

HEDIS



Cenpatico Behavioral Health is a proud holder of NCQA accreditation as a managed behavioral health organization (MBHO) and prioritizes best in class performance on the following behavioral health HEDIS measures:

- AMM: Antidepressant Medication Management
- ADHD: Follow-up Care for Children Prescribed Medication for Attention Deficit Hyperactivity Disorder
- FUH: Follow-up after Hospitalization for Mental Illness (Ambulatory Follow-Up)
- IET: Initiations and Engagement of Alcohol & Other Drug Dependence Treatment

The Cenpatico Provider Network is a crucial partner to help us in achieving results for these HEDIS measures. To help us in achieving excellent outcomes for our enrollees, please:

- Review our tip sheets. Cenpatico has created tip sheets for each of the measures. It is important that our providers are familiar with each of the measures and our corresponding best practice recommendations.
- Provide us the information we may request about kept appointments for our enrollees.
-Get creative! Ask us about your agency's contribution to these HEDIS rates and help us get creative with solutions.
- Ask us for help! Cenpatico's clinical and quality teams are available to answer any questions you may have regarding the HEDIS measures and will assist in brainstorming solutions to barriers that may affect performance.

Antidepressant Medication Management (AMM)

The HEDIS Antidepressant Medication Management (AMM) measures focus on compliance with medication regimens and appropriate follow-up. The AMM measures consist of two (2) indicators: effective follow-up in the acute phase of treatment and also in the continuation phases of treatment.

- The Acute Phase is defined as the percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks).
- The Continuation Phase is defined as the percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (6 months).

Follow-up Care for Children Prescribed Medication for Attention Deficit Hyperactivity (ADHD)

The HEDIS ADHD Medication measures focus on the percentage of children newly-prescribed attention-deficit/hyperactivity disorder (ADHD) medication who have at least three follow-up care visits within a 10-month period, one of which is within 30 days of when the first ADHD medication was dispensed. The measure evaluates medication and service compliance for members who have a negative medication history (at least four months of no ADHD medications prior to the measurement start date) and do not have a primary mental health or substance abuse disorder. Two rates are reported:

- **Initiation Phase:** The percentage of enrollees 6–12 years of age as of the Index Prescription Start Date (IPSD) with an ambulatory prescription dispensed for ADHD medication who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.
- **Continuation and Maintenance (C&M) Phase:** The percentage of enrollees 6–12 years of age as of the IPSD with an ambulatory 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.

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)

This HEDIS measure looks at the percentage of adolescent and adult enrollees with a new episode of alcohol or other drug (AOD) dependence who receive the following:

Initiation of Treatment: The percentage of enrollees who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient visit or partial hospitalization within 14 days of the diagnosis.

Engagement of AOD Treatment: The percentage of enrollees who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

Early identification of substance abuse issues can help enrollees avoid future drug-related illnesses and deaths as well as improve enrollee quality of life. It can also help curb the overuse of health care services related to substance dependence. Cenpatico recommends the following best practices for substance abuse:

- **Screen for it!** Make sure to incorporate substance use questions or tools upon intake and upon yearly treatment plan review, at a minimum. Many times substance abuse goes undetected simply due to not asking the question! You can be part of the solution by assessing substance use. Enrollees may want to minimize their substance abuse, so persistence is required in raising the topic and keeping it at the forefront of an enrollee's treatment.
- **Document it!** If a substance abuse concern is identified, be sure to document it and code it on any claims submitted. Often, practitioners are reluctant to use a substance abuse diagnosis for fear of stigmatizing a patient who has discussed his or her struggles with substances. The lack of labeling a diagnosis, however, prevents other clinicians from working with a patient in a coordinated manner, ultimately resulting in less effective care for the patient.
- **Follow-up!** When a substance abuse concern is identified, it's very important to schedule appropriate follow-up treatment. For newly diagnosed enrollees, in particular, we recommend making a point of scheduling 3 follow-up appointments within the first 30 days. Increased intensity of contact in early stages of treatment will help to address the concerns as timely as possible and help to keep the enrollee connected and motivated for treatment.
- **Educate!** It's important to educate enrollees on the effects of substance abuse and educate them on the treatment options that exist for them in their community. Additionally, substance abuse often co-occurs with other behavioral health problems, like: major depression, or anxiety disorders, which can make treating substance abuse or diagnosing a behavioral health disorder more difficult. In instances like these, referral to a behavioral health provider is prudent. Cenpatico can help with resources by calling our Customer Service department at 800-589-3186.

Follow-Up after Hospitalization for Mental Illness (FUH)

This HEDIS measure looks at the percentage members ages 6 and older who were discharged from an inpatient setting with a mental health diagnosis and attend a qualifying outpatient follow-up appointment, with a mental health practitioner, within 7 days and 30 days of discharge.

Effective discharge planning and on-going outpatient provider support is essential to support enrollees after an acute care episode. Members that receive prompt follow-up after hospitalization are more likely to engage in outpatient treatment, mitigating avoidable hospitalization and ED usage; and realize a better opportunity to return to baseline functioning. To help support our enrollees post hospitalization, Cenpatico recommends the following best practices:

- Discharge planning starts on admission. Cenpatico Utilization Managers and Case Management staff will work with the hospitals to ensure enrollees have access to outpatient providers within 7 days of their discharge. If hospital discharge planners are not able to secure appointments within 7 days, our Case Management team must be notified for assistance in securing these appointments.
- Case Management offered for all members. Cenpatico Case Management staff will outreach to each member that has discharged from an acute inpatient setting. Hospital staff can help this effort by alerting enrollees we will be calling to offer any assistance, support, or needed services after hospitalization.
- Alert Cenpatico about access issues. We encourage our provider network to work closely with us and that includes letting our Utilization Management or Case Management staff know when hospital discharge planners are not able to secure a follow up appointment within 7 days of discharge with a Cenpatico provider or practitioner.
- Discharge Consultation. On the day of discharge, it's important for the enrollee to receive discharge plan education and understand the importance of following through with that plan. In most cases, these discharge consultations are billable to Cenpatico, using Revenue Code 510/513 and can help ensure the member understands all of their discharge instructions. Please contact your Cenpatico Network Manager to see if your facility qualifies to bill this code.
- Everyone gets a reminder. Our Case Management staff work hard to make sure our enrollees have appointments within 7 days. Our Case Management staff gives all members discharging from an acute inpatient setting reminder calls about that appointment. Outpatient providers can support this effort by making outreach to enrollees prior to their scheduled follow up appointment. Many times an outreach by the actual servicing provider is more effective than those conducted by the insurance company. If you need help reaching our enrollees and want to connect with our Case Management Department, then please call us at 800-589-3186.