

CMS Technical Assistance Webinar on Calculating the Substance Use Disorder (SUD) Measures in the Adult Core Set Technical Specifications Questions & Answers June 5, 2018

ABOUT THE FAQs

This document contains answers to frequently asked questions from the webinar about the four SUD measures in the Adult Core Set:

- **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)**

Several additional resources about the four SUD measures are available:

- ✓ A [fact sheet](#) that provides an overview of the four measures
- ✓ The [slides](#) from the June 5, 2018, technical assistance webinar on calculating these measures
- ✓ The [Adult Core Set Technical Specifications and Resource Manual](#) with detailed specifications for calculating the measures

For technical assistance related to these and other Child, Adult, and Health Home Core Set measures, please email

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Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) and Concurrent Use of Opioids and Benzodiazepines (COB-AD)

1. Why are different opioids, such as opioid cough preparation, included in or excluded from the OHD-AD and COB-AD measures?

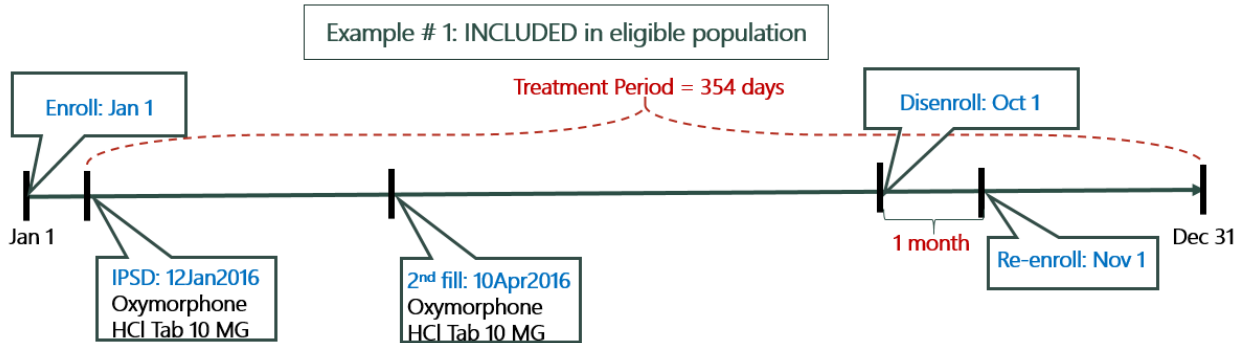
Prescription opioid cough medications are included in the COB-AD measure but excluded from the OHD-AD measure because it is difficult to calculate the daily morphine milligram equivalents (MME) of those preparations. The MME is required for the OHD-AD measure’s numerator in order to determine the dosage of opioids prescribed.

2. For the OHD-AD and COB-AD measures, is the continuous enrollment requirement applied to the treatment period or the measurement year? The Measurement Period Table for the Adult Core Set states that continuous enrollment applies to the measurement year for both measures. Is this correct?

For the COB-AD measure, continuous enrollment is applied to the measurement year. For the OHD-AD measure, continuous enrollment is applied to the treatment period.

We updated the [Measurement Period Table](#) in August 2018 to indicate that the continuous enrollment period for the OHD-AD measure applies to the treatment period, which is the index prescription start date (IPSD) through the end of the measurement year, death, or disenrollment, whichever occurs first.

3. Please clarify how to apply the continuous enrollment to the treatment period for the OHD-AD measure using the example below.



IPSD = index prescription start date.

For the OHD-AD measure, the continuous enrollment requirement should be applied to the treatment period, which is from the IPSD to the end of the measurement year, death, or disenrollment, whichever occurs first.

The measure specification allows for one enrollment gap of up to 31 days; if a beneficiary disenrolls and re-enrolls, the allowable period of disenrollment is counted as part of the treatment period, as is the remaining time in the measurement year. As shown in the example, even though the beneficiary had a one-month gap in enrollment, the treatment period is counted as 354 days—from January 12 through December 31.

4. In the previous example, what if the index date was September 15? Would this beneficiary still qualify for inclusion, even though he or she was enrolled for less than 90 days during the measurement year?

The beneficiary would still qualify for inclusion because the allowable gap is counted as part of the treatment period. This means that the treatment period would be greater than 90 days.

5. Regarding the continuous enrollment requirement for OHD-AD, what would happen in the following example? A beneficiary is enrolled on January 1, the IPSD is March 15, and the beneficiary is disenrolled on October 30 and not re-enrolled for the remainder of the year. Would this person qualify for the denominator, assuming two prescriptions with a sum of 15-days supply?

In this scenario, the treatment period would end with the person's disenrollment on October 30. Given that the treatment period is more than 90 days and the person was continuously enrolled during this period, he or she would be included in the denominator for this measure.

6. Why does the OHD-AD measure use 120 MME when the Centers for Disease Control and Prevention (CDC) specifies 90 MME, which is the standard of practice?

The OHD-AD measure uses 120 MME/day threshold because the Pharmacy Quality Alliance (PQA) measure was developed before the 2016 publication of the CDC's "Guideline for Prescribing Opioids for Chronic Pain." The threshold of greater than 120 MME/day was in line with other criteria, evidence, and guidelines available at the time. PQA is currently evaluating revised specifications to align with the CDC guidelines, using an average daily MME of 90 or more.

7. Why does the measure use an MME equivalency of 3 for methadone when it is at least 4 and goes up exponentially with increasing doses?

The OHD-AD measure uses the most recently published [MME conversion factors](#) available from CDC. The current MME conversion factor for methadone is 3. The MME conversion factor is intended only for analytic purposes—specifically, when prescription data are used to retrospectively calculate daily MME to inform analyses of risks associated with opioid prescribing. This value does not constitute clinical guidance or recommendations for converting patients from one form of opioid analgesic to another. Calculating MME for methadone in clinical practice often involves a sliding-scale approach whereby the conversion factor increases with increasing dose. The conversion factor of 3 for methadone could underestimate MME for a given patient. Please see additional [clinical guidance](#) from CDC for details.

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

8. What is the rationale for defining engagement as two or more additional alcohol or other drug (AOD) services within 34 days? This seems like a low threshold.

The intent of the IET-AD measure is to assess whether beneficiaries who have been given a new diagnosis are beginning evidence-based treatment and to see that they are continuing it for at least a short period of time.

9. Are the acceptable encounters for the IET-AD measure tied to specific billing codes?

Yes, the codes for encounters are included in the IET-AD measure's value sets. The links to the value sets are included in the measure specifications in the [Technical Specifications and Resource Manual](#).

10. Would a diagnosis of AOD abuse or dependence that appears as a secondary diagnosis on a claim be counted for the IET-AD measure?

Yes, for the IET-AD measure, the AOD abuse or dependence diagnosis can appear in any position on the claim (that is, as a primary or secondary diagnosis).

11. How does the IET-AD Core Set specification differ from the HEDIS specification, if at all?

The Core Set and HEDIS specifications for the IET measure are very similar, but there are two differences to note. First, the Adult Core Set specification is for reporting at the state level, whereas the HEDIS specification is for reporting at the health plan level. Second, the Adult Core Set specification is reported for ages 18 to 64 and age 65 and older, whereas the HEDIS specification is reported for ages 13 to 17 and age 18 and older.

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

12. Is the FUA/FUM-AD measure different this year, given that it separates the AOD and mental illness denominators? For the FFY 2017 Adult Core Set measure, only two rates were reported, and mental illness and AOD were combined.

Yes, the measure is different for FFY 2018. The FFY 2018 Adult Core Set specification was updated, effective May 2018, to better align the Adult Core Set measure with HEDIS specifications. The updated Adult Core Set specification includes four rates: two rates for mental illness and two rates for AOD abuse or dependence. For each condition, states report the following two rates: beneficiaries who received follow-up within 7 days of an

emergency department visit and beneficiaries who received follow-up within 30 days of an emergency department visit. The acronym for the Adult Core Set measure has been changed to FUA/FUM-AD to reflect the two HEDIS measures combined in the 2018 Adult Core Set.

13. Other than the difference in the age-group breakouts, are there any other differences between the two HEDIS measures (FUA and FUM) and the combined FUA/FUM-AD Core Set measure?

Other than the age-group breakouts, there are no substantial differences between the HEDIS measures and the Adult Core Set FUA/FUM-AD measure.

14. For the FUA/FUM-AD measure, does medication-assisted treatment meet the criteria for follow-up?

The FUA/FUM-AD measure includes some general codes for medication management, but it does not currently include specific medications used for medication-assisted treatment for alcohol or opioid abuse or dependence.

General Question

15. Are there any sources of SAS or SQL code that can be used to calculate these measures from the claims data sets?

SAS or SQL code is currently not available to calculate these measures.