

### Measure Description

The percentage of members 18 years of age or older who received prescription opioids at a high dosage (average morphine milligrams equivalent dose [MME]  $\geq 90$ ) for  $\geq 15$  days during the measurement year.

**Note:** A lower rate indicates better performance.

**Product Lines:** Commercial, Medicaid, Medicare

### Medications

Description	Prescription
Opioid Medications	Benzhydrocodone, Butorphanol, Codeine, Dihydrocodeine, Fentanyl, Hydrocodone, Hydromorphone, Levorphanol, Meperidine, Methadone, Morphine, Opium, Oxycodone, Oxymorphone, Pentazocine, Tapentadol, Tramadol
Excluded Opioid Medications	Injectables, Opioid cough and cold products, Ionsys® (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.
- Prescribe the lowest effective dose for the shortest length of time.
- Consider tapering to reduce the dose or making a plan to safely discontinue opioid therapy when dosage is exceeding 120 morphine milligram equivalents daily without functional benefit.
- If a patient shows signs of opioid use disorder, refer them to an appropriate substance use provider and assist with care coordination.
- Maximize the utilization of non-narcotic and non-pharmacologic measures to control pain as part of a comprehensive pain management plan.
- Consider a multimodal and multidisciplinary approach to pain management attending to physical health, behavioral health, long-term services and supports, and expected health outcomes.
- Refer to Molina Healthcare Case Management for targeted substance use disorder (SUD) case management and support.

### Ways Health Plans can Improve HEDIS® Performance

- Provide members with educational materials and resources that include information on the treatment processes and options, including mutual support groups and other community-based programs.
- Audit, identify, and educate top 10 providers prescribing high-dose medications  $\geq 15$  days.
- Provide care coordination for members with multiple dispensing events for high-dose opioids
- Educate members on the risks and benefits of opioid therapy, including patient and clinician responsibilities using the CDC Guidelines.
- Provide culturally and linguistically appropriate communication, including communication that is accessible to persons with disabilities; and ensure access to an appropriate coordinated, and effective nonpharmacologic and pharmacologic pain management treatment if available.

## Required Exclusions

- Exclude members who met any of the following any time during the measurement year:
  - Cancer. Do not include laboratory claims (POS: 81).
  - Sickle cell disease. Do not include laboratory claims (POS: 81).
  - Members receiving palliative care.
  - Members who had an encounter for palliative care (ICD-10-CM code Z51.5). Do not include laboratory claims (POS: 81).
  - Members who use hospice services or elect to use a hospice benefit any time during the measurement year.
  - Members who die any time during the measurement year.

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