

# HEDIS 2020

## BEHAVIORAL HEALTH MEASURES

MDwise cares about our members and the quality of care they receive, and we want to help you do everything you can to deliver the best care and provide a positive experience for your patient. You can use this quick guide to help you better understand, document, and code the HEDIS measures pertaining to Behavioral Health. Please contact the MDwise Behavioral Health Specialist with questions or if you need more information.

### HEDIS MEASURE

### DOCUMENTATION TIPS

#### FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION (ADD)

Initiation Phase: Children with a new prescription for an ADHD medication who had 1 follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.  
Continuation and Maintenance (C&M) Phase: Children who remain on the medication for at least 210 days and have at least 2 follow-up visits within 270 days after the end of the Initiation Phase.  
Ages: 6–12 years  
Performed: March 1 of the year prior to the measurement year and ending the last calendar day of February of the measurement year\*

When prescribing a new medication, be sure to schedule a follow-up visit within 30 days to assess how the medication is working and to address side effect issues. Schedule this visit while your member is still in the office. Schedule two more visits in the 9 months after the 30-day Initiation Phase to continue to monitor your member's progress. If your member cancels an appointment be sure to reschedule right away.

#### ANTIDEPRESSANT MEDICATION MANAGEMENT (AMM)

Those members with a diagnosis of major depression and were treated with antidepressant medication, and who remained on an antidepressant medication treatment.  
Two rates are reported:  
• Effective Acute Phase Treatment – Members who remained on an antidepressant medication for at least 84 days (12 weeks).  
• Effective Continuation Phase Treatment – Members who remained on an antidepressant medication for at least 180 days (6 months).  
Ages: 18 years and older  
Performed: Jan. 1–Dec. 31 of measurement year and prior year

Educate your patients on how to take their antidepressant medications. Important messages include:  
• How antidepressants work, their benefits and how long they should be used.  
• Length of time patient should expect to be on the antidepressant before they start to feel better.  
• Importance of continuing to take the medication even if they begin feeling better.  
• Common side effects, how long the side effects may last and how to manage them.  
• What to do if they have questions or concerns.  
For a complete list of medications and NDC codes, visit [www.ncqa.org](http://www.ncqa.org) (posted by Nov. 1, 2017). For Medicaid, please refer to the Preferred Drug List (PDL).

#### ADHERENCE TO ANTIPSYCHOTIC MEDICATIONS FOR INDIVIDUALS WITH SCHIZOPHRENIA (SAA)

The percentage of members 18–64 years of age 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.

Encourage schizophrenic patients to discuss any side effects, take their medication as prescribed, and refill their medication on time.

#### DIABETES MONITORING FOR PEOPLE WITH DIABETES AND SCHIZOPHRENIA (SMD)

Those members with schizophrenia and diabetes who had both an LDL-C and an HbA1C test during the measurement year.  
Ages: 18–64 years  
Performed: Jan. 1–Dec. 31 of measurement year

Schedule an HbA1c test and an LDL-C test for members with schizophrenia and diabetes. Test yearly.  
• To increase compliance, consider using standing orders to get labs done.

#### FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS (FUH)

The percentage of discharges for members who were hospitalized for treatment of mental illness and had a follow-up visit with a mental health practitioner within 7 and 30 days.

Schedule the 7 Day Follow-Up visit within 5 days of discharge to allow flexibility in rescheduling. Appointments on the day of discharge will not count towards this measure. If the appointment doesn't occur within the first 7 days post-discharge, please schedule within 30 days. Involve the patient's caregiver regarding the follow-up plan after IP discharge.

#### METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS (APM)

The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.

Educate your patients on side effects of antipsychotics and risk of weight gain and diabetes. Perform at least one test for blood glucose or HbA1c, and at least one test for LDL-C or cholesterol yearly. Provide accurate billing to reflect that the above services were performed. Document what was done accurately and be specific. Schedule follow-up visits and lab visits when writing prescriptions and provide reminder calls to members.

#### USE OF FIRST-LINE PSYCHOSOCIAL CARE FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS (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.

Educate your patients on the importance of following up with a mental health professional. Refer the patient to a behavioral health provider for individual, group and/or family therapy to help monitor symptoms. Follow up with the patient/family to confirm they went to the therapy appointment.

#### FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR ALCOHOL AND OTHER DRUG ABUSE OR DEPENDENCE (FUA)

The percentage of members that had an emergency department visit with a principal diagnosis of alcohol or other drug abuse/dependence and had a follow-up appointment with any practitioner (within 7 days of discharge and within 30 days of discharge).

Members can be seen by any practitioner type. Encourage scheduling appointments within 5 days to allow for rescheduling. If a member does not attend that appointment, schedule another follow-up within 30 days.

#### FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS (FUM)

The percentage of members with an emergency department visit with a principal diagnosis of mental illness and/or intentional self-harm and had follow-up with any practitioner (within 7 days of discharge and within 30 days of discharge)

Members can be seen by any practitioner type. Encourage scheduling appointments within 5 days to allow for rescheduling. If a member does not attend that appointment, schedule another follow-up within 30 days.

#### FOLLOW-UP AFTER HIGH-INTENSITY CARE FOR SUBSTANCE USE DISORDER (FUI)

The percentage of members, over age 12, discharged from inpatient hospitalization, residential treatment or detoxification visit for a diagnosis of substance use disorder that had a follow-up visit (within 7 days and within 30 days)

Members can be seen by any practitioner type. Encourage scheduling appointments within 5 days to allow for rescheduling. If a member does not attend that appointment, schedule another follow-up within 30 days.

#### USE OF OPIOIDS FROM MULTIPLE PROVIDERS (UOP)

The proportion of members 18 years old and older that receive a prescription of opioids (over 15 days) from multiple providers.  
This measure looks at the proportion of members receiving opioids from:  
1. Four or more different prescribers.  
2. Four or more different pharmacies.  
3. Four or more different prescribers and four or more different pharmacies.

Note that a lower rate indicates better performance for all three rates. Providers are encouraged to ask members about opioid use and history prior to prescribing. Check databases that may have prescription use data to confirm history.