

The logo for Optum, featuring the word "Optum" in a white, bold, sans-serif font. The letter "O" is significantly larger than the other letters and has a white circular cutout in its center. The logo is positioned on the left side of the slide, which has a solid orange background.

HEDIS[®] Measures Related to Behavioral Health

April 2024

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Behavioral Health Case Management

Partners in Care Management

Optum Health is the services arm of UnitedHealth Group, serving UnitedHealthcare members through partnerships with facilities, members and the community

- Develop robust onsite and telephonic relationships with facility care teams
- Cross collaborate within the multiple internal UnitedHealthcare departments
- Ensure post-discharge follow-up appointments, focusing on the 7-day and 30-day HEDIS measures
- Link members to providers and connect to community resources



Our Care Management Services

Care Management emphasizes prevention, coordination and continuity of care, including advocating for and linking members to necessary services across providers and settings

- Early identification of high-risk members in need of care coordination support
- Comprehensive assessments are completed to identify member strengths, risk factors, gaps in care and barriers to health access, including Social Determinants of Health (SDOH)
- Create important links between members, providers, community resources and other support services where needed
- Educate about complex behavioral health and basic medical issues in easy-to-understand language
- Monitor and assist with continuity of care



Collaborative Best Practices

Every member is assigned a Behavioral Health Care Manager who will reach out to the facility social worker and/or discharge planner to collaborate prior to discharge.

Not sure who your Optum Care Partner is?

- **Call** the Special Needs Hotline: **1-877-704-8871**
- **Email** the Care Advocacy team: necsbhcca@uhc.com
- **Email** the Care Advocacy program manager: [Nellie Stewart@uhc.com](mailto:Nellie_Stewart@uhc.com)

Be sure to include the member's name and your preferred contact method/information.



Behavioral Health Resources

National Resources on Depression and Substance Use Disorders

- American Psychiatric Association Clinical Practice Guidelines
[Psychiatry.org](https://www.psychiatry.org) > Psychiatrists > Practice > Clinical-practice-guidelines
- National Alliance on Mental Illness
[NAMI.org](https://www.nami.org)
- Substance Abuse and Mental Health Services Administration
[SAMHSA.gov](https://www.samhsa.gov)
- The National Institute on Alcohol Abuse and Alcoholism (NIAAA)
[niaaa.nih.gov](https://www.niaaa.nih.gov) > Publications & Multi-Media (for professional education materials)
- National Institute on Drug Abuse (NIDA)
[Drugabuse.gov](https://www.drugabuse.gov)
- Substance Abuse Mental Health Service Agency
[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)
(Information on sharing substance abuse data)

Overview of NCQA and HEDIS®

Overview of NCQA and HEDIS®



The National Committee for Quality Assurance (NCQA)

NCQA is an independent, non-profit organization whose mission is to improve healthcare 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 for both behavioral health and physical health conditions. They are designed to reliably compare the performance of managed health care plans on important dimensions of care and service.

- **Behavioral health examples:** Antidepressant medication management, follow-up after Emergency Department visit for mental illness, follow-up care for children prescribed ADHD medication
- **Physical health examples:** Measures about immunizations, diabetes screening and management, mammography, cholesterol, high blood pressure

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

Behavioral Health-Related HEDIS® Measure List

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 Substance Use Disorder 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 Provisions



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



Telehealth capabilities continue to be an opportunity for behavioral health following the pandemic.

For more information regarding Telemental Health, please visit Provider Express:

[Provider Express](#) > [Clinical Resources](#) > [Telemental Health](#)

Measure Definitions

Follow-up After Hospitalization (FUH)

Measure

The percent of discharges for members ages 6+ 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 toward compliance
- A successful 7-day appointment will also count toward the 30-day measure
- Telehealth sessions with a behavioral health provider are acceptable to address the care opportunity

Tips and 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.

Which Providers and Services Qualify for the FUH Measure

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

The percentage of acute inpatient hospitalizations, residential treatment or withdrawal management visits for a diagnosis of substance use disorder among members ages 13+ 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 toward compliance
- A successful 7-day appointment will also count toward the 30-day measure
- Telehealth sessions with a provider are acceptable to address the care opportunity

Tips and 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, they need to have an appointment within 30 days of discharge

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

- 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

The percentage of emergency department (ED) visits for members ages 6+ with a principal diagnosis of mental illness or intentional self-harm for which there was 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** toward 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 toward the 30-day measure
- Telehealth visits are acceptable to address the care opportunity

Tips and 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, they need to have an appointment within 30 days of discharge.

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

Measure

The percentage of emergency department (ED) visits among members ages 13+ with either 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 toward compliance
- Pharmacotherapy dispensing events count toward the measure
- Visits that result in an inpatient stay are not included
- A successful 7-day appointment will also count toward the 30-day measure
- Telehealth visits are acceptable to address the care opportunity

Tips and Best Practices

This measure focuses on follow-up treatment with a primary care provider or with 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, they need to have an appointment within 30 days of discharge.

Medication Adherence Measures

Antidepressant Medication Management (AMM)

Measure

The percentage of members ages 18+ who had a diagnosis of major depression, were treated with antidepressant medication 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)

Measure

The percentage of members ages 18+ and older 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 to reach full effectiveness, discuss potential side effects and emphasize 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 an automatic pharmacy-refill program

Initiation and Engagement of Substance Use Disorder Treatment (IET)

Measure

The percentage of new substance use disorder (SUD) 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.

Important Information

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

Tips and Best Practices

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

- Use screening tools to aid in diagnosing the member.
- Encourage newly diagnosed individuals to accept treatment by helping them identify their own reasons for change
- Schedule a follow-up appointment prior to the member leaving your office.
 - The follow-up can either be with you or a substance use specialist
 - It should occur within 14 days
 - 2 additional visits should be scheduled with either you or a substance use treatment provider within the next 34 days

Pharmacotherapy for Opioid Use Disorder (POD)

Measure

For members ages 16+ with a diagnosis of opioid use disorder (OUD), the percentage of new OUD pharmacotherapy events for 180 or more days.

Important Information

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

Tips and 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
- Emphasize that continuity of pharmacotherapy is critical to prevent relapse and overdose

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

Measure

The percentage of children with newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication and who had at least 3 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 ages 6–12 years with a prescription dispensed for ADHD medication and who had 1 follow-up visit with a practitioner who has prescribing authority during the 30-day Initiation Phase.
2. *Continuation and Maintenance (C&M) Phase*: The percentage of members ages 6–12 years with a prescription dispensed for ADHD medication and who:
 - Remained on the medication for at least 210 days, and
 - Had at least 2 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.

Tips and Best Practices

This measure is less about medication compliance and more about attending visits.

- 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

The percentage of children and adolescents ages 1–17 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 and Best Practices

This measure focuses on referring a patient 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.
- If there is an urgent need for medication, a psychosocial care appointment should occur within 30 days of starting an initial prescription.

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Measure

The percentage of children and adolescents ages 1–17 who had 2 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 and Best Practices

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

- Schedule an annual glucose, or HbA1C test, **and** an LDL-C or other cholesterol test.
- Help the parent/caregiver understand the importance of annual screening

Adult Antipsychotic and Schizophrenia Related Measures

Diabetes Screening for People With Schizophrenia or Bipolar Disorder (SSD)

Measure

The percentage of members ages 18–64 years diagnosed with schizophrenia, schizoaffective disorder or bipolar disorder and 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)

Measure

The percentage of members ages 18–64 years of age diagnosed with both schizophrenia or schizoaffective disorder **and** diabetes, and 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)

Measure

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

Tips and Best Practices

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

- Schedule annual screenings for:
 - Diabetes (HbA1c or blood glucose), **and**
 - LDL-C screening.
- Educate members and caregivers about the risk of diabetes for patients using antipsychotic medications and the importance of annual screening

Collaborative Discussion

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