

The Optum logo is displayed in white text on an orange background. The word "Optum" is written in a bold, sans-serif font. The letter "O" is a solid circle, while the "p" has a small dot. The "t" is a simple vertical line with a horizontal crossbar. The "u" and "m" are also simple, rounded shapes.

Optum

**HEDIS[®] Measures Overview
for
Primary Care Providers**

Table of Contents

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

[Metabolic Monitoring for Children and Adolescents on Antipsychotics \(APM\)](#)

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

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

[Follow-Up After High-Intensity Care for Substance Use Disorder \(FUI\)](#)

[Follow-up After Emergency Department Visit for Mental Illness \(FUM\)](#)

[Follow-up After Emergency Department Visit for Substance Use \(FUA\)](#)

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

[Diabetes Monitoring for People with Diabetes and Schizophrenia \(SMD\)](#)

[Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia \(SMC\)](#)

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

[Initiation and Engagement of Substance Use Disorder Treatment \(IET\)](#)

[Use of Opioids at High Dosage \(HDO\)](#)

[Risk of Continued Opioid Use \(COU\)](#)

[Use of Opioids from Multiple Providers \(UOP\)](#)

[Pharmacotherapy for Opioid Use disorder \(POD\)](#)

Behavioral Health HEDIS® Measures Overview

The National Committee for Quality Assurance (NCQA®) has developed measures of health care that are quantifiable, comparable, and meaningful. They are called the Healthcare Effectiveness Data and Information Set (HEDIS®) measures. NCQA reports that, “HEDIS is one of health care's most widely used performance improvement tools”.

“191 million people are enrolled in plans that report HEDIS results” to measure performance on important dimensions of care and service; HEDIS consists of over 90 measures across six domains of care.

Stemming from the measures set forth by HEDIS, the Centers for Medicare and Medicaid Services (CMS) deployed its 5-Star Plan rating system that effectively rates a health plan’s Medicare Advantage programs. Ratings emphasize patient care and satisfaction, using national clinical and service-quality measures (HEDIS), health outcomes and patient feedback. Though the behavioral health HEDIS measures are not yet a part of the CMS rating system, they may be in the future.

Improvement in HEDIS measures demonstrates that patients are experiencing better clinical outcomes.

How is HEDIS Relevant to My Practice?

HEDIS offers a clear standardized measure of clinical outcome that is used throughout the entire health care industry. It allows us to identify the impact of clinical interventions across a population of health plan members.

What is Your Role in HEDIS?

You and your office staff can help facilitate the HEDIS process improvement by:

- Understanding and adhering to the best practice recommendations for each of the HEDIS measures
- Providing appropriate care within the designated timeframes
- Documenting all care in the patient’s medical record
- Accurately coding all claims

Behavioral Health HEDIS® Measures – Children & Adolescents

Measure Name	Description	Tips for Success
Follow-Up Care for Children Prescribed ADHD Medication (ADD)	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. - Initiation Phase. A follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase - Continuation and Maintenance (C&M) Phase: Children that remained on the ADHD medication and have at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended	This measure focuses on follow-up care after patients are prescribed an ADHD medication. Screening: - Screening/assessment tools (e.g., Vanderbilt Scales) may assist in diagnosing ADHD - Screening tools are available at Providerexpress.com. Go to Clinical Resources - Behavioral Health Toolkit for Medical Providers After New Prescription: - Schedule a return appointment with prescriber within 30 days of initial ADHD prescription start date - Continue to monitor patients, with two more visits, with any practitioner, in the next 9 months - Appointments may be in person or using telemental health/virtual visits

Behavioral Health HEDIS® Measures – Children & Adolescents

Measure Name	Description	Tips for Success
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. (Glucose or HbA1C and LDL–C or other cholesterol test).	This measure focuses on glucose and cholesterol monitoring for children taking antipsychotics medications. - Complete an annual blood glucose or HbA1C and LDL –C or other cholesterol test - Educate patients and caregivers on the importance of annual screening - Obtain a <u>release of information (ROI)</u> to involve the patient’s family and support systems, as well as other healthcare providers
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.	This measure focuses on psychosocial care, such as behavioral interventions and behavioral health therapies, as first-line treatment for children and adolescents diagnosed with nonpsychotic conditions such as attention-deficit disorder and disruptive behaviors. - Ensure a psychosocial care appointment occurs at least 90 days prior to prescribing medication or within 30 days of starting an initial prescription for non-psychotic conditions, such as attention deficit disorder and disruptive behaviors - Psychosocial care (interventions) includes structured counseling, case management, care-coordination, psychotherapy and relapse prevention

Behavioral Health HEDIS® Measures - Follow-Up

Measure Name	Description	Tips for Success
Follow-Up After Hospitalization for Mental Illness (FUH)	The percentage of discharges for members 6 years of age and older who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service. Two rates are reported: - Follow-up within 7 days of discharge - Follow-up within 30 days of discharge	This measure focuses on follow-up treatment for patients recently discharged from an inpatient hospital stay for mental health. - See patient within 1-7 days of discharge for mental health follow-up, and include mental health diagnosis codes on the claim - Reach out to patients to reschedule missed follow-up appointments - Refer patients for supportive therapy with a licensed mental health clinician such as a therapist or social worker - If a situation arises where a patient is unable to be seen within 7 days, ensure they have an appointment within 30 days of discharge - Appointments may be in person or using telehealth/telemental health/virtual visits
Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)	The percentage of acute inpatient hospitalizations, residential treatment, or detoxification visits for a diagnosis of substance use disorder (SUD) 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: - Follow-up for SUD within the 7 days after the visit or discharge - Follow-up for SUD within the 30 days after the visit or discharge	This measure focuses on follow-up treatment with a PCP or a behavioral health clinician. - See patients within 0-7 days of discharge for follow-up regarding their substance use and include substance use diagnosis codes on the claim - Reach out to patients to reschedule missed follow-up appointments - If a situation arises where a patient is unable to be seen within 7 days, ensure they have an appointment within 30 days of discharge - Refer patients for supportive therapy with a substance use provider - Appointments may be in person or using telehealth/telemental health/virtual visits

Behavioral Health HEDIS® Measures - Follow-Up

Measure Name	Description	Tips for Success
Follow-up After Emergency Department Visit for Mental Illness (FUM)	The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, who had a mental health follow-up visit. Two rates are reported: - Follow-up within 7 days of the ED visit - Follow-up within 30 days of the ED visit	This measure focuses on follow-up treatment with a PCP or a behavioral health clinician. - See patients within 0-7 days of the ED visit for follow-up regarding their mental health needs, and use mental health diagnosis codes on the claim - If a situation arises where a patient is unable to be seen within 7 days, ensure they have an appointment within 30 days of discharge - Appointments may be in person or using telehealth/telemental health/virtual visits
Follow-up After Emergency Department Visit for Substance Use (FUA)	The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD) or any diagnosis of drug overdose, who had a follow up visit for SUD. Two rates are reported: - Follow-up within 7 days of the ED visit - Follow-up within 30 days of the ED visit	This measure focuses on follow-up treatment with a PCP or a behavioral health clinician. - See patients within 0-7 days of the ED visit for follow-up regarding their substance use, and use substance use diagnosis codes on the claim - If a situation arises where a patient is unable to be seen within 7 days, ensure they have an appointment within 30 days of discharge - Appointments may be in person or using telehealth/telemental health/virtual visits

Behavioral Health HEDIS® Measures – Schizophrenia & Antipsychotic Medications

Measure Name	Description	Tips for Success
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (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.	This measure focuses on diabetic screening for members with schizophrenia or bipolar disorder who are taking antipsychotic medication. - Complete an annual screening for diabetes (HbA1c or blood glucose) - Educate patients on medication and diagnosis risk factors and why it is important to have annual screenings - Obtain a release of information (ROI) to involve the patient's family and support systems, as well as other healthcare providers
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.	This measure focuses on diabetes monitoring for members with schizophrenia or schizoaffective disorder and diabetes. - Complete HbA1c and LDL-C screening annually - Educate patients on why it is important to have annual screenings - Obtain a release of information (ROI) to involve the patient's family and support systems, as well as other healthcare providers
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.	This measure focuses on cardiovascular disease monitoring for members with schizophrenia or schizoaffective disorder and cardiovascular disease. - Complete LDL-C screening annually - Educate patients on why it is important to have annual screenings - Obtain a release of information (ROI) to involve the patient's family and support systems, as well as other healthcare providers

Behavioral Health HEDIS® Measures – Schizophrenia & Antipsychotic Medications

Measure Name	Description	Tips for Success
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	The percentage of members 18 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.	This measure focuses on medication adherence for patients taking antipsychotics. • Encourage patients to take medications as prescribed • Discuss side effects and encourage patients to reach out to their prescriber if they have any questions or are considering stopping a medication • Offer tips to patients such as: take medication at the same time each day, use a pill box, and enroll in a pharmacy automatic refill program • Obtain a <u>release of information (ROI)</u> to involve the patient's family and support systems, as well as other healthcare providers

Behavioral Health HEDIS® Measures – Substance Use Disorders

Measure Name	Description	Tips for Success
Initiation and Engagement of Substance Use Disorder Treatment (IET)	The percentage of adolescent and adult members with a new substance use disorder (SUD) episode who received the following: <i>Initiation of SUD Treatment.</i> Treatment through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis <i>Engagement of SUD Treatment.</i> Patients who initiated treatment and who had two or more additional services with a diagnosis of SUD within 34 days of the initiation visit	This measure focuses on follow-up treatment when diagnosing a patient with substance use disorder. Screening: - Screening Tools (e.g., SBIRT, AUDIT-PC, CAGE-AID, CUDIT-R) may assist in the assessment of substance use and can be a useful tool to aid in discussing motivation for treatment. - Screening tools are available at Providerexpress.com. Go to Clinical Resources - Behavioral Health Toolkit for Medical Providers “Unspecified use” diagnosis codes should be used sparingly After Diagnosis: - Patients who are newly diagnosed with a substance use disorder should be seen within 14 days to assess their ability to reduce or abstain from the substance(s). Schedule follow-up appointments prior to the patient leaving your office - Ensure the patient has two more visits within the next 34 days - Visits may be with you, or a substance use treatment provider - Reach out to patients if they do not attend their appointments - Appointments may be in person to using telehealth/telemental health/virtual visits Although community supports such as AA and NA are beneficial, they do not take the place of professional treatment Encourage newly diagnosed individuals to engage in treatment by assisting them in identifying their own motivation for change and their own goals for recovery Obtain a release of information (ROI) to involve the patient’s family and support systems, as well as other clinicians

Behavioral Health HEDIS® Measures – Opioid Use

Measure Name	Description	Tips for Success
Use of Opioids at High Dosage (HDO)	The rate per 1,000, for members 18 years and older, receiving prescription opioids for ≥15 days during the measurement year at a high dosage.	This measure focuses on using low dosage for opioids - Use the lowest possible dose when prescribing opioids - For treatment of pain, consider non-pharmacologic and non-opioid therapies first
Risk of Continued Opioid Use (COU)	The percentage of members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported: - The percentage of members whose new episode of opioid use lasts at least 15 days in a 30-day period - The percentage of members whose new episode of opioid use lasts at least 31 days in a 62-day period	This measure focuses on limited duration for opioid prescriptions - Use the shortest duration possible when prescribing opioids - For treatment of pain, consider non-pharmacologic and non-opioid therapies first

Behavioral Health HEDIS® Measures – Opioid Use

Measure Name	Description	Tips for Success
Use of Opioids from Multiple Providers (UOP)	The rate per 1,000, for members 18 years and older, receiving prescription opioids for ≥15 days during the measurement year who received opioids from multiple providers: • Multiple Prescribers • Multiple Pharmacies • Multiple Prescribers and Multiple Pharmacies	This measure focuses on exercising caution with patients using multiple pharmacies and/or prescribers • Educate patients about the risk of using multiple prescribers • Coordinate care with other prescribers • Check your state's prescription drug monitoring program
Pharmacotherapy for Opioid Use disorder (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.	This measure focuses on medication adherence for patients using Medication Assisted Treatment (MAT) for opioid use disorder • Discuss with patients the benefits and risks of treatment with and without medication • Use motivational interviewing to assess patients' readiness for change • Encourage patients who begin MAT to continue their treatment regimen • Encourage patients to speak with you if they have any questions, concerns or are considering stopping the medication • Encourage patients to sign a release of information (ROI) to involve the patient's family and support systems, as well as other healthcare providers

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