

# Technical Assistance Webinar: Calculating the Substance Use Disorder (SUD) Measures in the Adult Core Set

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# Agenda

- Overview of SUD Measures in the Adult Core Set
- Review of Measure Specifications for the Four Measures
  - Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)
  - Concurrent Use of Opioids and Benzodiazepines (COB-AD)
  - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD)
  - Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (FUA/FUM-AD)
- Technical Assistance Resources
- Wrap-up

# Overview of SUD Measures in the Adult Core Set

Karen Matsuoka, PhD, CMCS Chief Quality Officer and Director,  
Division of Quality and Health Outcomes, CMS



# Overview of SUD Measures

- Improving outcomes for Medicaid beneficiaries with SUDs is a top priority for CMS
- In keeping with these objectives, the Adult Core Set includes four SUD measures for voluntary reporting by states:
  - Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)
  - Concurrent Use of Opioids and Benzodiazepines (COB-AD)
  - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD)
  - Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (FUA/FUM-AD)
- Reporting of these measures will help CMS and states to continue their quality improvement efforts and to monitor progress in combatting the opioid crisis.



# Importance of the Four SUD Measures

Measure	Importance
Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)	Examines the rate of beneficiaries who were prescribed opioids with a high daily dosage for 90 or more consecutive days, which is a measure of potential overuse and is linked to an increased risk of morbidity and mortality.
Concurrent Use of Opioids and Benzodiazepines (COB-AD)	Added to the 2018 Adult Core Set to address two gap measurement areas: early opioid use and polypharmacy.
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD)	Includes several revisions to align with the most recent clinical guidelines and improve the utility of performance data for states, including stratifications by SUD diagnosis cohort.
Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (FUA/FUM-AD)	Examines timely follow-up after ED visits for mental illness or AOD, which is linked to reducing ED revisits.

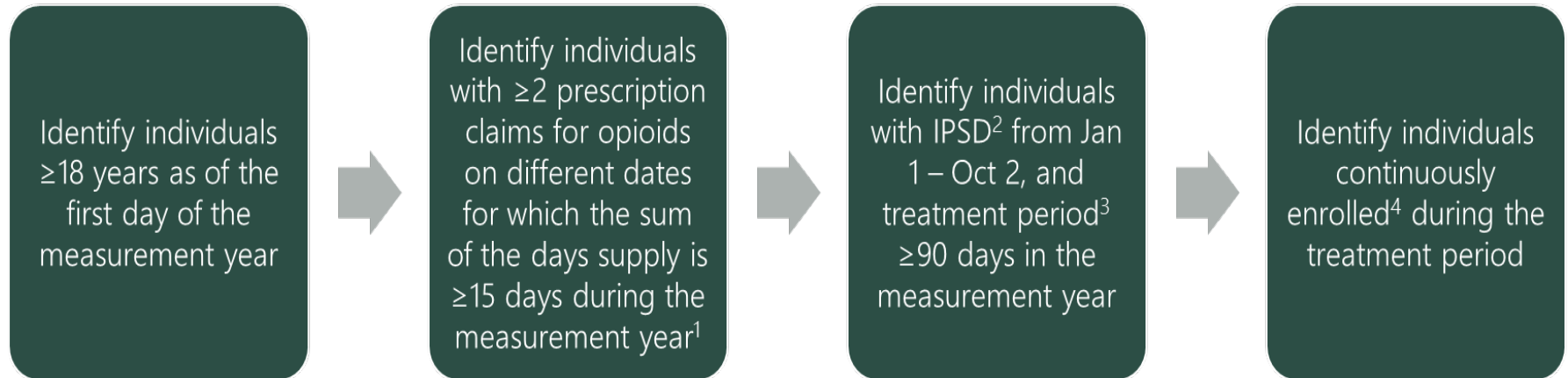
# Use of Opioids at High Dosage in Persons without Cancer (OHD-AD)

Lisa Hines, PharmD, Pharmacy Quality Alliance  
Irene Nsiah, MPH, Pharmacy Quality Alliance

# Measure Specifications

- **Description:** Rate per 1,000 Medicaid beneficiaries ages  $\geq 18$  years without cancer who received prescriptions for opioids with a daily dosage  $> 120$  morphine milligram equivalents(MME) for  $\geq 90$  consecutive days
- **Denominator:** Any beneficiary with  $\geq 2$  prescription claims for opioids (Table OHD-A) with different dates of service, for which the sum of the days' supply is  $\geq 15$
- **Denominator Exclusions:** Beneficiaries with cancer and/or in hospice
- **Numerator:** Any beneficiary in the denominator who exceeds the 120 MME threshold for  $\geq 90$  consecutive days
- **Data Sources:** Prescription and Medical claims, enrollment data

# Overview of Measure Eligible Population



<sup>1</sup> Exclude days of supply that occur after the end of the measurement year.

<sup>2</sup> The index prescription start date (IPSP) is the earliest date of service (i.e. first fill) for an opioid during the measurement year.

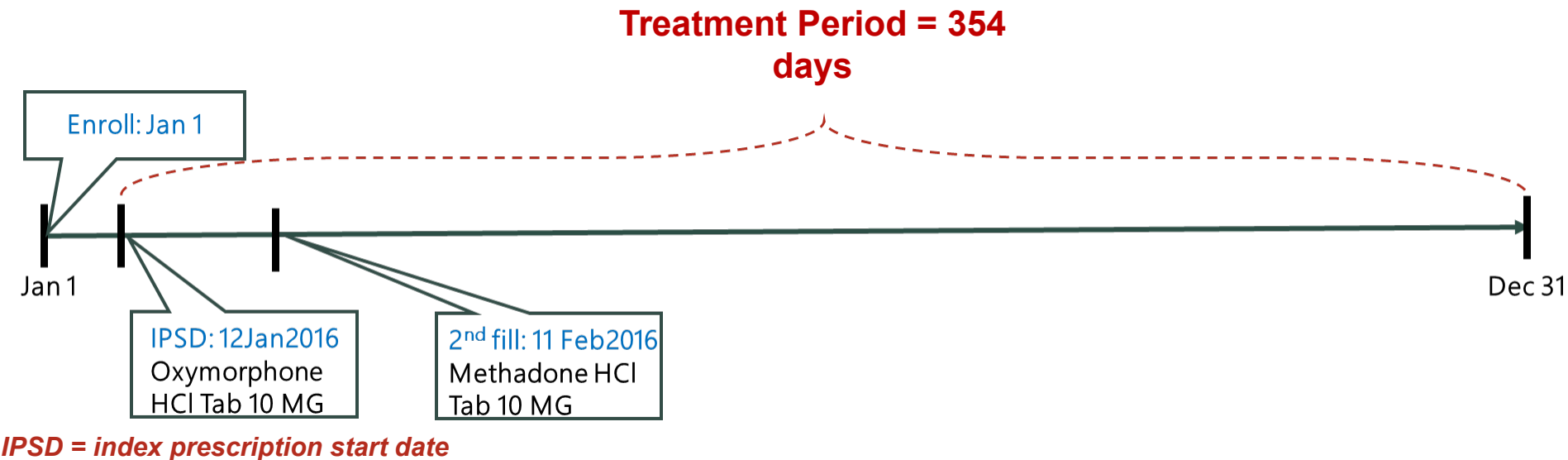
<sup>3</sup> The treatment period begins on IPSP and extends through the last day of the measurement year, death or disenrollment, whichever occurs first.

<sup>4</sup> Allowable gap: No more than one gap in continuous enrollment of up to 31 days during the treatment period. When enrollment is verified monthly, the beneficiary may have no more than 1-month gap in coverage.



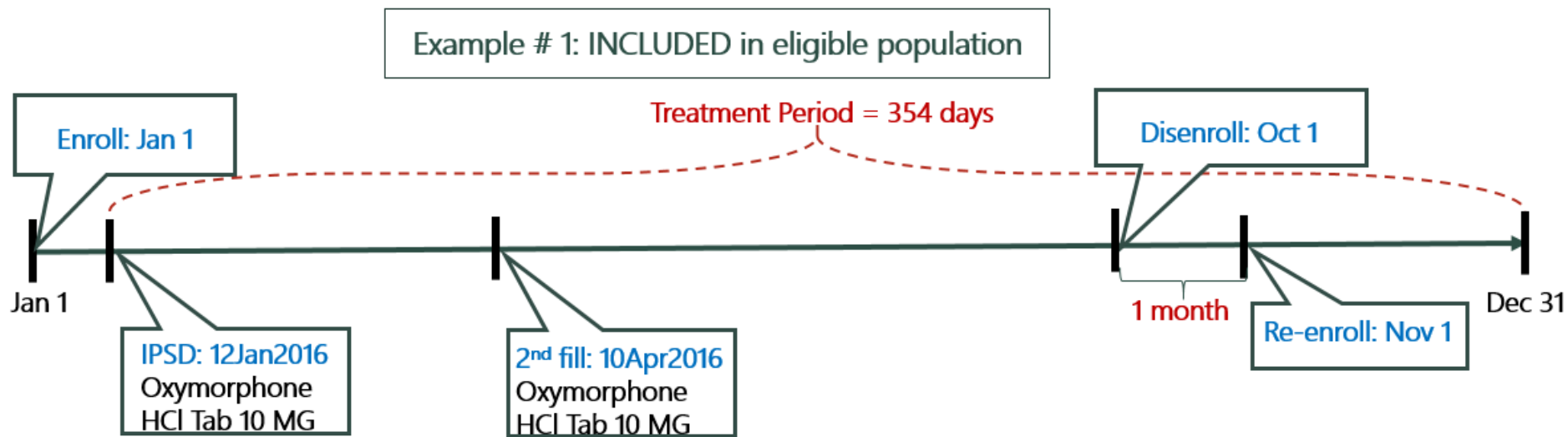
# Treatment Period

- The treatment period begins on the date of the first fill for an opioid (i.e., IPSD) and extends through the last day of the measurement year, death, or disenrollment, whichever occurs first.
  - The treatment period must be  $\geq 90$  days.



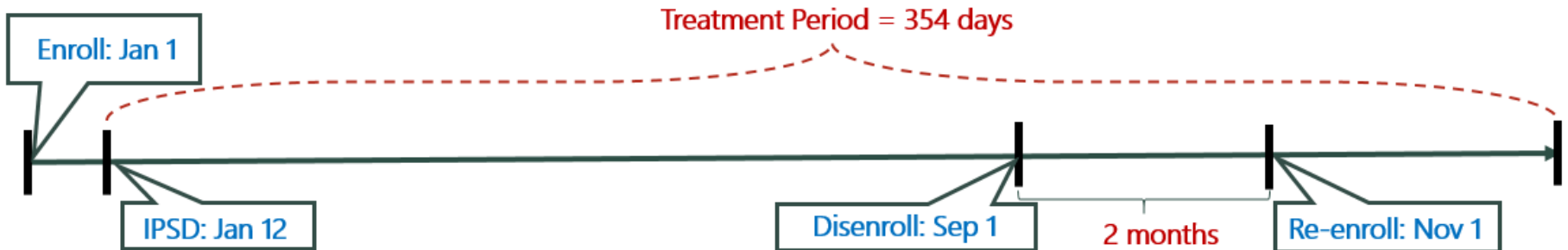
# Continuous Enrollment

- Individual must be continuously enrolled during the treatment period, with up to one allowable gap of no more than 31 days (or 1 month when verified monthly).

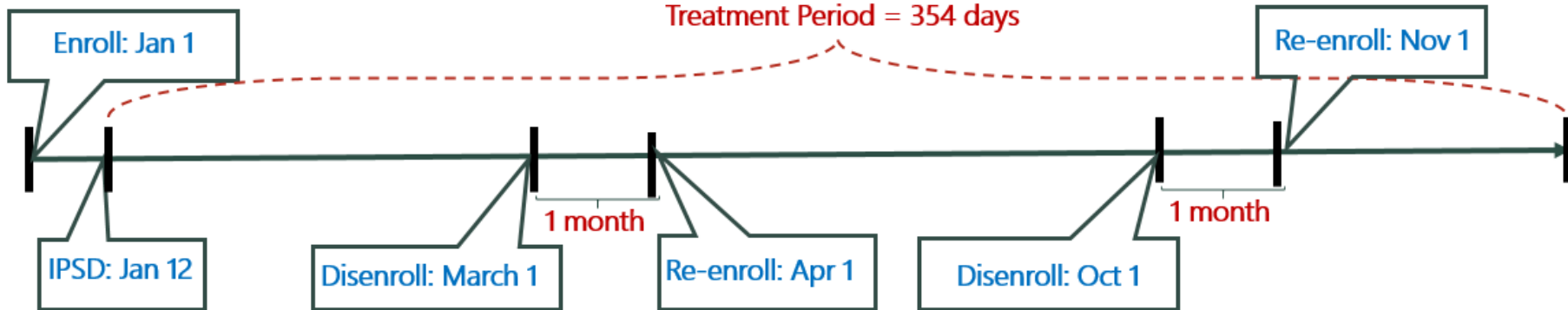


# Continuous Enrollment, cont.

Example # 2: NOT INCLUDED in eligible population



Example # 3: NOT INCLUDED in eligible population



# Denominator Exclusions

- Individuals with cancer:
  - Use Table OHD-B to identify individuals with cancer.
  - Exclude any individuals with  $\geq 1$  diagnosis for cancer in any position (including primary and secondary) during the measurement year.
- Individuals in hospice:
  - Exclude any individual with  $\geq 1$  medical claim with place of service code 34, or other indicator of hospice at any time during the measurement year.

# Calculating the Numerator

Step 1: From the denominator population, calculate the daily MME for each opioid prescription claim during the treatment period

member_id	disp_dt	qty_disp	days_supply	drug_name	strength	mme_conv_factor*	mme_per_day
1	12Jan2016	180.00	30.00	Methadone HCl Tab 10 MG	10.00	3	180.00
1	11Feb2016	180.00	30.00	Oxymorphone HCl Tab 15 MG	15.00	1.5	135.00
1	12Mar2016	180.00	30.00	Oxymorphone HCl Tab 15 MG	15.00	1.5	135.00
1	09Apr2016	81.00	9.00	Hydromorphone HCl Tab 4 MG	4.00	4.0	144.00
2	19Jul2016	180.00	30.00	Methadone HCl Tab 10 MG	10.00	3	180.00
2	18Aug 2016	10.00	5.00	Oxycodone/APAP Tab 5-325 MG	5.00	1.5	15.00
2	20Aug2016	180.00	30.00	Methadone HCl Tab 10 MG	10.00	3	180.00

MME/day = [Strength \* (Quantity Dispensed/Days Supply)] \* MME conversion factor

Note: MME conversion factor included in NDC file provided by PQA

# Calculating the Numerator, cont.

Step 2: Sum the daily MMEs of all opioid claims for each day to arrive at a total daily MME for each beneficiary

## Member: 1

Date	Tot_mme_day		Date	Tot_mme_day
12Jan2016	180		13Mar2016	135
13Jan2016	180		14Mar2016	135
⋮ ↓			⋮ ↓	
11Feb2016	135		09Apr2016	279
12Feb2016	135		10Apr2016	279
⋮ ↓			⋮ ↓	
12Mar2016	270		11Apr2016	144

## Member: 2

Date	Tot_mme_day		Date	Tot_mme_day
19Jul2016	180		22Aug2016	195
20Jul2016	180		23Aug2016	180
⋮ ↓			⋮ ↓	
18Aug2016	15			
19Aug2016	15			
20Aug2016	195			
21Aug2016	195			

Note: There is no adjustment for early refills or overlapping days of supply

# Calculating the Numerator, cont.

Step 3: Identify the days where the MME threshold is exceeded

## Member: 1

Day	Tot_mme_day		Day	Tot_mme_day
1	180		61	135
2	180		62	135
⋮ ↓			⋮ ↓	
31	135		88	279
32	135		89	279
⋮ ↓				
60	270		90	144

>120MME/day for 90 consecutive days – INCLUDED in numerator

## Member: 2

Day	Tot_mme_day		Day	Tot_mme_day
1	180		35	195
2	180		36	180
⋮ ↓			⋮ ↓	
31	15			
32	15			
33	195			
34	195			

Dropped below 120MME on days 31 and 32 – EXCLUDED from numerator

# Concurrent Use of Opioids and Benzodiazepines (COB-AD)

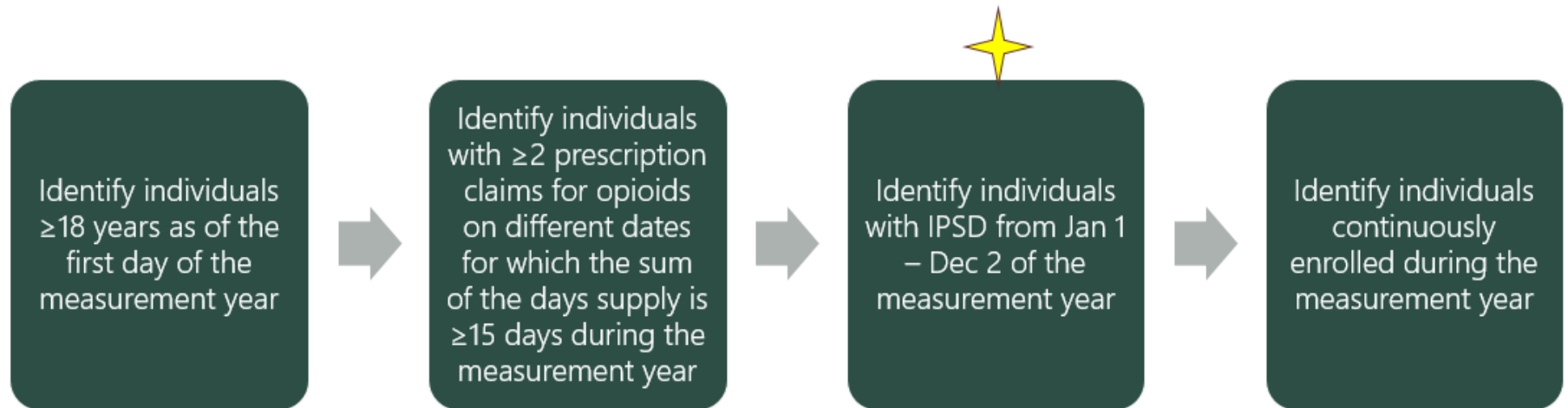
Lisa Hines, PharmD, Pharmacy Quality Alliance  
Irene Nsiah, MPH, Pharmacy Quality Alliance



# Measure Specifications

- **Description:** Percent of Medicaid beneficiaries ages  $\geq 18$  with concurrent use of prescription opioids and benzodiazepines for  $\geq 30$  cumulative days
- **Denominator:** Any beneficiary with  $\geq 2$  prescription claims for opioids (Table COB-A) with different dates of service, for which the sum of the days' supply is  $\geq 15$
- **Denominator Exclusions:** Beneficiaries with cancer and/or in hospice
- **Numerator:** Any beneficiary in the denominator with  $\geq 2$  prescription claims for benzodiazepines on different dates of service and concurrent use of opioids and benzodiazepines for  $\geq 30$  cumulative days
- **Data Sources:** Prescription and Medical claims, enrollment data

# Overview of Measure Eligible Population



The denominator is the same as the eligible population above, with the same exclusions as the OHD-AD measure (i.e., cancer and/or hospice)

# Calculating the Numerator

Step 1: From the denominator population, identify individuals with  $\geq 2$  prescription claims for any benzodiazepine (Table COB-B) on different dates of service during the measurement year

member_id	disp_dt	days_supply	drug_name
1	12Jan2016	30.00	Methadone HCl Tab 10 MG
1	31Jan2016	30.00	Diazepam Tab 10 MG
1	11Feb2016	30.00	Oxymorphone HCl Tab 15 MG
1	4Mar2016	15.00	Flurazepam HCl Cap 15 MG
2	19Jul2016	30.00	Methadone HCl Tab 10 MG
2	19Jul 2016	30.00	Oxazepam Cap 30 MG
2	20Aug2016	30.00	Methadone HCl Tab 10 MG

Member #1 has 2 prescription claims for benzodiazepines on different dates of service – INCLUDED

Member #2 has only 1 prescription claim for benzodiazepine during the measurement year – EXCLUDED

# Calculating the Numerator, cont.

Step 2: Determine the total days of overlap (concurrent use) between the opioids and benzodiazepine prescriptions during the measurement year

Date	Concurrent Use
12Jan2016	N
13Jan2016	N
↓	
31Jan2016	Y
01Feb2016	Y
↓	
29Feb2016*	Y
01Mar2016	N
↓	
04Mar2016	Y

Total Days of overlap:  
Jan 31 to Feb 29 = 30 days of overlap  
Additional overlap starts from Mar 4

Member #1 has  $\geq 30$  cumulative days of concurrent use of opioids and benzodiazepines – INCLUDED in numerator

\*2016 was a leap year

Note: There is no adjustment for early refills or overlapping days of supply

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Questions?

# Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence (IET-AD)

Lauren Niles, MPH


Senior Health Care Analyst, Performance Measurement, NCQA



# IET-AD Measure Description

- Percentage of beneficiaries ages 18 and older with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:
  - **Initiation of AOD Treatment:** Percentage of beneficiaries who initiated AOD treatment within 14 days of the initial diagnosis
  - **Engagement of AOD Treatment:** Percentage of beneficiaries who initiated treatment and who had two or more additional AOD services (or MAT) within 34 days of initiation

# Denominator Overview

1. Include beneficiaries age 18 and older with a new episode of AOD abuse or dependence on or between January 1–November 14 of the measurement year.
  - Acceptable encounters include: Outpatient visit, telehealth, intensive outpatient visit, partial hospitalization, detoxification visit, ED visit, observation visits, acute or nonacute inpatient discharge
-  2. Report the following three diagnosis cohorts and total: (1) alcohol abuse or dependence, (2) opioid abuse or dependence, (3) other drug abuse or dependence, (4) total
3. Remove beneficiaries with a diagnosis of AOD abuse or dependence or a MAT dispensing event in the 60 days before the index episode
4. Remove beneficiaries who were not continuously enrolled 60 days prior to the new episode through 48 days after the episode (109 days total)



# Numerator Overview

- Initiation of treatment: One of any of the following within 14 days of index AOD abuse or dependence episode
  - A visit addressing a diagnosis of AOD abuse or dependence
  - A dispensing event or claim for medication assisted treatment (MAT) for alcohol or opioid abuse or dependence
- Engagement in treatment: Any of the following within 34 days of treatment initiation
  - Two visits addressing a diagnosis of AOD abuse or dependence
  - A dispensing event or claim for MAT for alcohol or opioid abuse or dependence
    - If MAT was used in the initiation of treatment, a visit is required to satisfy the engagement numerator (1 visit + MAT, or 2 visits)

# Diagnosis Cohorts

- Denominator
  - Beneficiaries placed in cohort based on index episode
  - If beneficiary has multiple diagnoses on index episode claim, they are placed in each cohort they meet the criteria for
  - **“Total” is not a sum of the diagnosis cohorts.** Only count members once in the “total”
- Numerator
  - For both initiation and engagement numerators:
    - Beneficiaries must have services and medications that correspond to their diagnosis cohort
    - Example: Beneficiary in opioid abuse or dependence diagnosis cohort cannot satisfy initiation numerator criteria with a disulfiram dispensing event

# Example

- **Beneficiary A**

- 5/4/2017: Detoxification encounter with diagnosis of alcohol use disorder and opioid use disorder

← **Index event: Beneficiary reported in Alcohol, Opioid, and Total AOD cohorts**

- Beneficiary has no history of AOD use or dependence

- 5/10/2017: Outpatient encounter for diagnosis of alcohol use disorder

← **Initiation of alcohol treatment**

- 5/12/2017: Medication dispensing event: disulfiram

← **Engagement in alcohol treatment**

- 5/12/2017: Telehealth visit with alcohol diagnosis

← **Engagement in alcohol treatment**

- Beneficiary A is included in:

- Alcohol, Opioid, and Total denominators
- Alcohol Initiation, Alcohol Engagement, Total Initiation, and Total Engagement numerators



# Follow-Up After ED Visit for Mental Illness and Alcohol or Other Drug Abuse or Dependence (FUA/FUM-AD)

Junqing Liu, Ph.D., MSW  
Research Scientist, Performance Measurement, NCQA

# FUA/FUM-AD Measure Description

- Percentage of emergency department (ED) visits for beneficiaries 18 years of age and older who had a principal diagnosis of mental illness or alcohol or other drug (AOD) abuse or dependence, and who had a follow up visit with a corresponding principal diagnosis for mental illness or AOD
- Four rates are reported:
  - **Mental Illness**
    - Follow-up within 7 days of the ED visit
    - Follow-up within 30 days of the ED visit
  - **AOD Abuse or Dependence**
    - Follow-up within 7 days of the ED visit
    - Follow-up within 30 days of the ED visit

# Overview of Denominators

- Include beneficiaries ages 18 and older with an ED visit with a principal diagnosis of mental illness or AOD abuse or dependence on or between January 1- December 1 of the measurement year
- Remove beneficiaries who have had a ED visit followed by an admission to an acute or nonacute inpatient care setting on the date of the ED visit or within 30 days following, regardless of the principal diagnosis for the admission
- Report mental illness and AOD abuse or dependence beneficiaries in two separate denominators

# Numerator Overview: Mental Illness

- **7-Day Follow-Up:** A visit with any practitioner, with a principal diagnosis of a mental health disorder within 7 days after the ED visit (8 total days). Include visits that occur on the date of the ED visit.
- **30-Day Follow-Up:** A visit with any practitioner, with a principal diagnosis of a mental health disorder within 30 days after the ED visit (31 total days). Include visits that occur on the date of the ED visit.
- Any of the following meet criteria for a follow-up visit:
  - A visit with a principal diagnosis of a mental health disorder
  - A telehealth visit with a principal diagnosis of a mental health disorder
  - A visit to a behavioral healthcare facility
  - A visit to a non-behavioral healthcare setting with a principal diagnosis of a mental health disorder

# Numerator Overview: AOD Abuse or Dependence

- **7-Day Follow-Up:** A visit with any practitioner, with a principal diagnosis of AOD abuse or dependence within 7 days after the ED visit (8 total days). Include visits that occur on the date of the ED visit.
- **30-Day Follow-Up:** A visit with any practitioner, with a principal diagnosis of AOD abuse or dependence within 30 days after the ED visit (31 total days). Include visits that occur on the date of the ED visit.
- Any of the following meet criteria for a follow-up visit:
  - A visit with a principal diagnosis of AOD abuse or dependence
  - A telehealth visit with a principal diagnosis of AOD abuse or dependence



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Questions?

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# Technical Assistance Resources

Colleen Staats, MPH, Research Analyst  
Mathematica Policy Research



# Technical Assistance

- The resource manual for the Adult Core Set measures is available on Medicaid.gov at <https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-adult-core-set-manual.pdf>.
- Technical assistance is available to help states report these measures
  - A TA fact sheet about the SUD measures is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/factsheet-sud-adult-core-set.pdf>.
  - The OHD-AD and COB-AD measures require use of National Drug Codes (NDCs) for opioid and benzodiazepine medications, which are available to states on request by contacting [MACQualityTA@cms.hhs.gov](mailto:MACQualityTA@cms.hhs.gov). This file also contains guidance on morphine milligram equivalent (MME) conversion factors.
  - Submit a TA request as part of the webinar evaluation, or send your questions to the TA mailbox at [MACqualityTA@cms.hhs.gov](mailto:MACqualityTA@cms.hhs.gov).

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Questions?

# Wrap-Up

Gigi Raney, LCSW  
Division of Quality and Health Outcomes, CMS



# Next Steps

- State reporting of the Adult Core Set SUD measures is voluntary, but a high priority for CMS
- Adult Core Set reporting for FFY 2018 in MACPro will open in the fall
  - Please note any deviations from the measure specifications (such as measurement year, data source), as well as any eligible populations excluded from the measure
- If you have questions, email the TA mailbox at [MACqualityTA@cms.hhs.gov](mailto:MACqualityTA@cms.hhs.gov)
  - Please submit specific questions or request a phone consultation for general support
  - You may also request TA by filling out the webinar evaluation when you sign off today

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