follow-up care with a provider and referred to a specialist if appropriate.



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

Members 12 years and older with a diagnosis of major depression or dysthymia are recommended to receive follow-up care and monitoring with the PHQ-9 screening tool. Member screening outcome should be present within their record on the same day as the follow-up visit.



## Depression Remission for Adolescents and Adults (DRR)

This measure addresses members ages 12 years of age and older with a diagnosis of depression and an initial elevated PHQ-9 score that demonstrates evidence of response to treatment or remission within 4-8 months by a decrease in PHQ-9's initial elevated screening score.



For more information on these HEDIS® measures, contact Provider Services at 1-800-454-3730.

<https://providers.amerigroup.com/TN>

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# HEDIS® Measures

## Behavioral Health Resource



Provider Services: 1-800-454-3730  
<https://providers.amerigroup.com/TN>

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

Members ages 18-64 diagnosed with schizophrenia, schizoaffective disorder 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.

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

### Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)

Members ages 18-64 diagnosed with schizophrenia or schizoaffective disorder, and diabetes should have:



- 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)

Members ages 18-64 diagnosed with schizophrenia or schizoaffective disorder, and cardiovascular disease should be administered an LDL-C test at least once a year.



### Antidepressant Medication Management (AMM)

Members ages 18 and older with newly prescribed antidepressants and a diagnosis of depression should be carefully and systematically monitored for 84 days (12 weeks) to 180 days (six months) to assess their response to the medication, identify and monitor side effects and assess member safety.



### Follow-Up After Hospitalization for Mental Illness (FUH)

Members ages 6 and older hospitalized with a primary mental health or intentional self-harm diagnosis must be seen by a **mental health practitioner** after discharge. This visit may not occur on the date of discharge.



Two rates are reported:

- Follow-up care within seven days of discharge
- Follow-up care within 30 days of discharge

A **mental health practitioner** is defined as a licensed mental health counselor, licensed clinical social worker, licensed marriage and family therapist, psychiatric registered nurse, psychologist, or psychiatrist.

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

Members ages 6-12 years 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 270 days (nine months) to support consistent medication refills.



### Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

Members ages 19-64 diagnosed with schizophrenia or schizoaffective disorder, and prescribed antipsychotic medication are recommended to receive support in order to maintain 80 percent adherence to medication during the treatment period.



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

Members ages 6 and older discharged from an emergency room visit with a primary mental health diagnosis must be seen by an outpatient provider. This visit may occur on date of discharge.



Two rates are reported:

- Emergency department (ED) visits for which the member received follow-up within 30 days of the ED visit (31 total days)
- ED visits for which the member received follow-up within seven days of the ED visit (eight total days)

### Alcohol and Other Drug Abuse or Dependence (FUA)

Members ages 13 and older discharged from an emergency room visit with a primary diagnosis of alcohol or other drug abuse or dependence must be seen by an outpatient provider. This visit may occur on date of discharge.



Two rates are reported:

- ED visits for which the member received follow-up within 30 days of the ED visit (31 total days)
- ED visits for which the member received follow-up within seven days of the ED visit (eight total days)

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

Members ages 1-17 prescribed 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)

Members ages 1-17 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 is diabetic, the member should be monitored for diabetes.

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

Members ages 1-17 prescribed a new antipsychotic medication during the measurement year are recommended.

