Gold Coast Health Plan℠
A Public Entity

2025 Measurement Year

MCAS MEASURE: PHARMACOTHERAPY FOR OPIOID USE DISORDER (POD)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet provides the key components to the MCAS measure, *"Pharmacotherapy for Opioid Use Disorder (POD)."*

Measure Description: The percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among members 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event.

Data Collection Method: Administrative[1]

POD Clinical Code Set
▶ For billing, reimbursement, and reporting of services completed, submit claims in a timely with the appropriate medical codes for all conditions evaluated and services completed.

Codes used to identify members with opioid use disorder.

Description	ICD-10-CM
Opioid Use Disorder	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

Opioid Use Disorder Treatment Medications. Click here for the complete list.

Medication Category
Buprenorphine Implant Medications
Buprenorphine Injection Medications
Buprenorphine Naloxone Medications
Buprenorphine Oral Medications
Naltrexone Injection Medications
Naltrexone Oral Medications

Exclusion Criteria – Members with the following conditions are excluded from the PRS-E measure:
▶ Members in hospice or using hospice services any time during the measurement period.
▶ Members who died anytime during the measurement period.

Best Practices:
▶ Use the Inovalon® Provider Enablement Quality Gaps Insights to identify members with gaps in care.
▶ Make outreach calls and/or send letters to advise members of the need for a visit.
▶ Create a checklist of recommended actions when considering long-term opioid therapy.
▶ Establish goals for pain and function, discuss risks and benefits, and use strategies to mitigate any risk.
▶ The Centers for Disease Control and Prevention (CDC) has created a set of guidelines to prescribing opioids for chronic pain. Visit the CDC's website or click here to view this resource.
▶ 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.
► Behavioral health referrals can be made through Carelon Behavioral Health (formerly Beacon Health Options). Providers may also use this link to access valuable information, forms and documents: Click Here
► GCHP's Care Management Team is made up of registered nurses, care management coordinators, and social workers who are ready to help GCHP members manage their health. GCHP Care Management referrals can be made by submitting the referral form available on the GCHP website or by contacting the Care Management team by phone or email.
  • Care Management Contact: 1-805-437-5656
  • Care Management Email: CareManagement@goldchp.org
  • English Referral Form: Click Here
  • Spanish Referral Form: Click Here

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[1] Measures reported using the *administrative* data collection method report on the entire eligible population and use only administrative data sources (e.g., claims, encounter, lab, immunization registries) to evaluate if services were performed.