

Each year,

Anthem Blue Cross and Blue Shield Medicaid is responsible for collecting data for HEDIS and reporting on performance measures surrounding preventive, acute and chronic health care issues. Our providers and their documentation of the services provided to our members are essential components of this process. Please review these measures to ensure your documentation meets all requirements.

For more information,
please contact Provider Services
at **1-855-661-2028**.



HEDIS^{®*}

Behavioral Health Resource

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<https://medproviders.anthem.com/ky>

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Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications (SSD)

Patients diagnosed with schizophrenia or bipolar disorder and prescribed an antipsychotic are at a higher risk of developing diabetes.

- Administer a glucose test or an HbA1c test at least once a year to screen for diabetes.
- If the screening indicates the member is diabetic, the member should be monitored for diabetes.



Diabetes monitoring for people with diabetes and schizophrenia (SMD)

Based on best practice protocols for patients being monitored for diabetes, patients should receive:

- An HbA1c test at least once a year.
- An LCL-C test at least once a year.



Antidepressant medication management (AMM)

Patients prescribed antidepressants should be carefully and systematically monitored on a regular basis to assess their response to the medication, identify and monitor side effects, and assess patient safety.

Patients must be given education about depression and about the prescribed medications. Please document all behavioral health education in the patient's medical record.

Patients who are continuing to experience severe depressive symptoms despite medication titration should be referred to a behavioral health professional. Research suggests that collaborative efforts between a prescribing provider and a behavioral health professional generally results in more successful patient outcomes.



Follow-up after hospitalization for mental illness (FUH)

Patients who were hospitalized on a psychiatric unit must be seen by a psychiatric specialist within seven days after discharge. Outpatient providers can help members remain stable in the community.

A psychiatric specialist is defined as a licensed mental health counselor, licensed clinical social worker, licensed marriage and family therapist, advanced practice registered nurse, psychologist, or psychiatrist.



Follow-up care for children prescribed ADHD medication (ADD)

Patients 6 to 12 years of age diagnosed with ADHD and prescribed medication should have at least four follow-up visits within a 10 month period. One visit must be within 30 days of the initial prescription.

The patient and his or her parent or guardian must receive education about ADHD and the prescribed medication. Please document all behavioral health education provided in the patient's medical record.

Patients must be referred to a behavioral health provider for more intensive treatment if no improvement is shown within four weeks of the start of treatment.



Use of multiple concurrent antipsychotics in children and adolescents (APC)

Children and adolescents who are on two or more concurrent antipsychotic medications for at least 90 consecutive days during the measurement year should be treated and monitored closely by a psychiatric physician.



Metabolic monitoring for children and adolescents on antipsychotics (APM)

Children and adolescents who received a prescription for any antipsychotic medication on two separate occasions during the measurement year should be referred for metabolic testing, including:

- At least one test for blood glucose.
- At least one test for LDL-C.



Use of first-line psychosocial care for children and adolescents on antipsychotics (APP)

Children and adolescents who had a new prescription for an antipsychotic medication during the measurement year are recommended to have documentation of psychosocial care provided as the first line of treatment.



Initiation and Engagement of Treatment for alcohol and other drug dependence (IET)

Patients who have been newly diagnosed with a substance use disorder are recommended to be seen within 14 days for a follow-up visit. Following this, at least two additional visits are recommended within 30 days of the initial visit. All visits must be documented with a substance use diagnosis.

All patients attending mental health treatment should be screened for substance use at intake.