

HEDIS® Tip Sheet

Risk of Continued Opioid Use (COU)

Measure Description

The percentage of patients 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported:

1. The percentage of patients with at least 15 days of prescription opioids in a 30-day period.
2. The percentage of patients with at least 31 days of prescription opioids in a 62-day period.

Note: A lower rate indicates better performance.

Product Lines: Commercial, Medicaid, Medicare

Intake Period: A 12-month window starting on November 1st of the year prior to the measurement year (MY) and ending on October 31st of the measurement year.

2024		2025												2026											
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct		
MY 2025 Intake Period												MY 2026 Intake Period													

Medications

Description	Prescription
Opioid Medications	Benzhydrocodone, Buprenorphine (transdermal patch and buccal film), Butorphanol, Codeine, Dihydrocodeine, Fentanyl, Hydrocodone, Hydromorphone, Levorphanol, Meperidine, Methadone, Morphine, Opium, Oxycodone, Oxymorphone, Pentazocine, Tapentadol, Tramadol
Opioid Medications excluded from the measure	Injectables, Opioid-containing cough and cold products, Single-agent and combination buprenorphine products used as part of medication-assisted treatment of opioid use disorder (buprenorphine sublingual tablets, buprenorphine subcutaneous implant and all buprenorphine/naloxone combination products), lonsys® (fentanyl transdermal patch), Methadone for the treatment of opioid use disorder

Ways Providers can Improve HEDIS® Performance

- Review the Prescription Monitoring Program Registry for your state regularly to determine whether the patient is receiving other opioids from other prescribers or dangerous combinations of medications.
- Reference the CDC Guideline for Prescribing Opioids for Chronic Pain.
- Use the lowest effective dose of opioids for the shortest period of time necessary.
- Establish follow-up appointments shortly after prescribing opioids, and when adjustments are made, to reassess the pain management plan.
- Educate patients on opioid safety and risks associated with use of multiple opioids, additional sedating medications, and having multiple prescribers/pharmacies.

Ways Health Plans can Improve HEDIS® Performance

- Educate members on opioid safety and risks associated with use of multiple opioids, additional sedating medications, and having multiple prescribers/pharmacies.



- Perform analysis of provider specialty types who are prescribing high volumes of opioids.
- Set up alert when members get new opioid prescription for care manager outreach (member and provider).
- Ensure complete documentation of members in hospice or palliative care.
- Audit, identify, and educate top 10 providers with open gaps.

Required Exclusions

- Members who use hospice services or elect to use a hospice benefit any time during the measurement period. Members who die any time during the measurement year.
- Members who met at least one of the following at any time during the 12 months (1 year) prior to the IPSD through 61 days after the IPSD: Cancer, Sickle cell disease. Do not include laboratory claims (POS: 81).
- Palliative care any time during the measurement year.
- Members who had an encounter for palliative care (ICD-10-CM code Z51.5) any time during the measurement year. Do not include laboratory claims (POS: 81).

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