

Pharmacotherapy for Opioid Use Disorder (POD)

Measure title	Pharmacotherapy for Opioid Use Disorder*	Measure ID	POD
Description	The percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among persons 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event.		
Measurement period	January 1–December 31.		
Copyright and disclaimer notice	<p><i>*Adapted with permission by NCQA from the “Continuity of Pharmacotherapy for Opioid Use Disorder” measure owned by The RAND Corporation.</i></p> <p>Refer to the complete copyright and disclaimer information at the front of this publication.</p> <p>NCQA website: www.ncqa.org.</p> <p>Submit policy clarification support questions via My NCQA (https://my.ncqa.org).</p>		
Clinical recommendation statement/ rationale	<p>In 2022, over 9 million U.S. residents 12 years of age and older required treatment for an opioid use disorder (OUD). OUD includes recurrent use and desire for opioids despite both functional and clinical interference; it can be mild, moderate or severe, according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).</p> <p>Individuals with OUD are at increased risk of death, opioid-related overdose, emergency department visits and readmissions and blood-borne infectious disease. Opioid-related overdose deaths in the U.S. increased more than ten-fold between 1999 and 2022. In 2022, more than 108,000 deaths were due to drug overdose; of those, 76% involved an opioid. Total overall costs of substance misuse and substance use disorders in the U.S., including loss of work productivity, direct health care expenditures and crime-related costs, exceed \$400 billion annually.</p> <p>Use of and adherence to appropriate evidence-based treatment for OUD has been shown to improve outcomes for patients and reduce the burden on the health care system by preventing acute exacerbations and emergencies. The benefits of pharmacotherapy for the treatment of individuals with OUD extends beyond the reduction of substance use, overdose and mortality to include reduced crime and recidivism, reduced risk of infectious disease and improved patient function.</p>		
Citations	<p>Substance Abuse and Mental Health Services Administration. 2022. <i>Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health</i> (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57).</p> <p>Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.</p> <p>https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report</p>		

	<p>SAMHSA. 2024. <i>Substance Use Disorders</i>. http://www.samhsa.gov/disorders/substance-use</p> <p>National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Sciences Policy; Committee on Pain Management and Regulatory Strategies to Address Prescription Opioid Abuse; Phillips, J.K., M.A. Ford, R.J. Bonnie, editors. 2017. <i>Pain Management and the Opioid Epidemic: Balancing Societal and Individual Benefits and Risks of Prescription Opioid Use</i>. Washington (DC): National Academies Press (US). https://www.ncbi.nlm.nih.gov/books/NBK458661/</p> <p>Centers for Disease Control and Prevention (CDC). National Center for Injury Prevention and Control. 2024. <i>Understanding the Epidemic</i>. https://www.cdc.gov/overdose-prevention/about/understanding-the-opioid-overdose-epidemic.html</p> <p>The Pew Charitable Trusts. 2016. <i>Medication-Assisted Treatment Improves Outcomes for Patients with Opioid Use Disorder</i>. https://www.pewtrusts.org/en/research-and-analysis/fact-sheets/2016/11/medication-assisted-treatment-improves-outcomes-for-patients-with-opioid-use-disorder</p>
Characteristics	
Scoring	Proportion.
Type	Process.
Product lines	<ul style="list-style-type: none"> • Commercial. • Medicaid. • Medicare.
Stratifications	<p>Ages as of the treatment period start date.</p> <ul style="list-style-type: none"> • 16–64 years. • 65 years and older. <p>Race. (Refer to <i>General Guideline: Race and Ethnicity Stratification</i>.)</p> <ul style="list-style-type: none"> • American Indian or Alaska Native. • Asian. • Black or African American. • Middle Eastern or North African. • Native Hawaiian or Pacific Islander. • White. • Some Other Race. • Two or More Races. • Asked But No Answer. • Unknown.

<p>Risk adjustment</p> <p>Improvement notation</p> <p>Guidance</p>	<p>Ethnicity. (Refer to <i>General Guideline: Race and Ethnicity Stratification</i>.)</p> <ul style="list-style-type: none"> • Hispanic or Latino. • Not Hispanic or Latino. • Asked But No Answer. • Unknown. <p>None.</p> <p>Increased score indicates improvement.</p> <p>Data collection methodology: Administrative. Refer to <i>General Guideline: Data Collection Methods</i> for additional information.</p> <p>Date specificity: Dates must be specific enough to determine the event occurred in the period being measured.</p> <p>Which services count? When using claims, include all paid, suspended, pending and denied claims.</p> <p>Medication lists: If an organization uses both pharmacy data (NDC codes) and clinical data (RxNorm codes) for reporting, and there are both NDC and RxNorm codes on the same date of service, use only one data source for the date of service (only NDC codes or only RxNorm codes).</p> <p>Other guidance:</p> <ul style="list-style-type: none"> • The measure is based on episodes; therefore, it is possible for the denominator to include multiple events for the same person. • Methadone is not included on the medication lists for this measure. Methadone for OUD administered or dispensed by federally certified opioid treatment programs is billed on a medical claim. A pharmacy claim for methadone would be indicative of treatment for pain rather than OUD. • The allowable gaps in the measure numerator of 7 or fewer consecutive days are used to account for weekly billing and other variations in billing practices and do not necessarily indicate that OUD pharmacotherapy ended. For example, persons receiving daily methadone treatment over their 180-day treatment period meet numerator criteria if their treatment is billed weekly.
<p>Definitions</p>	
<p>Determining same or different medications</p>	<p>Same medications: Medication lists and value sets that are in the same row of the Opioid Use Disorder Treatment Medications table.</p> <ul style="list-style-type: none"> • <i>For example,</i> a dispensing event from the <u>Buprenorphine Oral Medications List</u> and an encounter with a code from the <u>Buprenorphine Oral Value Set</u> are considered two dispensing events for the same medication. <p>Different medications: Medication lists and value sets that are in different rows of the Opioid Use Disorder Treatment Medications table.</p>

<p>Direct transfer</p>	<ul style="list-style-type: none"> • <i>For example</i>, a dispensing event from the <u>Buprenorphine Oral Medications List</u> and a dispensing event from the <u>Buprenorphine Injection Medications List</u> are considered two dispensing events for different medications. <p>When the discharge date from the first inpatient setting precedes the admission date to a second inpatient setting by 1 calendar day or less.</p> <ul style="list-style-type: none"> • <i>For example</i>: <ul style="list-style-type: none"> – An inpatient discharge on June 1, followed by an admission to another inpatient setting on June 1, <i>is a direct transfer</i>. – An inpatient discharge on June 1, followed by an admission to an inpatient setting on June 2, <i>is a direct transfer</i>. – An inpatient discharge on June 1, followed by an admission to another inpatient setting on June 3, <i>is not a direct transfer</i>; these are two distinct inpatient stays. <p>Use the following method to identify admissions to and discharges from inpatient settings.</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays (<u>Inpatient Stay Value Set</u>). 2. Identify the admission and discharge dates for the stay.
<p>Intake period</p>	<p>July 1 of the year prior to the measurement period to June 30 of the measurement period.</p>
<p>Negative medication history</p>	<p>To qualify for negative medication history, the following criteria must be met:</p> <ul style="list-style-type: none"> • A period of 31 days prior to the OUD dispensing or medication administration event when the person had no OUD dispensing or medication administration events. • A period of 31 days prior to the OUD dispensing or medication administration event when the person was not already receiving OUD pharmacotherapy. <ul style="list-style-type: none"> – <i>For example</i>, for an OUD dispensing event with a date of service of January 1, the 31 days prior includes December 1–31. If a person received a buprenorphine implant (180 days supply) any time during the 179 days prior to December 1, they are already receiving OUD pharmacotherapy on December 1 and do not have a negative medication history.
<p>OUD dispensing event</p>	<p>OUD pharmacotherapy identified using pharmacy data (medication lists).</p>
<p>OUD medication administration event</p>	<p>OUD pharmacotherapy identified using medical claims data (value sets).</p>
<p>Treatment period</p>	<p>A period of 180 calendar days beginning on the treatment period start date through 179 days after the treatment period start date.</p> <p>Note: <i>Persons can have multiple treatment period start dates and treatment periods during the measurement period. Treatment periods can overlap.</i></p>

Treatment period start date	The date of an OUD dispensing or medication administration event with a negative medication history during the intake period.
Initial population	<p><i>Measure item count:</i> Episode.</p> <p><i>Attribution basis:</i> Enrollment.</p> <ul style="list-style-type: none"> • <i>Benefits:</i> Medical and pharmacy. • <i>Continuous enrollment:</i> 31 days prior to the treatment period start date through 179 days after the treatment period start date (211 total days). • <i>Allowable gap:</i> None. <p><i>Ages:</i> 16 years of age and older as of the treatment period start date.</p> <p><i>Event:</i> Opioid use disorder (OUD) pharmacotherapy events.</p> <p>Step 1. Identify persons with any diagnosis of OUD (<u>Opioid Abuse and Dependence Value Set*</u>) during the intake period.</p> <p>Step 2. For each person identified in step 1, identify all OUD dispensing events or OUD medication administration events during the intake period. Use all medication lists and value sets in the Opioid Use Disorder Treatment Medications table below to identify OUD dispensing events and OUD administration events.</p> <p>Step 3. Test for negative medication history. For each OUD dispensing event or OUD medication administration event in step 2, test for a negative medication history. Remove events that do not have a negative medication history. All remaining events with a negative medication history are considered treatment period start dates.</p> <p>Identify start and end dates for OUD dispensing events and OUD medication administration events. The start date is the event date and the end date is the start date plus the days supply minus one.</p> <p>For OUD dispensing events and OUD medication administration events with overlapping days supply, apply the following rules:</p> <ul style="list-style-type: none"> • For multiple OUD dispensing events or OUD medication administration events for different medications on the same or different dates of service with overlapping days supply, calculate the start and end dates for each medication individually. <ul style="list-style-type: none"> – <i>For example</i>, if there is a 7 days supply of oral buprenorphine on January 1 and a 31 days supply of buprenorphine injection on January 5: <ul style="list-style-type: none"> ▪ The oral buprenorphine start date is January 1 and the end date is January 7. ▪ The buprenorphine injection start date is January 5 and the end date is February 4. • For multiple OUD dispensing events or OUD medication administration events for the same medication on the same date of service or on different dates of service with overlapping days supply, sum the days supply and then calculate start and end dates.

For example:

- If a 7 days supply and a 14-days supply of buprenorphine are dispensed on January 1, the start date is January 1 and the end date is January 21.
- If a 7 days supply of buprenorphine is dispensed on January 1 and January 5, the start date is January 1 and the end date is January 14.
- If a person has three codes (or one code billed as three units) from the Buprenorphine Oral Weekly Value Set on January 1, the start date is January 1 and the end date is January 21.
- If a person has four codes (or one code billed as four units) from the Methadone Oral Weekly Value Set on January 1, the start date is January 1 and the end date is January 28.

For OUD medication administration events identified using a value set, use the days supply listed in the Opioid Use Disorder Treatment Medications table.

For OUD dispensing events identified using a medication list, use the days supply in the pharmacy data. If days supply is not available in the pharmacy data then use the days supply listed for the corresponding value set. If the pharmacy data for a buprenorphine oral medication does not contain days supply, count as a 7 days supply.

Step 4. Remove any treatment period start dates where the person had an acute or nonacute inpatient stay of 8 or more days during the treatment period:

1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
2. Identify the admission and discharge dates for the stay.
3. Calculate length of stay (LOS) as the admission date through and including the discharge date. If there are direct transfers between stays, add the LOS from any subsequent direct transfers to the initial LOS to calculate a total LOS. If direct transfer days overlap, count each day only once.

- *For example:*

- Remove a July 1 treatment period start date where a person was admitted for an inpatient hospital stay on August 1 and discharged on August 8 (LOS = 8 days).
- Remove a July 1 treatment period start date where a person had an acute inpatient stay (admission date August 1; discharge date August 4; LOS = 4 days), followed by a direct transfer to a nonacute inpatient facility (admission date August 5; discharge date August 8; LOS = 4 days). Total LOS = 8 days.

Do not remove a July 1 treatment period start date where a person had an acute inpatient stay (admission date August 1; discharge date August 4; LOS = 4 days), followed by a direct transfer to a nonacute inpatient facility (admission date August 4; discharge date August 7, LOS = 4 days). Total LOS = 7 days (do not double count August 4).

	<p>Step 5. Calculate continuous enrollment.</p> <p>Note: All treatment period start dates (OUD dispensing events or OUD medication administration events) that were not removed remain in the initial population. The denominator for this measure is based on events, not persons.</p> <p>Coding Guidance *Do not include laboratory claims (claims with POS code 81).</p>
Denominator exclusions	<p>Persons with a date of death. Death in the measurement period, identified using data sources determined by the organization. Method and data sources are subject to review during the HEDIS audit.</p> <p>Persons in hospice or using hospice services. Persons who use hospice services (<u>Hospice Encounter Value Set</u>; <u>Hospice Intervention Value Set</u>) or elect to use a hospice benefit any time during the measurement period. Organizations that use the Monthly Membership Detail Data File to identify these persons must use only the run date of the file.</p>
Denominator	The initial population minus denominator exclusions.
Numerator	<p>New OUD pharmacotherapy events with OUD pharmacotherapy. New OUD pharmacotherapy events with OUD pharmacotherapy for 180 or more days without a gap in treatment of 8 or more consecutive days. Use the steps below to identify the numerator.</p> <p>Step 1. Identify the treatment period for each treatment period start date in the denominator.</p> <p>Step 2. Identify all OUD dispensing events and OUD medication administration events during the treatment period. Use all the medication lists and value sets in the Opioid Use Disorder Treatment Medications table to identify OUD dispensing events and OUD medication administration events.</p> <p>Step 3. Identify start and end dates for OUD dispensing events and OUD medication administration events. The start date is the event date and the end date is the start date plus the days supply minus one.</p> <p>For OUD dispensing events and OUD medication administration events with overlapping days supply, apply the following rules:</p> <ul style="list-style-type: none"> For multiple OUD dispensing or medication administration events for different medications on the same or different dates of service with overlapping days supply, calculate the start and end dates for each medication individually. <p><i>For example, for a 7 days supply of oral buprenorphine on January 1 and a 31 days supply of buprenorphine injection on January 5:</i></p> <ul style="list-style-type: none"> The oral buprenorphine start date is January 1 and the end date is January 7. The buprenorphine injection start date is January 5 and the end date is February 4.

- For multiple OUD dispensing or medication administration events for the same medication on the same date of service or on different dates of service with overlapping days supply, sum the days supply and then calculate start and end dates.

For example:

- For a 7 days supply and a 14-days supply of buprenorphine dispensed on January 1, the start date is January 1 and the end date is January 21.
- For a 7 days supply of buprenorphine dispensed on January 1 and January 5, the start date is January 1 and the end date is January 14.
- If a person has three codes (or one code billed as three units) from the Buprenorphine Oral Weekly Value Set on January 1, the start date is January 1 and the end date is January 21.
- If a person has four codes (or one code billed as four units) from the Methadone Oral Weekly Value Set on January 1, the start date is January 1 and the end date is January 28.

For OUD medication administration events identified using a value set, use the days supply listed in the Opioid Use Disorder Treatment Medications table. For OUD dispensing events identified using a medication list, use the days supply in the pharmacy data.

- If the days supply is not available in the pharmacy data, use the days supply listed for the corresponding value set.
- If the pharmacy data for a buprenorphine oral medication does not contain days supply, count as a 7 days supply.

Step 4. For each treatment period, using the start and end dates identified in step 3, determine calendar days (treatment days) covered by an OUD dispensing or medication administration event.

Step 5. Identify gaps in treatment days of 8 or more consecutive days.

Step 6. Determine numerator compliance.

- If the treatment period does not contain any gaps in treatment of 8 or more consecutive calendar days, the event is numerator compliant.
- If the treatment period contains at least one gap in treatment of 8 or more consecutive calendar days, the event is not numerator compliant.

Opioid Use Disorder Treatment Medications

Description	Prescription	Medication Lists	Value Sets and Days Supply
Antagonist	Naltrexone (oral)	<u>Naltrexone Oral Medications List</u>	NA—Codes do not exist
Antagonist	Naltrexone (injectable)	<u>Naltrexone Injection Medications List</u>	<u>Naltrexone Injection Value Set</u> (31 days supply)

	Description	Prescription	Medication Lists	Value Sets and Days Supply																										
	Partial agonist	Buprenorphine (sublingual tablet)	Buprenorphine Oral Medications List	Buprenorphine Oral Value Set (1 day supply) Buprenorphine Oral Weekly Value Set (7 days supply)																										
	Partial agonist	Buprenorphine (injection)	Buprenorphine Injection Medications List	Buprenorphine Injection Value Set (31 days supply)																										
	Partial agonist	Buprenorphine (implant)	Buprenorphine Implant Medications List	Buprenorphine Implant Value Set (180 days supply)																										
	Partial agonist	Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)	Buprenorphine Naloxone Medications List	Buprenorphine Naloxone Value Set (1 day supply)																										
	Agonist	Methadone (oral)	NA (refer to <i>Note</i> below)	Methadone Oral Value Set (1 day supply) Methadone Oral Weekly Value Set (7 days supply)																										
Summary of changes	<ul style="list-style-type: none">• Updated the race and ethnicity stratification categories to align with OMB SPD 15 2024.• Added instructions on allowable adjustments to the race and ethnicity stratification.																													
Data element tables	Organizations that submit HEDIS data to NCQA must provide the following data elements. Table POD-A-1/2/3: Data Elements for Pharmacotherapy for Opioid Use Disorder <table><tr><th>Metric</th><th>Age</th><th>Data Element</th><th>Reporting Instructions</th></tr><tr><td rowspan="7">PharmacotherapyOpioid UseDisorder</td><td>16-64</td><td>Benefit</td><td>Metadata</td></tr><tr><td>65+</td><td>InitialPopulation</td><td>For each Stratification</td></tr><tr><td>Total</td><td>Exclusions</td><td>For each Stratification</td></tr><tr><td></td><td>Denominator</td><td>For each Stratification</td></tr><tr><td></td><td>NumeratorByAdmin</td><td>For each Stratification</td></tr><tr><td></td><td>NumeratorBySupplemental</td><td>For each Stratification</td></tr><tr><td></td><td>Rate</td><td>(Percent)</td></tr></table>				Metric	Age	Data Element	Reporting Instructions	PharmacotherapyOpioid UseDisorder	16-64	Benefit	Metadata	65+	InitialPopulation	For each Stratification	Total	Exclusions	For each Stratification		Denominator	For each Stratification		NumeratorByAdmin	For each Stratification		NumeratorBySupplemental	For each Stratification		Rate	(Percent)
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		NumeratorByAdmin	For each Stratification																											
		NumeratorBySupplemental	For each Stratification																											
		Rate	(Percent)																											

Table POD-B-1/2/3: Data Elements for Pharmacotherapy for Opioid Use: Stratifications by Race

Metric	Race	Data Element	Reporting Instructions
PharmacotherapyOpioid UseDisorder	AmericanIndianOrAlaskaNative	Denominator	For each Stratification
	Asian	Numerator	For each Stratification
	BlackOrAfricanAmerican	Rate	(Percent)
	MiddleEasternOrNorthAfrican		
	NativeHawaiianOrPacificIslander		
	White		
	SomeOtherRace		
	TwoOrMoreRaces		
	AskedButNoAnswer		
	Unknown		

Table POD-C-1/2/3: Data Elements for Pharmacotherapy for Opioid Use: Stratifications by Ethnicity

Metric	Ethnicity	Data Element	Reporting Instructions
PharmacotherapyOpioidUseDisorder	HispanicOrLatino	Denominator	For each Stratification
	NotHispanicOrLatino	Numerator	For each Stratification
	AskedButNoAnswer	Rate	(Percent)
	Unknown		

Rules for Allowable Adjustments

Copyright and use: The “Rules for Allowable Adjustments of HEDIS” (the “Rules”) describe how NCQA’s HEDIS measure specifications can be adjusted for other populations, if applicable. The Rules, reviewed and approved by NCQA measure experts, provide for expanded use of HEDIS measures without changing their clinical intent.

Adjusted HEDIS measures may not be used for HEDIS health plan reporting.

ADJUSTMENTS ALLOWED

- **Product lines.** Organizations are not required to use product line criteria; product lines may be combined, and all (or no) product line criteria may be used.
- **Attribution.** Organizations are not required to use enrollment criteria.
- **Benefits.** Organizations are not required to use a benefit.
- **Other.** Organizations may use additional initial population criteria to focus on an area of interest defined by gender, race, ethnicity, socioeconomic or sociodemographic characteristics, geographic region or another characteristic.

- **Stratifications:** Race and ethnicity stratification. The race and ethnicity stratification is not required. Organizations may adjust this stratification as needed.
- **Exclusions.** The hospice and deceased person exclusions are not required.
- **Telehealth.** Services/events that allow the use of synchronous telehealth visits, telephone visits and asynchronous telehealth (e-visits, virtual check-ins) may be stratified to identify services performed via telehealth. This adjustment is not allowed for events, numerators and exclusions that do not allow the use of telehealth.
- **Supplemental data.** Supplemental data may be used to identify initial population, denominator, exclusion and numerator events.

ADJUSTMENTS ALLOWED WITH LIMITS

- **Ages.** The age determination dates may be changed (e.g., select, “age as of June 30”). Changing the denominator age range is allowed if the limits are within the specified age range. The denominator age may not be expanded.
- **Initial population:** Event. Only events and diagnoses that contain (or map to) codes in the value sets and medication lists may be used to identify visits with a diagnosis. Medication lists, value sets and logic may not be changed.

Note: Organizations may assess at the person level by applying measure logic appropriately (i.e., percentage of pharmacotherapy events with OUD pharmacotherapy for 180 or more days with a diagnosis of OUD).

ADJUSTMENTS NOT ALLOWED

- **Numerator.** Medication lists, value sets and logic may not be changed.