

## Overview of Substance Use Disorder Measures in the Adult Core Set

### Introduction

Improving outcomes for Medicaid beneficiaries with substance use disorders (SUDs) is a top priority for the Centers for Medicare & Medicaid Services (CMS). The opioid epidemic in particular continues to highlight the need for both preventing inappropriate prescribing and providing access to high quality treatment. In keeping with these objectives, the Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set) includes four SUD measures:

1. Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)
2. Concurrent Use of Opioids and Benzodiazepines (COB-AD)
3. Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD)
4. Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (FUA/FUM-AD)

Successful reporting of these measures will help CMS and states to continue their quality improvement efforts and to monitor progress in combatting the opioid crisis. This fact sheet provides an overview of the measures.

### Overview of Opioid Measures

As part of CMS's effort to combat the opioid crisis, two Adult Core Set measures assess potentially inappropriate prescribing of opioids (see Table 1 for an overview of the measures).

**Table 1. Opioid Use Measures in the Adult Core Set**

	OHD-AD	COB-AD
<b>Measure steward</b>	Pharmacy Quality Alliance	Pharmacy Quality Alliance
<b>Description</b>	Rate per 1,000 beneficiaries age 18 and older without cancer who received prescriptions for opioids with a daily dosage greater than 120 morphine milligram equivalent (MME) for 90 consecutive days or longer	Percentage of beneficiaries age 18 and older without cancer with concurrent use of prescription opioids and benzodiazepines for 30 or more cumulative days
<b>Numerator</b>	Beneficiaries who exceed the 120 MME threshold for 90 or more consecutive days	Beneficiaries with two or more prescription claims for any benzodiazepine and concurrent use of opioids and benzodiazepines for 30 or more cumulative days
<b>Denominator</b>	Beneficiaries with two or more opioid prescription claims, for which the sum of the days' supply is greater than or equal to 15	
<b>Data source</b>	Administrative	

### *Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)—NQF #2940*

The "Use of Opioids at High Dosage in Persons Without Cancer" (OHD-AD) measure 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)—NQF #2967***

The “Concurrent Use of Opioids and Benzodiazepines” (COB-AD) measure was added to the 2018 Adult Core Set to simultaneously address two gap measurement areas: early opioid use and polypharmacy. This measure examines the percentage of beneficiaries with concurrent use of prescriptions for opioids and benzodiazepines, which is linked to an increased risk of morbidity and mortality. This measure uses the same denominator as the “Use of Opioids at High Dosage in Persons Without Cancer measure (OHD-AD)” measure.

### **Overview of Alcohol and Other Drug (AOD) Treatment Measures**

The Adult Core Set also includes two measures of treatment for AOD abuse or dependence (see Table 2 for an overview of the measures).

### ***Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD)—NQF #0004***

The “Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment” (IET-AD) measure examines the percentage of beneficiaries with a new diagnosis of AOD abuse or dependence who received treatment. This measure includes two rates: one for the initiation of timely AOD treatment and one for the continuation (engagement) of AOD treatment.

In addition to the initiation and engagement rates, the measure is stratified by three diagnosis cohorts: (1) alcohol abuse or dependence, (2) opioid abuse or dependence, and (3) other drug abuse or dependence.

For the 2018 Adult Core Set, the IET-AD measure includes several revisions intended to align with the most recent clinical guidelines and provide more clarity to states. A brief overview of some of these updates follows.

**Table 2. AOD Treatment Measures in the Adult Core Set**

	<b>IET-AD</b>	<b>FUA/FUM-AD</b>
Measure steward	National Committee for Quality Assurance	National Committee for Quality Assurance
Description	Percentage of beneficiaries age 18 and older with a new episode of AOD abuse or dependence who received:  -Initiation of AOD treatment within 14 days of diagnosis -Engagement of AOD treatment, defined as initiation plus two or more additional services with an AOD diagnosis, within 34 days of initiation visit	Percentage of ED visits for beneficiaries age 18 and older who had a principal diagnosis of mental illness or 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:  -A follow-up visit for mental illness within 7 days of the ED visit -A follow-up visit for mental illness within 30 days of the ED visit -A follow-up visit for AOD abuse or dependence within 7 days of the ED visit -A follow-up visit for AOD abuse or dependence within 30 days of the ED visit
Numerator	Beneficiaries who received AOD treatment:  -Within 14 days of diagnosis - Within 14 days of diagnosis and received at least two or more additional services with an AOD diagnosis within 34 days of initiation visit	Beneficiaries who had a follow-up visit:  -For mental illness within 7 days of the ED visit -For mental illness within 30 days of the ED visit -For AOD abuse or dependence within 7 days of the ED visit -For AOD abuse or dependence within 30 days of the ED visit
Denominator	Beneficiaries with a new diagnosis of AOD abuse or dependence	Beneficiaries with an ED visit with a primary diagnosis of mental illness or AOD abuse or dependence
Data source	Administrative or electronic health record	Administrative

- Added three diagnosis cohorts and a total for both the Initiation Rate and the Engagement Rate. Note that the total is not a sum of diagnosis cohorts. Beneficiaries with multiple diagnoses should be reported on the Index Episode claim only once for the total rate denominator.
- Clarified that beneficiaries should be excluded from all denominators if the initiation of treatment event is an inpatient stay with a discharge date after November 27 of the measurement year.
- Added dispensing of medication-assisted treatment (MAT) as a method of meeting numerator criteria for both the initiation of and engagement in AOD treatment. Added specific guidance to measure specifications to ensure MAT was being used in conjunction with psychosocial care, as recommended by current evidence-based guidelines.
- Added telehealth to the denominator and numerators.
- Extended the engagement of AOD treatment time frame from 30 to 34 days.
- Added medication lists for “MAT for Alcohol Abuse or Dependence” and “MAT for Opioid Abuse or Dependence.”

***Follow-up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (FUA/FUM-AD)—NQF #2605***

The “Follow-up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence” (FUA/FUM-AD) measure examines the percentage of emergency department (ED) visits for Medicaid beneficiaries with a mental illness or AOD abuse or dependence who received follow-up with a corresponding principal diagnosis for mental illness or AOD abuse or dependence. Timely follow-up is linked to reducing ED revisits.

The federal fiscal year (FFY) 2018 Core Set specification has been updated, effective May 2018, to better align the Core Set measure with HEDIS specifications. The updated 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 ED visit and beneficiaries who received follow-up within 30 days of an ED visit. The Adult Core Set measure acronym has been changed to FUA/FUM-AD to reflect the two HEDIS measures combined in the FFY 2018 Adult Core Set measure.

**Technical Assistance Resources for the SUD Measures**

Several resources are available to help states calculate the SUD measures for the Adult Core Set:

- The technical specifications for all four measures are in the FFY 2018 Adult Core Set Resource Manual, available at <https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-adult-core-set-manual.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). The only opioids and benzodiazepines that should be included when calculating these measures are those in the NDC lists. This file also contains guidance on morphine milligram equivalent (MME) conversion factors.
- The FFY 2018 Adult Core Set Measurement Period Table includes the date ranges that should be used for the denominators and numerators for these measures, and is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/ff-2018-adult-core-set-measurement-periods.pdf>.
- The FFY 2018 Adult Core Set Data Quality Checklist contains additional guidance to help states improve the completeness, accuracy, consistency, and documentation of the data reported, and is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/adult-data-quality-checklist.pdf>.

**For Further Information**

For technical assistance related to calculating and reporting the Adult Core Set SUD measures, contact the technical assistance mailbox at [MACQualityTA@cms.hhs.gov](mailto:MACQualityTA@cms.hhs.gov).