



Behavioral Health Related HEDIS® Measures

July 11, 2022



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NCQA and HEDIS®

The National Committee for Quality Assurance (NCQA) is an independent, non-profit organization whose mission is to improve health care quality everywhere. Many health plans are accredited through NCQA.

HEDIS®: Health Plan Effectiveness Data and Information Set

NCQA developed a set of standardized performance measures designed to reliably compare the performance of managed health care plans on important dimensions of care and service.

There are HEDIS® measures for both behavioral health and physical health conditions. Examples for physical health include measures about immunizations, diabetes screening and management, mammography, cholesterol, high blood pressure, etc.

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

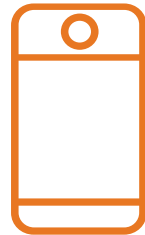
Behavioral Health related HEDIS® Measures

	Acronym	HEDIS® Measure Name
Inpatient Metrics	FUH	Follow-Up After Hospitalization for Mental Illness
	FUI	Follow-Up After High-Intensity Care for Substance Use Disorder
Emergency Department	FUM	Follow-up After Emergency Department Visit for Mental Illness
	FUA	Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence
Medication Adherence	AMM	Antidepressant Medication Management
	SAA	Adherence to Antipsychotic Medications for Individuals With Schizophrenia
Substance Use Treatment	IET	Initiation & Engagement of Alcohol & Other Drug Dependence Treatment
	POD	Pharmacotherapy for Opioid Use Disorder
Children & Adolescents	ADD	Follow-Up Care for Children Prescribed ADHD Medication
	APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
	APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics
Antipsychotic/ Schizophrenia	SSD	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
	SMD	Diabetes Monitoring for People With Diabetes and Schizophrenia
	SMC	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia

ECDS (electronic record) measures not included in this list

Telehealth

NCQA allows telehealth (virtual visits) for any measures that have an outpatient visit component.



Telehealth capabilities will continue to be an opportunity for behavioral health during the pandemic and beyond.

Follow-up after Hospitalization (FUH)

Measure:

FUH - The percent of discharges for members 6 years of age and older who were hospitalized for treatment of select mental illness or intentional self-harm diagnoses and had a follow-up visit with a mental health provider.

Two rates are reported: Percentage of discharges where the member received follow-up

1. within 7 days of their discharge
2. within 30 days of their discharge

Important Information

- Visits that occur on the date of discharge will not count towards compliance
- A successful 7-day appointment will also count towards the 30-day measure
- Telehealth with a behavioral health provider are acceptable to address the care opportunity

Tips & Best Practices

This measure focuses on follow-up treatment, which must be with a mental health provider.

- Schedule member with a mental health provider for a specific date and time to be seen within 7 days of discharge
- If a situation arises where a member is unable to be seen within 7 days, then they need to have an appointment within 30 days of discharge.

Even members receiving medication from their primary care provider still need post-discharge supportive therapy with a licensed mental health clinician such as a therapist or social worker

Follow-up after Hospitalization (FUH)

Which Providers and Services Qualify

FUH Measure	Qualifies	Does not Qualify
License types	<ul style="list-style-type: none">• Licensed social workers• Licensed counselors• Licensed therapists• Psychiatrists• Psychologists• Psychiatric nurses	<ul style="list-style-type: none">• Primary care physicians• Drug and alcohol counselors• Non-licensed clinicians
Services	<ul style="list-style-type: none">• Individual outpatient treatment for mental health• Group/family treatment for mental health• Intensive outpatient treatment for mental health• Partial hospitalization for mental health• Outpatient ECT• Home health services with a mental health provider	<ul style="list-style-type: none">• Appointments with a primary care physician (even if for medication management)• Appointments primarily for substance use disorder• School counseling• Pastoral counseling

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

Measure:

FUI - The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder.

Two rates are reported: The percentage of visits or discharges for which the member received follow-up for substance use disorder

1. within the 7 days after the visit or discharge
2. within the 30 days after the visit or discharge

Important Information

- Visits that occur on the date of discharge will count towards compliance
- A successful 7-day appointment will also count towards the 30-day measure
- Telehealth visits are acceptable to address the care opportunity

Tips & Best Practices

This measure focuses on follow-up treatment with any provider type.

- See members within 7 days and bill with a substance use diagnosis.
- If a situation arises where a member is unable to be seen within 7 days, then they need to have an appointment within 30 days of discharge

Follow-up for substance use disorder can be any of the following:

- Group visits with an appropriate place of service code and diagnosis code
- Medication dispensing event with diagnosis code
- Medication treatment with diagnosis code
- Online assessment with diagnosis code
- Stand-alone visits with an appropriate place of service code and diagnosis code
- Telephone visit with diagnosis code
- Residential behavioral health treatment
- Non-residential substance abuse treatment facility

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

Measure:

FUM - The percentage of emergency department (ED) visits for members 6 years of age 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: The percentage of ED visits for which the member received follow-up

1. within 7 days of their discharge (8 days total)
2. within 30 days of their discharge (31 days total)

Important Information

- Visits that occur on the date of discharge will count towards compliance
- Must have a principal diagnosis of a mental health disorder included on the claim
- Visits that result in an inpatient stay are not included
- A successful 7-day appointment will also count towards the 30-day measure
- Telehealth visits are acceptable to address the care opportunity

Tips & Best Practices

This measure focuses on follow-up treatment with a primary care provider or a behavioral health practitioner.

- See members within 7 days and bill with a mental health diagnosis.
- If a situation arises where a member is unable to be seen within 7 days, then they need to have an appointment within 30 days of discharge.

Follow-Up After Emergency Department Visit for SUD (FUA)

Measure:

FUA - The percentage of emergency department (ED) visits among members 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up.

Two rates are reported: The percentage of ED visits for which the member received follow-up

1. within 7 days of their discharge (8 days total)
2. within 30 days of their discharge (31 days total)

Important Information

- Visits that occur on the date of discharge will count towards compliance
- Pharmacotherapy dispensing events count towards the measure
- Visits that result in an inpatient stay are not included
- A successful 7-day appointment will also count towards the 30-day measure
- Telehealth visits are acceptable to address the care opportunity

Tips & Best Practices

This measure focuses on follow-up treatment with a primary care provider, or a substance use specialist.

- See member within 7 days and bill with a substance use diagnosis.
- If a situation arises where a member is unable to be seen within 7 days, then they need to have an appointment within 30 days of discharge.

Medication Adherence Measures

Antidepressant Medication Management

AMM - The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.

Two rates are reported:

1. *Effective Acute Phase Treatment*. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).

2. *Effective Continuation Phase Treatment*. The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

Adherence to Antipsychotic Medications for Individuals With Schizophrenia

SAA - 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.

Tips and Best Practices

These measures focus on medication compliance.

- When prescribing antidepressants, ensure members understand it may take up to 12 weeks for full effectiveness of medication and discuss side effects and the importance of medication adherence.
- Encourage members to take medications as prescribed.
- Offer tips to members such as:
 - Take medication at the same time each day
 - Use a pill box
 - Enroll in a pharmacy automatic-refill program

Initiation and Engagement of Substance Use Disorder Treatment (IET)

Measure:

IET - The percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement.

Two rates are reported:

- *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.
- *Engagement of SUD Treatment.* The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.

Important Information

- Although community supports, such as AA and NA, are beneficial, they do not take the place of professional treatment
- Telehealth visits are acceptable to address the care opportunity

Tips & Best Practices

This measure focuses on follow-up treatment when diagnosing a member with substance use disorder.

- Encourage newly diagnosed individuals to accept treatment by assisting them in identifying their own reasons for change
- Use screening tools to aid in diagnosing.
- Schedule a follow-up appointment prior to member leaving the office with you or a substance use specialist to occur within 14 days and then 2 more visits with you or a substance use treatment provider within the next 34 days

Pharmacotherapy for Opioid Use Disorder (POD)

Measure:

POD - The percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members 16 years of age and older with a diagnosis of OUD.

Important Information

- Methadone is not included on the medication lists for this measure because a pharmacy claim for methadone indicates treatment for pain and not opioid use disorder.

Tips & Best Practices

This measure focuses on treatment for members with opioid use disorder.

Educate members on how pharmacotherapy can improve outcomes for individuals with OUD and that continuity of pharmacotherapy is critical to prevent relapse and overdose

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

Measure:

ADD - The percentage of children newly prescribed attention-deficit/hyperactivity disorder (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.

Two rates are reported:

1. *Initiation Phase*. The percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.
2. *Continuation and Maintenance (C&M) Phase*. The percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

Important Information

- Members who do not continue their medication are removed from the continuation phase. This measure is less about medication compliance and more about attending visits.

Tips & Best Practices

- When prescribing ADHD medication for the first time, make sure all members are scheduled for a follow-up visit within 30 days.
- Schedule at least 2 more follow-up appointments within the next 9 months to help ensure the member is stabilized on an appropriate dose.
- An e-visit or virtual check-in visit is eligible for 1 visit toward the Continuation and Maintenance Phase.

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

Measure:

APP - The percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

Important Information

- This measure excludes children and adolescents diagnosed with schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism or other developmental disorder.
- Children with behavior issues can benefit from psychosocial treatment.
- Psychosocial treatments (interventions) include structured counseling, case management, care coordination, psychotherapy and relapse prevention

Tips & Best Practices

This measure focuses on referring to psychosocial treatment prior to prescribing an antipsychotic medication to children.

Make sure children and adolescents receive a psychosocial care appointment at least 90 days prior to prescribing medication or within 30 days of starting an initial prescription if there is an urgent need for medication.

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Measure:

APM - The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:

1. The percentage of children and adolescents on antipsychotics who received blood glucose testing.
2. The percentage of children and adolescents on antipsychotics who received cholesterol testing.
3. The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.

Important Information

- A member must have metabolic screening tests that measure both blood glucose and cholesterol.
- Individual tests to measure cholesterol and blood glucose levels can be done on the same or different dates of service.

Tips & Best Practices

This measure focuses on appropriate monitoring for children prescribed antipsychotic medications.

- Schedule an annual glucose or HbA1C and LDL-C or other cholesterol test.
- Assist parent/caregiver in understanding the importance of annual screening

Adult Antipsychotic and Schizophrenia Related Measures

Diabetes Screening for People With Schizophrenia or Bipolar Disorder

SSD - The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

Diabetes Monitoring for People With Diabetes and Schizophrenia

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

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.

Tips & Best Practices

These measures focus on appropriate screening or monitoring for members with schizophrenia, bipolar disorder and/or schizoaffective disorder and comorbid medical issues.

- Be sure to schedule an annual screening for diabetes (HbA1c or blood glucose)
- Be sure to schedule an annual LDL-C screening.
- Educate members and caregivers about the risk of diabetes with antipsychotic medications and the importance of annual screening

Partnerships in Care Management

Optum Health is the services arm of United Health Group, serving United Healthcare members.

We are seeking to improve patient health, access to care, and transitions back to the community

- Developing robust **onsite** relationships with facility care teams
- Collaborating with In-Network UHC providers and facilities interested in joining our network
- Lending the support of our clinicians to assist in discharge planning
- Providing community follow-up and support to reduce readmissions
- Assisting members to successfully engage in their treatment plans

Our team consists of licensed, professional clinicians (LSW, LCSW, LPC, LMFT, LCADC) and clinical support staff including Community Health Workers (CHW). Team members reside within the state of NJ and are well-versed in their knowledge of community resources to assist members in moving along their care continuum.

Every enrollee admitted with a SUD or MH diagnosis is assigned a care partner who will outreach the facility Social Workers to collaborate on care needs.



Case Management Services

Our telephonic and field visit outreach focus on

- Identification of high-risk members in need of care coordination support
- Providing comprehensive assessments to identify gaps in care and barriers to health
- Creating important linkages between members, providers, and community resources
- Ensuring post-discharge follow up appointments focusing on the 7-day, 30-day and 90-day HEDIS measures
- Facilitating medication management and access as needed
- Educating about complex medical, behavioral health, and healthcare information in easy-to-understand language
- Identifying potential barriers which may impact the member's ability to stabilize in the community
- Preventing unnecessary "rapid readmissions" that may result from gaps in care or other challenges
- Improving better member outcomes by addressing SDOH that can impact access to care



Collaboration Best Practices

Every member is assigned a BHA or CHW who WILL outreach the facility social worker/ discharge planner to collaborate on discharge planning, provide resources, and follow up on community referrals with our members.

For information or to determine who your Optum Care Partner is email:

NEBHCCA@uhc.com

Please provide member name and best contact for our team to outreach.



Behavioral Health Resources

National Resources on depression and substance use disorders:

- The American Psychiatric Association Clinical Practice Guidelines at [Psychiatry.org](https://www.psychiatry.org) > Psychiatrists > Practice > Clinical-practice-guidelines
- National Alliance on Mental Illness at [Nami.org](https://www.nami.org)
- Substance Abuse and Mental Health Services Administration at [Samhsa.gov](https://www.samhsa.gov)
- The National Institute on Alcohol Abuse and Alcoholism (NIAAA) offers professional education materials at [niaaa.nih.gov](https://www.niaaa.nih.gov) > [Publications & Multi-Media](https://www.niaaa.nih.gov/publications)
- National Institute on Drug Abuse (NIDA) at [Drugabuse.gov](https://www.drugabuse.gov)
- For information on sharing substance abuse data, please visit the Substance Abuse Mental Health Service Agency at [Samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs](https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs)



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