

## Antidepressant Medication Management

### Metric Information

**Metric description:** The percentage of Medicaid beneficiaries 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two submetrics are reported:

- (1) Effective Acute Phase Treatment: The percentage of Medicaid beneficiaries who remained on an antidepressant medication for at least 84 days (12 weeks).
- (2) Effective Continuation Phase Treatment: The percentage of Medicaid beneficiaries who remained on an antidepressant medication for at least 180 days (6 months).

Definition of terms used in this metric:

- *Intake Period:* The 12-month window starting on May 1 of the year prior to the measurement year and ending on April 30 of the measurement year.
- *Index Prescription Start Date (IPSD):* The earliest prescription dispensing date for an antidepressant medication where the date is in the Intake Period and there is a Negative Medication History.
- *Negative Medication History:* A period of 105 days prior to the IPSD when the beneficiary had no pharmacy claims for either new or refill prescriptions for an antidepressant medication.
- *Treatment days:* The actual number of calendar days covered with prescriptions within the specified 180-day (6-month) measurement interval.

**Metric specification version:** HEDIS® 2020 Technical Specifications for Health Plans, NCQA.

**Data collection method:** Administrative only.

**Data source:** ProviderOne Medicaid claims/encounter and enrollment data.

**Claim status:** Include only final paid claims or accepted encounters in metric calculation.

**Identification window:** Starting on May 1 of the year prior to the measurement year and ending on April 30 of the measurement year to establish the Index Prescription Start Date (IPSD) through the last day of the measurement year to identify acute and continuation of treatment.

**Direction of quality improvement:** Higher is better.

**URL of specifications:** [www.ncqa.org/hedis/measures](http://www.ncqa.org/hedis/measures)

### DSRIP Program Summary

**Metric utility:** ACH Project P4P ■ ACH High Performance ■ DSRIP statewide accountability ■

**ACH Project P4P – Metric results used for achievement value:** Submetric results reported for effective acute phase treatment and effective continuation phase treatment. Each submetric contributes equal weight in the final AV calculation for the overall metric.

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**ACH Project P4P – improvement target methodology:** gap to goal.

**ACH Project P4P gap to goal - absolute benchmark value:**

DY 3/performance year 1 (2019)	<p>1. Effective Acute Phase Treatment: 63.6% 2017 NCQA Quality Compass National Medicaid, 90<sup>th</sup> Percentile</p> <p>2. Effective Continuation Phase Treatment: 49.1% 2017 NCQA Quality Compass National Medicaid, 90<sup>th</sup> Percentile</p>
DY 4/performance year 2 (2020)	<p>1. Effective Acute Phase Treatment: 64.72% 2018 NCQA Quality Compass National Medicaid, 90<sup>th</sup> Percentile</p> <p>2. Effective Continuation Phase Treatment: 49.24% 2018 NCQA Quality Compass National Medicaid, 90<sup>th</sup> Percentile</p>
DY 5/performance year 3 (2021)	<p>TBD</p> <p>2019 NCQA Quality Compass National Medicaid, 90<sup>th</sup> Percentile</p>

**ACH High Performance – methodology:** HCA will use a Quality Improvement (QI) Model to determine relative high performance among ACHs for the set of High Performance metrics. For more information, see Chapter 8: ACH High Performance Incentives.

**DSRIP statewide accountability – methodology:** HCA will use a Quality Improvement (QI) Model to determine statewide performance across the quality metric set. For more information, see Chapter 2: Statewide accountability.

**ACH regional attribution:** Residence in the ACH region for 11 out of 12 months in the measurement year.

**Statewide attribution:** Residence in the state of Washington for 11 out of 12 months in the measurement year.

### DSRIP Metric Details

Eligible Population – ACH Project P4P and DSRIP statewide accountability	
Age	18 years and older. Age is as of April 30 of the measurement year.
Gender	N/A
Minimum Medicaid enrollment	105 days prior to the Index Prescription Start Date (IPSD) through 231 days after the IPSD. Enrollment must be continuous.
Allowable gap in Medicaid enrollment	One gap of one month from 105 days prior to the Index Prescription Start Date (IPSD) through 231 days after the IPSD.
Medicaid enrollment anchor date	Index Prescription Start Date (IPSD)
Medicaid benefit and eligibility	Includes Medicaid beneficiaries with comprehensive medical benefits. Excludes beneficiaries that are eligible for both Medicare

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	and Medicaid and beneficiaries with primary insurance other than Medicaid.
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### Denominator (used for both rates):

*Data elements required for denominator:* Both rates use the same dominator. The following steps are needed to identify the eligible Medicaid beneficiaries for the denominator:

- 1) Determine the IPSD: Identify the date of the earliest dispensing event for an antidepressant medication (Antidepressant Medications List) during the Intake Period.
- 2) Exclude Medicaid beneficiaries who did not have an encounter with a diagnosis of major depression during the 121-day period from 60 days prior to the IPSD, through the IPSD and the 60 days after the IPSD. See HEDIS® for specific instructions.
- 3) Test for Negative Medication History. Exclude Medicaid beneficiaries who filled a prescription for an antidepressant medication 105 days prior to the IPSD.

*Value sets required for denominator.*

Name	Value Set
Antidepressant Medications List	See HEDIS®
Major Depression Value Set	See HEDIS®
Inpatient Stay Value Set	See HEDIS®
Acute Inpatient Value Set	See HEDIS®
Nonacute Inpatient Value Set	See HEDIS®
Visit Setting Unspecified Value Set	See HEDIS®
Outpatient POS Value Set	See HEDIS®
BH Outpatient Value Set	See HEDIS®
Partial Hospitalization POS Value Set	See HEDIS®
Partial Hospitalization or Intensive Outpatient Value Set	See HEDIS®
Community Mental Health Center POS Value Set	See HEDIS®
Electroconvulsive Therapy Value Set	See HEDIS®
Transcranial Magnetic Stimulation Value Set	See HEDIS®
Telehealth POS Value Set	See HEDIS®
Observation Value Set	See HEDIS®
ED Value Set	See HEDIS®
ED POS Value Set	See HEDIS®
Telephone Visits Value Set	See HEDIS®

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### *Required exclusions for denominator.*

- Eligible population exclusions are listed in the eligible population table above.
- Metric specific exclusions:
  - o Beneficiaries in hospice care.
  - o Medicaid beneficiaries who did not have an encounter with a diagnosis of major depression during the 121-day period from 60 days prior to the IPSD, through the IPSD and the 60 days after the IPSD.

### *Deviations from cited specifications for denominator.*

- HEDIS® specifications require no more than one gap in continuous enrollment of up to 45 days during each year of continuous enrollment. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, as is the case for the ProviderOne data source, the Medicaid beneficiary may not have more than a 1-month gap in coverage (i.e., a Medicaid beneficiary whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

### **Numerator (different for the two rates reported):**

For both rates, beneficiaries must qualify for inclusion in the denominator to be eligible for inclusion in the numerator.

*Data elements required for effective acute phase treatment numerator:* At least 84 days (12 weeks) of treatment with antidepressant medication (Antidepressant Medications List), beginning on the IPSD through 114 days after the IPSD (115 total days). This allows gaps in medication treatment up to a total of 31 days during the 115-day period (to accommodate medication refills and/or changes in medication).

*Data elements required for effective continuation phase treatment numerator:* At least 180 days (6 months) of treatment with antidepressant medication (Antidepressant Medications List), beginning on the IPSD through 231 days after the IPSD (232 total days). This allows gaps in medication treatment up to a total of 52 days during the 232-day period (to accommodate medication refills and/or changes in medication).

### *Value sets required for numerator.*

Value Set Name	CPT Codes
Antidepressant Medications List	See HEDIS®

### *Required exclusions for numerator.*

- None

### *Deviations from cited specifications for numerator.*

- None

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### Version Control

**July 2018 release:** The specification was updated to HEDIS® 2018 specifications.

**January 2019 update:** Minor formatting updates were made to the metric specification sheet. This includes updating the URL of the source specification and changing HEDIS™ to HEDIS®. No substantive changes were made to the specification.

**August 2019 update:** The specification sheet has been updated to reflect the current version of the HEDIS® technical specification (from HEDIS® 2018 to HEDIS® 2019). No substantive changes were made to the DSRIP Metric Details. Note that while the names of the value sets included in the specifications have not changed, the underlying values may have been updated. See HEDIS® for specific instructions. DY 4/performance year 2 (2020) benchmark value(s) have been added to the DSRIP Program Summary section.

**August 2020 update:** The specification sheet has been updated to reflect the current version of the HEDIS® technical specification (from HEDIS® 2019 to HEDIS® 2020). Per HEDIS® General Guideline 43, unless specifically excluded, HEDIS® metrics include telehealth by default and do not require the use of a specific value set to identify relevant CPT and HCPCS place of service modifiers. Denominator value sets have changed and the underlying values may have been updated. See HEDIS® for specific instructions. DY 5/performance year 3 (2021) benchmark value(s) have been added to the DSRIP Program Summary section.