

2023 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 will provide the key components to the MCAS measure, "Pharmacotherapy for Opioid Use Disorder (POD)."

Measure Description: *The percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members 16 years of age and older with a diagnosis of OUD.*

Data Collection Method: Administrative¹

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

Sample list of medications to identify opioid use disorder treatment. Click [here](#) for the complete list.

Medication Category	Brand Name
Buprenorphine Implant Medications	Probuphine
Buprenorphine Injection Medications	Buprenex
Buprenorphine Naloxone Medications	Cassipa
Buprenorphine Oral Medications	Subutex
Naltrexone Injection Medications	Vivitrol
Naltrexone Oral Medications	ReVia

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.

Best Practices:

- ▶ Use the Inovalon® INDICES® Provider Insights Dashboards 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.
- ▶ Refer to Turn the Tide RX's Pocket Card for Prescribing Opioids for Chronic Pain [here](#), an adaptation for quick reference of the CDC prescribing guidelines.
- ▶ 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 team of nurses, social workers and care management coordinators work together to empower members to exercise their options and access the services appropriate to meet their individual health needs to promote quality outcomes. GCHP Care Management includes complex and non-complex care management that offers transition to adult services, disease specific education, identification of social determinants of health and linkage to appropriate resources in the community. To learn more, please call GCHP's Care Management Team at:
 - Providers, call: 1-805-437-5777
 - Members, call: 1-805-437-5656
 - GCHP website, Care Management: [Click Here](#)

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.