BEHAVIORAL HEALTH (BH)

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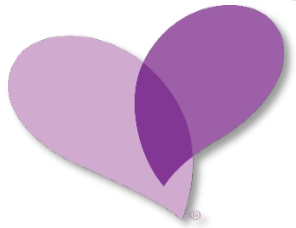
OBJECTIVES

CareSource wants to assist and partner with your practice to improve BH Healthcare Effectiveness Data and Information Set (HEDIS) outcomes



- Initiation and Engagement of Substance Use Disorder Treatment (IET)
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)
- Follow Up After Hospitalization (FUH) for Mental Illness
- Follow Up After Emergency Department (ED) Visit (FUA) for Substance Use Disorder (SUD)
- Follow Up After ED Visit for Mental Illness (FUM)
- Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH)
- Follow Up After High-Intensity (FUI) Care for SUD
- Georgia Health Information Network (GaHIN)
- Psychosocial Care for Children and Adolescents on Antipsychotics (APP)
  - → Antipsychotic Medication List
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

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

It measures the percentage of new **SUD episodes that result in treatment initiation and engagement treatment for adolescents 13 to 17 and adults 18+**. The IET HEDIS measurement period is from November 15 of the year prior year to November 14 of the measurement year.

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 new 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

https://www.samhsa.gov/substance-use/treatment/sbirt.

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.

https://www.samhsa.gov/substance-use/treatment/sbirt.

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
- **GO397** 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.

Sources:

- samhsa.gov/substance-use/treatment/sbirt
- samhsa.gov/substance-use/treatment/sbirt/coding

CDF-CH: Screening for Depression and Follow Up Plan (Ages 12 to 17)

The percentage of members aged 12 to 17 screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow up plan is documented on the date of the eligible encounter.

Qualifiers:

Numerator: Those members with a positive screening for depression on the date of an outpatient visit or up to 14 days prior to the encounter using a standardized tool with a follow up plan documented.

Those members with a negative screening for depression on the date of an outpatient visit or up to 14 days prior to the encounter using a standardized tool.

Denominator: Beneficiaries 12 to 17 with an outpatient visit during the measurement year.

An age-appropriate, standardized, and validated depression screening tool must be used like the PHQ9, and results must be documented as positive or negative for **numerator** compliance.

*** Use 96127 Payable Medicaid Fee Code with G codes: G8431 or G8510**

Providers **MUST** include the G code or the gap for this measure will not be closed.

Code	Description
G8431	Positive screening; follow-up plan documented
G8510	Negative screen; follow-up plan: N/A

EXCLUSIONS: Beneficiaries who have been diagnosed with depression or bipolar disorder.

A follow up plan must be documented on the date of the qualifying encounter for a positive depression screening.

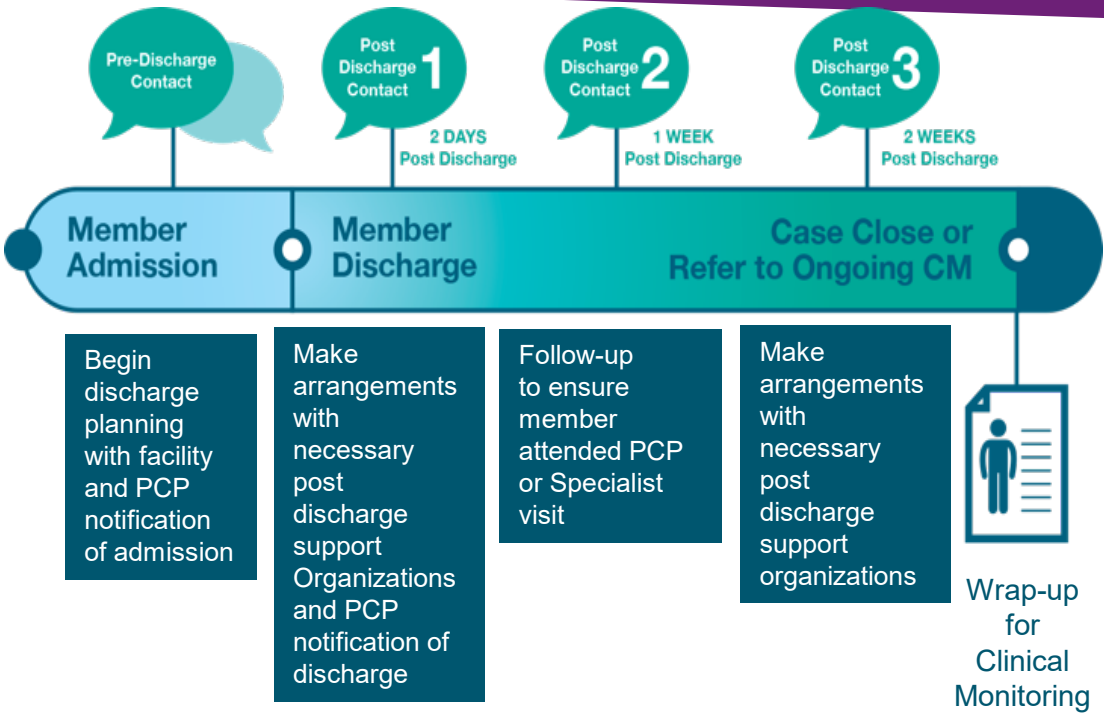
Examples of a follow up plan include, but are not limited to:

- Referral to a practitioner or program for further evaluation for depression – for example, referral to a psychiatrist, psychologist, social worker, mental health counselor, or other mental health service such as family or group therapy
- Other interventions designed to treat depression, such as behavioral health evaluation, psychotherapy, pharmacological interventions, or additional treatment options

FUH- FOLLOW UP AFTER A BH INPATIENT HOSPITALIZATION 7 & 30 DAY.

FUH evaluates members:

- Follow up after BH Hospitalization (**six- to 17-year-olds and 18 years old and up)**
- It evaluates the percentage of hospital discharges (not members) among six and older who received MH follow-up services post hospitalization for a mental illness or self-harm.
- TOC supports the discharge planners to confirm that members have a safe and appropriate plan when leaving the facility.
- **Follow-Up Appointments**: Within 7 days: A short-term follow-up appointment is scheduled to address immediate needs and reduce readmission risk.
- Within 30 days: A longer-term follow-up ensures ongoing care coordination and stability.
- Member Engagement: TOC teams often contact members directly to confirm appointments, provide reminders, and address barriers (transportation, medication access, etc.).
- Care Coordination: Collaboration with providers, case managers, and behavioral health teams to ensure all aspects of care are aligned.
- Follow up as of 2025 may be done by a primary care physician (PCP) or BH provider.



To refer a Member to the Transitions of Care (TOC) team, call 833-230-2032, Monday through Friday from 8 a.m. to 4:30 p.m. Eastern Time (ET).

Exclusions:

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

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 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 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).

FUM Evaluates:

- The percentage of ED 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:
    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.

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, including peer support services) 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 to17 years
  - 18 to 64 years
  - 65 years and older

The 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.

Please Note:

- Numerator now includes peer support services.
- The substance use disorder can be in any position for the numerator (no longer has to be the primary diagnosis).

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

ADD: FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION

ADD Assesses the percentage of children, six to 12 years of age, with a diagnosis of ADHD who were newly treated with ADHD medication and were compliant with the three recommended follow up care appointments within a 10-month period.

INTAKE: The 12-month window starting March 1 of the year prior to the measurement year and ending the last calendar day of February of the measurement year.

ADHD Medications

Drug Class	Prescription	Medication Lists
CNS stimulants	• Dexmethylphenidate • Dextroamphetamine • Lisdexamfetamine • Methylphenidate • Methamphetamine	• Dexmethylphenidate Medications List • Dextroamphetamine Medications List • Lisdexamfetamine Medications List • Methylphenidate Medications List • Methamphetamine Medications List
Alpha-2 receptor agonists	• Clonidine • Guanfacine	• Clonidine Medications List • Guanfacine Medications List
Miscellaneous ADHD medications	• Atomoxetine	• Atomoxetine Medications List

ADD: FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION (Continued)

The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 300-day (10 month) period, one of which was within 30 days of when the first ADHD medication was dispensed.

Two rates are reported:

1. **Initiation Phase**. The percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase.
2. **Continuation Phase**. The percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the initiation phase ended.

Allowable gaps: None

APP DEFINITION: The percentage of children and adolescents one to17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

Report two age stratifications and a total rate:
- One to 11 years.
- 12 to 17 years.
- Total. The total is the sum of the age stratifications.

Intake period: January 1 through December 1 of the measurement year. IPSD: Index prescription start date. The earliest prescription dispensing date for an antipsychotic medication where the date is in the intake period and there is a negative medication history

Negative medication history: A period of 120 days prior to the IPSD when the member had no antipsychotic medications dispensed for either new or refill prescriptions.

Psychosocial care qualifies if it started within 90 days prior to the date on which a new antipsychotic medication is started. Psychosocial care also qualifies if it started within 30 days after the date on which a new antipsychotic medication is started. Psychosocial Care includes behavioral health counseling and therapy in the following settings:

- Partial hospitalization
- Intensive outpatient
- Outpatient (Includes via Telehealth)
- Community mental health center

Sources:
- ncqa.org/hedis/measures
- HEDIS MY 2024 Tech Specs Manual Vol. 2

Allowable gap: None

Exclusions:
- Member for whom first-line antipsychotic medication may be clinically appropriate: Schizophrenia, schizoaffective disorder, bipolar disorder or other psychotic disorders.
- Member in hospice or receiving hospice services.
- Members who died any time during the measurement year.

ANTIPSYCHOTIC MEDICATION LIST

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

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

APM - *METABOLIC MONITORING* FOR YOUTH USING ANTIPSYCHOTIC MEDICATION

APM: Metabolic Screening- The percentage of members **one to 17 years of age** with two or more antipsychotic prescriptions and had metabolic tests during the measurement year (calendar year).

Three rates are reported:

- Percentage of children and adolescents (C&A) who received blood glucose testing
- Percentage of C&A who received cholesterol testing
- Percentage of C&A who received both tests

Ages Reported:
One to 17

Allowable gap: No more than one gap up to 45 days during the measurement year. Additionally, the beneficiary must be enrolled on the last day of the measurement period.

Exclusions:

- **Members in Hospice.**
- **Members who die during measurement year.**

COORDINATION OF CARE

Exchange of Information for Medical and Behavioral Health Conditions

- Behavioral and substance use problems and illnesses seldom occur in isolation. They frequently accompany each other, as well as a substantial number of general medical illnesses such as heart disease, cancers, diabetes, and neurological illnesses.
- Coordination of Care is correlated with rating of personal doctor/specialists.
- Good provider-to-provider, and provider-to-patient, communication positively impacts quality perceptions.
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) Opportunities: (member perception).

Possible CPT Codes for Consultation

- **CPT 99451**: is for interprofessional telephone/internet/electronic health record assessment and management services provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified healthcare professional. It requires five or more minutes of medical consultative time. *It should be noted that code 99451* ***doesn't include any verbal interaction between practitioners and can be accomplished with only a written report.*** CPT code 99451 pays $31.83 by DCH physician fee schedule.

- **CPT 99452**: is for interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or qualified healthcare professional. It requires a minimum of 16 minutes and can be billed every 14 days when this time requirement is met. **Code 99452 is reported by the requesting/treating physician/QHP (e.g., the PCP).** CPT code 99452 pays $31.83 by DCH physician fee schedule.

General Talking Points when reaching 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 antidepression 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
  - 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
    - MyyA 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

References

- “Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)”, National Committee for Quality Assurance (NCQA) www.ncqa.org/hedis/measures/metabolic-monitoring-for-children-and-adolescents-on-antipsychotics/
- Follow-up After Emergency Department Visit for Mental Illness https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/
- Initiation and Engagement of Substance Use Disorder Treatment (IET) https://aspe.hhs.gov/sites/default/files/private/pdf/260791/BestSUD.pdf
- Screening, Brief Intervention and Referral to Treatment https://www.samhsa.gov/sbirt
- Follow-Up After Hospitalization for Mental Illness https://www.ncqa.org/hedis/measures/
- Screening for Depression https://ecqi.healthit.gov/ecqm/ec/2025/cms0002v14
- FUH https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/follow-up-after-hospitalization-for-mental-illness-fuh/
- https://www.hopkinsmedicine.org/johns-hopkins-health-plans/providers-physicians/health-care-performance-measures/hedis/follow-up-care-children-prescribed-adhd-med

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GA-MED-P-4715587

DCH Approval: 12/18/2025