

Follow-Up for Children Prescribed ADHD Medication (Initiation and Continuation and Maintenance) (NQF 0108)

Measure Basic Information

Name and date of specifications used: HEDIS® 2015 Technical Specifications for Health Plans (Volume 2)

URL of Specifications: N/A

Measure Type:

HEDIS ☒ PQI ☐ Survey ☐ Other ☐ Specify:

Measure Utility:

CCO Incentive ☐ Core Performance ☐ CMS Adult Set ☐ CHIPRA Set ☒ State Performance ☒
Other ☐ Specify:

The Metrics and Scoring Committee dropped the 'initiation phase' rate from the CCO incentive metrics for 2015. Both the initiation phase and continuation and maintenance (C&M) phase are state performance measures.

Data Source: MMIS/DSSURS

Measurement Period: March 1, 2014 – February 28, 2015 (See Measure Changes below)

2013 Benchmark: 51% (initiation rate); 2012 National Medicaid 90th percentile

2014 Benchmark: 51% (initiation rate); 2013 National Medicaid 90th percentile

2015 Benchmark: 53% (initiation rate); 2014 National Medicaid 90th percentile

2013 Benchmark: 63% (C&M rate); 2012 National Medicaid 90th percentile

2014 Benchmark: 63% (C&M rate); 2013 National Medicaid 90th percentile

2015 Benchmark: 64% (C&M rate); 2014 National Medicaid 90th percentile

Measure Changes in specifications from 2014 to 2015:

In the previous measurement years, OHA changed the intake period for the index prescription start date (IPSD) to align with the Metrics & Scoring Committee's intent to measure CCOs' performances on the calendar year, especially for the initiation phase rate. Since this measure is no longer a CCO incentive measure, OHA is changing the intake period back to the HEDIS standard, from March 1, 2014 to February 28, 2015, allowing 300 days following the IPSD by the end of 2015.

OHA is using HEDIS® 2015 specifications for all 2015 measurements. Changes in HEDIS® specifications from 2013 to 2015 include:

- Update new and obsolete psychiatric diagnostic evaluation and psychotherapy procedure codes in the eligible follow-up visits (potentially higher rate):
 - Added CPT codes 90791, 90792, 90832-90834, 90836-90840 to the ADD Visits Group 1 Value Set (HEDIS® 2014).

- Added CPT codes 99381, 99382, 99391, 99392, and HCPCS codes G0463, T1015 to the ADD Stand Alone Visits Value Set (HEDIS® 2015).
- Some corrections were made to the OHA specifications to better align with HEDIS®:
 - Added HCPCS codes G0409, G0410, and G0411 as a correction to OHA's previously posted specification sheets. These codes had been included as a part of the standalone follow-up visit codes since HEDIS® 2013, and OHA had also been including these codes in the calculation. However, these codes were not listed on OHA's 2014 specification sheet.
 - Deleted UB revenue codes 077x as a correction to OHA's previously posted specification sheets. These codes are not used by HEDIS®, or in OHA's calculation. However these codes were listed on OHA's 2014 specification sheet by mistake.

(See 'Data elements required numerator' section, follow-up visit code tables below for detail. Code changes based on HEDIS updates are indicated in red, and corrections to the OHA specifications are indicated in yellow highlight.)

- Clarified OHA's definition for calculating the 'negative medication history' which was a deviation of NCQA's interpretation of the HEDIS® specifications (see detail in the deviation from cited denominator section). Although not previously documented on specification sheets, OHA has been adopting this deviation in the previous measurement years (2011 – 2014).
- OHA continues to adopt the HEDIS® exclusion rule in this measure - excluding members with an acute inpatient stay with a principle diagnosis of mental health or substance abuse, during the 30 days after the IPSD for the initiation phase calculation, and during the 300 days after the IPSD for the C&M phase rate. This exclusion had been adopted since 2013, although the criterion for the C&M phase was not mentioned in the previous specification sheets.

For measurements involving NDC lists published by NCQA (<http://www.ncqa.org>), OHA will use the latest available version for the measures; 2016 NDC lists will be used for the final calculations of 2015 measurement year. Before the 2016 NDC lists are available, OHA will use the 2015 list for any progress reports.

For 2015 measurement, OHA is only including CCO A and CCO B members. For dental related measures (e.g., dental sealants, DHS custody) OHA is only including CCO A members.

Denied claims: Included ☒ Not included ☐

HEDIS specifications are written for multiple lines of business and include a broad set of codes that could be used for measurement. OHA is not using all codes listed in the HEDIS specifications. Codes OHA is not using include, but are not limited to, LOINC, CPT, and HCPCS codes that are not open to Medicaid in Oregon. A general rule of thumb is that only CPT/HCPCS codes associated with the prioritized list will be used to calculate the measures; however as some measure specifications include denied claims, a claim that was denied because it included codes not on the prioritized list might still be counted toward the measure.

Measure Details

Definitions

Intake Period	The 12 month window starting March 1, 2014 and ending February 28, 2015.
Negative Medication History	A period of 120 days prior to the Index Prescription Start Date, during which time the member had no ADHD medications dispensed for either new or refill prescriptions. (See OHA deviation below)
Index Prescription Start Date (IPSD)	The earliest prescription dispensing date for an ADHD medication where the date is in the Intake Period and there is a Negative Medication History.
Initiation Phase	The 30 days following the Index Prescription Start Date.
Continuation & Maintenance Phase	The 31-300 days following the Index Prescription Episode Start Date
New Episode	The member must have a 120-day Negative Medication History on or before the Index Prescription Episode Start Date.

Data elements required denominator: Members six years of age as of the start of the intake period to 12 years of age as of the end of the intake period who were dispensed an attention deficit/hyperactivity disorder (ADHD) medication during the 11 month period. Include only the members with a Negative Medication History (see OHA deviation below).

For the 2015 measurement year, this means: members six years of age as of March 1, 2014 to 12 years of age as of February 28, 2015, who were dispensed ADHD medication between March 1, 2014 – February 28, 2015.

Table ADD-A: ADHD Medications¹

Description	Prescription
CNS stimulants	<ul style="list-style-type: none"> Amphetamine-dextroamphetamine Dexmethylphenidate Dextroamphetamine Lisdexamfetamine Methamphetamine Methylphenidate
Alpha-2 receptor agonist	<ul style="list-style-type: none"> Clonidine Guanfacine
Miscellaneous ADHD medications	<ul style="list-style-type: none"> Atomoxetine

See HEDIS® 2015 Technical Specifications for Health Plans (Volume 2) for details.

¹ The ADD-A NDC list is available on the NCQA website (<http://www.ncqa.org>).

Required exclusions for denominator:

Exclude members who had an acute inpatient claim/encounter with a principal diagnosis for mental health (Mental Health Diagnosis Value Set) or chemical dependency (Chemical Dependency Value Set):

- During the 30 days after the IPSD – for the Initiation Phase calculation.
- During the 300 days after the IPSD – for the Continuation & Maintenance (C&M) Phase calculation.

Mental Health Diagnosis Value Set	OR	Chemical Dependency Value Set
ICD9CM Diagnosis (Principal)		ICD9CM Diagnosis (Principal)
290, 293-302, 306-316		291, 292, 303-305, 535.30, 535.31, 571.1

See HEDIS® 2015 Technical Specifications for Health Plans (Volume 2) for details.

Deviations from cited specifications for denominator:

OHA's calculation for the 'negative medication history' utilizes the 'days supplied' information in the pharmacy claims, and deviates from NCQA's interpretation of HEDIS specification which only looks at the prescription 'filled date' during the 120 days look back period. With OHA's deviation, for example, a member could be excluded by filling a 30-day supply of ADHD prescription on the 130th day prior to the IPSD, a record beyond the original 120 days look back period defined by HEDIS.

Data elements required numerator:

Initiation Phase: Members from the denominator with an outpatient, intensive outpatient, or partial hospitalization follow-up visit with a practitioner with prescribing authority, within 30 days after the Index Prescription Start Date (IPSD). Do not count a visit on the IPSD as the initiation phase visit.

Note the HEDIS specifications do not provide a way to identify which practitioners have prescribing authority: therefore, OHA is looking for all qualifying follow-up visits, regardless of provider type.

Follow-up visits are defined by the following codes:

ADD Stand Alone Visits Value Set		
CPT	HCPCS	UB Revenue
90804-90815, 96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99384, 99391-99394, 99401-99404, 99411, 99412, 99510	G0155, G0176, G0177, G0409, G0410, G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015	0510, 0513, 0515-0517, 0519-0523, 0526-0529, 077x, 0900, 0902-0905, 0907, 0911-0917, 0919, 0982, 0983

OR

ADD Visits Group 1 Value Set	With	ADD POS Group 1 Value Set
CPT		POS

90791, 90792, 90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90857, 90862, 90875, 90876	03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72
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OR

ADD Visits Group 2 Value Set	With	ADD POS Group 2 Value Set
CPT		POS
99221-99223, 99231-99233, 99238, 99239, 99251-99255		52, 53

Continuation & Maintenance (C&M) Phase: Members from the denominator who meet the following criteria:

- An Initiation Phase Visit in the first 30 days, **and**
- Had sufficient number of prescriptions to provide continuous treatment for at least 210 days out of the 300-day period after the IPSD (using ‘days supplied’ information in the pharmacy claims, allowing up to a total of 90 days “treatment gap”), **and**
- At least two follow-up visits from 31-300 days after the Index Prescription Start Date.

In addition to the same ‘follow-up visits’ codes that qualify for the numerator in the Initiation Phase, one of the two visits during days 31-300 may be a telephone visit with practitioner. Telephone visits are identified by the Telephone Visits Value Set:

Telephone Visits Value Set
CPT
98966-98968, 99441-99443

Note that all Initiation Phase visits must be face-to-face.

See HEDIS® 2015 Technical Specifications for Health Plans (Volume 2) for details.

Required exclusions for numerator:

See ‘Data elements required numerator’ above.

Note OHA does not adopt the HEDIS® optional exclusion for members diagnosed with narcolepsy.

Deviations from cited specifications for numerator:

Prescribing authority is not in the claims data, so all follow-up visits utilizing the codes listed above with any health provider are included in the data.

What are the continuous enrollment criteria:

Initiation: Members must be continuously enrolled in the organization for 120 days prior to the IPSD through 30 days after the IPSD.



C&M: Members must be continuously enrolled in the organization for 120 days prior to the IPSD and 300 days after the IPSD.

What are allowable gaps in enrollment:

Initiation: None.

C&M: One 45 day gap in enrollment between 31 days and 300 days after the IPSD.

Define Anchor Date (if applicable): None.