

MEASURE AMM-AD: ANTIDEPRESSANT MEDICATION MANAGEMENT

National Committee for Quality Assurance

A. DESCRIPTION

Percentage of beneficiaries age 18 and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported:

- **Effective Acute Phase Treatment.** Percentage of beneficiaries who remained on an antidepressant medication for at least 84 days (12 weeks)
- **Effective Continuation Phase Treatment.** Percentage of beneficiaries who remained on an antidepressant medication for at least 180 days (6 months)

Data Collection Method: Administrative or EHR

Guidance for Reporting:

- This measure applies to beneficiaries age 18 and older. For the purpose of Adult Core Set reporting, states should calculate and report the two rates listed above for each of the two age groups (as applicable): ages 18 to 64 and age 65 and older.
- Include all paid, suspended, pending, and denied claims.
- Beneficiaries in hospice are excluded from the eligible population. For additional information, refer to the hospice exclusion guidance in Section II. Data Collection and Reporting of the Adult Core Set.
- NCQA's Medication List Directory (MLD) for Antidepressant Medications is available to order free of charge in the NCQA Store (<http://store.ncqa.org/index.php/catalog/product/view/id/3763/s/hedis-my-2020-medication-list-directory/>). Once ordered, the Medication List Directory can be accessed through the NCQA Download Center (<https://my.ncqa.org/Downloads>).
- The electronic specification for FFY 2021 is located on the eCQI resource center at <https://ecqi.healthit.gov/ecqm/ep/2020/cms128v8>.

The following coding systems are used in this measure: CPT, HCPCS, ICD-10-CM, ICD-10-PCS, POS, SNOMED, and UB. Refer to the Acknowledgments section at the beginning of the manual for copyright information.

B. DEFINITIONS

Intake period	The 12-month window starting on May 1 of the year prior to the measurement year and ending on April 30 of the measurement year.
IPSD	Index Prescription Start Date (IPSD). The earliest prescription dispensing date for an antidepressant medication where the date is in the Intake Period and there is a Negative Medication History.
Negative medication history	A period of 105 days prior to the IPSD when the beneficiary had no pharmacy claims for either new or refill prescriptions for an antidepressant medication.

Treatment days	The actual number of calendar days covered with prescriptions within the specified 180-day (6-month) measurement interval. For Effective Continuation Phase Treatment, a prescription of 90 days (3 months) supply dispensed on the 151st day will have 80 days counted in the 231-day interval.
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C. ELIGIBLE POPULATION

Age	Age 18 and older as of April 30 of the measurement year.
Continuous enrollment	105 days prior to the IPSD through 231 days after the IPSD.
Allowable gap	One gap in enrollment of up to 45 days. To determine continuous enrollment for a beneficiary for whom enrollment is verified monthly, the beneficiary may not have more than a 1-month gap in coverage (e.g., a beneficiary whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).
Anchor date	IPSD.
Benefits	Medical and pharmacy.
Event/ diagnosis	<p>Follow the steps below to identify the eligible population, which is used for both rates.</p> <p>Step 1: Determine the IPSD Identify the date of the earliest dispensing event for an antidepressant medication (Antidepressant Medications List, see link to the Medication List Directory in Guidance for Reporting above) during the Intake Period.</p> <p>Step 2: Required exclusion Exclude beneficiaries who did not have an encounter with a diagnosis of major depression during the 121-day period from 60 days prior to the IPSD, through the IPSD and the 60 days after the IPSD. Beneficiaries who meet any of the following criteria remain in the eligible population:</p> <ul style="list-style-type: none"> • An acute or nonacute inpatient stay with any diagnosis of major depression (<u>Major Depression Value Set</u>) on the discharge claim. To identify acute and nonacute inpatient stays: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays (<u>Inpatient Stay Value Set</u>).

<p>Event/ diagnosis (continued)</p>	<p>2. Identify the admission and discharge dates for the stay. Either an admission or discharge during the required time frame meets criteria.</p> <ul style="list-style-type: none"> • An acute inpatient encounter with any diagnosis of major depression: <u>Acute Inpatient Value Set</u> with <u>Major Depression Value Set</u> • A nonacute inpatient encounter with any diagnosis of major depression: <u>Nonacute Inpatient Value Set</u> with <u>Major Depression Value Set</u> • An outpatient visit with any diagnosis of major depression: <u>Visit Setting Unspecified Value Set</u> with <u>Outpatient POS Value Set</u> with <u>Major Depression Value Set</u> • An outpatient visit with any diagnosis of major depression: <u>BH Outpatient Value Set</u> with <u>Major Depression Value Set</u> • An intensive outpatient encounter or partial hospitalization with any diagnosis of major depression: <u>Visit Setting Unspecified Value Set</u> with <u>Partial Hospitalization POS Value Set</u> with <u>Major Depression Value Set</u> • An intensive outpatient encounter or partial hospitalization with any diagnosis of major depression: <u>Partial Hospitalization or Intensive Outpatient Value Set</u> with <u>Major Depression Value Set</u> • A community mental health center visit with any diagnosis of major depression: <u>Visit Setting Unspecified Value Set</u> with <u>Community Mental Health Center POS Value Set</u> with <u>Major Depression Value Set</u> • Electroconvulsive therapy with any diagnosis of major depression: <u>Electroconvulsive Therapy Value Set</u> with <u>Major Depression Value Set</u> • Transcranial magnetic stimulation visit with any diagnosis of major depression: <u>Transcranial Magnetic Stimulation Value Set</u> with <u>Major Depression Value Set</u> • A telehealth visit with any diagnosis of major depression: <u>Visit Setting Unspecified Value Set</u> with <u>Telehealth POS Value Set</u> with <u>Major Depression Value Set</u> • An observation visit (<u>Observation Value Set</u>) with any diagnosis of major depression (<u>Major Depression Value Set</u>) • An ED visit (<u>ED Value Set</u>) with any diagnosis of major depression (<u>Major Depression Value Set</u>) • An ED visit with any diagnosis of major depression: <u>Visit Setting Unspecified Value Set</u> with <u>ED POS Value Set</u> with <u>Major Depression Value Set</u> • A telephone visit (<u>Telephone Visits Value Set</u>) with any diagnosis of major depression (<u>Major Depression Value Set</u>) • An e-visit or virtual check-in (<u>Online Assessments Value Set</u>) with any diagnosis of major depression (<u>Major Depression Value Set</u>) <p>Step 3: Test for Negative Medication History Exclude beneficiaries who filled a prescription for an antidepressant medication 105 days prior to the IPSD.</p> <p>Step 4: Calculate continuous enrollment Beneficiaries must be continuously enrolled for 105 days prior to the IPSD to 231 days after the IPSD.</p>
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D. ADMINISTRATIVE SPECIFICATION**Denominator**

The eligible population as defined above.

Numerators

Effective Acute Phase Treatment

At least 84 days (12 weeks) of treatment with antidepressant medication (Antidepressant Medications List, see link to the Medication List Directory in Guidance for Reporting above) beginning on the IPSP through 114 days after the IPSP (115 total days). This allows gaps in medication treatment up to a total of 31 days during the 115-day period. Gaps can include either washout period gaps to change medication or treatment gaps to refill the same medication.

Effective Continuation Phase Treatment

At least 180 days (6 months) of treatment with antidepressant medication (Antidepressant Medications List, see link to the Medication List Directory in Guidance for Reporting above), beginning on the IPSP through 231 days after the IPSP (232 total days). This allows gaps in medication treatment up to a total of 52 days during the 232-day period. Gaps can include either washout period gaps to change medication or treatment gaps to refill the same medication.

E. ADDITIONAL NOTES

There may be different methods for billing intensive outpatient encounters and partial hospitalizations. Some methods may be comparable to outpatient billing, with separate claims for each date of service; others may be comparable to inpatient billing, with an admission date, a discharge date, and units of service. Where billing methods are comparable to inpatient billing, each unit of service may be counted as an individual visit. The unit of service must have occurred during the period specified.