

HEDIS measures for the measurement year 2023

We all agree that 2022 was another difficult year; our professions have had to continue implementing new ways of providing healthcare. Even as we gradually return to a more normal life, the changes continue to affect us.

As providers and managed care organizations (MCOs), we are positioned to not only monitor members' physical status, but also their emotional status. This month, we want to emphasize HEDIS® measures that focus on improving the health of children with ADHD and on both children and adults with depression. We will also touch on how to look at health equity and the steps being taken to journey together to achieve equitable healthcare for all Americans.

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

HEDIS definition:	
Members ages 6 to 12 with a new diagnosis of ADHD who have not been prescribed an ADHD medication in the previous four months	
What members are included in the measure?	Members who were newly treated with ADHD medication and remained on medication for at least 210 days. Intake starts March 1 of the previous measurement year and ending February of the current measurement year.
How many visits are counted?	Three follow-up visits are counted: <ul style="list-style-type: none"> • The first visit is scheduled within 30 days of prescribing the medication (initiation phase). • Two more follow-up visits are scheduled within the next nine months, or a total of three follow-ups in a 10-month period (maintenance phase).
What types of visits count for the follow-up visits?	<ul style="list-style-type: none"> • First follow-up (initiation phase): <ul style="list-style-type: none"> ○ Outpatient visit ○ Intensive outpatient encounter or partial hospitalization ○ A community health center visit ○ A telehealth or telephone visit • Two maintenance visits (maintenance phase): <ul style="list-style-type: none"> ○ Outpatient visit ○ Intensive outpatient encounter or partial hospitalization ○ A community health center visit ○ A telehealth or telephone visit ○ An e-visit or virtual check-in
Required exclusions	<ul style="list-style-type: none"> • Members receiving hospice services

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The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members. Please note: The information provided is based on HEDIS 2022 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS) and state recommendations. Please refer to the appropriate agency for additional guidance.

	<ul style="list-style-type: none"> Members with an acute inpatient encounter with a principal diagnosis of mental, behavioral, or neurodevelopmental disorders Members with a diagnosis of narcolepsy at any time during the member's history through the end of the measurement period
Record your efforts	<ul style="list-style-type: none"> Be sure to schedule a follow-up visit right away within 30 days of ADHD medication initially prescribed or restarted after a 120-day break. Schedule follow-up visits while members are still in the office. Have your office staff call members at least three days before appointments. After the initial follow-up visits, schedule at least two more office visits in the next nine months to monitor the patient's progress: <ul style="list-style-type: none"> Be sure that follow-up visits include the diagnosis of ADHD.

Description	CPT®/HCPCS
Behavioral health (BH) outpatient	CPT: 98960-98962, 99078, 99202-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510

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

HEDIS definition:	
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	
What members are included in the measure?	Members who are age ≥ 12 as of December 31 of the measurement year
What two rates are counted?	<ul style="list-style-type: none"> The member was screened for clinical depression using a standardized instrument. If the screen was positive, the member received follow-up care within the next 30 days.
What counts for a follow-up visit within 30 days?	<p>A follow-up visit within 30 days of a positive test can be counted through:</p> <ul style="list-style-type: none"> Outpatient visit. Telehealth or telephone visit. An e-visit or virtual check-in. A depression case management encounter. A behavioral health encounter. A depression medication dispensing event. <p>or</p> <ul style="list-style-type: none"> Additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up on the same day as a positive screen on a brief screening instrument.

The table below shows the types of standardized instruments that apply to this measure. You will notice that the table indicates which instrument to choose based on age grouping. It also indicates what represents a positive score. There is also an indication of which instruments are *brief* as opposed to full-length instruments.

Instruments for depression screening by age grouping			
Instrument	Positive finding	Adolescents (12 to 17 years)	Adults (18+ years)
Patient Health Questionnaire (PHQ-9)[®]	Total score ≥ 10	X	X
Patient Health Questionnaire Modified for Teens (PHQ-9M)[®]	Total score ≥ 10	X	
Patient Health Questionnaire-2 (PHQ-2)^{®,2}	Total score ≥ 3	X	X
Beck Depression Inventory Fast Screen (BDI-FS)^{®,1,2}	Total score ≥ 8	X	X
Beck Depression Inventory (BDI-II)	Total score ≥ 20		X
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total score ≥ 17	X	X
Duke Anxiety-Depression Scale (DADS)^{®,1}	Total score ≥ 30		X
Edinburgh Postnatal Depression Scale (EPDS)	Total score ≥ 10	X	X
My Mood Monitor (M-3)[®]	Total score ≥ 5		X
PROMIS Depression	Total score ≥ 60	X	X
Clinically Useful Depression Outcome Scale (CUDOS)	Total score ≥ 31		X
¹ Proprietary; may be cost or licensing requirement associated with use.			
² Brief screening instrument. All other instruments are full-length.			

Health equity

Health equity is when everyone has a fair and just opportunity to attain optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

We are committed to ongoing and evolving equity in healthcare by intentionally assessing and listening to the voices of underserved communities. We want to continue to be a voice and represent what we are hearing from our members by identifying ways to eliminate disparities and propel healthcare toward true equity for everyone.

NCQA Health Equity Accreditation is replacing the existing Multicultural Health Distinction. The focus is on creating a culture that supports Amerigroup Washington, Inc. external health equity work, such as collecting data to advance language services, thereby, effectively communicating with members, as well as understanding their cultural needs. Providers can take advantage of web-based training at My Diverse Patients (<https://mydiversepatients.com/>) regarding identifying opportunities for reducing health inequities and improving care.

How NCQA Health Equity Accreditation can help	
Health systems	NCQA frameworks and programs help health systems identify disparities in care and close gaps in populations while supporting the priorities of contracting partners.
Health plans	NCQA programs and measures help health plans implement an actionable framework to provide high-quality care for all members, determine how

	health inequities influence HEDIS measures and outcomes, and meet contracting and regulatory requirements.
State and Federal government	NCQA helps state and federal governments identify high-performing organizations and improve health equity in the community through accountability programs, quality reporting systems, and custom research and analytic services.
Employers	Use NCQA programs to identify health plan and provider partners that excel in providing equitable healthcare with measurable outcomes, supporting equitable treatment to all employees.



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