



Behavioral Health & Developmental
Disabilities Administration
Bureau of Community Based Services

PREPAID INPATIENT HEALTH PLANS

MEASURE SPECIFICATION:

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

FY 2021

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

MEASURE	
<p>Percentage of beneficiaries age 18 to 64 with a new episode of alcohol or other drug (AOD) abuse or dependence during the measurement period who initiated or engaged in treatment:</p> <ul style="list-style-type: none"> • Initiation of AOD Treatment. Percentage of beneficiaries who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis. • Engagement of AOD Treatment. Percentage of beneficiaries who initiated treatment and who had two or more additional AOD services or medication treatment within 34 days of the initiation visit 	
MINIMUM STANDARD	
<p>This measure will be informational only for FY2021.</p>	
ELIGIBLE POPULATION	
Age	Age 18 to 64 as of December 31 of the measurement year.
AOD diagnosis cohorts	<p>Report the following diagnosis cohorts for both the 14- and 34-day measures:</p> <ul style="list-style-type: none"> • Alcohol abuse or dependence • Opioid abuse or dependence • Other drug abuse or dependence • Total AOD abuse or dependence
Continuous Enrollment	60 days (2 months) prior to the index episode start date (IESD) through 48 days after the IESD (109 total days).
Allowable Gap	No allowable gap during the continuous enrollment period.
Anchor Date	None.
Event/Diagnosis	<p>Definition of index episode start date (IESD): New episode of AOD abuse or dependence occurring more than 35 days before the end of the measurement period, to allow time for the follow up visits to occur. In a calendar year measurement period, the initiation of treatment event must occur on or before November 27. New episode means there are no AOD claims/encounters in the prior 60 days. See CMS specifications related to the following 4 steps: <u>Step 1</u> - Identify the Index Episode. <u>Step 2</u> - Select the Index Episode and AOD diagnosis cohort. <u>Step 3</u> - Test for Negative Diagnosis History. <u>Step 4</u> - Calculate continuous enrollment.</p>
Exclusions	<p>Dual enrolled Medicare/Medicaid and Spenddown beneficiaries are excluded. Beneficiaries in hospice are excluded from the eligible</p>

	population.																		
ADMINISTRATIVE SPECIFICATIONS																			
Denominator	The eligible population as defined. The denominator is the same for both 14- and 34-day measures:																		
Numerator 1 - Initiation of AOD Treatment	Follow-up service that meets CMS measure specifications for AOD treatment within 14 days of the IESD (index episode start date).																		
Numerator 2 - Engagement of AOD treatment	Two or more additional services that meet CMS measure specification for AOD treatment within 34 days of the IESD.																		
<i>Numerator Note</i>	<i>If the beneficiary is compliant for multiple cohorts, only count the beneficiary once for the Total Engagement numerator. The Total rate is not the sum of the diagnosis columns.</i>																		
<i>Additional codes</i>	<p>These additional CPT codes were added by MDHHS to the list of qualified follow-up services for both inclusion in the IET denominator and IET numerator 1&2.</p> <table border="1"> <thead> <tr> <th>Code Set</th> <th>MI Specific SUD Service Codes:</th> </tr> </thead> <tbody> <tr> <td>All H0006s</td> <td>Substance Use Disorder Case Management.</td> </tr> <tr> <td>All H0010s</td> <td>Substance Use Disorder: Sub-Acute Withdrawal Management (Sub-Acute Detoxification); medically monitored residential detox.</td> </tr> <tr> <td>All H0012s</td> <td>Substance Use Disorder: Sub-Acute Withdrawal Management (Sub-Acute Detoxification); residential addiction program outpatient.</td> </tr> <tr> <td>H0018 – Except H0018 PO</td> <td>Substance Use Disorder: Residential Services.</td> </tr> <tr> <td>All H0019s</td> <td>Substance Use Disorder: Residential Services.</td> </tr> <tr> <td>All H0038s – Except when reported with NO modifier</td> <td>Substance Use Disorder: Recover Coach (Peer Services).</td> </tr> <tr> <td>All H0049s</td> <td>Alcohol and/or drug screening.</td> </tr> <tr> <td>All H0050s</td> <td>Substance Use Disorder: Outpatient Care.</td> </tr> </tbody> </table>	Code Set	MI Specific SUD Service Codes:	All H0006s	Substance Use Disorder Case Management.	All H0010s	Substance Use Disorder: Sub-Acute Withdrawal Management (Sub-Acute Detoxification); medically monitored residential detox.	All H0012s	Substance Use Disorder: Sub-Acute Withdrawal Management (Sub-Acute Detoxification); residential addiction program outpatient.	H0018 – Except H0018 PO	Substance Use Disorder: Residential Services.	All H0019s	Substance Use Disorder: Residential Services.	All H0038s – Except when reported with NO modifier	Substance Use Disorder: Recover Coach (Peer Services).	All H0049s	Alcohol and/or drug screening.	All H0050s	Substance Use Disorder: Outpatient Care.
Code Set	MI Specific SUD Service Codes:																		
All H0006s	Substance Use Disorder Case Management.																		
All H0010s	Substance Use Disorder: Sub-Acute Withdrawal Management (Sub-Acute Detoxification); medically monitored residential detox.																		
All H0012s	Substance Use Disorder: Sub-Acute Withdrawal Management (Sub-Acute Detoxification); residential addiction program outpatient.																		
H0018 – Except H0018 PO	Substance Use Disorder: Residential Services.																		
All H0019s	Substance Use Disorder: Residential Services.																		
All H0038s – Except when reported with NO modifier	Substance Use Disorder: Recover Coach (Peer Services).																		
All H0049s	Alcohol and/or drug screening.																		
All H0050s	Substance Use Disorder: Outpatient Care.																		
DATA ELEMENTS																			

Data is extracted from the Medicaid Data Warehouse.

Please refer to the *Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set) Technical Specifications and Resource Manual for Federal Fiscal Year 2020 Reporting:*

<https://www.medicaid.gov/license/form/6126/4386>

NCQA’s Medication List Directory (MLD) of NDC codes for Medication Treatment for Alcohol Abuse or Dependence Medications and Medication Treatment for Opioid Abuse or Dependence Medications can be found at

<http://store.ncqa.org/index.php/catalog/product/view/id/3741/s/hedis-2020-ndc>

The electronic specification for FFY 2019 is located on the eCQI resource center at <https://ecqi.healthit.gov/ecqm/measures/cms137v6>.

Month of Performance Report	Month of Extract	Measurement Period
February 2022	December 2021	07/01/20 – 6/30/21

Month available in CC360	Month of Extract	Measurement Period
Jan 2021	Nov 2020	07/01/19 – 06/30/20
Apr 2021	Feb 2021	10/01/19 – 09/30/20
Jul 2021	May 2021	01/01/20 – 12/31/20
Oct 2021	Aug 2021	04/01/20 – 03/31/21

PROCESS

The plan-specific percentages will be electronically transmitted to each PIHP and will be available in CC360.

MEASUREMENT FREQUENCY

Annually