Connecticut Quality Council
2023 Aligned Measure Set Annual Review
Measure Specifications

Additional Measures for Consideration during May 18, 2023 Meeting

Quality ID #336: Maternity Care: Postpartum Follow-up and Care Coordination

2023 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process – High Priority

DESCRIPTION:
Percentage of patients, regardless of age, who gave birth during a 12-month period who were seen for postpartum care before or at 12 weeks of giving birth and received the following at a postpartum visit: breast-feeding evaluation and education, postpartum depression screening, postpartum glucose screening for gestational diabetes patients, family and contraceptive planning counseling, tobacco use screening and cessation education, healthy lifestyle behavioral advice, and an immunization review and update.

INSTRUCTIONS:
This measure is to be submitted a minimum of **once per performance period** for all patients seen for postpartum care before or at 12 weeks of giving birth during the performance period. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third-party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third-party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:
All patients, regardless of age, who gave birth during a 12-month period and were seen for postpartum care at a visit before or at 12 weeks of giving birth

Denominator Criteria (Eligible Cases):
All patients, regardless of age
AND
Patient procedure during performance period (CPT): 59400, 59410, 59430, 59510, 59515, 59610, 59614, 59618, 59622
WITHOUT
Telehealth Modifier (including but not limited to): GQ, GT, 95, POS 02
AND
Postpartum care visit before or at 12 weeks of giving birth

NUMERATOR:
Patients receiving the following at a postpartum visit:

- Breast-feeding evaluation and education, including patient-reported breast-feeding
- Postpartum depression screening
- Postpartum glucose screening for gestational diabetes patients
- Family and contraceptive planning counseling
- Tobacco use screening and cessation education

- Healthy lifestyle behavioral advice
- Immunization review and update

Definitions:

Breast-Feeding Evaluation and Education – Patients who were evaluated for and educated about breast-feeding before or at 12 weeks postpartum.

Postpartum Depression Screening – Patients who were screened for postpartum depression before or at 12 weeks postpartum. Questions may be asked either directly by a health care provider or in the form of self-completed paper- or computer-administered questionnaires, and results should be documented in the medical record. Depression screening should include a self-reported validated depression screening tool (e.g., PHQ-2, Beck Depression Inventory, Beck Depression Inventory for Primary Care, Edinburgh Postnatal Depression Scale (EPDS)).

Postpartum Glucose Screening for Gestational Diabetes – Patients who were diagnosed with gestational diabetes during pregnancy and were screened with a glucose screen before or at 12 weeks postpartum.

Family and Contraceptive Planning Counseling – Patients who were provided family and contraceptive planning counseling (*including contraception, if necessary*) before or at 12 weeks postpartum.

Tobacco Use Screening and Cessation Education – Patients who were screened for tobacco use before or at 12 weeks postpartum. Patients who used any type of tobacco who were given brief counseling (3 minutes or less) and/or pharmacotherapy.

Healthy Lifestyle Behavioral Advice – Clinicians should use discretion to determine which patients they deem appropriate for healthy lifestyle counseling. Clinicians may take into account the number of weeks that have passed since childbirth, whether the mother is breast-feeding, the degree to which the mother's body mass index (BMI) exceeds the normal range, whether postpartum depression is present, and the mother's own feelings and perceptions of her body weight. Counseling should include suggestions around healthy eating and staying active. If deemed necessary by the clinician, the conversation about healthy lifestyle choices could include a follow-up plan, including a referral to a specialist such as a registered dietitian nutritionist, primary care provider, or mental health professional for lifestyle/behavioral therapy, pharmacological interventions, dietary supplements, exercise counseling or nutrition counseling.

Immunization Review and Update – Patients whose immunization records were reviewed and who were provided with indicated immunizations, including completing series initiated antepartum or postpartum, at or before 12 weeks postpartum.

Numerator Instructions:

To satisfactorily meet the numerator ALL components (breast-feeding evaluation and education, postpartum depression screening, postpartum glucose screening for patients with gestational diabetes, family and contraceptive planning counseling, tobacco use screening and cessation education, healthy lifestyle behavioral advice, and immunization review and update) must be performed according to the definitions provided above.

NUMERATOR OPTIONS:

Performance Met: Postpartum screenings, evaluations, and education performed **(G9357)**

OR

Performance Not Met: Postpartum screenings, evaluations and education not performed **(G9358)**

RATIONALE:

Managing and ensuring concrete postpartum follow-up after delivery is a critical challenge to the health care system impacting the quality of care mothers receive. The American College of Obstetricians and Gynecologists (ACOG) sees the weeks following birth as a critical period for a woman and her child that sets the stage for long-term health and well-being. As such, this "fourth trimester" should include a comprehensive postpartum visit with a full assessment of physical, social, and psychological well-being.

Postpartum follow-up for depression screening, breast-feeding evaluation and education, family and contraceptive planning counseling, glucose screening for gestational diabetes, tobacco use screening and cessation education, healthy lifestyle behavioral advice, and immunization review and update are important risk factors to evaluate after childbirth. Maternal depression is one of the most common perinatal complications; however, the disorder remains under recognized, underdiagnosed, and undertreated. The various maternal depression disorders are defined by the severity of the depression and the timing and length of the episode. Studies report that 3 to 25 percent of women experience major depression during the year following childbirth.

Establishing the diagnosis of gestational diabetes mellitus offers an opportunity not only to improve pregnancy outcomes, but also to decrease risk factors associated with the subsequent development of type 2 diabetes. The ACOG Committee on Obstetric Practice recommends that all women with gestational diabetes mellitus be screened at 6–12 weeks postpartum and managed appropriately.

Tobacco and nicotine use is still a major contributor to morbidity and mortality in women and men. Women who stop using tobacco and nicotine receive an immediate health and financial benefit.

ACOG acknowledges that unintended pregnancies are common and that pregnancy spacing is important for healthy families. In addition, the greatest risk of low birth weight and preterm birth occurs when the interconception interval is less than 6 months. The ACOG sees the weeks following birth as a critical period for a woman and her child that set the stage for long-term health and well-being.

The ACOG 2018 Postpartum Toolkit states that immunization in the postpartum period is a simple and effective way to protect the woman and her child from certain infections, particularly when the woman was not immunized during pregnancy. Although obstetrician–gynecologists encourage women of childbearing age to be current with their immunizations before the peripartum period, postpartum maternal immunization can prevent acute maternal infection and potential spread of illness from the woman to her newborn. Infants of breast-feeding women acquire maternal antibodies through breast milk.

This measure is a measure of the adequacy of the care provided for those that come for postpartum care, as patients who do not have postpartum visits are excluded from this measure.

Although certain postpartum conditions, such as depression, remain an underrecognized and undertreated condition for all low-income women, this is especially the case for those from racial and ethnic minority groups. A retrospective study of New Jersey's Medicaid program found that Black and Latina women had particularly low treatment initiation rates for postpartum depression [1]. Postpartum care disparities similarly existed for general postpartum care, postpartum glucose screening, and family and contraceptive planning counseling among racial and ethnic minority groups [2,3]. Access to care barriers, health literacy variations, and care coordination challenges may also play a role in postpartum care disparities [4]. Potential solutions to improve postpartum testing rates included proactively contacting patients, establishing educational programs, and distributing mailings [5]. These studies suggest that successful implementation of this measure's intent may have positive downstream impacts on disparities in postpartum care and maternal and children's outcomes overall.

References

1. Kozhimannil, K.B., Trinacty, C.M., Busch, A.B., Huskamp, H.A., Adams, A.S. (2011). Racial and ethnic disparities in postpartum depression care among low-income women. *Psychiatric Services, 62(6),* 619-625. https://doi.org/10.1176/ps.62.6.pss6206_0619
2. Howell, E.A., Padrón, N.A., Beane, S.J. *et al.* (2017). Delivery and payment redesign to reduce disparities in high risk postpartum care. *Maternal Child Health J, 21(3),* 432–438. https://doi.org/10.1007/s10995-016-2221-8
3. Mathieu, I.P., Song, Y., Jagasia, S.M. (2014). Disparities in postpartum follow-up in women with gestational diabetes mellitus, *Clinical Diabetes, 32(4),* 178-182. https://doi.org/10.2337/diaclin.32.4.178
4. Parekh, N., Jarlenski, M., Kelley, D. (2018). Prenatal and postpartum care disparities in a large Medicaid

program. *Matern Child Health J, 22*, 429–437. https://doi.org/10.1007/s10995-017-2410-0
5. Carson, M.P., Frank, M.I., Keely, E. (2013). Original research: Postpartum testing rates among women with a history of gestational diabetes—Systematic review, *Primary Care Diabetes, 7(3),* 177-186. https://doi.org/10.1016/j.pcd.2013.04.007.

CLINICAL RECOMMENDATION STATEMENTS:

The following evidence statements are quoted from the referenced clinical guidelines.

Postpartum Care

The comprehensive postpartum visit should include a full assessment of physical, social, and psychological well-being, including the following domains [1]:

- Mood and emotional well-being
- Infant care and feeding
- Sexuality, contraception, and birth spacing
- Sleep and fatigue
- Physical recovery from birth
- Chronic disease management
- Health maintenance

Breast-Feeding Evaluation and Education

The USPSTF recommends interventions during pregnancy and after birth to support breast-feeding (Grade B recommendation) [2].

This recommendation applies to pregnant women, new mothers, and young children. In rare circumstances involving health issues in mothers or infants, such as human immunodeficiency virus (HIV) infection or galactosemia, breast-feeding may be contraindicated, and interventions to promote breast-feeding may not be appropriate.

Interventions to promote and support breast-feeding may also involve a woman's partner, other family members, and friends.

Postpartum Depression Screening

A screening for postpartum depression should be included in the postpartum visit [3,4]. The 10-question Edinburgh Postnatal Depression Scale (EPDS) is a valuable and efficient way of identifying patients at risk for “perinatal” depression. The EPDS is easy to administer and has proven to be an effective screening tool. Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity. The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt during the previous week. In doubtful cases it may be useful to repeat the tool after 2 weeks.

Postpartum Glucose Screening for Gestational Diabetes Patients

Up to one-third of women who experienced GDM will have impaired glucose metabolism postpartum and 15% to 50% of women will develop type 2 diabetes within the decades following the affected pregnancy [5]. Postpartum follow-up with treatment has been proven to postpone or prevent this occurrence. Glucose testing should be included in the postpartum visit for patients who had pregnancies complicated by gestational diabetes [3]. ACOG recommends either a 75 g, 2-hour oral glucose tolerance test, or a fasting plasma glucose test [1]. Refer to the VA/DoD Clinical Practice Guideline for the Management of Diabetes Mellitus in Primary Care (2017) for more information regarding glucose screening techniques [6].

Family and Contraceptive Planning Counseling

Women should be advised to avoid interpregnancy intervals shorter than 6 months and should be counseled about the risks and benefits of repeat pregnancy sooner than 18 months. Short interpregnancy intervals also are associated with reduced vaginal birth after cesarean success for women undergoing trial of labor after cesarean [1]. Family planning and contraception should be discussed at the postpartum visit [3].

A woman's future pregnancy intentions provide a context for shared decision making regarding contraceptive options. Shared decision making brings two experts to the table: the patient and the health care provider. The health care provider is an expert in the clinical evidence, and the patient is an expert in her experiences and values. As affirmed by the World Health Organization (WHO), when making choices regarding the timing of the next pregnancy, "Individuals and couples should consider health risks and benefits along with other circumstances such as their age, fecundity, fertility aspirations, access to health services, child-rearing support, social and economic circumstances, and personal preferences." Given the complex history of sterilization abuse and fertility control among marginalized women, care should be taken to ensure that every woman is provided information on the full range of contraceptive options so that she can select the method best suited to her needs [1].

Tobacco Screening and Cessation Education
One component of postpartum care be assessing mood and emotional well-being, which includes screening for tobacco use and counseling regarding relapse risk in the postpartum period [1]. An ACOG Work Group created a Tobacco and Nicotine Cessation Toolkit to support clinicians in discussing tobacco and smoking cessation with patients.

Healthy Lifestyle Behavioral Advice
Approximately 65% of reproductive-aged women are overweight or obese at the time of pregnancy and are at risk of postpartum weight retention and chronic obesity [7].

Risk factors for being overweight or obese include a sedentary lifestyle, high caloric dietary intake, family history, genetics, and individual metabolism. Regular physical activity during an uncomplicated pregnancy and the postpartum period can improve cardiorespiratory fitness and reduce the risk and downstream health consequences (e.g., heart disease, diabetes) of being overweight or obese. Postpartum women should follow the national guidelines for physical activity, which is 150 minutes of moderate exercise each week. Recommendations include a target of 20–30 minutes of exercise on most days of the week. Providing lifestyle recommendations to promote maternal health for long-term reduction in the risk of chronic obesity and its downstream sequelae of diabetes and cardiovascular disease is a key objective of the postpartum visit. Such recommendations will also result in improved health in the interpregnancy period, if further childbearing is desired [6].

The postpartum period is an opportune time for obstetrician–gynecologists and other obstetric care providers to recommend and reinforce a healthy lifestyle. Resuming exercise or incorporating new exercise routines after delivery is important in supporting lifelong healthy habits. Exercise routines may be resumed gradually after pregnancy as soon as medically safe, depending on the mode of delivery (vaginal or cesarean birth) and the presence or absence of medical or surgical complications. Some women are capable of resuming physical activities within days of delivery. Pelvic floor exercises can be initiated in the immediate postpartum period. Abdominal strengthening exercises, including abdominal crunch exercises and the drawing-in exercise, a maneuver that increases abdominal pressure by pulling in the abdominal wall muscles, have been shown to decrease the incidence of diastasis recti abdominus and decrease the inter-rectus distance in women who gave birth vaginally or by cesarean birth [7].

Immunization Review and Update
One component of postpartum care includes reviewing vaccination history and providing indicated immunizations, including completing series initiated antepartum or postpartum [1]. The postpartum visit should include a review of current vaccination status in accordance with CDC Pregnancy and Maternal Vacciation guidance, including a review of immunization status against pertussis, influenza, varicella, and rubella [3]. The influenza vaccine is an essential element of pre-pregnancy, prenatal, and postpartum care since influenza can result in serious illness, and has a higher chance of progressing to pneumonia when it occurs during the antepartum or postpartum period [8]. Likewise, women are at high risk of serious complications of seasonal and pandemic influenza infection [9].

References

1. ACOG Committee Opinion No. 736: Optimizing Postpartum Care (2018, reaffirmed 2021)

2. USPSTF Final Recommendation Statement: Breastfeeding: Primary Care Interventions (2016)

3. VA/DoD Clinical Practice Guideline for the Management of Pregnancy Version 3.0 (2018)

4. ACOG Committee Opinion No. 757: Screening for Perinatal Depression (2018)

5. ACOG Tool for Postpartum Gestational Diabetes Mellitus (GDM) Follow-up

6. VA/DoD Clinical Practice Guideline for the Management of Diabetes Mellitus in Primary Care (2017)

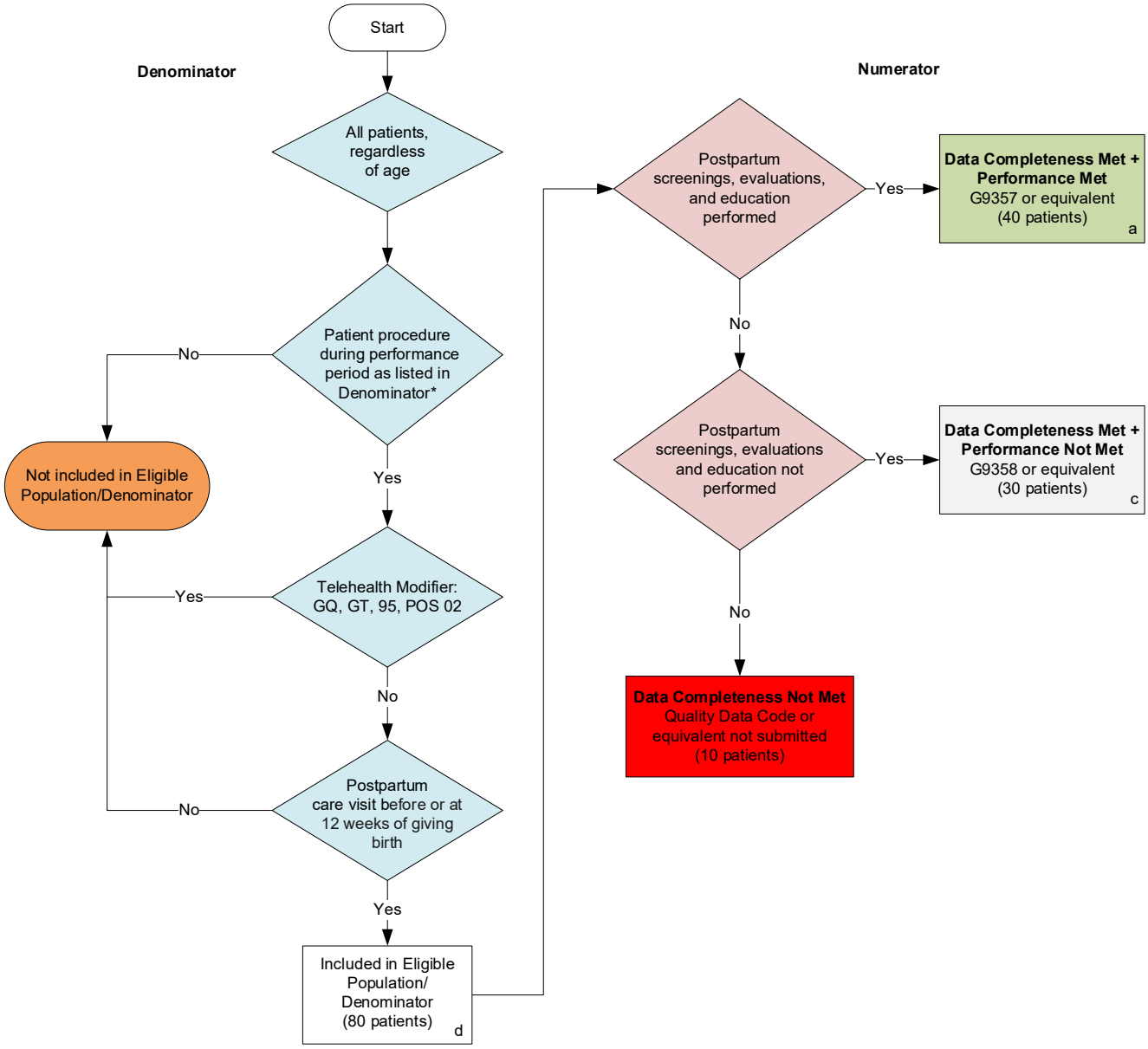
7. ACOG Postpartum Toolkit (2018)

8. ACOG Committee Opinion No. 732: Influenza Vaccination During Pregnancy (2018)

9. ACOG Committee Opinion No. 753: Assessment and Treatment of Pregnant Women With Suspected or Confirmed Influenza (2018)

2023 Clinical Quality Measure Flow for Quality ID #336: Maternity Care: Postpartum Follow-up and Care Coordination

Disclaimer: *Refer to the measure specification for specific coding and instructions to submit this measure.*



SAMPLE CALCULATIONS

Data Completeness=
Performance Met (a=40 patients) + Performance Not Met (c=30 patients) = 70 patients = **87.50%**
Eligible Population / Denominator (d=80 patients) = 80 patients

Performance Rate=
Performance Met (a=40 patients) = 40 patients = **57.14%**
Data Completeness Numerator (70 patients) = 70 patients

*See the posted measure specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Patient-Process
NOTE: Telehealth modifiers include **but are not limited to**: GQ, GT, 95, POS 02

2023 Clinical Quality Measure Flow Narrative for Quality ID #336: Maternity Care: Postpartum Follow-up and Care Coordination

***Disclaimer**: Refer to the measure specification for specific coding and instructions to submit this measure.*

1. Start with Denominator.
2. All patients, regardless of age.
3. Check *Patient procedure during performance period as listed in Denominator**:
    a. If *Patient procedure during performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient procedure during performance period as listed in Denominator** equals Yes, proceed to check *Telehealth Modifier*.
4. Check *Telehealth Modifier*:
    a. If *Telehealth Modifier* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Telehealth Modifier* equals No, proceed to check *Postpartum care visit before or at 12 weeks of giving birth.*
5. Check *Postpartum care visit before or at 12 weeks of giving birth*:
    a. If *Postpartum care visit before or at 12 weeks of giving birth* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Postpartum care visit before or at 12 weeks of giving birth* equals Yes, include in *Eligible Population/Denominator.*
6. Denominator Population:
    a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.
7. Start Numerator
8. Check *Postpartum screenings, evaluations, and education performed*:
    a. If *Postpartum screenings, evaluations, and education performed* equals Yes, include in *Data Completeness Met and Performance Met.*
        - *Data Completeness Met and Performance Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 patients in the Sample Calculation.
    b. If *Postpartum screenings, evaluations, and education performed* equals No, proceed to *Postpartum screenings, evaluations, and education not performed*.
9. Check *Postpartum screenings, evaluations, and education not performed*:
    a. If *Postpartum screenings, evaluations, and education not performed* equals Yes, include in *Data Completeness Met and Performance Not Met.*

- *Data Completeness Met and Performance Not Met* letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 30 patients in the Sample Calculation.

b. If *Postpartum screenings, evaluations, and education not performed* equals No, proceed to check *Data Completeness Not Met.*

10. Check *Data Completeness Not Met*:

- If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from Data Completeness Numerator in the Sample Calculation.

Sample Calculations:

Data Completeness equals Performance Met (a equals 40 patients) plus Performance Not Met (c equals 30 patients) divided by Eligible Population / Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 40 patients) divided by Data Completeness Numerator (70 patients). All equals 40 patients divided by 70 patients. All equals 57.14 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

NOTE: Telehealth modifiers include **but are not limited to:** GQ, GT, 95, POS 02

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

*Risk of Continued Opioid Use (COU)**

***Adapted with financial support from the Centers for Medicare & Medicaid Services (CMS) and with permission from the measure developer, Minnesota Department of Human Services.**

SUMMARY OF CHANGES TO HEDIS MY 2023

- Clarified in the "Event/diagnosis" criteria that required exclusions are not a step.
- Added a direct reference code for palliative care.
- Added a required exclusion for members who died during the measurement year.
- Revised the "Other" criteria in the Nonclinical Components table under *Rules for Allowable Adjustments of HEDIS.*
- Revised the "Required exclusions" criteria in the Clinical Components table under *Rules for Allowable Adjustments of HEDIS*.

Description

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:

1. The percentage of members with at least 15 days of prescription opioids in a 30-day period.
2. The percentage of members with at least 31 days of prescription opioids in a 62-day period.

Note: *A lower rate indicates better performance.*

Definitions

Intake period — A 12-month window starting on November 1 of the year prior to the measurement year and ending on October 31 of the measurement year.

IPSD — Index prescription start date. The earliest prescription dispensing date for an opioid medication during the intake period.

Negative medication history — A period of 180 days prior to the IPSD when the member had no pharmacy claims for either new or refill prescriptions for an opioid medication.

Calculating number of days covered for the numerator — Use the following steps to identify and calculate covered days for the numerator.

Step 1 Identify dispensing events where multiple prescriptions for the same medication are dispensed with overlapping days supply (i.e., dispensed on the same day *or* dispensed on different days with overlapping days supply). Sum the days supply for these dispensing events.

Identify the start and end dates: The start date is the date of service of the earliest dispensing event and the end date is the start date plus the summed days supply minus one. The start date through the end date are considered covered days. For example:

- If there are three 7-days supply dispensing events for the same medication on January 1, the start date is January 1 and the end date is January 21. Covered days include January 1–21.
- If there are two 7-days supply dispensing events for the same medication on January 1 and January 5, the start date is January 1 and the end date is January 14. Covered days include January 1–14.
- If there are three 7-days supply dispensing events for the same medication on January 1, a 7-days supply dispensing event on January 20, and a 7-days supply dispensing event on January 28, the start date is January 1 and the end date is February 4. Covered days include January 1–February 4.

Note: *This step assumes that the member will take one prescription at a time (and start taking the next prescription after exhausting the previous prescription).*

Step 2 For all other dispensing events (multiple prescriptions for the same medication on different days without overlap, multiple prescriptions for different medications on the same or different days, with or without overlap), identify the start and end dates for each dispensing event individually. The start date through the end date are considered covered days.

Note: *This step assumes the member will take the different medications concurrently.*

Step 3 Count the covered days. Consider each calendar day covered by one or more medications to be 1 covered day.

Identifying same or different drugs To identify same or different drugs, use the medication lists specified for the measure in the Opioid Medications table below. Drugs in different medication lists are considered different drugs. For example, a dispensing event from the Acetaminophen Codeine Medications List is considered a different drug than a dispensing event from the Codeine Sulfate Medications List.

Eligible Population

Product lines Commercial, Medicaid, Medicare (report each product line separately).

Age 18 years and older as of November 1 of the year prior to the measurement year.

Report two age stratifications and a total rate:

- 18–64 years.
- 65 years and older.
- Total.

The total is the sum of the age stratifications.

Continuous enrollment 180 days prior to the IPSD through 61 days after the IPSD.

Allowable gap None.

Anchor date None.

Benefit Medical and pharmacy.

Event/diagnosis Follow the steps below to identify the eligible population, which is used for both rates.

Step 1 Determine the IPSD. Identify the date of the earliest dispensing event for an opioid medication during the intake period. Use all the medications lists in the Opioid Medications table below to identify opioid medication dispensing events.

Step 2 Test for negative medication history. Remove members who were dispensed a prescription for an opioid medication within 180 days prior to the IPSD.

Step 3 Calculate continuous enrollment. Members must be continuously enrolled for 180 days prior to the IPSD through 61 days after the IPSD.

Required exclusions Exclude members who meet any of the following criteria:

- Members who met at least one of the following at any time during the 12 months (1 year) prior to the IPSD through 61 days after the IPSD:
  - Cancer (Malignant Neoplasms Value Set).
  - Sickle cell disease (Sickle Cell Anemia and HB S Disease Value Set).
  - Palliative care (Palliative Care Assessment Value Set; Palliative Care Encounter Value Set; Palliative Care Intervention Value Set; ICD-10-CM code Z51.5).
- Members in hospice or using hospice services any time during the measurement year. Refer to *General Guideline 15: Members in Hospice*.
- Members who died any time during the measurement year. Refer to *General Guideline 16: Deceased Members.*

Administrative Specification

Denominator The eligible population.

Numerator Use all the medication lists below to identify opioid medication dispensing events for the numerator. Calculate covered days using the instructions in the measure definition.

≥15 Days Covered Members who had 15 or more calendar days covered by an opioid medication during the 30-day period beginning on the IPSD through 29 days after the IPSD.

≥31 Days Covered Members who had 31 or more calendar days covered by an opioid medication during the 62-day period beginning on the IPSD through 61 days after the IPSD.

Opioid Medications

Prescription	Medication Lists
• Benzhydrocodone	Acetaminophen Benzhydrocodone Medications List
• Buprenorphine (transdermal patch and buccal film)	Buprenorphine Medications List
• Butorphanol	Butorphanol Medications List
• Codeine	Acetaminophen Butalbital Caffeine Codeine Medications List Acetaminophen Codeine Medications List Aspirin Butalbital Caffeine Codeine Medications List Aspirin Carisoprodol Codeine Medications List Codeine Sulfate Medications List
• Dihydrocodeine	Acetaminophen Caffeine Dihydrocodeine Medications List Aspirin Caffeine Dihydrocodeine Medications List
• Fentanyl	Fentanyl Medications List
• Hydrocodone	Acetaminophen Hydrocodone Medications List Hydrocodone Medications List Hydrocodone Ibuprofen Medications List
• Hydromorphone	Hydromorphone Medications List
• Levorphanol	Levorphanol Medications List
• Meperidine	Meperidine Medications List Meperidine Promethazine Medications List
• Methadone	Methadone Medications List
• Morphine	Morphine Medications List Morphine Naltrexone Medications List
• Opium	Belladonna Opium Medications List Opium Medications List
• Oxycodone	Acetaminophen Oxycodone Medications List Aspirin Oxycodone Medications List Ibuprofen Oxycodone Medications List Oxycodone Medications List
• Oxymorphone	Oxymorphone Medications List
• Pentazocine	Naloxone Pentazocine Medications List
• Tapentadol	Tapentadol Medications List
• Tramadol	Acetaminophen Tramadol Medications List Tramadol Medications List

Note

- *Do not include denied claims when identifying the eligible population (except for required exclusions) or assessing the numerator for this measure.*
- *Do not include supplemental data when identifying the eligible population or assessing the numerator. Supplemental data can be used for only required exclusions for this measure.*
- *The following opioid medications are excluded from this measure:*
  - *Injectables.*
  - *Opioid-containing cough and cold products.*
  - *Single-agent and combination buprenorphine products used as part of medication-assisted treatment of opioid use disorder (buprenorphine sublingual tablets, buprenorphine subcutaneous implant and all buprenorphine/naloxone combination products).*
  - *Ionsys® (fentanyl transdermal patch).*
    - *This is for inpatient use only and is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS).*
  - *Methadone for the treatment of opioid use disorder.*

Data Elements for Reporting

Organizations that submit HEDIS data to NCQA must provide the following data elements.

Table COU-1/2/3: Data Elements for Risk of Continued Opioid Use

Metric	Age	Data Element	Reporting Instructions
Covered15OrMoreDays	18-64	Benefit	Metadata
Covered31OrMoreDays	65+	EligiblePopulation	For each Stratification, repeat per Metric
	Total	ExclusionAdminRequired	For each Stratification, repeat per Metric
		NumeratorByAdmin	For each Metric and Stratification
		Rate	(Percent)

Rules for Allowable Adjustments of HEDIS

The "Rules for Allowable Adjustments of HEDIS" (the "Rules") describe how NCQA's HEDIS measure specifications can be adjusted for other populations, if applicable. The Rules, reviewed and approved by NCQA measure experts, provide for expanded use of HEDIS measures without changing their clinical intent.

Adjusted HEDIS measures *may not* be used for HEDIS health plan reporting.

Rules for Allowable Adjustments of Risk of Continued Opioid Use

NONCLINICAL COMPONENTS		
Eligible Population	**Adjustments Allowed (Yes/No)**	**Notes**
Product lines	Yes	Organizations are not required to use product line criteria; product lines may be combined and all (or no) product line criteria may be used.
Ages	Yes, with limits	The age determination dates may be changed (e.g., select, "age as of June 30"). Changing the denominator age range is allowed.
Continuous enrollment, allowable gap, anchor date	Yes	Organizations are not required to use enrollment criteria; adjustments are allowed.
Benefits	Yes	Organizations are not required to use a benefit; adjustments are allowed.
Other	Yes	Organizations may use additional eligible population criteria to focus on an area of interest defined by gender, race, ethnicity, socioeconomic or sociodemographic characteristics, geographic region or another characteristic.
CLINICAL COMPONENTS		
Eligible Population	**Adjustments Allowed (Yes/No)**	**Notes**
Event/diagnosis	Yes, with limits	Only medications that contain (or map to) codes in the medication lists may be used to identify opioid use. Medication lists and logic may not be changed. ***Note:*** *Organizations may include denied claims to calculate the denominator.*
Denominator Exclusions	**Adjustments Allowed (Yes/No)**	**Notes**
Required exclusions	Yes, with limits	Apply required exclusions according to specified value sets. The hospice, deceased member and palliative care exclusions are not required. Refer to *Exclusions* in the *Guidelines for the Rules for Allowable Adjustments.*
Numerator Criteria	**Adjustments Allowed (Yes/No)**	**Notes**
• Greater Than or Equal to 15 Days Covered • Greater Than or Equal to 31 Days Covered	Yes, with limits	Medication lists and logic may not be changed. Organizations may include denied claims to calculate the numerator.

*Use of Opioids at High Dosage (HDO)**

***Adapted with financial support from CMS and with permission from the measure developer, Pharmacy Quality Alliance (PQA).**

SUMMARY OF CHANGES TO HEDIS MY 2023

- Clarified that the measure is reported as the "percentage" of members.
- Added a direct reference code for palliative care.
- Added a required exclusion for members who died during the measurement year.
- Revised the "Other" criteria in the Nonclinical Components table under *Rules for Allowable Adjustments of HEDIS.*
- Revised the "Required exclusions" criteria in the Clinical Components table under *Rules for Allowable Adjustments of HEDIS*.

Description

The percentage of members 18 years of age and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥90) for ≥15 days during the measurement year.

Note: *A lower rate indicates better performance.*

Definitions

Calculating number of days covered for the denominator

Use the following steps to identify and calculate covered days for the denominator.

Step 1 Identify dispensing events where multiple prescriptions for the same medication are dispensed with overlapping days supply (i.e., dispensed on the same day *or* dispensed on different days with overlapping days supply). Sum the days supply for these dispensing events.

Identify the start and end dates: The start date is the date of service of the earliest dispensing event and the end date is the start date plus the summed days supply minus one. The start date through the end date are considered covered days. For example:

- If there are three 7-days supply dispensing events for the same medication on January 1, the start date is January 1 and the end date is January 21. Covered days include January 1–21.
- If there are two 7-days supply dispensing events for the same medication on January 1 and January 5, the start date is January 1 and the end date is January 14. Covered days include January 1–14.
- If there are three 7-days supply dispensing events for the same medication on January 1, a 7-days supply dispensing event on January 20, and a 7-days supply dispensing event on January 28, the start date is January 1 and the end date is February 4. Covered days include January 1–February 4.

Step 2 For all other dispensing events (i.e., multiple prescriptions for the same medication on different days without overlap, and multiple prescriptions for different medications on the same or different days, with or without overlap), identify the start and end dates for each dispensing event individually. The start date through the end date are considered covered days.

Step 3 Count the covered days. Consider each calendar day covered by one or more medications to be one covered day.

Identifying same or different drugs To identify "same" or "different" drugs, use Table HDO-A, which identifies the medications lists for the measure. Dispensing events from any of the Fentanyl medication lists, even if they are on different rows, are all considered the "same" drug.

For all other types of opioids, the table includes a "Medication Lists" column that identifies the "same" high-risk medications by grouping them on the same row. For example, a dispensing event from the Codeine Sulfate 15 mg Medications List is considered the same drug as a dispensing event from the Codeine Sulfate 30 mg Medications List. Conversely, a dispensing event from the Codeine Sulfate 15 mg Medications List is considered a different drug than a dispensing event from the Acetaminophen Codeine 15 mg Medications List because they are in different table rows.

Treatment period *To identify the treatment period:* For all dispensing events, identify the start and end dates for each dispensing event individually. The treatment period start date is the start date of the earliest dispensing event during the measurement year. The treatment period end date is the last end date during the measurement year.

MME Morphine milligram equivalent. The dose of oral morphine that is the analgesic equivalent of a given dose of another opioid analgesic (Table HDO-A).

Opioid dosage unit For each dispensing event, use the following calculation to determine the opioid dosage unit.

# of Opioid Dosage Units per day = (opioid quantity dispensed) / (opioid days supply)

MME daily dose For each dispensing event, use the following calculation to determine the MME daily dose. Convert each medication into the MME using the appropriate MME conversion factor and strength associated with the opioid product of the dispensing event (refer to Table HDO-A for MME conversion factor and strength).

MME Daily Dose = (# of opioid dosage units per day) X (strength (e.g., mg, mcg)) X (MME conversion factor [Table HDO-A]).

Example 1: 10 mg oxycodone tablets X (120 tablets / 30 days) X 1.5 = 60 MME/ day

Example 2: 25 mcg/hr fentanyl patch X (10 patches / 30 days) X 7.2 = 60 MME/ day

Total daily MME The total sum of the MME daily doses for all opioid dispensing events on 1 day.

Average MME The average MME for all opioids dispensed during the treatment period.

Eligible Population

Product lines Commercial, Medicaid, Medicare (report each product line separately).

Age 18 years and older as of January 1 of the measurement year.

Continuous enrollment The measurement year.

Allowable gap None.

Anchor date None.

Benefit Medical and pharmacy.

Event/diagnosis Use the steps below to determine the eligible population.

Step 1 Identify members who met both of the following criteria during the measurement year:

- Two or more opioid dispensing events on different dates of service. Use all the medication lists in Table HDO-A to identify opioid medication dispensing events.
- ≥15 total days covered by opioids.

Required exclusions Exclude members who met any of the following any time during the measurement year:

- Cancer (Malignant Neoplasms Value Set).
- Sickle cell disease (Sickle Cell Anemia and HB S Disease Value Set).
- Members receiving palliative care (Palliative Care Assessment Value Set; Palliative Care Encounter Value Set; Palliative Care Intervention Value Set; ICD-10-CM code Z51.5).
- Members in hospice or using hospice services. Refer to *General Guideline 15: Members in Hospice.*
- Members who died any time during the measurement year. Refer to *General Guideline 16: Deceased Members.*

Administrative Specification

Denominator The eligible population.

Numerator The number of members whose average MME was ≥90 during the treatment period. Follow the steps below to identify numerator compliance.

Step 1 Use all the medication lists in Table HDO-A to identify all opioid medication dispensing events during the measurement year.

Step 2 For each member, calculate the MME daily dose for each medication dispensing event.

Step 3 For a single dispensing event, multiply the MME daily dose by the dispensing event's days supply. For example, a dispensing event with a MME daily dose of 90 and a days supply of 5 would have a total MME of 450 for that dispensing event. As multiple dispensing events can overlap on one calendar day, for each

day, sum the MME daily doses for all dispensing events to determine the total daily MME for that day.

Step 4 Determine the treatment period.

Step 5 Determine the average MME. Sum the total daily MME for the treatment period and divide by the number of days in the treatment period. Members whose average MME was ≥90 meet the numerator criteria.

Table HDO-A: Opioid Medications[1]

Type of Opioid	Medication Lists	Strength	MME Conversion Factor
Benzhydrocodone	Acetaminophen Benzhydrocodone 4.08 mg Medications List Acetaminophen Benzhydrocodone 6.12 mg Medications List Acetaminophen Benzhydrocodone 8.16 mg Medications List	4.08 mg 6.12 mg 8.16 mg	1.2
Butorphanol	Butorphanol 10 MGPML Medications List	10 mg	7
Codeine	Codeine Sulfate 15 mg Medications List Codeine Sulfate 30 mg Medications List Codeine Sulfate 60 mg Medications List	15 mg 30 mg 60 mg	0.15
Codeine	Acetaminophen Codeine 2.4 MGPML Medications List Acetaminophen Codeine 15 mg Medications List Acetaminophen Codeine 30 mg Medications List Acetaminophen Codeine 60 mg Medications List	2.4 mg 15 mg 30 mg 60 mg	0.15
Codeine	Acetaminophen Butalbital Caffeine Codeine 30 mg Medications List	30 mg	0.15
Codeine	Aspirin Butalbital Caffeine Codeine 30 mg Medications List	30 mg	0.15
Codeine	Aspirin Carisoprodol Codeine 16 mg Medications List	16 mg	0.15
Dihydrocodeine	Acetaminophen Caffeine Dihydrocodeine 16 mg Medications List	16 mg	0.25
Dihydrocodeine	Aspirin Caffeine Dihydrocodeine 16 mg Medications List	16 mg	0.25
Fentanyl buccal or sublingual tablet, transmucosal lozenge (mcg)[2]	Fentanyl 100 mcg Medications List Fentanyl 200 mcg Medications List Fentanyl 300 mcg Medications List Fentanyl 400 mcg Medications List Fentanyl 600 mcg Medications List Fentanyl 800 mcg Medications List Fentanyl 1200 mcg Medications List Fentanyl 1600 mcg Medications List	100 mcg 200 mcg 300 mcg 400 mcg 600 mcg 800 mcg 1200 mcg 1600 mcg	0.13
Fentanyl oral spray (mcg)[3]	Fentanyl 100 MCGPS Oral Medications List Fentanyl 200 MCGPS Oral Medications List Fentanyl 400 MCGPS Oral Medications List Fentanyl 600 MCGPS Oral Medications List Fentanyl 800 MCGPS Oral Medications List	100 mcg 200 mcg 400 mcg 600 mcg 800 mcg	0.18

Type of Opioid	Medication Lists	Strength	MME Conversion Factor
Fentanyl nasal spray (mcg)[4]	Fentanyl 100 MCGPS Nasal Medications List Fentanyl 300 MCGPS Nasal Medications List Fentanyl 400 MCGPS Nasal Medications List	100 mcg 300 mcg 400 mcg	0.16
Fentanyl transdermal film/ patch (mcg/hr)[5]	Fentanyl 12 MCGPH Medications List Fentanyl 25 MCGPH Medications List Fentanyl 37.5 MCGPH Medications List Fentanyl 50 MCGPH Medications List Fentanyl 62.5 MCGPH Medications List Fentanyl 75 MCGPH Medications List Fentanyl 87.5 MCGPH Medications List Fentanyl 100 MCGPH Medications List	12 mcg 25 mcg 37.5 mcg 50 mcg 62.5 mcg 75 mcg 87.5 mcg 100 mcg	7.2
Hydrocodone	Hydrocodone 10 mg Medications List Hydrocodone 15 mg Medications List Hydrocodone 20 mg Medications List Hydrocodone 30 mg Medications List Hydrocodone 40 mg Medications List Hydrocodone 50 mg Medications List Hydrocodone 60 mg Medications List Hydrocodone 80 mg Medications List Hydrocodone 100 mg Medications List Hydrocodone 120 mg Medications List	10 mg 15 mg 20 mg 30 mg 40 mg 50 mg 60 mg 80 mg 100 mg 120 mg	1
Hydrocodone	Acetaminophen Hydrocodone .5 MGPML Medications List Acetaminophen Hydrocodone .67 MGPML Medications List Acetaminophen Hydrocodone 2.5 mg Medications List Acetaminophen Hydrocodone 5 mg Medications List Acetaminophen Hydrocodone 7.5 mg Medications List Acetaminophen Hydrocodone 10 mg Medications List	.5 mg .67 mg 2.5 mg 5 mg 7.5 mg 10 mg	1
Hydrocodone	Hydrocodone Ibuprofen 2.5 mg Medications List Hydrocodone Ibuprofen 5 mg Medications List Hydrocodone Ibuprofen 7.5 mg Medications List Hydrocodone Ibuprofen 10 mg Medications List	2.5 mg 5 mg 7.5 mg 10 mg	1
Hydromorphone	Hydromorphone 1 MGPML Medications List Hydromorphone 2 mg Medications List Hydromorphone 3 mg Medications List Hydromorphone 4 mg Medications List Hydromorphone 8 mg Medications List Hydromorphone 12 mg Medications List Hydromorphone 16 mg Medications List Hydromorphone 32 mg Medications List	1 mg 2 mg 3 mg 4 mg 8 mg 12 mg 16 mg 32 mg	4

Type of Opioid	Medication Lists	Strength	MME Conversion Factor
Levorphanol	Levorphanol 2 mg Medications List Levorphanol 3 mg Medications List	2 mg 3 mg	11
Meperidine	Meperidine 10 MGPML Medications List Meperidine 50 mg Medications List Meperidine 75 mg Medications List Meperidine 100 mg Medications List Meperidine 150 mg Medications List	10 mg 50 mg 75 mg 100 mg 150 mg	0.1
Methadone[6]	Methadone 1 MGPML Medications List Methadone 2 MGPML Medications List Methadone 5 mg Medications List Methadone 10 mg Medications List Methadone 10 MGPML Medications List Methadone 40 mg Medications List	1 mg 2 mg 5 mg 10 mg 10 mg 40 mg	3
Morphine	Morphine 2 MGPML Medications List Morphine 4 MGPML Medications List Morphine 5 mg Medications List Morphine 10 mg Medications List Morphine 15 mg Medications List Morphine 20 MGPML Medications List Morphine 20 mg Medications List Morphine 30 mg Medications List Morphine 40 mg Medications List Morphine 45 mg Medications List Morphine 50 mg Medications List Morphine 60 mg Medications List Morphine 75 mg Medications List Morphine 80 mg Medications List Morphine 90 mg Medications List Morphine 100 mg Medications List Morphine 120 mg Medications List Morphine 200 mg Medications List	2 mg 4 mg 5 mg 10 mg 15 mg 20 mg 20 mg 30 mg 40 mg 45 mg 50 mg 60 mg 75 mg 80 mg 90 mg 100 mg 120 mg 200 mg	1
Morphine	Morphine Naltrexone 20 mg Medications List Morphine Naltrexone 30 mg Medications List Morphine Naltrexone 50 mg Medications List Morphine Naltrexone 60 mg Medications List Morphine Naltrexone 80 mg Medications List Morphine Naltrexone 100 mg Medications List	20 mg 30 mg 50 mg 60 mg 80 mg 100 mg	1
Opium	Belladonna Opium 30 mg Medications List Belladonna Opium 60 mg Medications List	30 mg 60 mg	1
Oxycodone	Oxycodone 1 MGPML Medications List Oxycodone 5 mg Medications List Oxycodone 7.5 mg Medications List Oxycodone 9 mg Medications List	1 mg 5 mg 7.5 mg 9 mg	1.5

Type of Opioid	Medication Lists	Strength	MME Conversion Factor
	Oxycodone 10 mg Medications List	10 mg	
	Oxycodone 13.5 mg Medications List	13.5 mg	
	Oxycodone 15 mg Medications List	15 mg	
	Oxycodone 18 mg Medications List	18 mg	
	Oxycodone 20 mg Medications List	20 mg	
	Oxycodone 20 MGPML Medications List	20 mg	
	Oxycodone 27 mg Medications List	27 mg	
	Oxycodone 30 mg Medications List	30 mg	
	Oxycodone 36 mg Medications List	36 mg	
	Oxycodone 40 mg Medications List	40 mg	
	Oxycodone 60 mg Medications List	60 mg	
	Oxycodone 80 mg Medications List	80 mg	
Oxycodone	Acetaminophen Oxycodone 1 MGPML Medications List	1 mg	1.5
	Acetaminophen Oxycodone 2 MGPML Medications List	2 mg	
	Acetaminophen Oxycodone 2.5 mg Medications List	2.5 mg	
	Acetaminophen Oxycodone 5 mg Medications List	5 mg	
	Acetaminophen Oxycodone 7.5 mg Medications List	7.5 mg	
	Acetaminophen Oxycodone 10 mg Medications List	10 mg	
Oxycodone	Aspirin Oxycodone 4.84 mg Medications List	4.84 mg	1.5
Oxycodone	Ibuprofen Oxycodone 5 mg Medications List	5 mg	1.5
Oxymorphone	Oxymorphone 5 mg Medications List	5 mg	3
	Oxymorphone 7.5 mg Medications List	7.5 mg	
	Oxymorphone 10 mg Medications List	10 mg	
	Oxymorphone 15 mg Medications List	15 mg	
	Oxymorphone 20 mg Medications List	20 mg	
	Oxymorphone 30 mg Medications List	30 mg	
	Oxymorphone 40 mg Medications List	40 mg	
Pentazocine	Naloxone Pentazocine 50 mg Medications List	50 mg	0.37
Tapentadol	Tapentadol 50 mg Medications List	50 mg	0.4
	Tapentadol 75 mg Medications List	75 mg	
	Tapentadol 100 mg Medications List	100 mg	
	Tapentadol 150 mg Medications List	150 mg	
	Tapentadol 200 mg Medications List	200 mg	
	Tapentadol 250 mg Medications List	250 mg	
Tramadol	Tramadol 5 MGPML Medications List	5 mg	0.1
	Tramadol 50 mg Medications List	50 mg	
	Tramadol 100 mg Medications List	100 mg	
	Tramadol 150 mg Medications List	150 mg	
	Tramadol 200 mg Medications List	200 mg	
	Tramadol 300 mg Medications List	300 mg	
Tramadol	Acetaminophen Tramadol 37.5 mg Medications List	37.5 mg	0.1

[1] National Center for Injury Prevention and Control. CDC compilation of benzodiazepines, muscle relaxants, stimulants, zolpidem, and opioid analgesics with oral morphine milligram equivalent conversion factors, 2017 version. Atlanta, GA: Centers for Disease Control and Prevention; 2017. Available at https://www.cdc.gov/drugoverdose/resources/data.html.

[2] MME conversion factor for fentanyl buccal tablets, sublingual tablets, and lozenges/troche is 0.13. This conversion factor should be multiplied by the number of micrograms in a given tablet or lozenge/troche.

[3] MME conversion factor for fentanyl films and oral sprays is 0.18. This reflects a 40% greater bioavailability for films compared to lozenges/tablets and 38% greater bioavailability for oral sprays compared to lozenges/tablets.

[4] MME conversion factor for fentanyl nasal spray is 0.16, which reflects a 20% greater bioavailability for sprays compared to lozenges/tablets.

[5] MME conversion factor for fentanyl patches is 7.2 based on the assumption that one milligram of parenteral fentanyl is equivalent to 100 milligrams of oral morphine and that one patch delivers the dispensed micrograms per hour over a 24 hour day and remains in place for 3 days. Using the formula, Strength per Unit * (Number of Units/ Days Supply) * MME conversion factor = MME/Day: 25 µg/hr. fentanyl patch * (10 patches/30 days) * 7.2 = 60 MME/day.

[6] Adapted from Von Korff M, Saunders K, Ray GT, et al. Clin J Pain 2008;24:521–7 and Washington State Interagency Guideline on Prescribing Opioids for Pain (http://www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf).

Note

- *Do not include denied claims when identifying the eligible population (except for required exclusions) or assessing the numerator for this measure.*
- *Do not include supplemental data when identifying the eligible population or assessing the numerator. Supplemental data can be used for only required exclusions for this measure.*
- *This measure does not include* the *following opioid medications:*
  - *Injectables.*
  - *Opioid cough and cold products.*
  - *Ionsys® (fentanyl transdermal patch).*
    - *This is for inpatient use only and is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS).*
  - *Methadone for the treatment of opioid use disorder.*

Data Elements for Reporting

Organizations that submit HEDIS data to NCQA must provide the following data elements.

Table HDO-1/2/3: Data Elements for Use of Opioids at High Dosage

Metric	Data Element	Reporting Instructions
OpioidUseHighDosage	Benefit	Metadata
	EligiblePopulation	Report once
	ExclusionAdminRequired	Report once
	NumeratorByAdmin	Report once
	Rate	(Percent)

Rules for Allowable Adjustments of HEDIS

The "Rules for Allowable Adjustments of HEDIS" (the "Rules") describe how NCQA's HEDIS measure specifications can be adjusted for other populations, if applicable. The Rules, reviewed and approved by NCQA measure experts, provide for expanded use of HEDIS measures without changing their clinical intent.

Adjusted HEDIS measures *may not* be used for HEDIS health plan reporting.

Rules for Allowable Adjustments of Use of Opioids at High Dosage

NONCLINICAL COMPONENTS		
Eligible Population	**Adjustments Allowed (Yes/No)**	**Notes**
Product lines	Yes	Organizations are not required to use product line criteria; product lines may be combined and all (or no) product line criteria may be used.
Ages	Yes, with limits	The age determination dates may be changed (e.g., select, "age as of June 30"). Changing the denominator age range is allowed.
Continuous enrollment, allowable gap, anchor date	Yes	Organizations are not required to use enrollment criteria; adjustments are allowed.
Benefits	Yes	Organizations are not required to use a benefit; adjustments are allowed.
Other	Yes	Organizations may use additional eligible population criteria to focus on an area of interest defined by gender, race, ethnicity, socioeconomic or sociodemographic characteristics, geographic region or another characteristic.
CLINICAL COMPONENTS		
Eligible Population	**Adjustments Allowed (Yes/No)**	**Notes**
Event/diagnosis	Yes, with limits	Only medications that contain (or map to) codes in the medication lists may be used to identify opioid use. The medication lists and logic may not be changed. Organizations may include denied claims to calculate the denominator.
Denominator Exclusions	**Adjustments Allowed (Yes/No)**	**Notes**
Required exclusions	Yes, with limits	Apply required exclusions according to specified value sets. The hospice, deceased member and palliative care exclusions are not required. Refer to *Exclusions* in the *Guidelines for the Rules for Allowable Adjustments.*
Numerator Criteria	**Adjustments Allowed (Yes/No)**	**Notes**
Members Receiving High-Dosage Opioids	Yes, with limits	Medication lists and logic may not be changed. Organizations may include denied claims to calculate the numerator.

Use of Opioids From Multiple Providers (UOP)*

***Adapted with financial support from CMS and with permission from the measure developer, Pharmacy Quality Alliance (PQA).**

SUMMARY OF CHANGES TO HEDIS MY 2023

- Clarified that the measure is reported as the "percentage" of members.
- Added a required exclusion for members who died during the measurement year.
- Revised the "Other" criteria in the Nonclinical Components table under *Rules for Allowable Adjustments of HEDIS.*
- Revised the "Required exclusions" criteria in the Clinical Components table under *Rules for Allowable Adjustments of HEDIS*.

Description

The percentage of members 18 years and older, receiving prescription opioids for ≥15 days during the measurement year, who received opioids from multiple providers. Three rates are reported.

1. *Multiple Prescribers.* The percentage of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.
2. *Multiple Pharmacies.* The percentage of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.
3. *Multiple Prescribers and Multiple Pharmacies.* The percentage of members receiving prescriptions for opioids from four or more different prescribers ***and*** four or more different pharmacies during the measurement year (i.e., the percentage of members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates).

Note: *A lower rate indicates better performance for all three rates.*

Definitions

Calculating number of days covered for the denominator

Use the following steps to identify and calculate covered days for the denominator.

Step 1 Identify dispensing events where multiple prescriptions for the same medication are dispensed with overlapping days supply (i.e., dispense on the same day *or* dispensed on different days with overlapping days supply). Sum the days supply for these dispensing events.

Identify the start and end dates: The start date is the date of service of the earliest dispensing event and the end date is the start date plus the summed days supply minus one. The start date through the end date are considered covered days. For example:

- If there are three 7-days supply dispensing events for the same medication on January 1, the start date is January 1 and the end date is January 21. Covered days include January 1–21.

- If there are two 7-days supply dispensing events for the same medication on January 1 and January 5, the start date is January 1 and the end date is January 14. Covered days include January 1–14.
- If there are three 7-days supply dispensing events for the same medication on January 1, a 7-days supply dispensing event on January 20, and a 7-days supply dispensing event on January 28, the start date is January 1 and the end date is February 4. Covered days include January 1–February 4.

Note: *This step assumes that the member will take one prescription at a time (and start taking the next prescription after exhausting the previous prescription).*

Step 2 For all other dispensing events (i.e., multiple prescriptions for the same medication on different days without overlap, and multiple prescriptions for different medications on the same or different days, with or without overlap), identify the start and end dates for each dispensing event individually. The start date through the end date are considered covered days.

Note: *This step assumes the member will take the different medications concurrently.*

Step 3 Count the covered days. Consider each calendar day covered by one or more medications to be 1 covered day.

Identifying same or different drugs To identify same or different drugs, use the medication lists specified for the measure in the Opioid Medications table. Drugs in different medication lists are considered different drugs. For example, a dispensing event from the Acetaminophen Codeine Medications List is considered a different drug than a dispensing event from the Codeine Sulfate Medications List.

Identifying prescribers Use the National Provider Identifier (NPI) to determine if the prescriber for medication dispensing events was the same or different. If the provider NPI is missing, count each dispensing event with a missing NPI number as a new prescriber when reporting the measure.

Identifying pharmacies Use the NPI to determine if the pharmacy for medication dispensing events was the same or different. If the pharmacy NPI is missing, count each dispensing event with a missing NPI number as a new pharmacy when reporting the measure.

Eligible Population

Product lines Commercial, Medicaid, Medicare (report each product line separately).

Age 18 years and older as of January 1 of the measurement year.

Continuous enrollment The measurement year.

Allowable gap No more than one gap in continuous enrollment of up to 45 days. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

Anchor date December 31 of the measurement year.

Benefit Medical and pharmacy.

Event/diagnosis Identify members who met both of the following criteria during the measurement year:

- At least two or more opioid dispensing events on different dates of service. Use all the medications lists in the Opioid Medications table below to identify opioid medication dispensing events.
- ≥15 total days covered by opioids.

Required exclusions Exclude members who meet either of the following criteria:

- Members in hospice or using hospice services any time during the measurement year. Refer to *General Guideline 15: Members in Hospice.*
- Members who died any time during the measurement year. Refer to *General Guideline 16: Deceased Members.*

Administrative Specification

Denominator The eligible population.

Numerators

Multiple Prescribers Identify all opioid medication dispensing events during the measurement year. Include members who received opioids from four or more different prescribers during the measurement year. Use the NPI to determine if the prescriber for medication dispensing events was the same or different.

Multiple Pharmacies Identify all opioid medication dispensing events during the measurement year. Include members who received opioids from four or more different pharmacies during the measurement year. Use the NPI to determine if the pharmacy for medication dispensing events was the same or different.

Multiple Prescribers and Multiple Pharmacies Identify all opioid medication dispensing events during the measurement year. Include members who received opioids from four or more different prescribers and four or more different pharmacies during the measurement year (i.e., members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates).

Opioid Medications

Prescription	Medication Lists
• Benzhydrocodone	Acetaminophen Benzhydrocodone Medications List
• Buprenorphine (transdermal patch and buccal film)	Buprenorphine Medications List
• Butorphanol	Butorphanol Medications List
• Codeine	Acetaminophen Butalbital Caffeine Codeine Medications List Acetaminophen Codeine Medications List Aspirin Butalbital Caffeine Codeine Medications List Aspirin Carisoprodol Codeine Medications List Codeine Sulfate Medications List
• Dihydrocodeine	Acetaminophen Caffeine Dihydrocodeine Medications List Aspirin Caffeine Dihydrocodeine Medications List

Prescription	Medication Lists
• Fentanyl	Fentanyl Medications List
• Hydrocodone	Acetaminophen Hydrocodone Medications List Hydrocodone Medications List Hydrocodone Ibuprofen Medications List
• Hydromorphone	Hydromorphone Medications List
• Levorphanol	Levorphanol Medications List
• Meperidine	Meperidine Medications List Meperidine Promethazine Medications List
• Methadone	Methadone Medications List
• Morphine	Morphine Medications List Morphine Naltrexone Medications List
• Opium	Belladonna Opium Medications List Opium Medications List
• Oxycodone	Acetaminophen Oxycodone Medications List Aspirin Oxycodone Medications List Ibuprofen Oxycodone Medications List Oxycodone Medications List
• Oxymorphone	Oxymorphone Medications List
• Pentazocine	Naloxone Pentazocine Medications List
• Tapentadol	Tapentadol Medications List
• Tramadol	Acetaminophen Tramadol Medications List Tramadol Medications List

Note

- *Do not include denied claims when identifying the eligible population or assessing the numerator for this measure.*
- *Supplemental data may not be used for this measure.*
- *The following opioid medications are excluded from this measure:*
  - *Injectables.*
  - *Opioid cough and cold products.*
  - *Single-agent and combination buprenorphine products used as part of medication assisted treatment of opioid use disorder (buprenorphine sublingual tablets, buprenorphine subcutaneous implant and all buprenorphine/naloxone combination products).*
  - *Ionsys® (fentanyl transdermal patch), because:*
    - *It is only for inpatient use.*
    - *It is only available through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS).*
  - *Methadone for the treatment of opioid use disorder.*

Data Elements for Reporting

Organizations that submit HEDIS data to NCQA must provide the following data elements.

Table UOP-1/2/3: Data Elements for Use of Opioids From Multiple Providers

Metric	Data Element	Reporting Instructions
MultiplePrescribers	Benefit	Metadata
MultiplePharmacies	EligiblePopulation	Repeat per Metric
MultiplePrescribersMultiplePharmacies	ExclusionAdminRequired	Repeat per Metric
	NumeratorByAdmin	For each Metric
	Rate	(Percent)

Rules for Allowable Adjustments of HEDIS

The "Rules for Allowable Adjustments of HEDIS" (the "Rules") describe how NCQA's HEDIS measure specifications can be adjusted for other populations, if applicable. The Rules, reviewed and approved by NCQA measure experts, provide for expanded use of HEDIS measures without changing their clinical intent.

Adjusted HEDIS measures *may not* be used for HEDIS health plan reporting.

Rules for Allowable Adjustments of Use of Opioids From Multiple Providers

NONCLINICAL COMPONENTS		
Eligible Population	**Adjustments Allowed (Yes/No)**	**Notes**
Product lines	Yes	Organizations are not required to use product line criteria; product lines may be combined and all (or no) product line criteria may be used.
Ages	Yes, with limits	The age determination dates may be changed (e.g., select, "age as of June 30"). Changing the denominator age range is allowed.
Continuous enrollment, allowable gap, anchor date	Yes	Organizations are not required to use enrollment criteria; adjustments are allowed.
Benefits	Yes	Organizations are not required to use a benefit; adjustments are allowed.
Other	Yes	Organizations may use additional eligible population criteria to focus on an area of interest defined by gender, race, ethnicity, socioeconomic or sociodemographic characteristics, geographic region or another characteristic.
CLINICAL COMPONENTS		
Eligible Population	**Adjustments Allowed (Yes/No)**	**Notes**
Event/diagnosis	Yes, with limits	Only medications that contain (or map to) codes in the medication lists may be used to identify opioid use. The medication lists and logic may not be changed. Organizations may include denied claims to calculate the denominator.
Denominator Exclusions	**Adjustments Allowed (Yes/No)**	**Notes**
Required exclusions	Yes	The hospice and deceased member exclusions are not required. Refer to *Exclusions* in the *Guidelines for the Rules for Allowable Adjustments*.
Numerator Criteria	**Adjustments Allowed (Yes/No)**	**Notes**
• Multiple Prescribers • Multiple Pharmacies • Multiple Prescribers and Multiple Pharmacies	Yes, with limits	Medication lists and logic may not be changed. Organizations may include denied claims to calculate the numerator.