



2025 BEHAVIORAL HEALTH[®] QUICK REFERENCE GUIDE

FOR MORE INFORMATION, VISIT **NCQA.ORG**

Marketplace = ●

Medicare = ●

Medicaid = ●



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GLOSSARY OF TERMS

Denominator: The number of members who qualify for the measure criteria, based on NCQA technical specifications.

HEDIS®: The Healthcare Effectiveness Data and Information Set.

IPSD: Index prescription start date. The earliest prescription dispensing date for a medication where the date is in the intake period and there is a negative medication history.

Measurement Year (MY): In most cases, the 12-month period between which a service was rendered; January 1 through December 31.

Numerator: The number of members who meet compliance criteria based on NCQA technical specifications for appropriate care, treatment, or service.

Prior Year (PY): The year prior to the Measurement Year.

QRS: The Quality Rating System is a quality reporting program that compares the performance of Qualified Health Plans (QHP) offered on Exchanges.

Reporting Year: The period when data is collected and reported. The service dates are from the measurement year, which is usually the year prior. In some cases, the service dates may go back more than one year.

Line of Business Key:



Medicaid (MHS Indiana): Indicates HEDIS® measures that apply to the Medicaid membership.



Marketplace (Ambetter): Indicates HEDIS® measures that apply to the Marketplace membership.



Medicare (Wellcare): Indicates HEDIS® measures that apply to the Medicare membership.



Managed Health Services (MHS) Resources and Links

Member Services: www.mhsindiana.com/members.html
Healthy Indiana Plan (HIP), Hoosier Care Connect (HCC), and Hoosier Healthwise (HHW): 1-877-647-4848; TTY 1-800-743-3333
Ambetter: 1-877-687-1182; TTY 1-800-743-3333
Wellcare by Allwell: 1-855-766-1541; TTY 711

- Assistance with finding a provider
- Member coverage and benefits
- ID cards
- View claims
- Prior Authorization Approvals
- 24 Hour Nurse Advice Line: 1-877-647-4848
- Notification of pregnancy: 1-877-647-4848 Ext. 20309
- Crisis Support: Text MHS to 741741 or the National Suicide Prevention Lifeline: 988

Community Connect

Ability to search and connect to support for MHS members across Indiana for financial assistance, food pantries, medical care, and other free or reduced-cost help. Search by zip code. *All information can be found on the MHS website.* <https://www.mhsindiana.com>.

Provider Resource page on MHS linked [here](#).

Provider Quick links to:

- Pre-Auth Check
- Submit Claim/Check Claim Status
- Pharmacy

Demographic Update Tool to edit provider information.

Pay for Performance (P4P) notification sign up.

Provider News

Quality Programs

Interpreter/Translation Services (MHS Provider Services)
1-877-647-4848

Provider Portal login link [here](#).

- Click on **Patient** and select member's name to access patient's medical records.
- Click on the **Provider Analytics** link to be directed to your Quality dashboard and P4Q and P4P Scorecards.

- Click on **Authorization** to create or view status of submitted prior authorizations.
- Click on **Claims** to review the status of submitted claims.
- **Medically Frailty Reporting:** 1-877-647-4848

Provider Education & Training Link: <https://www.mhsindiana.com/providers/provider-training.html>

Care Management Information: <https://www.mhsindiana.com/providers/resources/case-and-disease-management.html>

Updates to HEDIS® Measures: (effective for calendar year 2025)

This guide has been updated with information from the release of the HEDIS® 2025 Volume 2 Technical Specifications by NCQA and is subject to change.

Retired Measures:

AMM – Antidepressant Medication Management

Revised Measures:

ADD - Follow-up Care for Children Prescribed ADHD Medication is now ADD-E

New Measure(s):

For additional information or questions related to HEDIS®, please contact your Quality Practice Advisor.













Understanding Health Information Portability and Accountability Act (HIPAA)

Under the HIPAA Privacy Rule, data collection for HEDIS® is permitted and the release of this information requires no special patient consent or authorization. Please be assured our members' personal health information is maintained in accordance with all federal and state laws. HEDIS® data collection and release of information is permitted under HIPAA 45 CFR 164.506 because the disclosure is part of quality assessment and improvement activities.

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Quick Reference Guide

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(ADD-E) Follow-Up Care for Children Prescribed ADHD Medication

Product Lines: **Medicaid**, **Marketplace**

The percentage of members ages 6-12 years of age who had a newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication and had at least three follow-up visits within a 300-day (one within 30 days) of the first ADHD medication dispensed.

**Member must remain on the ADHD medication for at least (210 days) of the 10-month period.*

Two rates are reported:

- ❶ Initiation Phase - One follow-up visit with a prescribing provider within 30 days of the prescription dispensed date.
- ❷ Continuation and Maintenance (C&M) Phase – members who are compliant during the Initiation Phase, continued taking ADHD medication during the nine months after the initiation phase, and received two additional follow-up visits between days 31-300.

ELIGIBLE POPULATION

Members ages 6-12 years of age

TIMELINE/LOOKBACK PERIOD

March 31, PY – February 28 (or 29th) of MY

TIPS

- Complete a medical and psychiatric examination prior to diagnosing and prescribing ADHD medications.
- Schedule follow-up and future visits prior to leaving the office when a new ADHD medication is prescribed.
- Reschedule canceled appointments.
- Educate members about the medications, side effects, and taking them as prescribed.
- Utilize telehealth visits when appropriate.
- One of the two visits during the 31-300-day period may be an e-visit or virtual check-in visit.

QUALIFYING EVENT/DIAGNOSIS

A newly prescribed ADHD medication

EXCLUSIONS

- Members who had an acute inpatient encounter for a mental, behavioral, or neurodevelopmental disorder during the initiation phase or C&M phase.
- Members with a diagnosis of Narcolepsy anytime during the member's history through December 31 of MY.
- Members who used hospice during the MY.
- Members who died during the MY.

2025 Changes to measure:

- ✓ Added ADHD medications: Dexmethylphenidate-Serdexmethylphenidate & Viloxazine.
- ✓ Deleted ADHD medications: Medications List from the identifying same or different drugs definition. Dexmethylphenidate Serdexmethylphenidate



(APM-E) Metabolic Monitoring for Children and Adolescents on Antipsychotics

Product Lines: **Medicaid**, **Marketplace**

The percentage of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.

Three rates are reported.

The percentage of children and adolescents on antipsychotics who received:

- ❶ Blood glucose testing.
- ❷ Blood cholesterol testing.
- ❸ Blood glucose and cholesterol testing.

ELIGIBLE POPULATION

Members ages 1-17 years of age with at least two or more antipsychotic medication dispensing events of the same or different medications on different dates of service during the measurement period.

MEASUREMENT PERIOD

January 1, MY – December 31, MY

TIPS

- Obtain a baseline and yearly A1C/Blood Glucose and cholesterol testing.
- Educate and inform patients/parents/guardians of the increased side effects of multiple antipsychotics and the effects they may have on the child's health.
- Educate the patients/parents/guardians about the risks of obesity and diabetes when taking multiple antipsychotic medications.
- Educate the patient/parent/guardian about the importance of regular follow-up care.

QUALIFYING EVENT/DIAGNOSIS

Two or more antipsychotic prescriptions dispensed.

EXCLUSIONS

- Members who used hospice during the MY.
- Members who died during the MY.



(APP) Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

Product Lines: **Medicaid**, **Marketplace**

The percentage of children and adolescents 1-17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

ELIGIBLE POPULATION

Members 1-17 years of age with new prescription for antipsychotic medication.

Two age stratifications and total rate are reported.

• 1-11 years • 12-17 years • Total

TIMELINE

Psychosocial care or residential behavioral health treatment needs to occur in the 121-day period from 90 days prior to the IPSD through 30 days after the IPSD.

TIPS

- Refer members for a trial of first-line, evidence-based psychosocial care before prescribing antipsychotic medications.
- Assist members in scheduling psychosocial care 90 days before starting a new antipsychotic medication or at least 30 days after starting.
- Educate members about the medications, side effects, and taking them as prescribed.

QUALIFYING EVENT/DIAGNOSIS

A newly prescribed antipsychotic medication.

EXCLUSIONS

- Members with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism or other developmental disorder on at least two different dates of service during the MY and antipsychotic medications are clinically appropriate.
- Members who used hospice services during the MY.
- Members who died during the MY.



(DSF-E) Depression Screening and Follow-up for Adolescents and Adults

Product Lines: **Medicaid**, **Marketplace**, **Medicare**

The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if positive, received follow-up care.

Two rates are reported:

- 1 Depression Screening – The percentage of members who were screened for clinical depression using a standardized instrument.
- 2 Follow-up on Positive Screen – The percentage of members who received follow-up care within 30 days of a positive depression screen finding.

ELIGIBLE POPULATION

Members 12 years of age and older.

Three age stratifications and the total are reported.

- 12-17 years
- 18-64 years
- 65 years and older
- Total

TIMELINE

January 1, MY – December 31, MY

TIPS

- An age-appropriate screening instrument is required.
- A health risk assessment meets criteria if the questions align with a specific instrument validated for depression screening and a total score is calculated.
- Appropriate instruments for adolescents 17 years of age and younger.

PHQ-9	PHQ-9M	PHQ-2	PROMIS
BDI-FS	CESD-R	EPDS	

- Appropriate instruments for adults

PHQ-9	PHQ-2	BDI-FS	M3
BDI-II	CESD-R	DUKE-AD	PROMIS
GDS short	GDS long	EPDS	CUDOS

QUALIFYING EVENT/DIAGNOSIS

No qualifying event. All members within this age range are eligible for this measure.

EXCLUSIONS

- Members with a diagnosis/history of bipolar disorder any time during their history through December 31, MY.
- Members with a diagnosis of depression January 1, PY through December 31, PY.
- Members who used hospice during the MY.
- Members who died during the MY.



(FUA) Follow-up After Emergency Department Visit for Substance Use

Product Lines: **Medicaid**, **Marketplace**, **Medicare**

The percentage of emergency department visits among members 13 years and older with a principal diagnosis of substance use disorder (SUD) or any diagnosis of drug overdose, for which there was a follow up.

Two rates are reported:

- 1 Follow up within 7 days of the ED visit (8 total days).
- 2 Follow up within 30 days of the ED visit (31 total days).

ELIGIBLE POPULATION

Members 13 years of age and older as of the ED visit date.

Two age stratifications and the total are reported.

- 13-17 years
- 18 years and older
- Total

TIMELINE

The ED discharge date through 30 days after. (31 total days)

TIPS

- Include all discharges on or between January 1, MY and December 1, MY.
- Utilize telehealth visits when appropriate.

QUALIFYING EVENT/DIAGNOSIS

An ED visit with a principal diagnosis of SUD or any diagnosis of drug overdose on January 1st through December 1st of the measurement year.

EXCLUSIONS

- Members who used hospice during the MY.
- Members who died during the MY.



(FUH) Follow-up After Hospitalization for Mental Illness

Product Lines: **Medicaid**, **Marketplace**, **Medicare**

The percentage of discharges for members 6 years of age and older who were hospitalized for a principal diagnosis of mental illness or any diagnosis of intentional self-harm and had a mental health follow-up service.

Two rates are reported:

- ❶ Follow up within 7 days after discharge.
- ❷ Follow up within 30 days after discharge.

ELIGIBLE POPULATION

Members 6 years of age and older as of the discharge date.

Three age stratifications and the total are reported.

- 6-17 years
- 18-64 years
- 65 years and older
- Total

TIMELINE

30 days after the inpatient discharge date. Do not include discharge date.

TIPS

- Include all discharges on or between January 1, MY and December 1, MY.
- Utilize telehealth or telephone visits when appropriate.

QUALIFYING EVENT/DIAGNOSIS

An acute inpatient discharge with a principal diagnosis of mental illness or any diagnosis of self-harm on January 1st through December 1st of the measurement year.

EXCLUSIONS

- Members who used hospice during the MY.
- Members who died during the MY.

2025 Changes to measure:

- ✓ Modified the denominator criteria to allow intentional self-harm diagnoses to take any position on the acute inpatient discharge claim.
- ✓ Added phobia, anxiety, and additional intentional self-harm diagnoses to the denominator in the event/diagnosis
- ✓ Added visits with any diagnosis of a mental health disorder to the numerator.



(FUI) Follow-up After High Intensity Care for Substance Use Disorder

Product Lines: **Medicaid**, **Marketplace**, **Medicare**

The percentage of acute inpatient hospitalizations, residential treatment, or withdrawal management visits with a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service with any practitioner for substance use disorder.

Two rates are reported:

- ❶ Follow up within 7 days after the visit or discharge.
- ❷ Follow up within 30 days after the visit or discharge.

ELIGIBLE POPULATION

Members 13 years and older as of the discharge date. Three age stratifications and the total are reported.

• 13-17 years • 18-64 years • 65 years and older • Total

TIMELINE

30 days after the discharge or visit date. Do not include discharge or visit date.

TIPS

- Include all discharges on or between January 1, MY and December 1, MY.
- Utilize telehealth or telephone visits when appropriate.

QUALIFYING EVENT/DIAGNOSIS

An acute inpatient hospitalization, residential treatment, or withdrawal management visit with a diagnosis of substance use disorder.

EXCLUSIONS

- Members who used hospice during the MY.
- Members who died during the MY.



(FUM) Follow-up after Emergence Department (ED) Visit for Mental Illness

Product Lines: **Medicaid**, **Marketplace**, **Medicare**

The percentage of Emergency Department visits for members 6 years of age and older with a principal diagnosis of mental illness or any diagnosis of intentional self-harm and had a mental health follow-up service.

Two rates are reported:

- ❶ Follow-up within 7 days of the ED visit. (8 total days)
- ❷ Follow-up within 30 days of the ED visit. (31 total days)

ELIGIBLE POPULATION

Members 6 years and older as of the date of the ED visit. Three age stratifications and the total are reported.

• 6-17 years • 18-64 years • 65 years and older • Total

TIMELINE

The date of the ED visit discharge through 30 days after. (31 total days)

TIPS

- Include all ED visits on or between January 1, MY and December 1, MY.
- Utilize telehealth or telephone when appropriate.

QUALIFYING EVENT/DIAGNOSIS

An ED visit with a principal diagnosis of mental illness or any diagnosis of self-harm on or between January 1, MY through December 1, MY.

EXCLUSIONS

- An ED visit that resulted in an inpatient stay.
- Members who used hospice during the MY.
- Members who died during the MY.

2025 Changes to measure:

- ✓ Modified the denominator criteria to allow intentional self-harm diagnoses or a mental health diagnosis to take any position on the acute inpatient discharge claim.
- ✓ Modified the numerator criteria to allow mental health diagnosis to take any position on the claim.
- ✓ Deleted visits that required both a mental health diagnosis and self-harm diagnosis from the numerator.
- ✓ Deleted the mental health diagnosis requirement for partial hospitalization/intensive outpatient visits, community mental health center visits, and electroconvulsive therapy.
- ✓ Added phobia, anxiety, and additional intentional self-harm diagnoses to the denominator in the event/diagnosis
- ✓ Added peer support services and residential treatment to the numerator.
- ✓ Added visits in a behavioral healthcare setting and psychiatric collaborative care management services to the numerator.



(IET) Initiation and Engagement of Substance Use Disorder (SUD) Treatment

Product Lines: **Medicaid**, **Marketplace**, **Medicare**

The percentage of new substances use disorder episodes that result in treatment initiation and engagement.

Two rates are reported:

- ❶ Initiation of SUD Treatment - The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, or medication treatment within 14 days.
- ❷ Engagement of SUD Treatment – The percentage of new SUD episodes that have evidence of treatment and engagement within 34 days of initiation.

ELIGIBLE POPULATION

Members who are 13 years of age and older as of the SUD episode date. Three age stratifications and the total are reported.

• 13-17 years • 18-64 years • 65 years and older • Total

TIMELINE/LOOKBACK PERIOD

November 15 of PY – November 14 of MY

TIPS

- Explain the importance of follow-up care to your patients.
- Schedule an initial follow-up appointment within 14 days.
- Reschedule canceled appointments as soon as possible.
- Utilize Telehealth Visits when appropriate.

QUALIFYING EVENT/DIAGNOSIS

A new episode of SUD during the intake period.

EXCLUSIONS

- Members who used hospice during the MY.
- Members who died during the MY.

2025 Changes to measure:

- ✓ Added a laboratory claim exclusion to a value set for which laboratory claims should not be used.
- ✓ Removed the data source reporting requirement from the race and ethnicity stratification.



(SAA) Adherence to Antipsychotic Medications for Individuals with Schizophrenia

Product Lines: **Medicaid**, **Marketplace**, **Medicare**

The percentage of members 18 years or older with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

ELIGIBLE POPULATION

Members who are 18 years or older.

TIMELINE/LOOKBACK PERIOD

January 1, MY – December 31, MY

TIPS

- Educate members about the medications, side effects, and taking them as prescribed.

QUALIFYING EVENT/DIAGNOSIS

- Members identified as having at least one acute inpatient encounter with a diagnosis of schizophrenia or schizoaffective disorder OR
- Members identified as having at least two visits in an outpatient, intensive outpatient, partial hospitalization, ED or nonacute inpatient setting, on different dates of service with the diagnosis of schizophrenia or schizoaffective disorder.

EXCLUSIONS

- Members who used hospice during the MY.
- Members who died during the MY.
- Members who have a diagnosis of dementia.
- Members who did not have at least two antipsychotic medication dispensing events.
- Members who are 66 years of age or older and are enrolled in I-SNP or living in a long-term institution at any time during the MY.
- Members who are 66-80 years old as of December 31 of the MY who have both frailty and advanced illness.

2025 Changes to measure:

- ✓ Revised the calculating number of days covered for long-acting injections definition, required exclusions and numerator.



(SMD) Diabetes Monitoring for People with Diabetes and Schizophrenia

Product Lines: **Medicaid**

The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.

ELIGIBLE POPULATION

Members 18–64 years old as of December 31 of the MY.

TIMELINE/LOOKBACK PERIOD

January 1, MY – December 31, MY

TIPS

- Obtain a baseline and yearly Glucose/HbA1c and LDL-C/Cholesterol testing.
- Educate the members about the importance of regular follow-up care.

QUALIFYING EVENT/DIAGNOSIS

Step 1

- Members identified as having at least one acute inpatient encounter with a diagnosis of schizophrenia or schizoaffective disorder OR
- Members identified as having at least two visits in an outpatient, intensive outpatient, partial hospitalization, ED or nonacute inpatient setting, on different dates of service with the diagnosis of schizophrenia or schizoaffective disorder.

Step 2

- Identify members from step 1 who also have diabetes
 - Claim/encounter – at least two diagnoses of diabetes on different dates of service during the MY or PY. OR:
 - Pharmacy date – dispensed insulin or hypoglycemics/antihyperglycemics during the MY or PY **AND** at least one diagnosis of diabetes during the MY or PY.

EXCLUSIONS

- Members who used hospice during the MY.
- Members who died during the MY.



SSD Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

Product Lines: **Medicaid**

The percentage of members 18-64 years of age who have schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the MY.

ELIGIBLE POPULATION

Members 18-64 years old as of December 31 of the MY.

TIMELINE/LOOKBACK PERIOD

January 1, MY – December 31, MY

TIPS

- HbA1c and/or Blood Glucose test results meet criteria.
- Obtain a baseline and yearly HbA1c/Blood Glucose testing.
- Educate the members about the risks of taking antipsychotic medications and importance of regular follow-up care.
- Educate and inform members of the increased side effects of antipsychotics and the effects they may have on their health.

QUALIFYING EVENT/DIAGNOSIS

- Members identified as having schizophrenia or bipolar disorder who had at least one acute inpatient encounter with any diagnosis of schizophrenia, schizoaffective disorder or bipolar disorder.
- Members identified as having at least two of the following on different dates of service with both encounters having a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder.
 - An outpatient visit.
 - An intensive outpatient encounter or partial hospitalization.
 - A community mental health center visit.
 - Electroconvulsive therapy.
 - An ED visit.
 - A nonacute inpatient encounter.
 - A telehealth visit (phone call, e-visit, or virtual, etc.)

EXCLUSIONS

- Members who used hospice during the MY.
- Members who died during the MY.
- Members with diabetes.
- Members who had no antipsychotic medications dispensed during the MY.

NOTES

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