



HEDIS® BEHAVIORAL HEALTH MEASURE TOOLKIT MEASUREMENT YEAR 2024

WellCare of North Carolina values everything you do to deliver quality care to our members — your patients — to ensure they have a positive healthcare experience. There are several HEDIS® behavioral health measures that providers can directly impact related to follow-up care for mental illness or substance use disorders, medication adherence, and metabolic monitoring. That's why we've created this easy-to-use At-A-Glance Toolkit. It will give you the tools you need to meet, document, and code HEDIS® measures. Together, we can provide the care and services our members need to stay healthy while also improving our quality scores and Star Ratings. Please contact your Provider Relations Representative if you need more information or have any questions.

Understanding HIPAA

Under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule, data collection for HEDIS® is permitted, and the release of this information requires no special patient consent or authorization. Please be assured our members' personal health information is maintained in accordance with all federal and state laws. HEDIS® data collection and release of information is permitted under HIPAA 45 CFR 164.506 because the disclosure is part of quality assessment and improvement activities.

Updates to HEDIS® Measures (effective for calendar year 2024) This guide has been updated with information from the release of the HEDIS® 2024 Volume 2 Technical Specifications by NCQA and is subject to change.

Helpful Terms

CAHPS®: CAHPS stands for "Consumer Assessment of Healthcare Providers and Systems." The name represents a standardized approach to gathering, analyzing, and reporting information on consumers' and patients' experiences with healthcare services.

HEDIS®: The Healthcare Effectiveness Data and Information Set

Denominator: The number of members who qualify for the measure criteria, based on NCQA technical specifications.

Measurement year: In most cases, the 12-month timeframe between which a service was rendered; generally, January 1 through December 31.

Numerator: The number of members who meet compliance criteria based on NCQA technical specifications for appropriate care, treatment, or service.





Reporting year: The timeframe when data is collected and reported. The service dates are from the measurement year, which is usually the year prior. In some cases, the service dates may go back more than one year.

Interactive outpatient encounter: A bidirectional communication that is face-to-face, phone based, an e-visit or virtual check-in, or via secure electronic messaging. This does not include communications for scheduling appointments.

HEDIS Reporting Methods and Data Source:

- Administrative: Transaction Data- Enrollment, Claims, Encounter
- Hybrid: Manual Medical Record Review
- Survey: CAHPS®, Medicare Health Outcomes Survey
- Electronic Clinical Data Systems (ECDS): Enrollment, Claims, Encounter, EHRs, Registries, Case Management



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Administrative Measures- Mental Illness

Helpful hint: Measures reported as administrative use the total eligible population for the denominator. Medical, pharmacy and encounter claims count toward the numerator. In some instances, health plans use approved supplemental data for the numerator.

Antidepressant Medication Management (AMM)

Applicable Foster Care Measure

Measure evaluates percentage of members 18 years and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment between May 1 of the prior year through April 30 of the measurement year.

Two rates are reported:

- **Effective Acute Phase Treatment:** Percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
- **Effective Continuation Phase Treatment:** Percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

What is Included?

Medicaid, Medicare, and Marketplace members 18 years and older

Diagnosis Codes that include members in the measure:**

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



Antidepressant Medications

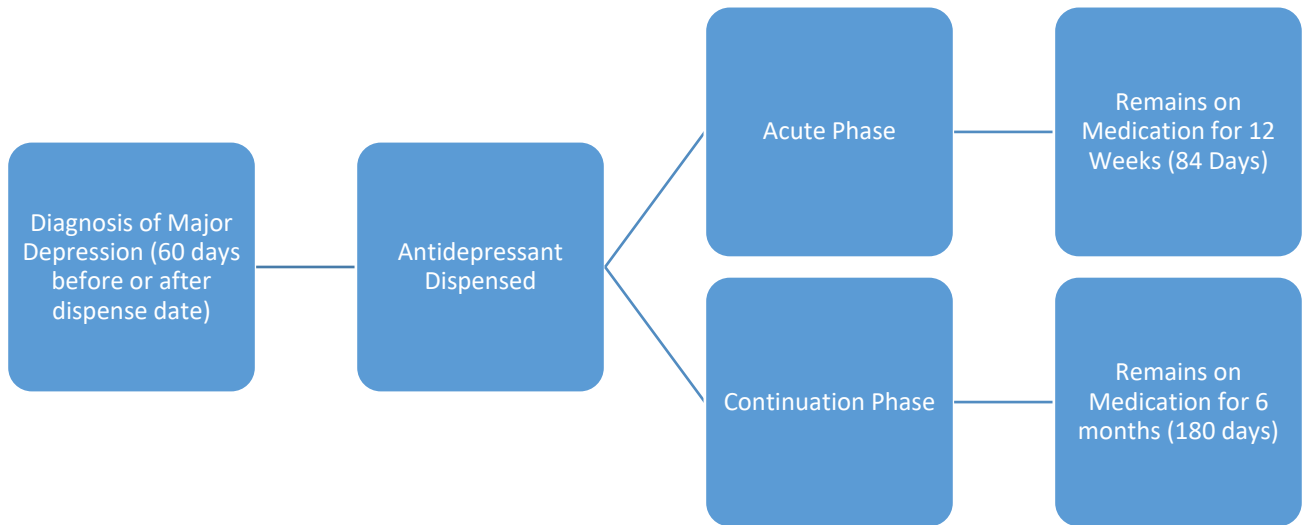
Description	Antidepressant Medication Prescription*
Miscellaneous antidepressants	<ul style="list-style-type: none"> Bupropion Vilazodone Vortioxetine
Monoamine oxidase inhibitors	<ul style="list-style-type: none"> Isocarboxazid Selegiline Phenelzine Tranylcypromine
Phenylpiperazine antidepressants	<ul style="list-style-type: none"> Nefazodone Trazodone
Psychotherapeutic combinations	<ul style="list-style-type: none"> Amitriptyline-chlordiazepoxide Amitriptyline-perphenazine Fluoxetine-olanzapine
SNRI antidepressants	<ul style="list-style-type: none"> Desvenlafaxine Levomilnacipran Duloxetine Venlafaxine
SSRI antidepressants	<ul style="list-style-type: none"> Citalopram Fluoxetine Paroxetine Escitalopram Fluvoxamine Sertraline
Tetracyclic antidepressants	<ul style="list-style-type: none"> Maprotiline Mirtazapine
Tricyclic antidepressants	<ul style="list-style-type: none"> Amitriptyline Desipramine Nortriptyline Amoxapine Doxepin (>6 mg) Protriptyline Clomipramine Imipramine Trimipramine

How is Adherence Met?

The Acute Phase is met when the member reaches 84 days of treatment beginning on the date of the first fill through 114 days after.

The Effective Continuation Phase is met when the member reaches 180 days of treatment beginning on the date of the first fill through 230 days after.

AMM Measure At-a-Glance



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

Applicable Foster Care Measure

Measure evaluates percentage of children and adolescents 1 to 17 years of age who had a new prescription for an antipsychotic medication, without a clinical indication and had documentation of psychosocial care as first-line treatment (90 days prior to new prescription through 30 days after).

What is Included?

Medicaid members 1-17 years old who had a new antipsychotic prescription without a diagnosis of schizophrenia, bipolar disorder, other psychotic disorders, autism, or other developmental disorders on at least two different dates of service during the measurement year.

Description	Antipsychotic Medications
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Miscellaneous antipsychotic agents	<ul style="list-style-type: none"> • Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • Clozapine • Haloperidol 	<ul style="list-style-type: none"> • Iloperidone • Loxapine • Lurasidone • Molindone • Olanzapine • Paliperidone 	<ul style="list-style-type: none"> • Pimozide • Quetiapine • Risperidone • Ziprasidone
Phenothiazine antipsychotics	<ul style="list-style-type: none"> • Chlorpromazine • Fluphenazine • Perphenazine 	<ul style="list-style-type: none"> • Thioridazine • Trifluoperazine 	
Thioxanthenes	<ul style="list-style-type: none"> • Thiothixene 		
Long-acting injections	<ul style="list-style-type: none"> • Aripiprazole • Aripiprazole lauroxil • Fluphenazine decanoate • Haloperidol decanoate 	<ul style="list-style-type: none"> • Olanzapine • Paliperidone palmitate 	<ul style="list-style-type: none"> • Risperidone

How is Adherence Met?

Adherence is met with a claim for psychosocial care or residential treatment in the 121-day period prior to the earliest prescription date through 30 days after.

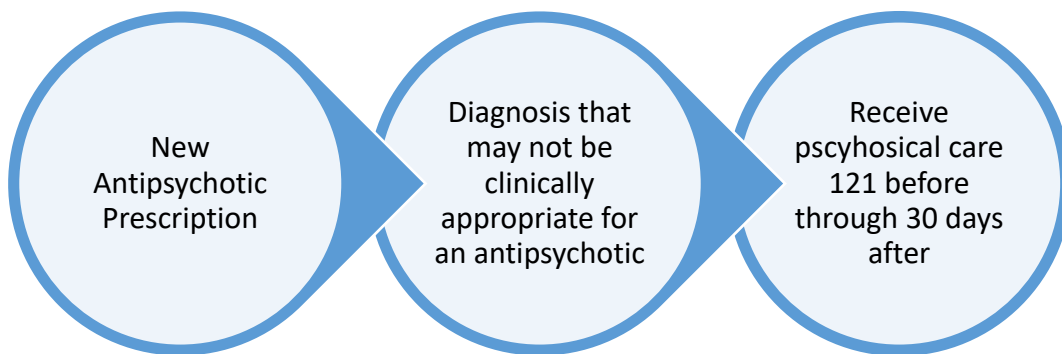
Description	CPT**/HCPCS Codes
Psychosocial Care	90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875, 90876, 90880, G0176, G0177, G0409-G0411, H0004, H0035-H0040 , H2000, H2001,

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	H2011-H2014, H2017-H2020, S0201, S9480, S9484 S9485
Residential Behavioral Health Treatment	H0017, H0018, H0019, T2048

APP Measure At-a-Glance



Follow-Up After Hospitalization for Mental Illness (FUH)

Applicable Foster Care Measure

This measure assesses the percentage of discharges for members ages 6 and older who were hospitalized for treatment of select mental illness or intentional self-harm. Two rates are reported:



1. The percentage of discharges for which the member received follow-up within 30 days after discharge with a mental health provider.
2. The percentage of discharges for which the member received follow-up within 7 days after discharge with a mental health provider.

What is included?

Medicaid, Medicare, and Marketplace members 6 and older with an acute inpatient discharge for mental illness or intentional self-harm between January 1 and December 1 of the measurement year. This measure is based on events, not members, so a member may fall into the measure multiple times throughout the measurement period.

Diagnosis Codes* that Include Members in the Measure

F20.0-F94.9 or T40.0X1A-T51.0X4S

How is Adherence Met?

The member has a follow-up within 7 days after discharge with a mental health provider or at an approved setting as outlined by the National Committee for Quality Assurance. If the visit did not occur within 7 days, it must occur within 30 days after discharge. Follow-up visits that occur on the day of discharge will not count.

Adherent REV, CPT**, and HCPCS Codes

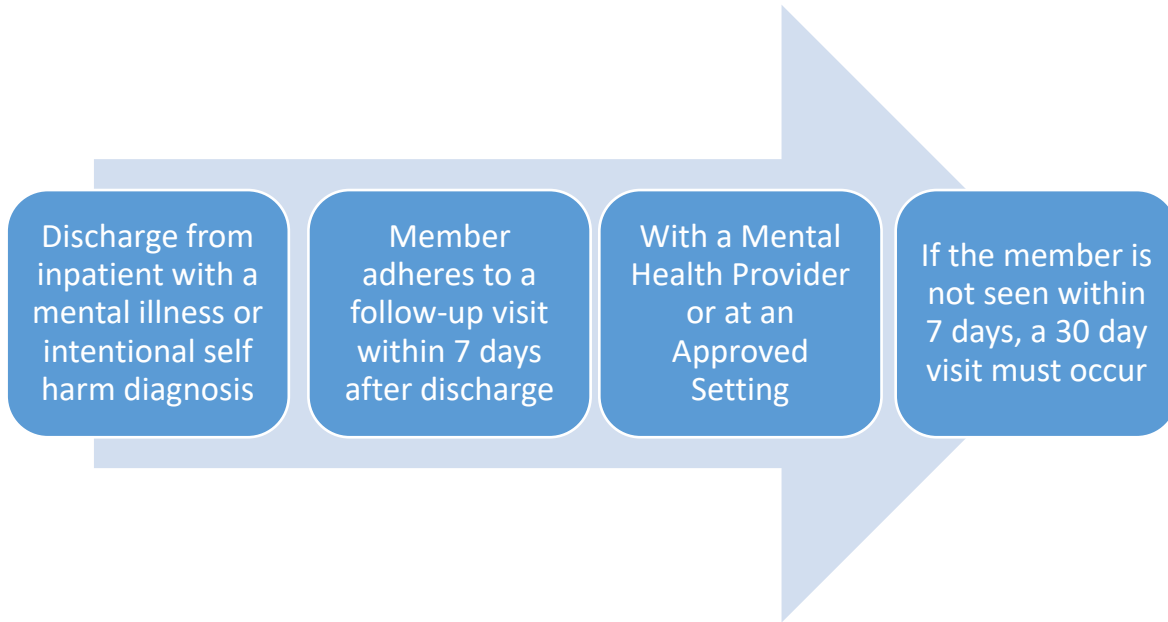
Outpatient visit with a mental health provider	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255 with POS 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH Outpatient visit with a mental health provider	0902-0904, 0911, 0914-0917, 0982, 0983, 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99843, 99492-99494, 99510, G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2013-H2010-H2020, T1015



Intensive Outpatient or Partial Hospitalization	90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255 with POS 52 or G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Community Mental Health Center	0902-0904, 0911, 0914-0917, 0982, 0983, 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255, 98960, 98961, 98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510, G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000-H2011, H2013-H2020, T1015, 99217-99220, 99495, 99496 with POS 53
Electroconvulsive Therapy	90870 with POS 24, 53, 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72, 52
Telehealth with a mental health provider	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255 with POS 02, 10
Observation with a mental health provider	99217, 99218, 99219, 99220
Transitional care management with a mental health provider	99495, 99496
Behavioral healthcare setting:	0513, 0900-0905, 0907, 0911-0917, 0919
Telephone with a mental health provider	98966-98968, 99441-99443
Psychiatric collaborative care	99492-99494, G0512



FUH Measure At-A-Glance



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

Applicable Foster Care Measure

This measure assesses the percentage of emergency department visits for members ages 6 and older with a principal diagnosis of mental illness or intentional self-harm who had a follow-up visit for mental illness. Two rates are reported:

1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

What is included?

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Medicaid and Medicare members 6 and older with an ED visit with a principal diagnosis of mental illness or intentional self-harm between January 1 and December 1 of the measurement year. This measure is based on ED events, not members, so a member may fall into the measure multiple times throughout the measurement period. ED visits that result in an inpatient stay within 30 days are not included.

Diagnosis Codes* that Include Members in the Measure

Mental Illness or Intentional Self Harm

How is Adherence Met?

Adherence is met with a follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder **or** with a principal diagnosis of intentional self-harm **and** any diagnosis of a mental health disorder on the claim. If the follow-up did not occur within 7 days, it must occur within 30 days of the ED visit.

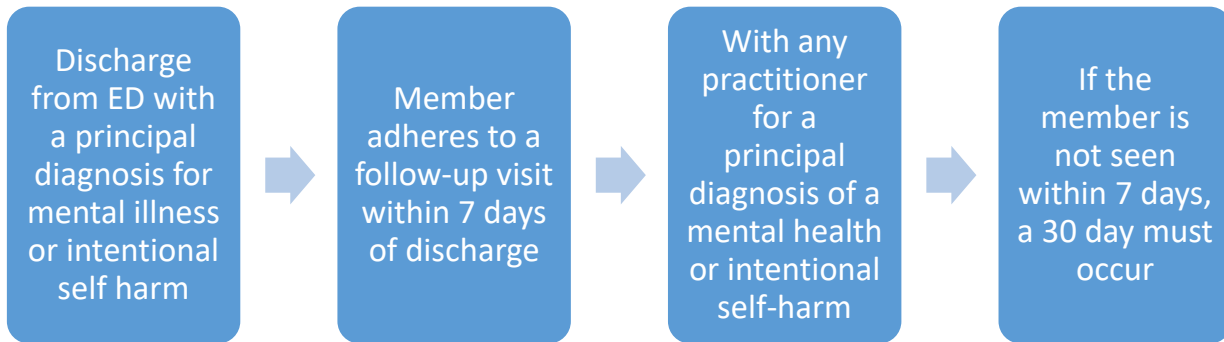
Adherent CPT**/HCPCS Codes

Outpatient visit	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255 with POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH outpatient visit	98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99843, 99492-99494, 99510, G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Intensive outpatient encounter or partial hospitalization.	90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255 with POS 52 or G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
An outpatient visit at a community mental health center	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255 with POS 53



Observation visit	99217, 99218, 99219, 99220
Telehealth visit	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255 with POS 02, 10
Telephone Visit	98966-98968, 99441-99443
An e-visit or virtual check-in visit	98969-98972, 98980, 98981, 99421-99444, 99457, 99458, G0071, G2010, G2012, G2061-G2063, G2250-H2252
Electroconvulsive Therapy visit	90870 with POS 24, 53, 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72, 52

FUM Measure At-A-Glance





Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

This measure assesses the percentage of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

What is Included?

Medicaid and Medicare members 18 years and older

Diagnosis Codes that include members in the measure:**
 F20.0-F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9

Antipsychotic Medications

Description	Prescription		
Miscellaneous antipsychotic agents	<ul style="list-style-type: none"> • Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • Clozapine • Haloperidol 	<ul style="list-style-type: none"> • Iloperidone • Loxapine • Lumateperone • Lurasidone • Molindone • Olanzapine 	<ul style="list-style-type: none"> • Paliperidone • Quetiapine • Risperidone • Ziprasidone
Phenothiazine antipsychotics	<ul style="list-style-type: none"> • Chlorpromazine • Fluphenazine 	<ul style="list-style-type: none"> • Perphenazine • Prochlorperazine 	<ul style="list-style-type: none"> • Thioridazine • Trifluoperazine
Psychotherapeutic combinations	<ul style="list-style-type: none"> • Amitriptyline-perphenazine 		
Thioxanthenes	<ul style="list-style-type: none"> • Thiothixene 		
Long-acting injections	<ul style="list-style-type: none"> • Aripiprazole • Aripiprazole lauroxil • Fluphenazine decanoate 	<ul style="list-style-type: none"> • Haloperidol decanoate • Olanzapine 	<ul style="list-style-type: none"> • Paliperidone palmitate • Risperidone

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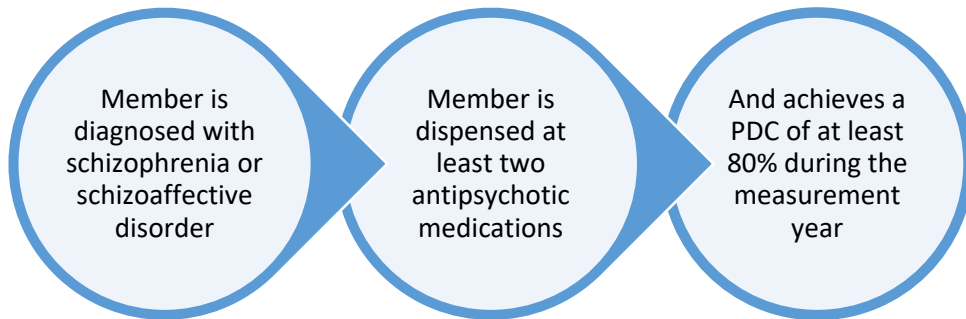


How is Adherence Met?

When the member achieves a proportion of days covered (PDC) of at least 80% for their antipsychotic medication(s) during the measurement year.

- The treatment period begins on the index prescription start date (IPSD); use the earliest prescription dispensing date for any antipsychotic medication.
- The PDC is defined as the number of days a member is covered by at least one antipsychotic medication prescription, divided by the number of days in the treatment period.

SAA Measure At-a-Glance





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

The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease, who had an LDL-C test during the measurement year.

What is included?

Medicaid members ages 18-64

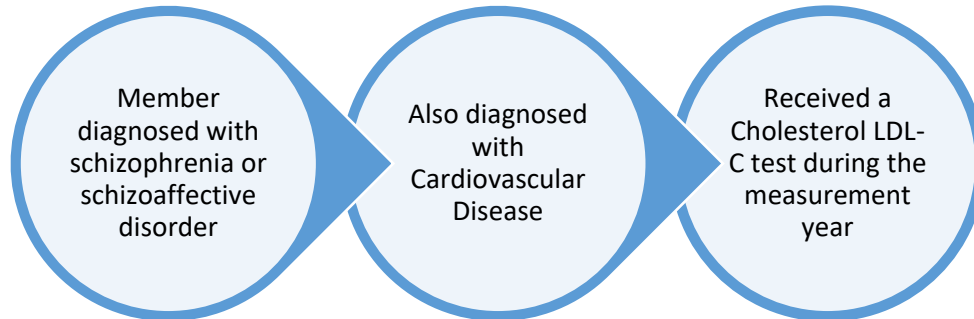
How is Adherence Met?

Adherence is met when the member has at least one LDL-C test between January 1 and December 31 of the measurement year.

Diagnosis	ICD-10 Codes
Schizophrenia	F20.0-20.3, F20.5, F20.81, F20.89-20.9, F25.0-25.1, F25.8-25.9
Cardiovascular Disease	Use the appropriate code family: AMI, CABG, PCI, or IVD
Test	CPT** Codes
LDL-C	80061, 83700, 83701, 83704, 83721 CAT-II: 3048F, 3049F, 3050F



SMC Measure At-a-Glance



Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)

The percentage of members 18-64 years old with schizophrenia or schizoaffective disorder and diabetes who had both an LCL-C test and an HbA1c test during the measurement year.

What is included?

Medicaid members ages 18-64.

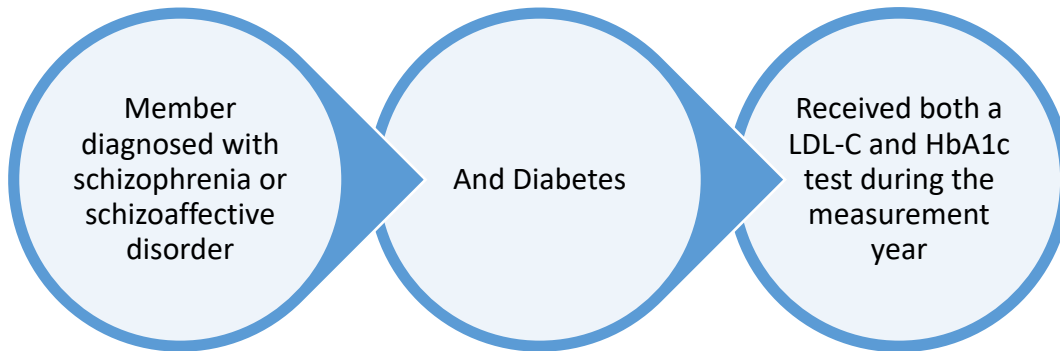
How is Adherence Met?

Adherence is met when the member has an LDL-C and HbA1c test between January 1 and December 31 of the measurement year.

Test	CPT** Codes
HbA1c	83036, 83037 CAT-II: 3044F, 3046F, 3051F, 3052F
LDL-C	80061, 83700, 83701, 83704, 83721 CAT-II: 3048F, 3049F, 3050F



SMD Measure At-a-Glance



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

This measure assesses adults 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

What is included?

Medicaid members ages 18-64

How is Adherence Met?

When the member has at least one HbA1c or blood glucose test in the measurement year.

Diagnosis Codes** that include members in the measure:

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F20.0-F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9 F30.10-F30.13, F30.2-F30.4, F30.8-F30.9, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4-F31.5, F31.60-F31.64, F31.70-F31.78

Antipsychotic Medications

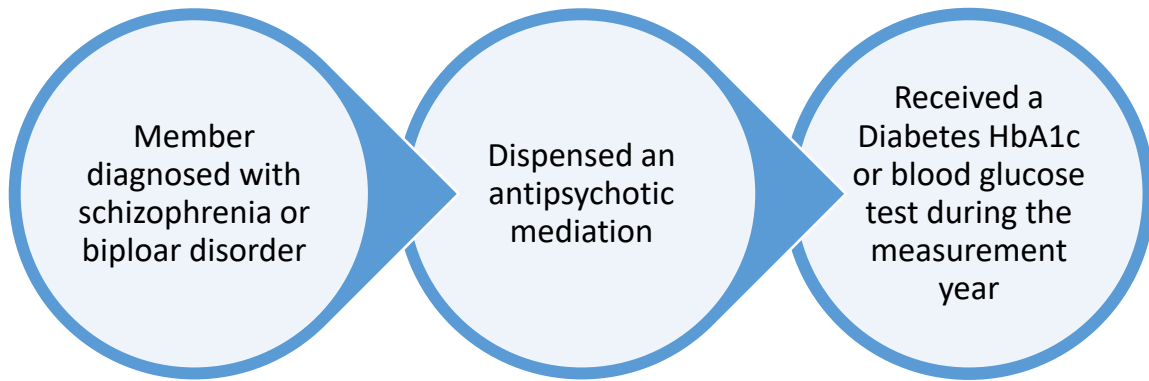
Description	Prescription		
Miscellaneous antipsychotic agents	<ul style="list-style-type: none"> • Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • Clozapine • Haloperidol 	<ul style="list-style-type: none"> • Iloperidone • Loxapine • Lumateperone • Lurasidone • Molindone • Olanzapine 	<ul style="list-style-type: none"> • Paliperidone • Quetiapine • Risperidone • Ziprasidone
Phenothiazine antipsychotics	<ul style="list-style-type: none"> • Chlorpromazine • Fluphenazine 	<ul style="list-style-type: none"> • Perphenazine • Prochlorperazine 	<ul style="list-style-type: none"> • Thioridazine • Trifluoperazine
Psychotherapeutic combinations	<ul style="list-style-type: none"> • Amitriptyline-perphenazine 		
Thioxanthenes	<ul style="list-style-type: none"> • Thiothixene 		
Long-acting injections	<ul style="list-style-type: none"> • Aripiprazole • Aripiprazole lauroxil • Fluphenazine decanoate 	<ul style="list-style-type: none"> • Haloperidol decanoate • Olanzapine 	<ul style="list-style-type: none"> • Paliperidone palmitate • Risperidone

Lab Test CPT**

Test	CPT** Codes
HbA1c	83036, 83037 CAT-II: 3044F, 3046F, 3051F, 3052F
LDL-C	80061, 83700, 83701, 83704, 83721 CAT-II: 3048F, 3049F, 3050F
Blood Glucose	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951



SSD Measure At-a-Glance





Administrative Measures- Substance Use

Risk of Continued Opioid Use (COU)

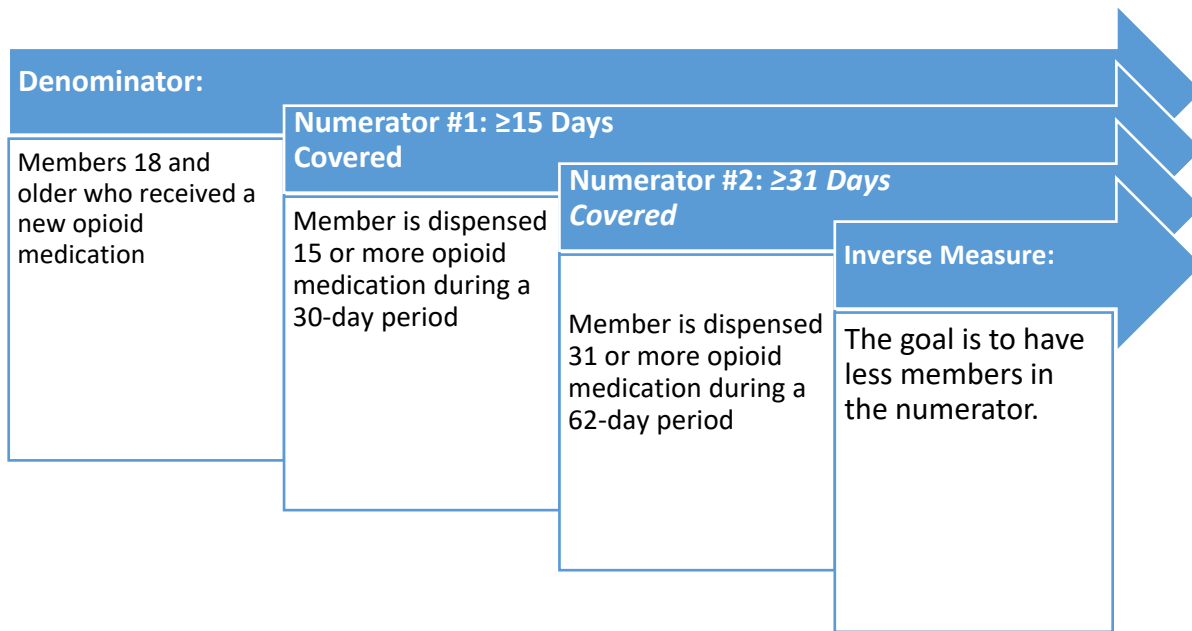
This measure evaluates percentage of members 18 years and older who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported:

1. The percentage of members with at least 15 days of prescription opioids in a 30-day period
2. The percentage of members with at least 31 days of prescription opioids in a 62-day period

What is included?

Medicaid and Medicare members 18 and older as of November 1 of the year prior to the measurement year. Data is captured utilizing pharmacy claims data for opioid medications filled.

COU Measure At-A-Glance



Follow-Up After Emergency Department Visit for Substance Use (FUA)

Applicable Foster Care Measure

This measure assesses the percentage of emergency department visits for members ages 13 and older with a principal diagnosis of substance use disorder (SUD) or any diagnosis of drug overdose. Two rates are reported:

1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

What is included?



Medicaid and Medicare members 13 and older. This measure is based on ED events, so a member may fall into the measure multiple times throughout the measurement period.

How is Adherence Met?

When the member adheres to a 7-day follow-up visit or pharmacotherapy dispensing event. If the follow-up did not occur within 7 days, it must occur within 30 days of discharge. The visit can be with any practitioner for a diagnosis of SUD or drug overdose or with an approved mental health provider.

Adherent Diagnosis/CPT**/HCPCS Codes:

Principal diagnosis: F10.10-F19.99 (excludes remission codes), or T40.0X1A-T51.0X4S with one of the following:

Outpatient visit with any diagnosis of SUD, substance use, or drug overdose or with a mental health provider	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255 with POS 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH outpatient visit with a mental health provider	0902-0904, 0911, 0914-0917, 0982, 0983, 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99843, 99492-99494, 99510, G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2013-H2010-H2020, T1015
Intensive outpatient or partial hospitalization with any diagnosis of SUD, substance use, or drug overdose or with a mental health provider	90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255 with POS 52 or G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Non-residential substance abuse treatment facility with any diagnosis of SUD, substance use, or drug overdose or with a mental health provider	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255 with POS 57, 58

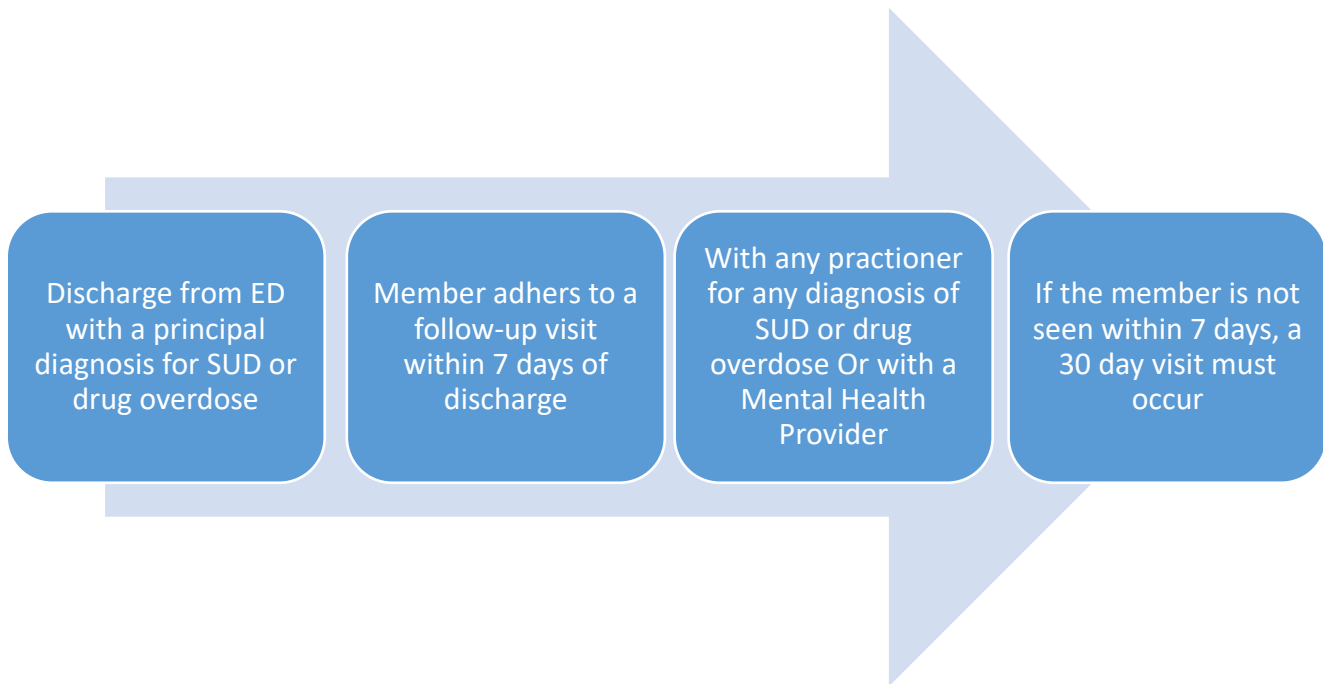


Community mental health center with any diagnosis of SUD, substance use, or drug overdose	0902-0904, 0911, 0914-0917, 0982, 0983, 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255, 98960, 98961, 98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510, G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000-H2011, H2013-H2020, T1015, 99217-99220, 99495, 99496 with POS 53
Observation with any diagnosis of SUD, substance use, or drug overdose or with a mental health provider	99217, 99218, 99219, 99220
Peer support service with any diagnosis of SUD, substance use, or drug overdose	G0177, H0024, H0025, H0038-H0040, H0046, H2017, H2023, S9445, T1012, T1016
Telehealth with any diagnosis of SUD, substance use, or drug overdose or with a mental health provider	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255 with POS 02, 10
Telephone with any diagnosis of SUD, substance use, or drug overdose or with a mental health provider	98966-98968, 99441-99443
An e-visit or virtual check-in with any diagnosis of SUD, substance use, or drug overdose or with a mental health provider	98969-98972, 98980, 98981, 99421-99444, 99457, 99458, G0071, G2010, G2012, G2061-G2063, G2250-H2252



A behavioral health screening or assessment for SUD or mental health disorders	99408, 99409, G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049
A substance use service	H0006, H0028
A pharmacotherapy dispensing event	Disulfiram (oral), Naltrexone (oral and injectable), Acamprosate (oral; delayed-release tablet), Buprenorphine (sublingual tablet, injection, implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) G2069, G2070, G2072, G2073, H0020, H0033, J0570-J0575, J2315, Q9991, Q9992, S0109

FUA Measure At-A-Glance





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

This measure assesses the percentage of acute inpatient hospitalizations, residential treatment, or withdrawal management event for a diagnosis of substance use disorder. Two rates are reported:

1. The percentage of discharges for which the member received follow-up for substance use disorder within 30 days after discharge.
2. The percentage of discharges for which the member received follow-up for substance use disorder within 7 days after discharge.

What is included?

Medicaid and Medicare members 13 and older. This measure is based on events, so a member may fall into the measure multiple times throughout the measurement period.

Diagnosis Codes* that Include Members in the Measure

F10.10-F19.29 (excludes readmission codes)

How is Adherence Met?

Adherence is met with a follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder.

Adherent Diagnosis/CPT**/HCPCS Codes

Principal diagnosis: F10.10-F19.99 (excludes remission codes) with one of the following:

Acute or nonacute inpatient admission or residential behavioral health stay 0100-1002

Outpatient visit 0902-0904, 0911, 0914-0917, 0982, 0983, 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 98960-98962, 99078, 99201-99205, 99211-99215, 99221-99223, 99231-99233, 99238-99239, 99241-99245, 99251-99255, 99341, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99843, 99492-99494, 99510, G0155, G0176, G0177, G0409, G0463, G0512,

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This document is an informational resource designed to assist licensed healthcare practitioners in caring for their patients. Healthcare practitioners should use their professional judgment in using the information provided. HEDIS® measures are not a substitute for the care provided by licensed healthcare practitioners and patients are urged to consult with their healthcare practitioner for appropriate treatment. HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

2024 ICD-10 Diagnosis Codes* **CPT copyright 2024 American Medical Association (AMA). All rights reserved. CPT** is a registered trademark of the AMA. For a complete list please refer to the NCQA website.*



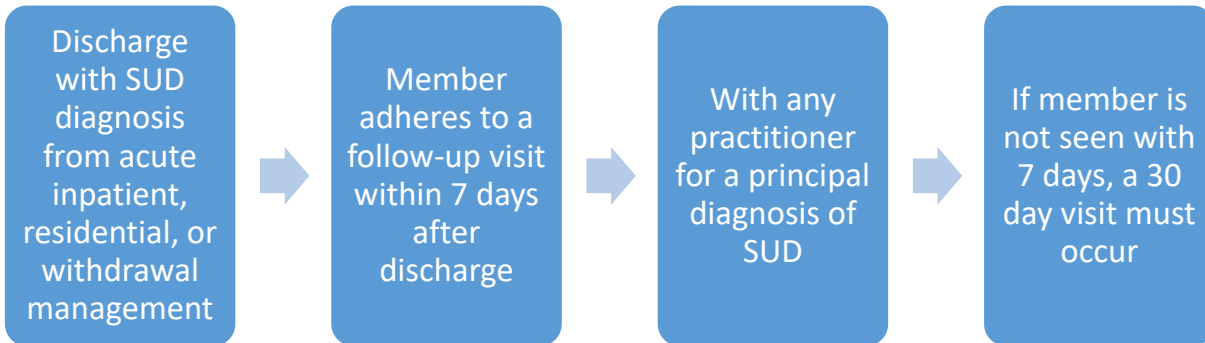
	H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2013-H2010-H2020, T1015 with POS 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
Intensive outpatient or partial hospitalization	90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255 with POS 52 or G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Non-residential substance abuse treatment facility	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255 with POS 57, 58
Community mental health center	0902-0904, 0911, 0914-0917, 0982, 0983, 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255, 98960, 98961, 98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510, G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000-H2011, H2013-H2020, T1015, 99217-99220, 99495, 99496 with POS 53
Telehealth visit	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255 with POS 02, 10
A substance use service	H0006, H0028
An opioid treatment service that bills monthly or weekly	G2071, G2074-G2077, G2080, G2086, G2087
An observation visit	99217-99220
Residential behavioral health treatment	H0017-H0019, T2048



A telephone visit	98966-98968, 99441-99443
An e-visit or virtual check-in	98969-98972, 98980, 98981, 99421-99444, 99457, 99458, G0071, G2010, G2012, G2061-G2063, G2250-H2252
A pharmacotherapy dispensing event	Naltrexone (oral and injectable), Buprenorphine (sublingual tablet, injection, implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) G2069, G2070, G2072, G2073, H0020, H0033, J0570-J0575, J2315, Q9991, Q9992, S0109, G2067-G2070, G2072, G2073

Note: Methadone is not included

FUI Measure At-A-Glance





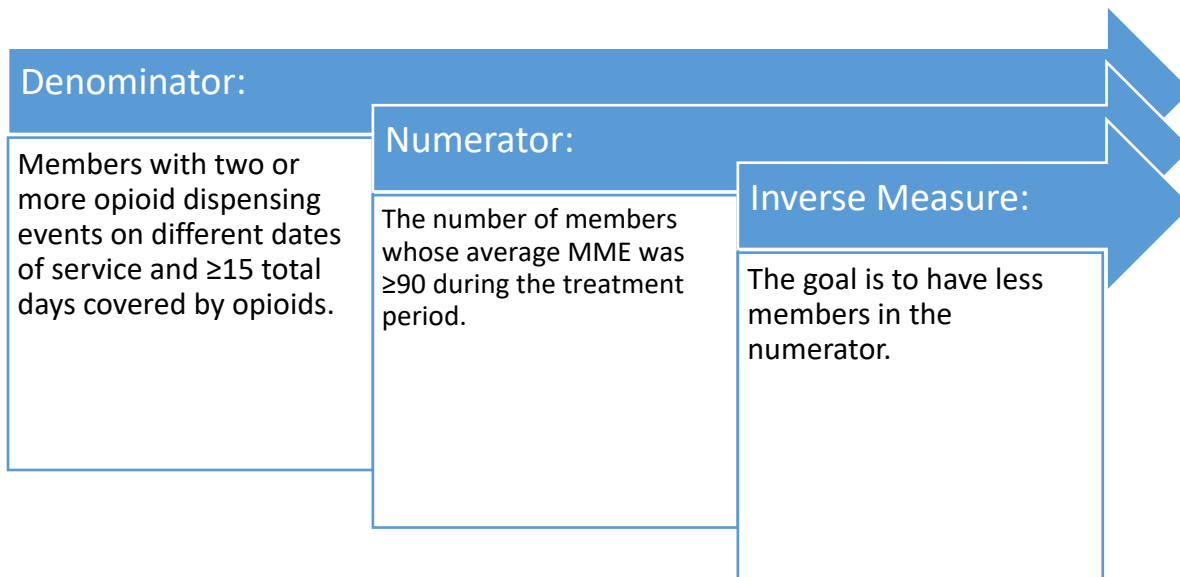
Use of Opioids at High Dosage (HDO)

Measure evaluates the percentage of members 18 and older receiving prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥ 90) for ≥ 15 days during the measurement year.

What is included?

Medicaid and Medicare members 18 years and older as of January 1 of the measurement year.

HDO Measure At-A-Glance





Initiation and Engagement of Substance Use Disorder Treatment (IET)

Applicable Foster Care Measure

This measure assesses the percentage of new substance use disorder episodes that result in treatment initiation and engagement. Two rates are reported:

1. *Initiation of SUD Treatment.* The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days.
2. *Engagement of SUD Treatment.* The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.

What is included?

Medicaid, Medicare, and Marketplace members 13 and older. This measure includes episodes diagnosed by primary care providers (PCP) and other non-behavioral health providers.

Diagnosis Codes* that Include Members in the Measure

F10.10-F19.29 (excludes readmission codes)

How is Adherence Met?

Adherence is met for initiation when the member initiates treatment for SUD through an IP SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment event within 14-days of the SUD episode. Adherence is met for engagement when the member has (any combination of) two SUD visits or medication treatment events on the day after the initiation encounter through 34 days after.

Adherent Diagnosis/CPT/HCPCS Codes**

Principal diagnosis: F10.10-F19.99 (excludes remission codes) with one of the following:

Acute or nonacute inpatient admission	0100-101, 0110-114, 0116-124, 0126-134, 0136-144, 0146-154, 0156-160, 0164, 0167, 0169-174, 0179, 0190-194, 0199-204, 0206-214, 0219, 1000-1002
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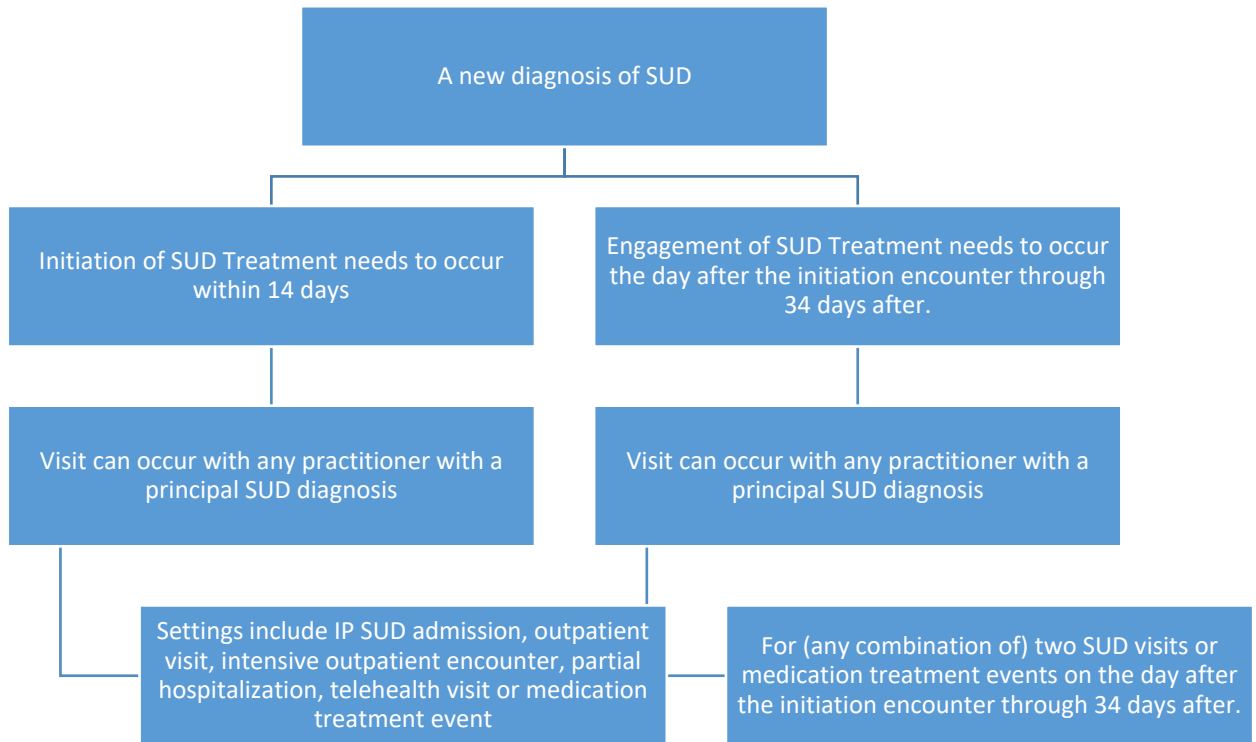
Outpatient visit	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255 with POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH outpatient visit	98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99843, 99492-99494, 99510, G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Intensive outpatient encounter or partial hospitalization.	90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255 with POS 52 or G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Non-residential substance abuse treatment facility	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255 with POS 57, 58
An outpatient visit at a community mental health center	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255 with POS 53
Observation visit	99217, 99218, 99219, 99220
Telehealth visit	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255 with POS 02, 10
Telephone Visit	98966-98968, 99441-99443
An e-visit or virtual check-in visit	98969-98972, 98980, 98981, 99421-99444, 99457, 99458, G0071, G2010, G2012, G2061-G2063, G2250-H2252
A substance use service	H0006, H0028



Opioid treatment service that bills monthly or weekly	G2071, G2074-G2077, G2080, G2086, G2087
An alcohol use disorder medication dispensing event	Disulfiram (oral), Naltrexone (oral and injectable), Acamprosate (oral and delayed-release tablet)
An opioid use disorder medication dispensing event	Naltrexone (oral and injectable), Buprenorphine (sublingual tablet, injection, implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) G2069, G2070, G2072, G2073, H0020, H0033, J0570-J0575, J2315, Q9991, Q9992, S0109, G2067-G2070, G2072, G2073

Note: Methadone is not included

IET Measure At-A-Glance





Pharmacotherapy for Opioid Use Disorder (POD)

This measure captures the percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members aged 16 and older with an OUD diagnosis.

What is included?

- Medicaid and Medicare members aged 16 and older.

How is Adherence Met?

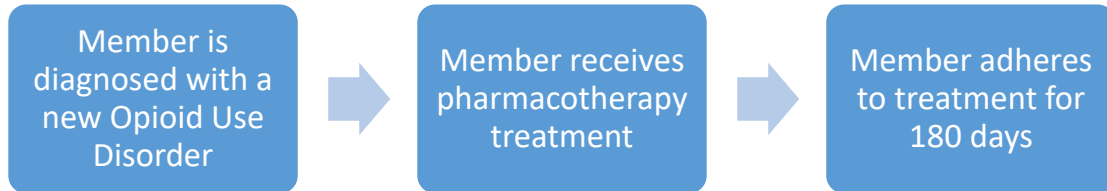
The measure is met when the member adheres to OUD pharmacotherapy for 180 days or more without a gap in treatment of more than 8 days.

OUD ICD-10 CODES:

F11.10, F11.120-122, F11.129, F11.13-14, F11.150-151, F11.159, F11.181-182, F11.188, F11.19-20, F11.220-

Description	Treatment Medications
Antagonist	Naltrexone (oral or injectable)
Partial Agonist	Buprenorphine (sublingual tablet, injection, or implant)
Partial Agonist	Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)
Agonist	Methadone (oral, medical claim codes H0020, S10109, G2067, G2078)

POD Measure At-A-Glance



Use of Opioids from Multiple Providers (UOP)

The percentage of members 18 years and older, receiving prescription opioids for greater than or equal to 15 days during the measurement year from multiple providers. Three rates are reported.

1. Multiple Prescribers: The proportion of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.
2. Multiple Pharmacies: The proportion of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.
3. Multiple Prescribers and Multiple Pharmacies: The proportion of members receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the measurement year.

What is included?

Medicaid and Medicare members 18 and older as of January 1 of the measurement year.

Opioid Medications	
Benzhydrocodone	Meperidine
Buprenorphine (transdermal patch and buccal film)	Methadone



Butorphanol

Codeine

Dihydrocodeine

Fentanyl

Hydrocodone

Hydromorphone

Levorphanol

Morphine

Opium

Oxycodone

Oxymorphone

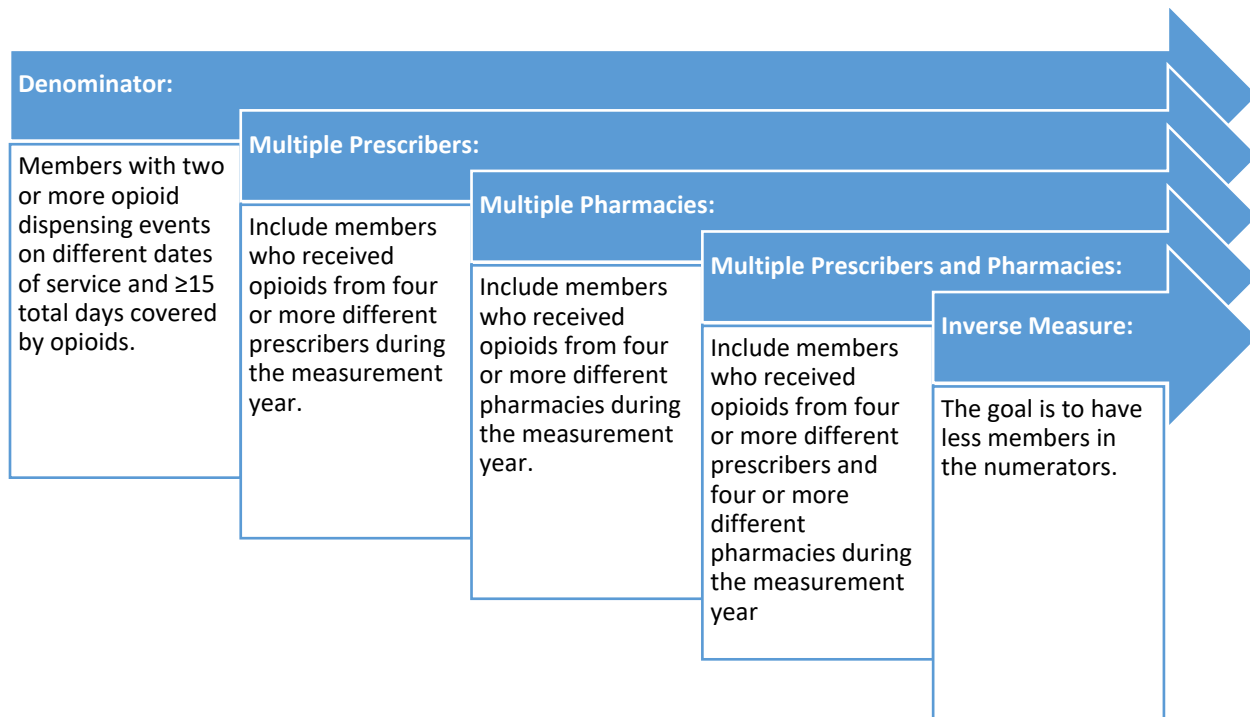
Pentazocine

Tapentadol

Tramadol



UOP Measure At-A-Glance





Electronic Clinical Data Systems (ECDS)

Helpful Hint: HEDIS® quality measures reported using ECDS means secure sharing of patient medical information electronically between systems. Measures that leverage clinical data captured routinely during the care delivery can reduce the burden on providers to collect data for quality reporting. It is part of the National Committee for Quality Assurance’s (NCQA) larger strategy to enable a Digital Quality System and is aligned with the industry’s move to digital measures and provides a method to collect, and report structured electronic clinical data for HEDIS quality measurement and improvement.

Provider tips:

- Understand the ECDS measures and the coding associated with electronic data transmission.
- Contact your health plan Provider representative to establish an electronic data transfer with the plan if your organization does not already have one.
- Make full use of CPT II codes to submit care quality findings for performance measurement, many HEDIS gaps could be closed via claims if CPT II codes were fully utilized.
- Ensure the EMR systems are set up to link the clinical and behavior health entries to **LOINC** (Logical Observation identifiers, Names and Codes) and **SNOMED** (Systemized Nomenclature of Medicine-Clinical Terms).
 - There are several behavioral health screenings that can only be represented by LOINC codes for the purposes of HEDIS reporting and can be extracted from EMR systems.
 - SNOMED codes represent both diagnoses and procedures as well as clinical findings and are the industry standard for classifying clinical data in EMR systems and can be extracted from EMR systems.
 - Because LOINC codes and SNOMED codes can only be obtained through supplemental data feeds, it is important that health plans and the provider community embrace the sharing of these EMR data to ensure the quality of care our members are receiving.



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

Applicable Foster Care Measure

This measure assesses the percentage of children newly prescribed ADHD medication, who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. The measure has two phases:

1. **Initiation Phase:** Assesses children 6-12 years of age who were diagnosed with ADHD and had one follow-up visit with a practitioner with prescribing authority within 30 days of their first prescription of ADHD medication. The visit can occur via face-to-face, telehealth, or telephone.
2. **Continuation & Maintenance Phase:** Assesses children 6-12 years of age who had a prescription for ADHD medication and remained on the medication for at least 210 days and had at least two follow-up visits with a practitioner in the nine months following the Initiation Phase. One of the two visits can be an e-visit or virtual check-in and the other can be via telehealth, phone or face-to-face.

What is Included?

- Medicaid members aged 6-12 years old.
- **New** prescription (no fill 120 days prior) for ADHD medication between March 1 of the year prior through the last calendar day of February of the measurement year)

Description	Prescription		
CNS stimulants	<ul style="list-style-type: none"> • Dexmethylphenidate • Dextroamphetamine 	<ul style="list-style-type: none"> • Lisdexamfetamine • Methylphenidate 	<ul style="list-style-type: none"> • Methamphetamine
Alpha-2 receptor agonists	<ul style="list-style-type: none"> • Clonidine 	<ul style="list-style-type: none"> • Guanfacine 	
Miscellaneous ADHD medications	<ul style="list-style-type: none"> • Atomoxetine 		

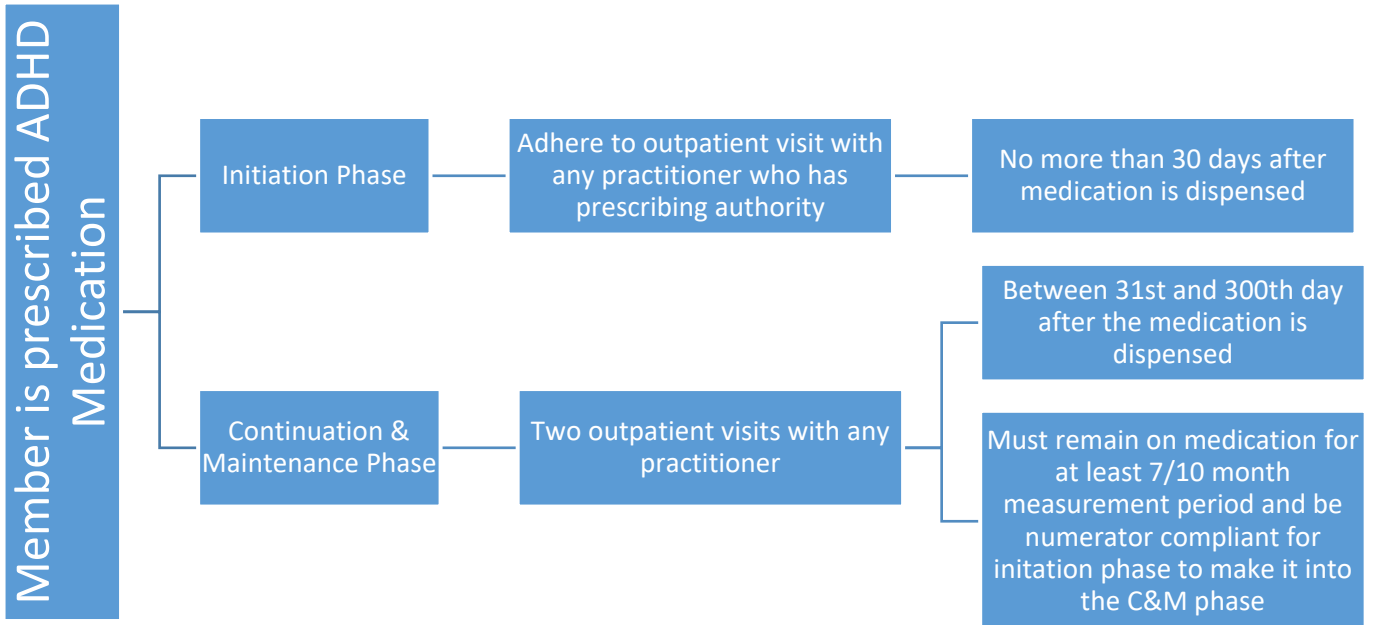
How is Adherence Met?



- The Initiation Phase is met when the child is prescribed a new ADHD medication and attends a follow-up visit with a practitioner with prescribing authority within 30 days of the first ADHD medication prescription dispensing date.
- The Continuation & Maintenance Phase is met when the child has remained on the ADHD medication for at least 210 days and has had at least two more visits with any practitioner in the nine months following the Initiation Phase.

Description	**CPT/CAT II/LOINC/SNOWMED
Outpatient POS:	POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
Health and Behavioral Assessment or Intervention:	CPT: 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171
Online assessments:	CPT: 98960, 98970, 98971, 98972, 99421, 99422, 99423, 99457 HCPCS: G0071, G2010, G2012,
Telephone visits:	CPT: 98966, 98967, 98968, 99441, 99442, 99443 SNOWMED: 185317003, 314849005, 386472008, 386473003, 401267002

ADD Measure At-a-Glance





Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)

Applicable Foster Care Measure

This measure assesses children and adolescents 1-17 years of age who had at least two or more antipsychotic medication dispensing events of the same or different medications, on different dates of services during the measurement year and had metabolic testing. Three rates are reported:

- At least one blood glucose or HbA1c test.
- At least one LDC-C test.
- At least one blood glucose or HbA1c and at least one LDL-C test.

How is Adherence Met?

Adherence is met when the member has at least one blood glucose or HbA1c and LDL-C test in the measurement year.

Lab Test	CPT** Codes	LOINC Codes
HbA1c	83036, 83037 CAT-II: 3044F, 3046F, 3051F, 3052F	17855-8, 17856-6, 4548-4, 4549-2, 96595-4
Blood Glucose	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951	10450-5, 1492-8, 1494-4, 1496-9, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 2345-7, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7
Cholesterol or LDL-C	82465, 83718, 83722, 84478, 80061, 83700, 83701, 83704, 83721 CAT-II: 3048F, 3049F, 3050F	2085-9, 2096-3, 2571-8, 3043-7, 9830-1, 12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2, 96259-7

APM Measure At-A-Glance



Member has two or more antipsychotic dispensing events



Received at least one blood glucose or HbA1c and at least one LDL-C test during the measurement year

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

This measure assesses the percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.

1. *Depression Screening.* The percentage of members who were screened for clinical depression using a standardized instrument.
2. *Follow-Up on Positive Screen.* The percentage of members who received follow-up care within 30 days of a positive depression screen finding.

What is included?

Medicaid, Medicare, and Marketplace (*proposed) members aged 12 and older.

Depression Screening instrument: A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:

Instruments for Adolescents (≤17 years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9) [®]	44261-6	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M) [®]	89204-2	Total score ≥10



Patient Health Questionnaire-2 (PHQ-2) [®]	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS) [®]	89208-3	Total score ≥8
Center for Epidemiologic Studies Depression Scale— Revised (CESD-R)	89205-9	Total score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total score ≥10
PROMIS Depression	71965-8	Total score (T Score) ≥60

Instruments for Adults (18+ years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9) [®]	44261-6	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2) [®]	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS) [®]	89208-3	Total score ≥8
Beck Depression Inventory (BDI-II)	89209-1	Total score ≥20
Center for Epidemiologic Studies Depression Scale— Revised (CESD-R)	89205-9	Total score ≥17
Duke Anxiety—Depression Scale (DUKE-AD) [®]	90853-3	Total score ≥30
Geriatric Depression Scale Short Form (GDS)	48545-8	Total score ≥5
Geriatric Depression Scale Long Form (GDS)	48544-1	Total score ≥10
Edinburgh Postnatal Depression Scale (EPDS)	48544-1	Total score ≥10
My Mood Monitor (M-3) [®]	71777-7	Total score ≥5
PROMIS Depression	71965-8	Total score (T Score) ≥60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥31

Description	Codes*
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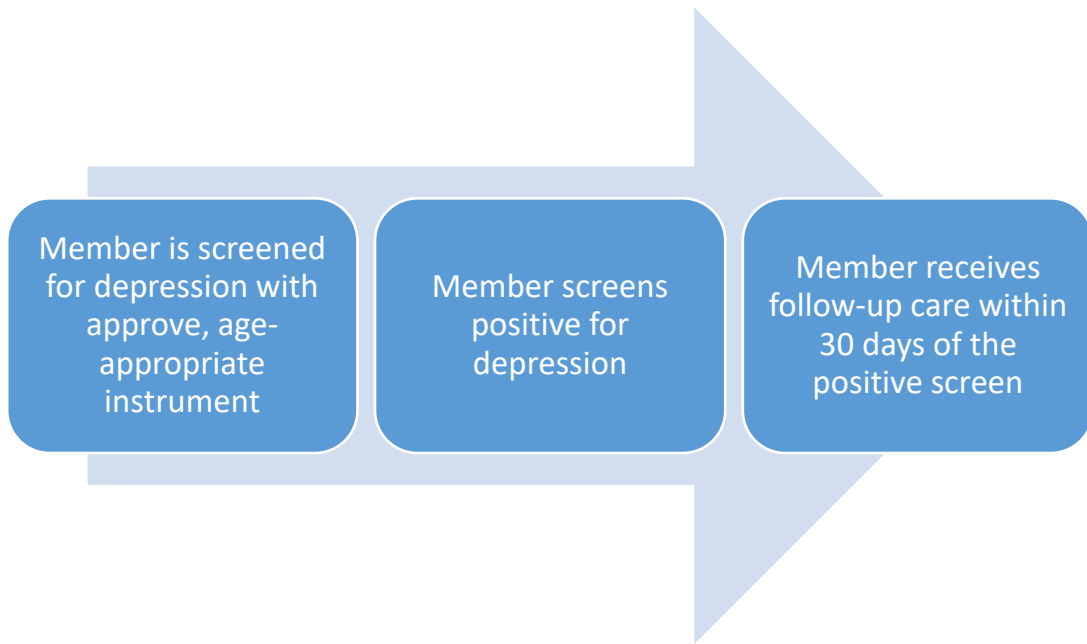
Behavioral Health Encounter	CPT: 90791, 90792, 90832-90839, 90845-90849, 90853, 90865- 90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493
Bipolar Disorder	ICD10: F30.10-F30.13, F30.2- F30.9, F31.0, F31.10- F31.13, F31.2, F31.30- F31.32, F31.4, F31.5, F31.60-F31.64, F31.70- F31.78
Depression	ICD10: F01.51, F01.511, F01.518, F32.0- F32.5, F32.81, F32.89, F32.9, F32.A, F33.0- F33.3, F33.40- F33.42, F33.8, F33.9, F34.1, F34.81, F34.89, F43.21, F43.23, F53.0, F53.1, O90.6, O99.340- O99.345
Depression Case Management Encounter	CPT: 99366, 99492- 99494 HCPCS: G0512, T1016, T1017, T2022, T2023
Depression or Other Behavioral Health Condition	ICD10: F01.51, F01.511, F01.518, F06.4, F10.180, F10.280, F10.980, F11.188, F11.288, F11.988, F12.180, F12.280, F12.980, F13.180, F13.280, F13.980, F14.180, F14.280, F14.980, F15.180, F15.280, F15.980, F16.180, F16.280, F16.980, F18.180, F18.280, F18.980, F19.180, F19.280, F19.980, F20.0- F20.5, F20.81, F20.89, F20.9, F21- F24, F25.0- F25.9, F28, F29, F30.10- F30.13, F30.2- F30.9, F31.0, F31.10- F31.13, F31.2, F31.30- F31.32, F31.4, F31.5, F31.60- F31.64, F31.70- F31.78, F31.81, F31.89, F31.9, F32.0- F32.9, F32.A, F33.0- F33.9, F34.0- F34.9, F39, F40.00- F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230- F40.233, F40.240- F40.248, F40.290- F40.298, F40.8, F40.9, F41.0- F41.9, F42- F42.9, F43.0, F43.10- F43.12, F43.20- F43.29, F43.8- F43.89, F43.9, F44.89, F45.21, F51.5, F53- F53.1, F60.0- F60.9, F63.0- F63.9, F68.10- F68.13, F68.8, F68.A, F84.0- F84.9, F90.0-



	F90.9, F91.0- F91.9, F93.0- F93.9, F94.0- F94.9, O90.6, O99.340- O99.345
Follow Up Visit	CPT: 98960- 98968, 98970- 98972, 98980, 98981, 99078, 99202- 99205, 99211- 99215, 99242- 99245, 99341- 99349, 99350, 99381- 99387, 99391- 99397, 99401- 99404, 99411, 99412, 99421- 99423, 99441- 99443, 99457, 99458, 99483
Hospice Encounter	HCPCS: G9473- G9479, Q5003- Q5010, S9126, T2042- T2046
Hospice Intervention	CPT: 99377, 99378 HCPCS: G0182
Other Bipolar Disorder	ICD10: F31.81, F31.89, F31.9

*Codes subject to change

DSF-E Measure At-A-Glance





Depression Remission or Response for Adolescents and Adults (DRR-E)

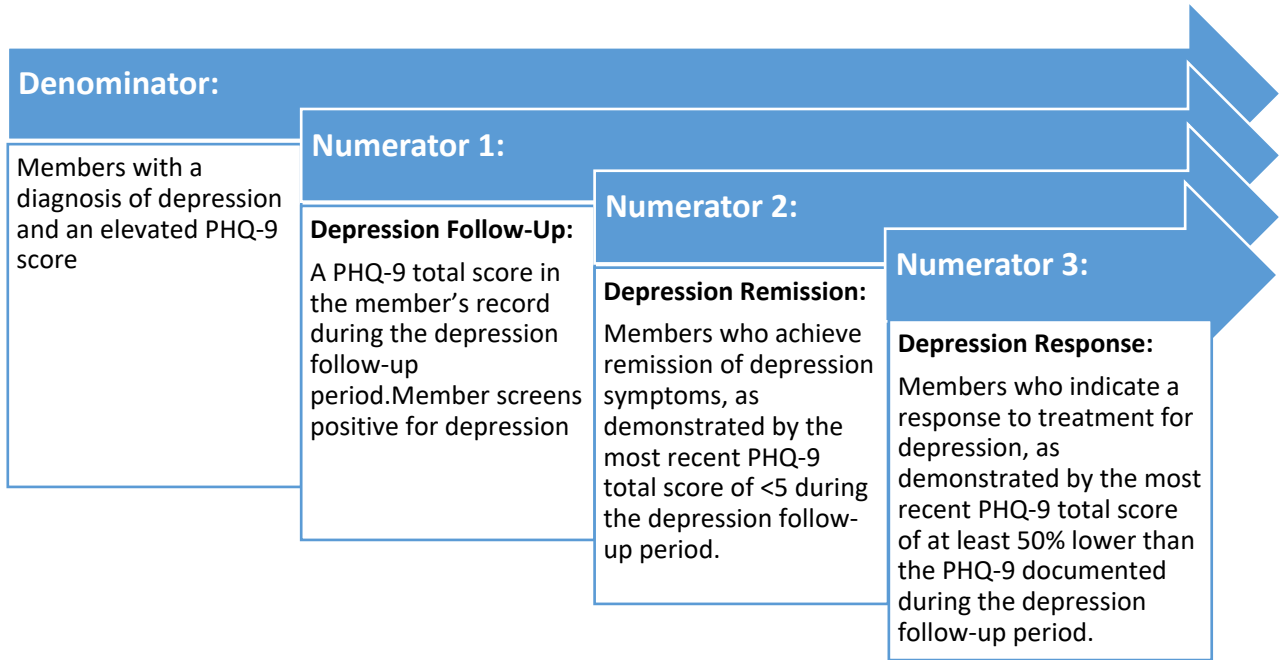
Measures the percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 4–8 months of the elevated score.

1. *Follow-Up PHQ-9.* The percentage of members who have a follow-up PHQ-9 score documented within 4–8 months after the initial elevated PHQ-9 score.
2. *Depression Remission.* The percentage of members who achieved remission within 4–8 months after the initial elevated PHQ-9 score.
3. *Depression Response.* The percentage of members who showed response within 4–8 months after the initial elevated PHQ-9 score.

What is included?

Medicaid and Medicare members ages 12 and older

DRR-E Measure At-A-Glance



Screening Instrument	Codes*
Patient Health Questionnaire 9 item (PHQ-9) total score:	LOINC code 44261-6 for members 12 years of age and older
Patient Health Questionnaire 9 item (PHQ-9) modified for teens total score:	LOINC code 89204-2 or 44261-6 for members 12–17 years of age)

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

This measure looks at the percentage of members 12 years of age and older with a diagnosis of major depression or dysthymia, who had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter.

The Measurement Period is divided into three assessment periods with specific dates of service:

1. *Assessment Period 1:* January 1–April 30.

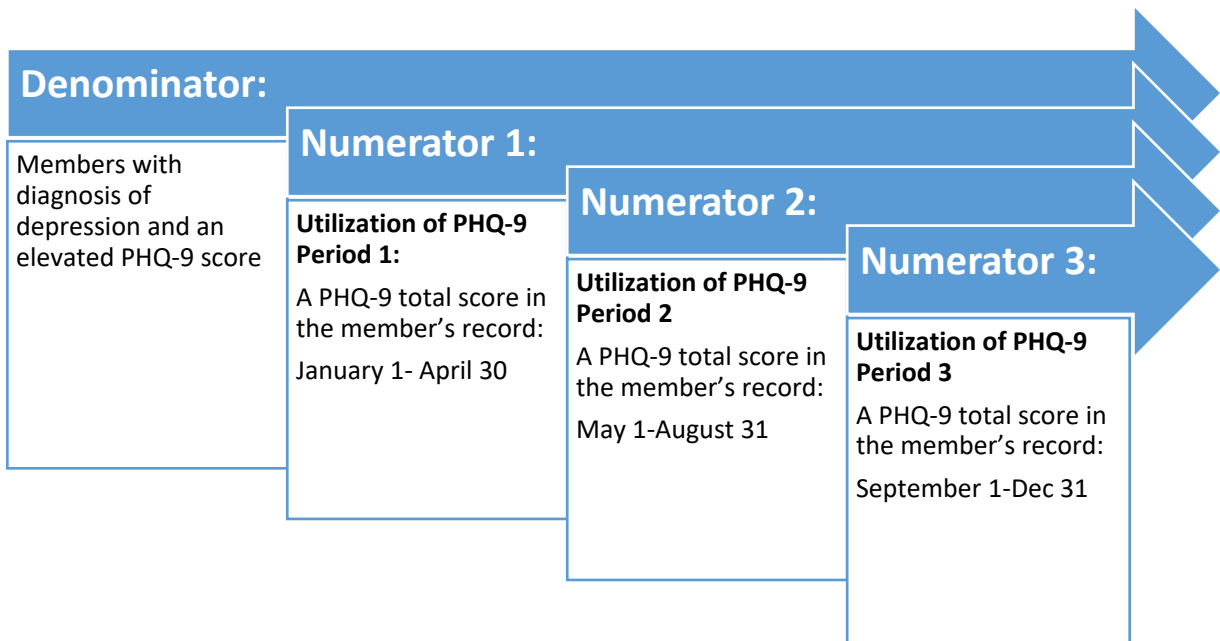


2. *Assessment Period 2:* May 1–August 31.
3. *Assessment Period 3:* September 1–December 31.

What is included?

Medicaid and Medicare members aged 12 and older.

DMS-E Measure At-A-Glance



Screening Instrument	Codes*
Patient Health Questionnaire 9 item (PHQ-9) total score:	LOINC code 44261-6 for members 12 years of age and older
Patient Health Questionnaire 9 item (PHQ-9) modified for teens total score:	LOINC code 89204-2 or 44261-6 for members 12–17 years of age)

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Prenatal Depression Screening and Follow-Up (PND-E)

This measure assesses the percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care.

1. *Depression Screening.* The percentage of deliveries in which members were screened for clinical depression during pregnancy using a standardized instrument.
2. *Follow-Up on Positive Screen.* The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.

What is included?

Medicaid members who deliver during the measurement period.

How is Adherence Met?

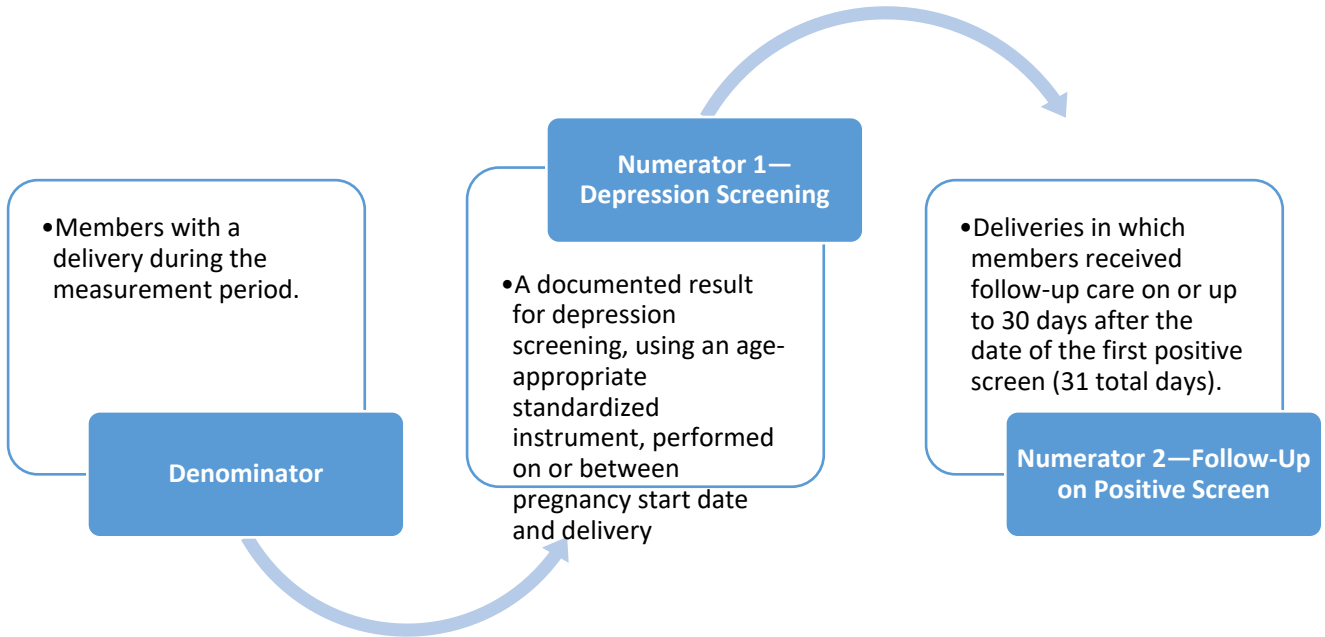
- Adherence is met when the member had a documented result for depression screening using a standardized screening instrument during pregnancy.
- If the depression screening is positive, the member must receive follow-up care on or up to 30 days after the date of the first positive screening:
 - An outpatient, telephone, e-visit, or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition.
 - A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.
 - A behavioral health encounter, including assessment, therapy, collaborative care or medication management.
 - A dispensed antidepressant medication.

OR

- Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument.



PND-E At-A-Glance



Instruments for Adolescents (≤17 years)	Total Score LOINC Codes*	Positive Finding
Patient Health Questionnaire (PHQ-9) [®]	44261-6	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ- 9M) [®]	89204-2	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2) ^{®1}	55758-7	Total score ≥3
Beck Depression Inventory—Fast Screen (BDI-FS) ^{®1,2}	89208-3	Total score ≥8
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total score ≥10

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PROMIS Depression	71965-8	Total score (T Score) ≥60
Instruments for Adults (18+ years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9) [®]	44261-6	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2) ^{®1}	55758-7	Total score ≥3
Beck Depression Inventory—Fast Screen (BDI-FS) ^{®1,2}	89208-3	Total score ≥8
Beck Depression Inventory (BDI-II)	89209-1	Total score ≥20
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
Duke Anxiety-Depression Scale (DUKE-AD) ^{®2}	90853-3	Total score ≥30
Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total score ≥10
My Mood Monitor (M-3) [®]	71777-7	Total score ≥5
PROMIS Depression	71965-8	Total score (T Score) ≥60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥31

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

Postpartum Depression Screening and Follow-Up (PDS-E)

Assesses the percentage of deliveries in which members were screened for clinical depression **during the postpartum period**, and if screened positive, received follow-up care (PDS-E). Two rates are reported:

- *Depression Screening*. The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period (7-84 days following the date of delivery).



- *Follow-Up on Positive Screen.* The percentage of deliveries in which members received follow-up care on or up to 30 days after the date of the first positive depression screen finding (31 total days)

What is included?

Medicaid members who delivered during September 8 of the year prior through September 7 of the measurement period.

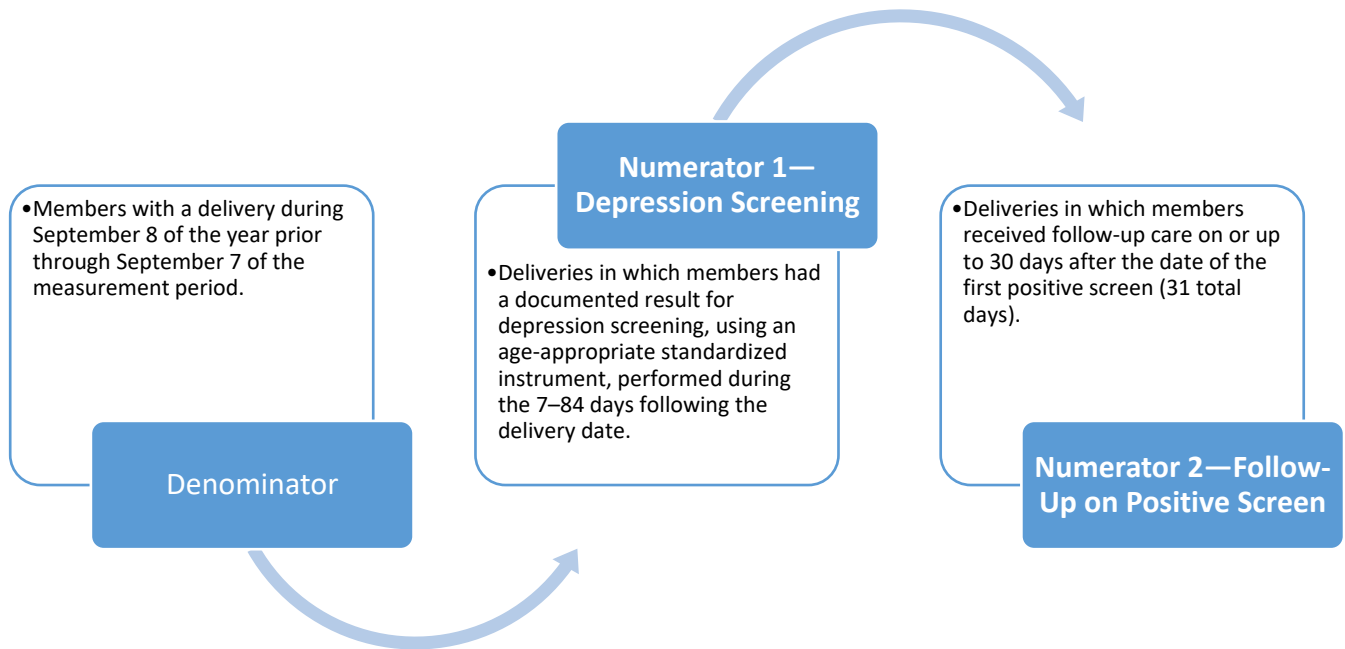
How is Adherence Met for PDS-E?

- Adherence is met when the member had a documented screening using an age-appropriate standardized instrument during 7 to 84 days following the date of delivery.
- If the depression screening is positive, the member must receive follow-up care on or up to 30 days after the date of the first positive screening:
 - An outpatient, telephone, e-visit, or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition.
 - A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.
 - A behavioral health encounter, including assessment, therapy, collaborative care or medication management.
 - A dispensed antidepressant medication.

OR

- Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument.

PDS-E Measure At-A-Glance



Instruments for Adolescents (≤17 years)	Total Score LOINC Codes*	Positive Finding
Patient Health Questionnaire (PHQ-9) [®]	44261-6	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ- 9M) [®]	89204-2	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2) ^{®1}	55758-7	Total score ≥3
Beck Depression Inventory—Fast Screen (BDI-FS) ^{®1,2}	89208-3	Total score ≥8
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total score ≥10



PROMIS Depression	71965-8	Total score (T Score) ≥60
Instruments for Adults (18+ years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9) [®]	44261-6	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2) ^{®1}	55758-7	Total score ≥3
Beck Depression Inventory—Fast Screen (BDI-FS) ^{®1,2}	89208-3	Total score ≥8
Beck Depression Inventory (BDI-II)	89209-1	Total score ≥20
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
Duke Anxiety-Depression Scale (DUKE-AD) ^{®2}	90853-3	Total score ≥30
Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total score ≥10
My Mood Monitor (M-3) [®]	71777-7	Total score ≥5
PROMIS Depression	71965-8	Total score (T Score) ≥60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥31

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

Social Need Screening and Intervention (SNS-E)

The percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive.

1. *Food Screening*. Members with a documented result for food insecurity screening.



2. *Food Intervention*. Members receiving a food insecurity intervention on or up to 30 days after the date of the first positive food insecurity screen.
3. *Housing Screening*. Members with a documented result for housing instability, homelessness, or housing inadequacy screening.
4. *Housing Intervention*. Members receiving an intervention corresponding to the type of housing need identified on or up to 30 days after the date of the first positive housing screen.
5. *Transportation Screening*. Members documented result for transportation insecurity screening.
6. *Transportation Intervention*. Members receiving a transportation insecurity intervention on or up to 30 days after the date of the first positive transportation screen.

What is included?

Medicaid, Medicare, and Marketplace (*proposed) members of any age enrolled at the start of through the last day of the measurement period (Jan. 1-Dec. 31) with no more than one gap in enrollment of up to 45 days.

Note: Members who use hospice services or who died any time during the measurement period and Medicare members 66 years of age and older enrolled in an Institutional SNP (I-SNP) or living long-term in an institution any time during the measurement period are excluded.

How is Adherence Met?

Members identified between January 1 and December 1 through approved screening tools as having food insecurity, housing insecurity (instability, homelessness, inadequacy) and/or transportation insecurity and received an intervention to address the identified insecurity on or up to 30 days after the date of the first positive screening(s).

CAHPS® Experience of Care and Health Outcomes (ECHO) Survey

Appropriate patient care is essential to the overall health of the ones we serve. Annually, NCQA directs health plans to conduct a survey about the member's experience with behavioral health services. The ECHO Behavioral Health Member Experience Survey measures members' experiences and identifies opportunities for health plans and providers to improve quality of care and access to mental health and substance abuse services.

Your patients may be asked the following questions. How do you rate?

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Composite Measures	Sample Questions
Getting Treatment Quickly	<ul style="list-style-type: none"> • How often did you get the professional counseling you needed on the phone? • When you needed counseling or treatment right away, how often did you see someone as soon as you wanted? • Not counting the times, you needed counseling or treatment right away, how often did you get an appointment for counseling or treatment as soon as you wanted? <p>(Always, Usually, Sometimes, Never)</p>
How Well Your Clinician Communicates	<ul style="list-style-type: none"> • How often did the provider listen carefully to you? • How often did the provider explain things in a way that you could understand? • How often did the provider show respect for what you had to say? • How often did the provider spend enough time with you? • How often were you involved as much as you wanted in your counseling or treatment? <p>(Always, Usually, Sometimes, Never)</p>
Information About Treatment Options	<ul style="list-style-type: none"> • Were you told about self-help or support groups? • Were you given information about different kinds of counseling or treatment that are available? <p>(Yes, No)</p>
Access to Treatment and Information from Health Plan	<ul style="list-style-type: none"> • How much of a problem, if any, were delays in counseling or treatment while you waited for approval from your health plan? <p>(A big problem, A small problem, Not a problem)</p>
Single Item Measures-Sample Questions	<ul style="list-style-type: none"> • How often were you seen within 15 minutes of appointment time? • Were you told about medication side effects? • Were you given information about your rights as a patient? • Did you feel that you could refuse a specific type of treatment? • Was your care responsive to cultural needs?



Provider Tips:

- Offer extended hours, telehealth, and various treatment options when possible.
- Let patients know your office hours and how to get after hour care.
- Partner with the health plan and coordinate care with other specialists and primary care physicians to address whole person health and access to timely care.
- Assess culture and linguistic needs and ask your patients what is important to them.
- Offer to coordinate care with other specialists or primary care physicians.
- Obtain release of information forms and explain the purpose of releasing information to other providers.
- Include family/caregivers/identified support in the treatment plan.
- Invite questions and encourage your patient to take notes.
- Use the “teach-back” method.



Health Outcomes Survey (HOS)

The Medicare Health Outcomes Survey (HOS) measures a health plans success in improving and maintaining the functional status of our patients ages 65 and older. A random sample of Medicare patients are surveyed annually and again two years later to assess changes in health status. HOS measures patients’ perception of their physical and mental health and overall quality of life and impact the Centers for Medicare & Medicaid Services (CMS) STAR ratings.

Provider Tips:

- Take time to engage and build rapport with the patients.
- Encourage patients to take actions aligning with the HOS measures.
- Encourage office staff to help patients fill out the HOS.
- Remember each HOS measure addresses a different aspect of patient care and patient-provider interaction.

STAR Measure:	Description:	Recommendations to Directly Impact:
Improving or Maintaining Physical Health	Assesses the percentage of patients whose physical health was the same or better after 2 years.	<ol style="list-style-type: none"> 1. Ask patients: <ul style="list-style-type: none"> – How far they can walk. – If they have trouble with stairs – Are they able to shop & cook their own food? 2. Assess your patients’ pain & functional status using standardized tools. 3. Provide interventions to improve physical health (i.e., disease management, pain management, physical therapy, or care management) 4. Promote self-management support strategies (i.e., goal setting, action planning, problem solving & follow up to help patients take an active role in improving health
Improving or Maintaining Mental Health	Assesses the percentage of patients whose behavioral health was the same or better after 2 years.	<ol style="list-style-type: none"> 1. Ask patients: <ul style="list-style-type: none"> – How is their energy level throughout the day? – What do they like to do to socialize?

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		<ul style="list-style-type: none"> – Does drinking ever get in their way of other important things in life? <ol style="list-style-type: none"> 2. Assess your patients’ symptoms of depression with the PHQ-2 and, when appropriate PHQ-9 3. Refer patients to behavioral health services or manage depression & anxiety treatment as indicated. 4. Promote web-based programs (i.e., mystrength.com, which provides evidence-based behavioral health self-care resources.) 5. Use motivational interviewing to improve treatment engagement & behavioral and physical health outcomes
Monitoring Physical Activity	Assesses the percentage of patients who discussed exercise with their health care provider and were advised to start, increase, or maintain their physical activity within the year.	<ol style="list-style-type: none"> 1. Ask patients about their level of activity, including: <ul style="list-style-type: none"> – Walking, rolling wheelchair or swimming (aerobic activities) – Carrying laundry, groceries or working in their yard (strength activity) 2. Use motivational interviewing to improve treatment engagement & behavioral and physical health outcomes
Reducing Risk of Falling	Assesses the percentage of patients with falling, walking, or balance problems who discussed these topics with their care providers and received treatment within the year.	<ol style="list-style-type: none"> 1. Ask patients: <ul style="list-style-type: none"> – If they had a fall in the past year – If they felt dizzy or had problems with balance or walking in the past year. – If they have any vision problems, when was their most recent eye exam. 2. Complete a fall risk assessment & provide resource. and treatment (i.e., referrals for



		<p>care management, social worker, eye exam, have office staff verify health plan benefits for OTC)</p> <ol style="list-style-type: none"> 3. Promote home safety (i.e., removal of throw rugs & clutter to reduce tripping, use of night lights, installing handrails on stairs & grab bars in the bathrooms) 4. Perform medication review to identify medications that increase risk for falls. 5. Provide educational material about fall prevention resources (visit: https://www.cdc.gov/steady/materials.html)
<p>Improving Bladder Control</p>	<p>Assesses the percentage of patients with urinary incontinence (UI) who discussed problem & treatment options with their care provider.</p>	<ol style="list-style-type: none"> 1. Ask patients; <ul style="list-style-type: none"> – If they’ve had any leakage in the past 6 months (Patient may be hesitant to ask about this themselves) – How often & when the leakage problem occurs. – If UI affects their daily life (i.e., social withdrawals, – depression or sleep deprivation) 2. Evaluate the severity and impact of UI on the patient’s quality of life and involve them in the decisions about treatment options (i.e., bladder training, pelvic muscle rehab) 3. Have informative brochures & materials visible and available as discussion starters