

Provider Tip Sheet

What is HEDIS[®]?

HEDIS[®] (Healthcare Effectiveness Data Information Set) is a widely used set of performance measures in the managed care industry, developed and maintained by NCQA. HEDIS[®] measures results and drives improvement efforts surrounding best practices.

What is the HEDIS[®] POD measure looking at?

The percentage of new Opioid Use Disorder (OUD) pharmacotherapy events for members with a diagnosis of OUD, age 16+, that have OUD pharmacotherapy for 180 days or more.

Why is the HEDIS[®] POD measure important?

Evidence suggests that pharmacotherapy can improve outcomes for individuals with OUD and that continuity of pharmacotherapy is critical to prevent relapse and overdose. Despite the evidence, pharmacotherapy is an underutilized treatment option for individuals with OUD and the NCQA seeks to address this gap by measuring episodes of pharmacotherapy and assessing adherence to treatment.

Who is included in the measure?

- Members with a new diagnosis of OUD that have an OUD dispensing or medication administration event
- Members aged 16+ covered under Commercial, Medicaid, or Medicare LOB

What are the Diagnosis Codes Used to Identify Included Members?

The following ICD-10 diagnosis codes for opioid use disorder require pharmacotherapy:

F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29

Which Members are excluded?

- Members that have an acute or non-acute inpatient stay of 8 days or more within 6 months of the OUD dispensing or medication administration event.
- Members using hospice services at any time during the year.

When does the Member 'pass' the measure?

When OUD pharmacotherapy is received for 180 days or more without a gap in treatment of more than 8 day.

What can providers do to help improve HEDIS[®] POD rates?

- Consider Medication Assisted Treatment (MAT) for opioid abuse or dependence.
- Patients with OUD should be informed of the risks and benefits of pharmacotherapy, treatment without medication, and no treatment.
- Helping the patient manage stressors and identify triggers for a return to illicit opioid use.
- Provide empathic listening and nonjudgmental discussion of triggers that precede use or increased craving and how to manage them.
- Provide ongoing assessment to mark progress. Revise treatment goals via shared decision making to incorporate new insights.
- Engage and educate family members and friends who are reluctant to accept medication's role in treatment.
- Submit claims and encounter data in a timely manner.

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