

Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures

A behavioral health guide to help you care
for our members

[AetnaBetterHealth.com/Illinois-Medicaid](https://www.aetna.com/better-health/illinois-medicaid)





We proudly hold National Committee for Quality Assurance (NCQA) accreditation as a managed behavioral health organization (MBHO). And we've demonstrated best-in-class performance on these measures:

AMM

Antidepressant medication management

ADHD

Follow-up care for children prescribed medication for attention-deficit/hyperactivity disorder

FUH

Follow-up after hospitalization for mental illness (ambulatory follow-up)

IET

Initiations and engagement of treatment for alcohol and other drug dependence



Working together to achieve excellent outcomes

We value you as a critical partner in our provider network. And together, we can achieve results for these HEDIS measures. To accomplish this, please:



Review our tip sheets

We created tip sheets for each of the measures. It's important that you're familiar with the measures and our corresponding best practice recommendations.



Keep us informed

Provide the information we request about kept appointments for our members. And get creative! Ask us about your contribution to these HEDIS rates and help us offer new solutions.



Ask us for help

Count on us anytime and know our clinical and quality teams can answer any questions you have. We'll also help brainstorm solutions to any barriers that may affect performance.



Antidepressant medication management (AMM)

The HEDIS AMM measures focus on compliance with medication regimens and appropriate follow-up. The measures have two indicators: effective follow-up in the acute phase of treatment and the continuation phases of treatment.

- **The acute phase**

This is the length of time during which the percentage of newly diagnosed and treated members stayed on an antidepressant medication — at least 84 days (12 weeks).

- **The continuation phase**

This is the length of time during which the percentage of newly diagnosed and treated members stayed on an antidepressant medication — at least 180 days (6 months).



Follow-up care for children prescribed medication for attention-deficit/hyperactivity disorder (ADHD)

The HEDIS ADHD medication measures focus on the percentage of children newly prescribed ADHD medication. And who have at least three follow-up care visits within a 10-month period, one of which is within 30 days of when the first ADHD medication was dispensed.

The measure reviews medication and service compliance for members who have a negative medication history. HEDIS defines this as at least 4 months of no ADHD medications before the measurement start date and for those who don't have a primary mental health or substance use disorder. This measure includes two rates:

- **Initiation phase**

The percentage of members 6–12 years of age as of the Index Prescription Start Date (IPSD) with an ambulatory prescription dispensed for ADHD medication. And who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase.

- **Continuation and maintenance phase**

The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication. And who stayed on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the initiation phase ended.



Follow-up after hospitalization for mental illness (FUH)

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

Effective discharge planning and ongoing outpatient provider support is essential to helping members after an acute care episode. Members who get prompt follow-up after hospitalization are more likely to engage in outpatient treatment. This may avoid hospitalization and emergency department visits. And these patients may have a better opportunity to return to baseline functioning.

To help support our members after hospitalization, we recommend these best practices:

- **Know that discharge planning starts on admission**

Our utilization managers and case management staff work with hospitals to ensure members have access to outpatient providers within 7 days of their discharge. If discharge planners can't make appointments within 7 days, they must tell our team so they can help make these appointments.

- **Understand that we offer case management to all members**

Our staff will reach out to each member who is discharged from an acute inpatient setting. Hospital staff can help us by alerting members that we'll be calling and also offer support or services.

- **Have a discharge consultation**

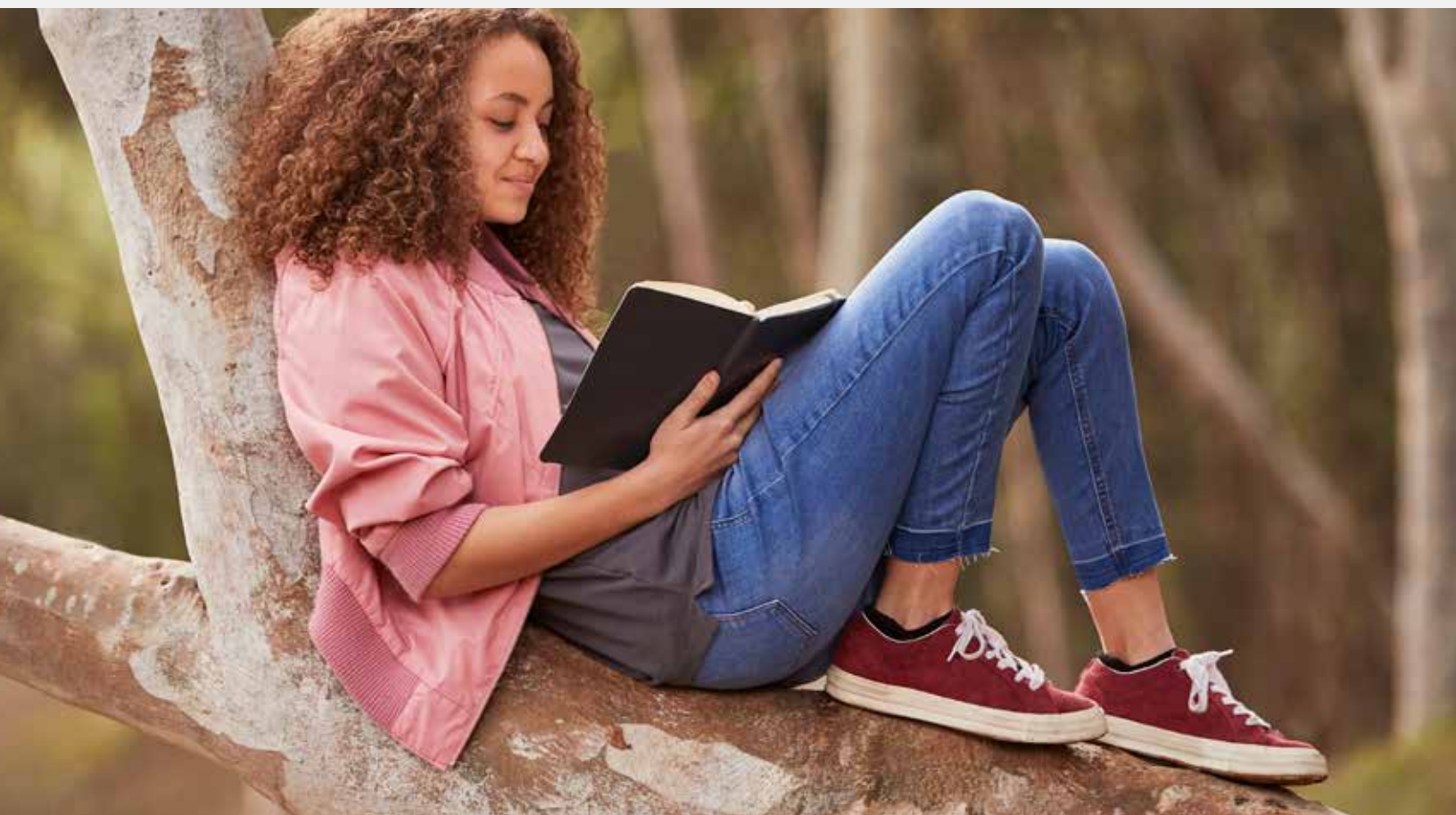
On the day of discharge, it's important for the member to get and understand their discharge plan. They should also know the importance of following through with that plan. In most cases, these consultations are billable to Aetna Better Health of Illinois, using revenue code 510/513. Please contact your provider relations representative to see if your facility qualifies to bill this code.

- **Tell us about access issues**

We encourage our provider network to work closely with us. This includes letting our utilization management or case management staff know when discharge planners can't make a follow-up appointment within 7 days of discharge with a network provider or practitioner.

- **Work together so everyone gets a reminder**

Our case management staff work hard to make sure our members have appointments within 7 days. And they call our members to remind them about the upcoming appointment. But many times, it's most effective when the actual servicing provider makes the outreach. So we encourage you to also call members before their scheduled appointment. If you need help contacting our members and want to connect, just call us at **1-866-329-4701 (TTY: 711)**.





Initiation and engagement of alcohol and other drug dependence treatment (IET)

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



Initiation of treatment

The percentage of members who start treatment through an inpatient AOD admission, outpatient visit, intensive outpatient visit or partial hospitalization within 14 days of the diagnosis.



Engagement of AOD treatment

The percentage of members who started treatment and who had two or more other services with a diagnosis of AOD within 30 days of the first visit.

Be part of the solution and assess substance use in your patients

Early identification of substance use issues can help members avoid future drug-related illnesses and deaths and can improve their quality of life. It can also help curb the overuse of health care services related to substance dependence. We recommend these best practices for substance use:

- **Screen**

Make sure to include substance use questions or tools during intake and yearly treatment plan review, at a minimum. Many times substance use goes undetected, simply due to not asking the right questions. And people may want to minimize their substance use. So it's important to be persistent when raising the topic and keeping it at the forefront of treatment.

- **Document**

If your patient openly talks about their struggles with substances and you identify a concern, be sure to document it and code it on any claims you submit. Because there is sometimes a perceived stigma associated with a substance use diagnosis, practitioners may be reluctant to document it. But the lack of naming it may prevent other clinicians from working with the patient in a coordinated manner. And this can ultimately result in less effective care.



- **Follow up**

When you identify a substance-use concern, it's important to schedule appropriate follow-up treatment. For newly diagnosed members specifically, we recommend scheduling three follow-up appointments within the first 30 days. Increased intensity of contact in early stages of treatment will help address the concerns as soon as possible. And it can help keep the member connected and motivated for treatment.

- **Educate**

It's important to educate members on the effects of substance use and the treatment choices in their community. Also, substance use often occurs with other behavioral health problems, like major depression or anxiety disorders. This can make treating substance use or diagnosing a behavioral health disorder more difficult. In these cases, it's helpful to refer to a behavioral health provider. If you need help finding resources, just call us at **1-866-329-4701 (TTY: 711)**.

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86.03.821.1-IL (X/20)



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