



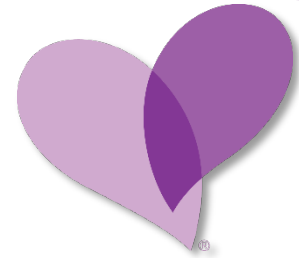
BEHAVIORAL HEALTH

Sandra Thompson, LPC, BH Manager



OBJECTIVES

CareSource wants to assist and partner with your practice to improve BH HEDIS outcomes



IET: Initiation and Engagement to SUD Treatment



SBIRT Screening for Substance Use Disorder (SUD)

FUH: Follow-up after a mental health/behavioral health inpatient stay

FUI: Follow-up After High Intensity Care for SUD

FUA & FUM: Follow-up after SUD or Mental Health Visit to the ED.

SAA: Adherence to Antipsychotic Medication



Antipsychotic Medication List

SSD: Diabetes Screening for members on antipsychotic

IET: INITIATION AND ENGAGEMENT TREATMENT AFTER SUD (ALSO KNOW AS AOD) DIAGNOSIS.



The percentage of new substance use disorder (**SUD**) **episodes that result in treatment initiation and engagement**. Two rates are reported:

- *Initiation of SUD Treatment* The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days.
- *Engagement of SUD Treatment* The percentage of SUD episodes that have evidence of treatment engagement within 34 days of initiation.

Intake: November 15 of the year prior to the measurement year to November 14 of the measurement year. The intake is to capture new SUD episodes.

SUD episode: An encounter during the intake period with a diagnosis of SUD. For a visit not resulting in an inpatient stay, the SUD episode date is the date of service.

SUD diagnosis cohort stratification:

- Alcohol Use Disorder
- Opioid Use disorder
- Other substance use disorder
- A total of the sum of the SUD diagnosis.

Allowable Gaps: None

Exclusions:

- Member in Hospice or using hospice services.
- Members who have died in the measurement year.





SBIRT: Screening, Brief Intervention and Referral to Treatment



“SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment...*”





SBIRT: Screening, Brief Intervention and Referral to Treatment: Medicaid



SBIRT sessions must last at least 15 minutes

Use Modifier-25 with
99408 15 to 30-minute session
99409 over 30 minutes

These codes are examples of codes typically billed for this type of service and are subject to change. Billing these codes does not guarantee payment. Medicaid providers should refer to billing guidance from the [Georgia DCH fee schedules](#) prior to claim submission.



SBIRT: Screening, Brief Intervention and Referral to Treatment: Marketplace



SBIRT sessions must last at least 15 minutes

Use Modifier-25 with:

- **G0396** Alcohol and/or substance misuse structured screening and brief intervention services 15 to 30 minutes
- **G0397** Alcohol and/or substance misuse structured screening and brief intervention services, greater than 30 minutes.
- **G0442** Screening for alcohol misuse and brief behavioral counseling
- **G0443** Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes

These codes are examples of codes typically billed for this type of service and are subject to change. Billing these codes does not guarantee payment. Check our look up tool for guidance.

FUA AND FUM: Follow-Up After Emergency Department For SUD or Mental Health



FUA evaluates members:

- The percentage of emergency Department (ED) visits among **members age 13 years and older** with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up. Two rates are reported:
 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 days).
 2. The percentage of ED visits for which the member received follow-up within seven days of the ED visit (eight total days).

FUM Evaluates:

- The percentage of ED visits for **members six 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 were reported:
 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
 2. The percentage of ED visits for which the member received follow-up within seven days of the ED visit (eight total days).

Note: Both FUA and FUM follow ups may be done with PCP or BH providers.



FUH: Follow Up After A BH Inpatient Hospitalization 7 & 30 Day



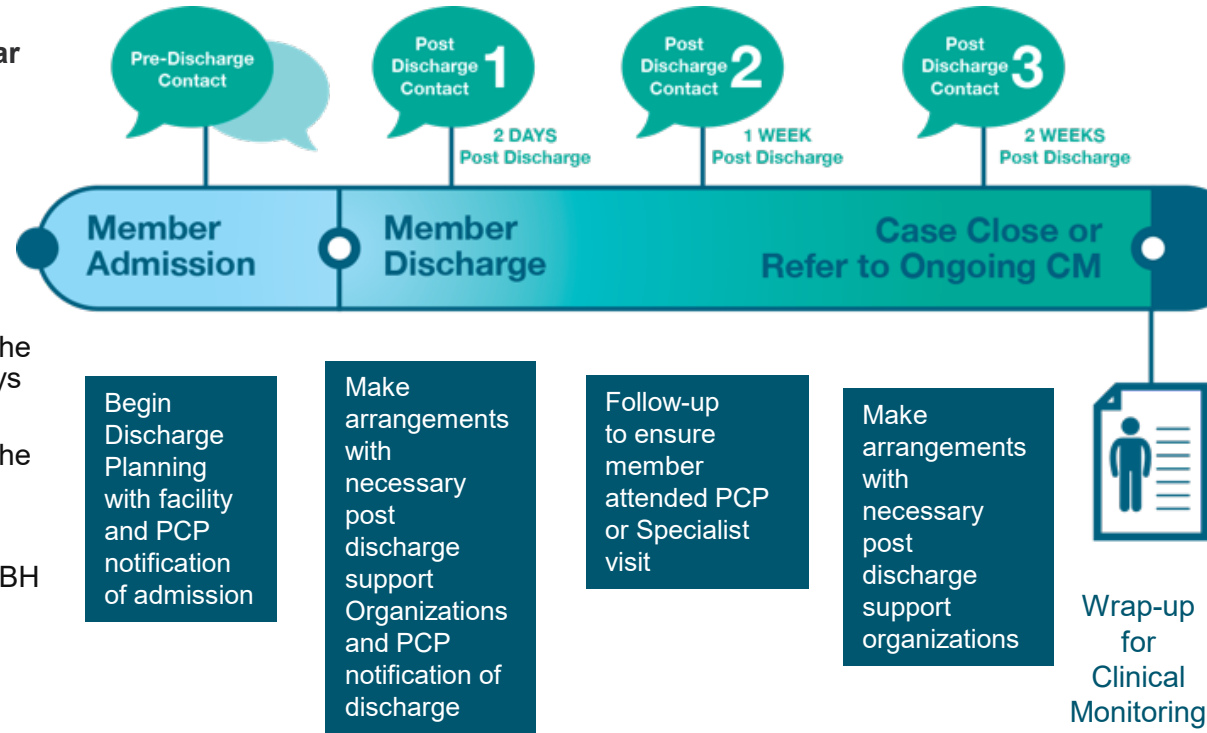
FUH evaluates members:

- Follow-up after BH Hospitalization (**six to 17-year old's and 18 years old and up**)
- It evaluates the percentage of discharges for members six 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:
 - The percentage of discharges for which the member received follow-up within 30 days after discharge.
 - The percentage of discharges for which the member received follow-up within seven days after discharge.
- Follow-up as of 2025 can now be with a PCP or BH provider.

Exclusions:

- Members in Hospice
- Members who have died during the measurement year.

To refer a member to the TOC Team, please call 833-230-2032, Monday thru Friday 8 a.m. to 4:30 p.m. Eastern Time (ET)



FUI: Follow-Up After High-intensity Care for Substance Use Disorder



- **Description:** Percentage of acute inpatient hospitalizations, residential treatment or withdrawal management visits for a primary diagnosis of substance use disorder that result in a follow-up visit or service for substance use disorder (**with any practitioner, example: PCP or BH provider**) within seven and 30 days of discharge. **Excluding date of actual discharge.**
- **Measurement:** January 1 through December 1 of measurement year
- **Who qualifies for the measure:** 13 years or older on date of discharge.
The measure reports three age stratifications and total sum:
 - 13–17 years
 - 18–64 years
 - 65 years and olderThe total is the sum of the age stratifications
- **Exclusions:** Members in hospice, using hospice service, or who died during the measurement year.
- **Provider Supports:** HEDIS measure education – fliers, Quality Meetings, and provider resources on health plan website



Georgia Health Information Network (GaHIN) Hospital, Medical and Behavioral Health Providers



Providers are encouraged to please participate in the GaHIN. This exchange of information can save time, improve care, reduce costs and enhance privacy for your patients.

GaHIN gives its members the ability to access a more complete view of their patients' health information directly from their electronic health record (EHR) systems. At any time, a patient may choose to "opt-out" of having his or her electronic records shared through the network. He or she can simply complete an opt-out form from the doctor. If a patient does opt-out, no providers can share his or her health records through the network. If a patient does opt-out, but changes his or her mind, he or she can easily opt back into the system.

- <https://www.gahin.org/contact-us#no-back>



GEORGIA
HEALTH
INFORMATION
NETWORK



SAA- ADHERENCE TO ANTIPSYCHOTIC MEDICATION



SAA: Adherence to Antipsychotic Medication - The percentage of members **18 years of age and older** during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication **for at least 80% of their treatment period, regular calendar year.**

Index Prescription Start Date (IPSD):

- The earliest prescription date for any antipsychotic medication during the measurement year
- Oral Medication Dispensing Event: If an oral medication and a long-acting injection are dispensed on *the same day*, calculate the number of days covered by an antipsychotic (for the numerator) using the prescription with the longest day's supply. If an oral medication and long-acting injection are dispensed on *different days*, with some overlapping days of supply, count each day within the treatment period only once toward the numerator.
- Long acting injectables: Injections count as one dispensing event. Multiple codes (from the value sets and medication lists) for the same or different medication on the same day are counted as a single dispensing event.



Allowable gap: 45 days , they laps more than 2 months of coverage or 60 days – not continuously enrolled – not eligible for measurement.

Exclusions:

- **Diagnosis of dementia**
- **Did not have at least two antipsychotic medication dispensing events**
- **Member in hospice or receiving hospice services**
- **Members who died any time during the measurement year.**

ANTIPSYCHOTIC MEDICATION LIST



SAA medication names using the following format: generic name (common brand name(s), if there are any) and all injectable medication names are underlined.

- Amitriptyline-Perphenazine
- Aripiprazole (Abilify, Abilify Asimtufii, Abilify Maintena, Abilify MyCite)
- Aripiprazole Lauroxil (Aristada)
- Asenapine (Saphris, Secuado)
- Brexpiprazole (Rexulti)
- Cariprazine (Vraylar)
- Chlorpromazine
- Clozapine (Clozaril, Versacloz)
- Fluphenazine
- Fluphenazine Decanoate
- Haloperidol (Haldol)
- Haloperidol Decanoate (Haldol Decanoate)
- Iloperidone (Fanapt)
- Loxapine (Adasuve)
- Lumateperone (Caplyta)
- Lurasidone (Latuda)
- Molindone
- Olanzapine (Zyprexa, Zyprexa Relprevv, Zyprexa Zydis)
- Paliperidone (Invega)
- Paliperidone Palmitate (Invega Hafyera, Invega Sustenna, Invega Trinza)
- Perphenazine
- Prochlorperazine (Compro)
- Quetiapine (Seroquel, Seroquel XR)
- Risperidone (Perseris, Risperdal, Risperdal Consta, Rykindo, Uzedy)
- Thioridazine
- Thiothixene
- Trifluoperazine
- Ziprasidone (Geodon)



SSD- *DIABETES SCREENING* FOR PEOPLE WHO ARE USING ANTIPSYCHOTIC MEDICATION



SSD: Diabetes Screening- The percentage of members **18 to 64 years of age** with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed and antipsychotic medication and had a diabetes screening test during the measurement year (calendar year).

Event:

- Inpatient
- ED
- Outpatient
- Telehealth

Diabetes Screening: A glucose test/HbA1c test



Allowable gap: No more than one gap up to 45 days. If they lapse more than two months of coverage or 60 days – not continuously enrolled – not eligible for measurement.

Exclusions:

- **Diagnosis with diabetes (during the measurement year or before)**
- **At least one acute inpatient encounter (current & past year)**
- **At least one acute inpatient discharge with a diagnosis of diabetes**
- **Non-acute inpatient stays**
- **At least two outpatient visits with a diagnosis of diabetes**
- **Members who were dispensed insulin or oral hypoglycemics/antihyperglycemics (current & past year)**
- **Members who had no antipsychotic medication dispensed during the measurement year**
- **Members in hospice during the measurement year**
- **Members who died any time during the measurement year**

General Talking Points when reaching out to our member - your patient on HEDIS



Provider talking points to Members:

- Member's Guardian/Adult Patient that will be called is identified as receiving xxxx diagnosis/or medication via claims
- Verify HIPAA with member during outreach
- Verify if member's diagnosis/prescription is accurate (sometimes members are not aware of their diagnosis or the reasons for their prescriptions)
- If accurate is member/patient connected with BH provider or need a BH provider location assistance?
<https://findadoctor.caresource.com/>
- Discuss attending appointments based on recommended frequency of follow up or medication adherence (purpose of the call).
- Prescribed any medication?
<https://caresource.sharepoint.com/PublishingImages/Pharmacy/PHARMACY-Georgia-Medicaid.pdf>
Side effects? Need Prior Authorization? <https://procedurelookup.caresource.com/> Please discuss with us/your provider if there is a similar medication in same class that can be prescribed. Don't stop taking medication without talking to your doctor or nurse.
- If member/patient presents any identified needs/barriers: transportation, provider referrals, review benefits, received a bill, complaint about provider etc. - please refer them back to the CareSource member services on their card; **1-855-202-0729**
- Share Rewards for following with their providers or medication. [REWARD PROGRAMS for getting and staying healthy](#) (antipsychotic medication management has replaced antidepressant medication management for 18 and over in 2025).

Wrap-Up

- ❖ Questions or Concerns?
- ❖ Take away items
- ❖ CareSource Contacts
 - ❖ VP, Market Chief Medical Officer– Minh Nguyen, MD– Minh.Nguyen@caresource.com
 - ❖ Manager, Behavioral Health – Sandra Thompson, LPC [-Sandra.Thompson@CareSource.com](mailto:Sandra.Thompson@CareSource.com)
 - ❖ Programs Manager, Behavioral Health – Allison Sweenie, LCSW – Allison.Sweenie@CareSource.com
 - ❖ Behavioral Health Initiative Leads:
 - ❖ Krystl White-Hardy, LPC - Krystl.Whitehardy@CareSource.com – PRTF, QPR, Member Resources
 - ❖ MyA Ford, LPC – Lesley.Ford@CareSource.com – Marketplace, SUD, DJJ, Trauma and Provider Resources
- ❖ For any questions or concerns for the BH Quality Team, please email: GABHProviderQuality@CareSource.com



