

CHIPAC

Children's Health
Insurance Program
Advisory Committee
of Virginia



Quarterly Meeting

September 1, 2022

Real-time Remote Captioning

- Remote conference captioning is being provided for this event.
- The link to view live captions for this event will be pasted in the chatbox.
- You can click on the link to open up a separate window with the live captioning.

Meeting Notice – Public Access

- This meeting is being held in person with electronic access via Zoom.
- Members of the public may attend in person or virtually.
- There will be a public comment period at the close of the meeting (~3:25 PM).
- The meeting is being recorded.

Roll Call

Organization	Name
Virginia Department of Social Services	Jessie Watkins (Irma Blackwell)
VCU Health	Dr. Tegwyn Brickhouse
American Academy of Pediatrics – VA Chapter	Dr. Susan Brown
Virginia Hospital and Healthcare Association	Kelly Cannon
Virginia Poverty Law Center	Sara Cariano
Board of Medical Assistance Services	Michael Cook
Virginia Association of Health Plans	Heidi Dix
Virginia Community Healthcare Association	Tracy Douglas-Wheeler
Families Forward Virginia	Ali Faruk

Roll Call

Organization	Name
Center on Budget and Policy Priorities	Shelby Gonzales
Voices for Virginia's Children	Emily Griffey
Virginia Department of Education	Alexandra Javna
Joint Commission on Health Care	Jeff Lunardi
Virginia Department of Health	Jennifer Macdonald
The Commonwealth Institute for Fiscal Analysis	Freddy Mejia
Virginia League of Social Services Executives	Michael Muse
Virginia Health Care Foundation	Emily Roller
Dept. of Behavioral Health and Developmental Services	Hanna Schweitzer
Medical Society of Virginia	Dr. Nathan Webb

Meeting Agenda

- ❑ CHIPAC Business (1:00-1:30)
- ❑ DMAS Behavioral Health Updates (1:30-3:15)
 - ❑ Project BRAVO/ARTS updates (*Behavioral Health Division*)
 - ❑ Behavioral Health Utilization Dashboard (*Behavioral Health Division*)
 - ❑ Behavioral Health HEDIS Dashboard (*Office of Quality and Population Health*)
- ❑ Agenda Items for December 8 CHIPAC Meeting (3:15-3:25)
- ❑ Public Comment (3:25-3:30)

CHIPAC Business

- ❑ Review and approve June 9 minutes
- ❑ Membership update
- ❑ Committee discussion of CHIPAC policy for virtual meetings and remote participation
- ❑ CHIPAC meeting schedule for 2023

Virtual Meetings and Remote Participation – New Requirements Effective 9/1/22

§ 2.2-3708.3. (Effective September 1, 2022) Meetings held through electronic communication means; situations other than declared states of emergency.

...

D. Before a public body uses all-virtual public meetings as described in subsection C or allows members to use remote participation as described in subsection B, the public body shall first adopt a policy, by recorded vote at a public meeting, that shall be applied strictly and uniformly, without exception, to the entire membership and without regard to the identity of the member requesting remote participation or the matters that will be considered or voted on at the meeting. The policy shall:

- 1. Describe the circumstances under which an all-virtual public meeting and remote participation will be allowed and the process the public body will use for making requests to use remote participation, approving or denying such requests, and creating a record of such requests; and*
- 2. Fix the number of times remote participation for personal matters or all-virtual public meetings can be used per calendar year, not to exceed the limitations set forth in subdivisions B 4 and C 9.*

Proposed 2023 Meeting Schedule

CHIPAC Full Committee Meetings

- **Thursday, March 2, 2023** (1:00 – 3:30 pm)
- **Thursday, June 1, 2023** (1:00 – 3:30 pm)
- **Thursday, September 7, 2023** (1:00 – 3:30 pm)
- **Thursday, December 7, 2023** (1:00 – 3:30 pm)

CHIPAC Executive Subcommittee Meetings |

- **Friday, January 20, 2023** (1:00 pm – 3:00 pm)
- **Friday, April 14, 2023** (10:00 am – 12:00 pm)
- **Thursday, July 13, 2023** (10:00 am – 12:00 pm)
- **Friday, October 13, 2023** (10:00 am – 12:00 pm)

DMAS BEHAVIORAL HEALTH DIVISION



PROJECT
BRAVO



Children's Health Insurance Program
Advisory Committee of Virginia

September 01, 2022

Today's Presenters:

Alyssa Ward, Ph.D, LCP
DMAS Behavioral Health Clinical Director

Alexis Ablasca, MD, FAAP, FAPA
Chief Clinical Officer, DBHDS

Ashley Harrell, LCSW
DMAS Behavioral Health Senior Program Advisor

Laura Reed, LCSW
DMAS Behavioral Health Senior Program Advisor





Agenda for Today



INTRODUCTIONS & ORIENTATION

Our Team

DMAS' role in the BH system

Our Current Work

Emerging from COVID

Utilization Dashboard

WHERE WE ARE GOING

Emerging Priorities

QUESTIONS & FEEDBACK

What questions and feedback do you have for our team?

Behavioral Health Updates

Project BRAVO/ARTS Updates

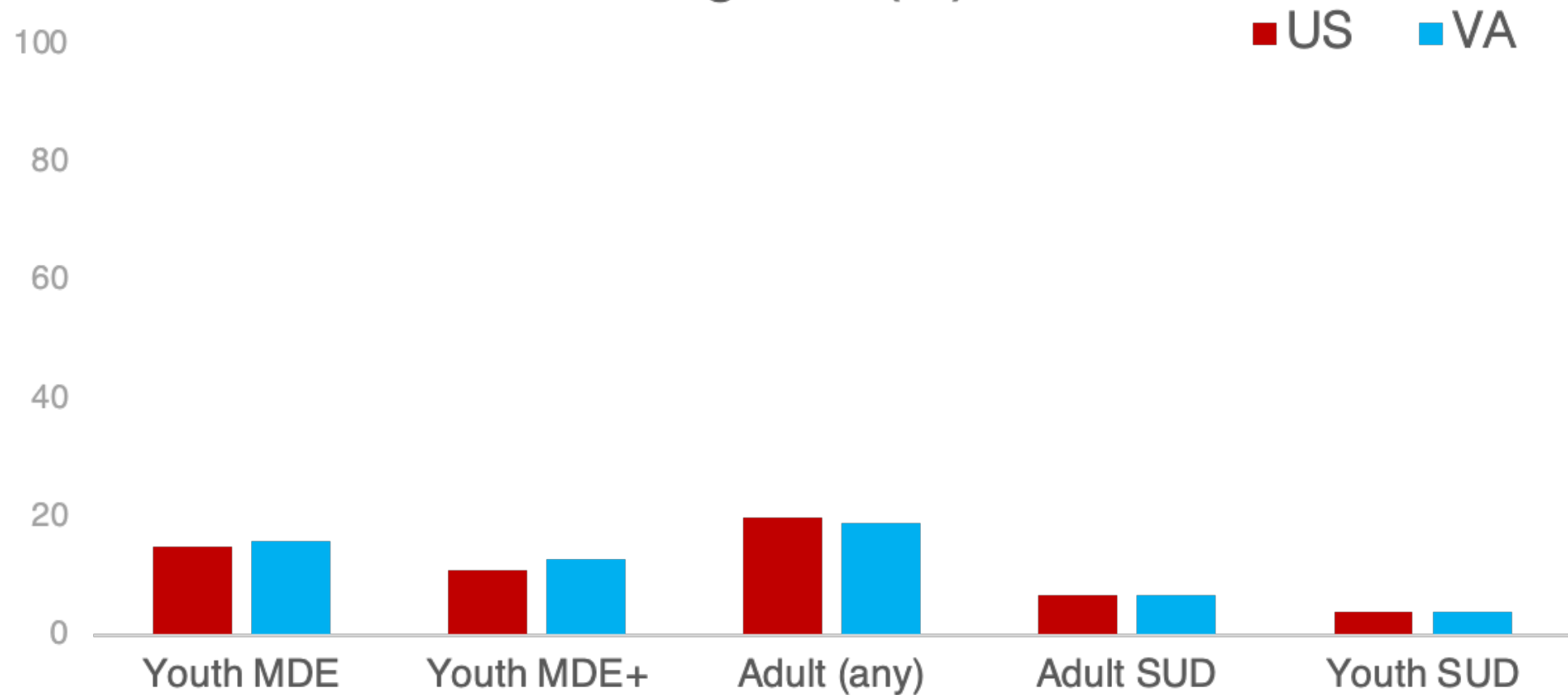
Utilization Dashboard

- Therapeutic Day Treatment
- BRAVO Outcomes
- Youth MH Residential

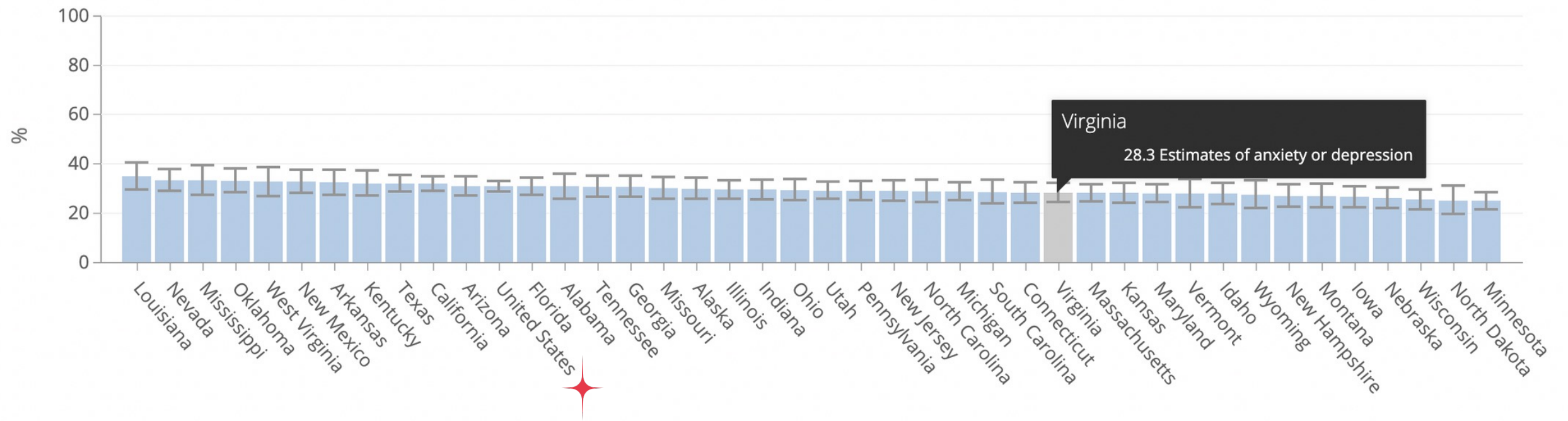
Questions?



Prevalence of meeting criteria for a psychological diagnosis (%)



Symptoms of depression and anxiety during COVID-19



DETAILS ON BRAVO SERVICES

7/1/2021

ASSERTIVE COMMUNITY TREATMENT
INTENSIVE OUTPATIENT
PARTIAL HOSPITALIZATION

12/1/2021

COMPREHENSIVE CRISIS SERVICES
MULTISYSTEMIC THERAPY
FUNCTIONAL FAMILY THERAPY



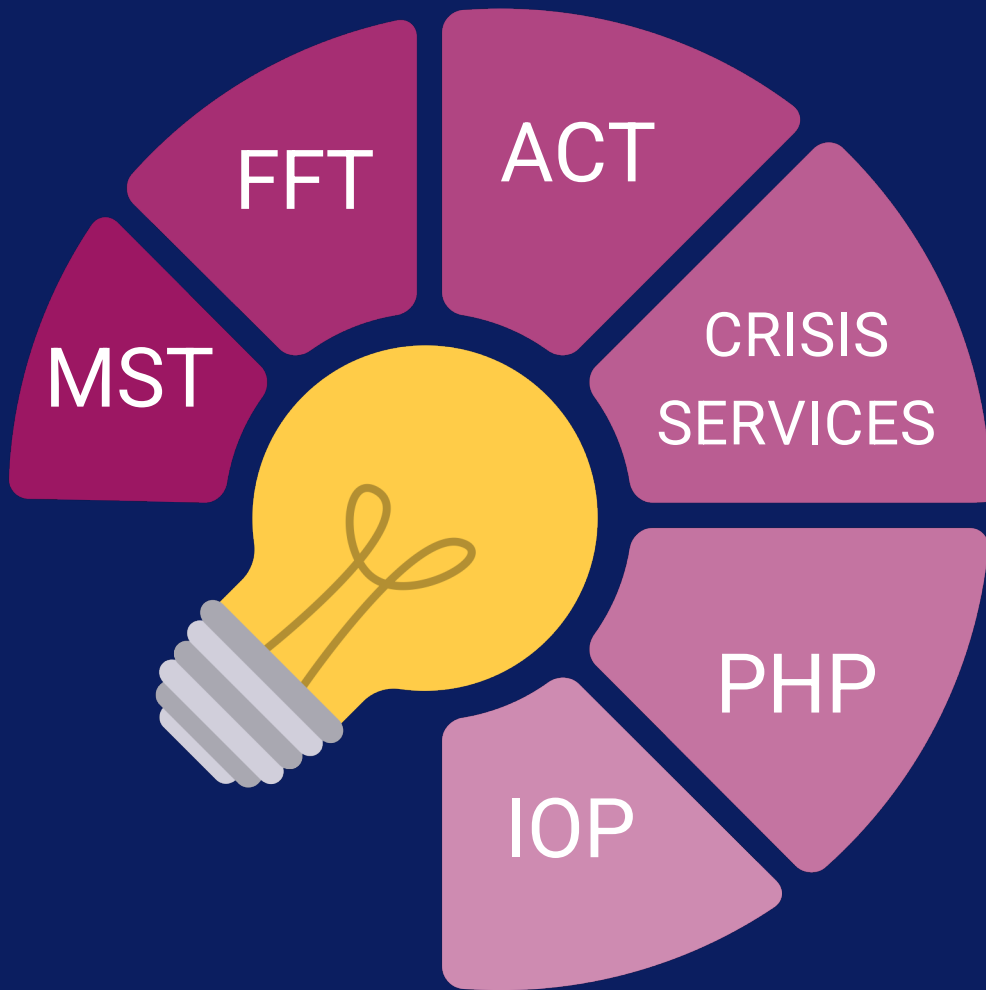
year 1 accomplishments

- Met implementation deadlines on time with MCO partners on timeline shortened to half by pandemic delays in funding
- Maintained close partnerships with BH associations and providers through MCO Resolutions Panel to identify authorization and claims issues and work on solutions
- Development of the Center for Evidence Based Partnerships with VCU

year 1 challenges

- Limited training dollars has hampered ability to prepare workforce for new services
- Workforce crisis has limited the expansion of services & networks
- Complexity of crisis system infrastructure has led to delays in full system integration of these services

2021



WHAT COMES NEXT

01

Service learning
collaboratives

02

Build out of crisis system

03

Metrics & Evaluation

04

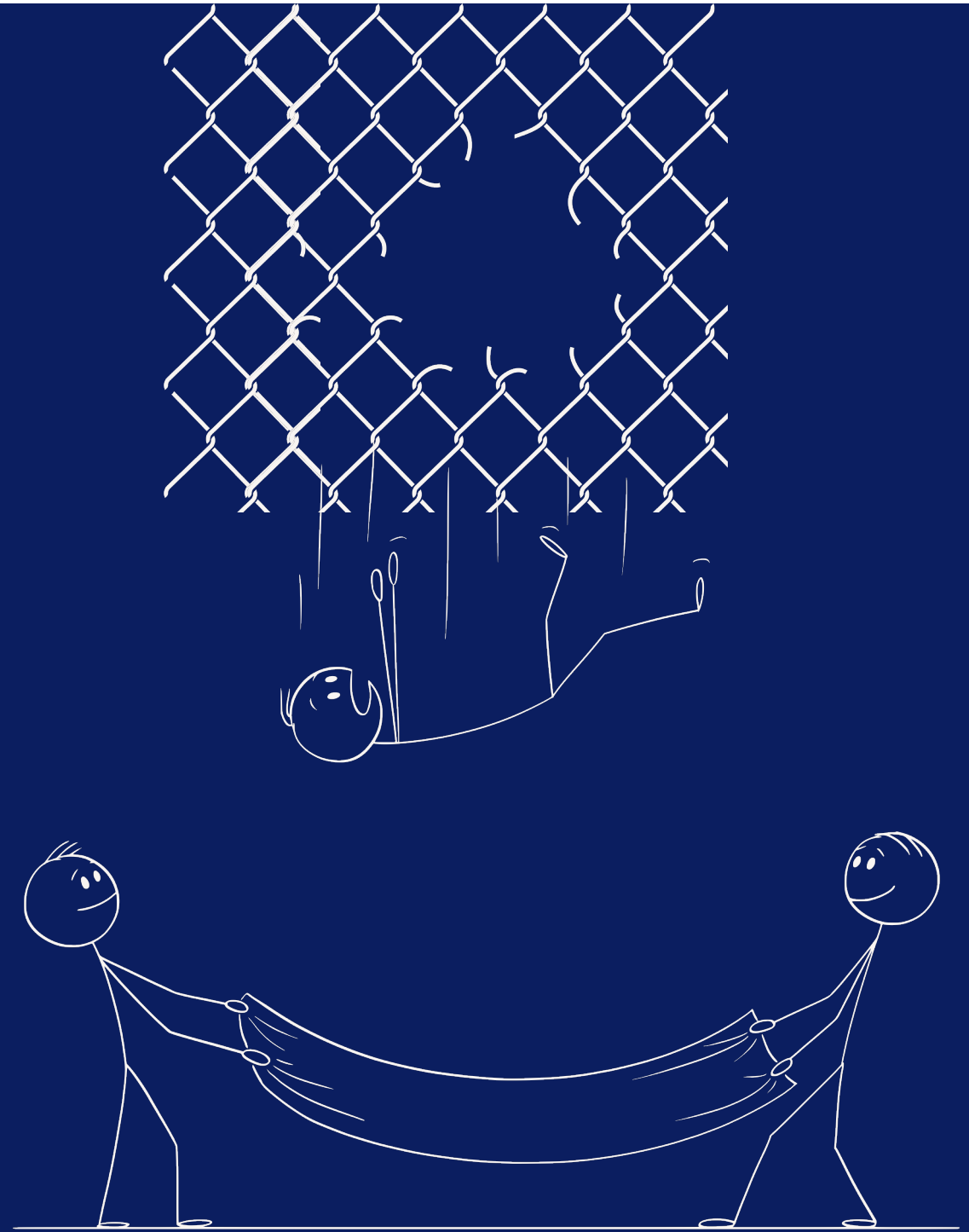
Explore Opportunities for
Expansion

Stakeholder and System Needs/Priorities

- Youth Services
 - *Widespread concern of impact on youth isolated and without regular community contacts*
 - Therapeutic Day Treatment and Pandemic Impacts
 - School-Based Services Opportunities / Free Care
 - Expanding reimbursement for Evidence-Based Practices
 - High Fidelity Wraparound / Coordinated Specialty Care
- Integrated Care
 - *The pandemic has underscored the relationship between physical and behavioral health*
 - Emphasis on integration of BH into primary care to support programs like Virginia Mental Health Access Program
 - Integration into Long Term Care to support our aging population and acknowledge geriatric needs



LET'S TALK CRISIS



THE SAFETY NET TO THE SAFETY NET



DATA FROM THE ARIZONA IMPLEMENTATION OF CRISIS NOW HAS SHOWN...



80% of crisis resolved through the call center



70% of mobile responses resolved in the community



Small proportion of initial calls result in hospitalization

ALIGNING WITH THE CRISIS NOW MODEL

OBJECTIVE: THE DEVELOPMENT OF A COMMUNITY-BASED, TRAUMA-INFORMED, RECOVERY-ORIENTED CRISIS SYSTEM THAT RESPONDS TO CRISES WHERE THEY OCCUR AND PREVENT OUT-OF-HOME PLACEMENTS.



**HIGH TECH
CRISIS
CALL CENTERS**



**24/7 MOBILE CRISIS
RESPONSE**



**CRISIS STABILIZATION
PROGRAMS**



**ESSENTIAL
PRINCIPLES
& PRACTICES**

CRISIS IN COMMUNITY



Individual in crisis who calls 988 or another number that is directed to 988

1

CRISIS RESOLVED BY CALL CENTER

No additional intervention needed

2

MOBILE CRISIS DISPATCH

Crisis resolved and person connected back with EXISTING PROVIDER

3

MOBILE CRISIS DISPATCH

Crisis resolved, no existing provider, referral to COMMUNITY STABILIZATION until other service provider available

4

MOBILE CRISIS DISPATCH

Crisis resolved, person connected with other service provider who is immediately available

5

ESCALATION IN CARE

Mobile Crisis determines need for initiation of ECO/EDO, 23 hr, RCSU or hospital ER



Prevention & Promotion

Recovery Services

Outpatient & Integrated Care

Intensive Community Supports

Intensive Clinic-Facility Supports

Comprehensive Crisis Services

Residential Services

Inpatient Hospitalization

Applied Behavior Analysis

>>><<<

Case Management

>>><<<<<

Recovery & Rehabilitation Support Services

Early Intervention Part C <> Screening <> EPSDT Services

Psychosocial Rehabilitation <> Peer and Family Support Services

Outpatient Psychotherapy <> Psychiatric Medical Services

Therapeutic Day Treatment <> Intensive In-Home Services <> Mental Health Skill Building <>

Multisystemic Therapy <> Functional Family Therapy <> Assertive Community Treatment

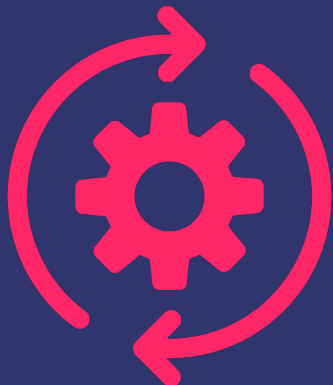
Intensive Outpatient Programs <> Partial Hospitalization Programs

Mobile Crisis Response <> Community Stabilization <> 23 Hour Stabilization <> Residential Crisis Stabilization Units

Therapeutic Group Homes
Psychiatric Residential Treatment

Psychiatric Hospitalization

BEHAVIORAL HEALTH BRAVO CONTINUUM IN PROCESS



Next up is integration of ARTS services into this diagram



Importance of co-occurring treatment and integration of Mental Health and ARTS services...

Building the bridge to recovery



Substance Use and Co-Occurring Mental Disorders

Researchers have found that about half of individuals who experience a SUD during their lives will also experience a co-occurring mental disorder and vice versa.

Co-occurring disorders can include anxiety disorders, depression, attention-deficit hyperactivity disorder (ADHD), bipolar disorder, personality disorders, and schizophrenia, among others.

Common risk factors include genetics, stress, trauma

Mental disorders can contribute to substance use and SUD.

Substance use and SUDs can contribute to the development of other mental disorders.

Effective Behavioral Therapies for Individuals with Co-Occurring Disorders

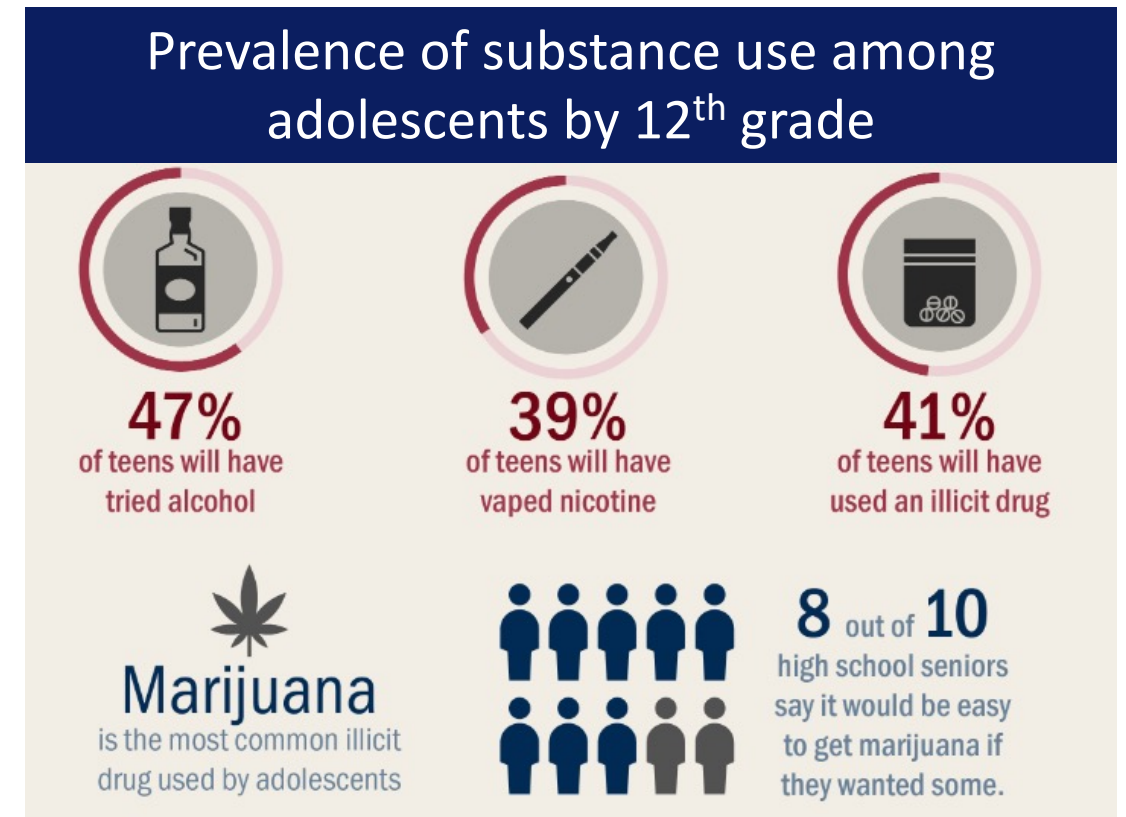
Assertive Community Treatment

- A high-intensity, team-based treatment delivered in the community for individuals with serious mental illness. Referred to as “hospital without walls.”
- ACT is a highly coordinated set of services offered by group of medical, behavioral health, peer recovery support providers and rehabilitation professionals in the community who work as a team to meet the complex needs of individuals with severe and persistent mental illness.
- An individual who is appropriate for ACT requires this comprehensive, coordinated approach as opposed to participating in services across multiple, disconnected providers, to minimize risk of hospitalization, homelessness, **substance use**, victimization, and incarceration.
- Required team member includes a Substance Use Disorder Specialist that must have skills to treat individuals with co-occurring disorders.

Effective Behavioral Therapies for Individuals with Co-Occurring Disorders

Multisystemic Therapy and Functional Family Therapy

- Intensive family and community-based treatments for adolescents which address the externalizing behaviors of youth with significant clinical impairment in disruptive behavior, mood, and/or substance use.
- MST and FFT are integrated into our Mental Health Services Manual: Intensive Community Based Support – Youth
 - A youth may have primary diagnosis of Substance Use Disorder, risk of involvement or involvement with the legal carceral system



[Teen Drug Use Infographic \(mstservices.com\)](http://mstservices.com)

Effective Behavioral Therapies for Individuals with Co-Occurring Disorders

Comprehensive Crisis Services

- A full set of evidence-based crisis services that would involve regional call centers to dispatch public and private providers to conduct mobile crisis intervention and ongoing, community-based crisis stabilization. Would also provide appropriate reimbursement for crisis stabilization units (residential crisis) and include 23-hour observation beds.
- Learn more about the model: <https://crisisnow.com/>
- Any diagnosis within the current DSM, **including SUD**
- Eventual goal is to have Mobile Crisis Response teams that **specialize in responding to individuals with SUD.**
- **Both 23-Hour Crisis Stabilization and Residential Crisis Stabilization Units are equipped to treat individuals with a primary diagnosis of SUD.**

A Crisis Response May Be the Only Opportunity to Help Someone with an Addiction

Nearly 38% of people living with a substance use disorder have a mental illness.

Those dependent on alcohol or drugs are at a 10-14 times greater risk of suicide, with roughly 22% of suicides involving alcohol intoxication.

Information on the current statewide crisis system is available on the [DBHDS website](#).

Pregnant and Parenting Individuals with Substance Use Disorders

Peer Recovery Specialist Who are also Mothers: An Overview

<https://www.dmas.virginia.gov/media/3044/prs-moms-in-recovery-1-pager.pdf>



Pregnant and parenting women are a unique population disproportionately affected by SUD requiring tailored services instead of a one-size-fits-all approach to treatment and aftercare. Gender-specific treatment options operationalized with PRS who are also mothers in recovery can be the link and safety net needed to support this population through a trauma-informed lens utilizing a whole person-centered approach beyond symptom management as a specialty treatment and recovery collaborative model.

Diagnosis and Treatment of Substance Use Disorders among Pregnant Women Covered by Medicaid

https://hbp.vcu.edu/media/hbp-dev/pdfx27s/policy-briefs/arts/PregnantwomenandSUD_ACC.pdf

One in 10 pregnant individuals in Medicaid had a SUD diagnosis in the 12 months prior to delivery

Among these individuals, 36% had some type of treatment in the 12 months prior to delivery

Treatment rates for Opioid Use Disorder increased considerably (58% in 2017 to 76% in 2018)

Disparities persist in treatment, black women with SUD dx were less than half as likely to receive any treatment prior to delivery (20%) compared to white women (44%)

Prevalence of diagnosed SUD, by member characteristics, SFY 2020

	% with any SUD	% with OUD	% with AUD	% with cannabis diagnosis	% with stimulants diagnosis
All Medicaid members	6.1%	2.5%	2.3%	1.7%	1.4%
Age					
12-21	2.2%	0.3%	0.5%	1.5%	0.3%
22-34	10.3%	4.9%	2.9%	3.7%	2.7%
35-44	13.5%	7.1%	4.5%	3.5%	3.5%
45-54	14.3%	6.0%	6.5%	2.9%	3.5%
55-64	13.4%	4.1%	7.7%	2.1%	2.6%
65+	5.5%	1.9%	3.0%	0.4%	0.5%
Race/ethnicity					
White, non-Hispanic	7.7%	3.6%	2.7%	1.8%	1.7%
Black, non-Hispanic	5.6%	1.5%	2.3%	2.0%	1.4%
Hispanic	2.5%	0.8%	0.9%	2.1%	0.5%
Other	2.6%	0.8%	1.2%	0.4%	0.5%
Aid category					
Medicaid expansion	10.8%	4.7%	4.3%	2.9%	2.7
Other non-disabled adults	9.1%	5.2%	2.1%	2.3%	1.9%
Pregnant members	6.0%	2.3%	0.7%	2.4%	1.1%
Low-income children	0.8%	0.1%	0.1%	0.3%	0.1%
Aged	4.9%	1.7%	2.7%	0.4%	0.5%
Blind/disabled	13.5%	5.0%	6.0%	3.7%	3.3%

Utilization Dashboard

<https://www.dmas.virginia.gov/data/behavioral-health/behavioral-health-service-utilization-and-expenditures/>

Metrics and Evaluation: What questions do we ask?

Therapeutic Day Treatment/COVID 19

- What did utilization look like pre-COVID?
- What does utilization look like now?

Reduce burden on state psychiatric hospitals and emergency departments.

- What is the current utilization and demographic information of psychiatric inpatient services?
- We want to see the utilization decrease over time and the utilization of BRAVO services increase over time
- What else might we want to see in terms of utilization?

Continued expansion of access to BRAVO services

- What is our baseline utilization for these services?
- What is our percentage increase goal over the next year, next five years?

Improve coordination of care for youth in foster care and reduce the need for residential treatment.

- What does this data look like over time, are there patterns, what can we learn from this data to assist youth and our provider community?

What happened to TDT utilization 2019-2022?

Filters Used:

Expenditure View

Program: All

BH Services: Therapeutic Day Treatment

Diagnosis: All

Age Group: Member Age Group: Only 0-20, deselect 21- above, there may be a few claims that were errors in billing that may show up

Questions this data may bring up for you?

What happened to Behavior Therapy/Outpatient Psychotherapy utilization 2019-2022?



Filters Used:



Expenditure View



Program: All



BH Service(s): Behavior Therapy/Outpatient Psychotherapy



Diagnosis: All



Age Group: Member Age Group: Only 0-20, deselect 21- above, there may be a few claims that were errors in billing that may show up

Youth Inpatient Utilization/Demographics

Filters Used:

Expenditure View

Program: All

BH Service(s): Inpatient

Diagnosis: All

Age Group: Member Age Group: Only 0-20, deselect 21- above, there may be a few claims that were errors in billing that may show up

Youth MH Residential Utilization/Demographics

Filters Used:

Member Profile and/or Expenditure View

Program: FFS

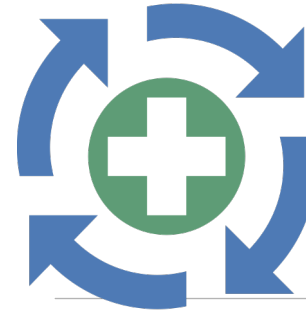
BH Service(s): Psychiatric Residential Treatment

Diagnosis: All

Age Group: Member Age Group: Only 0-20, deselect 21- above, there may be a few claims that were errors in billing that may show up

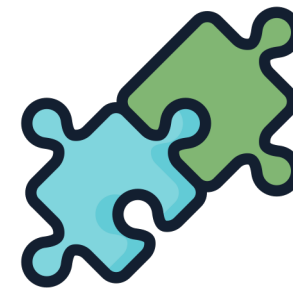
A look at Project BRAVO Services via the Virginia Map

Emerging Priorities



BRAVO expansion

Continuous improvement process for both recently implemented and proposed services



ARTS & BRAVO INTEGRATION

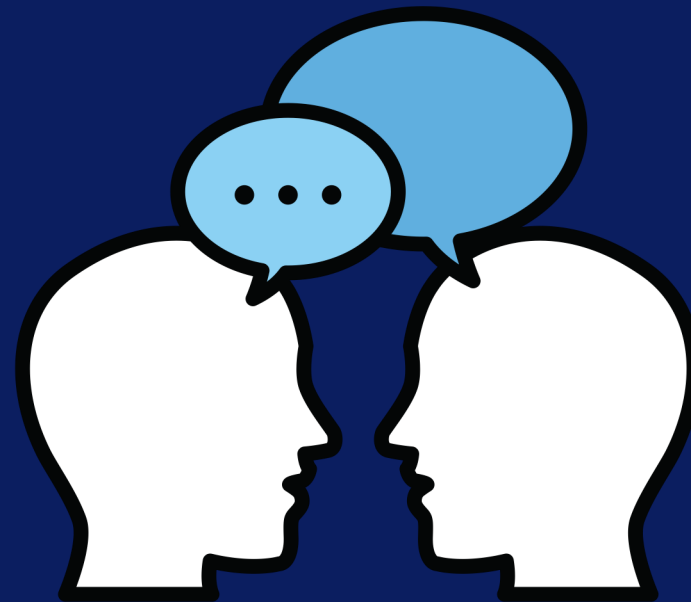
Greater integration of policy and practice across MH and SUD, starting within our division



Workforce Crisis

A big focus of interagency collaboration

Questions & Feedback



Thank you for your partnership, support and participation.

Additional Questions?

Please contact us at:

Mental Health: enhancedbh@dmas.virginia.gov

ARTS: SUD@dmas.virginia.gov

SUPPORT Act Grant: SUPPORTGrant@dmas.virginia.gov

To receive updates on the crisis services continuum please email

Crisis_services@dbhds.Virginia.gov

OFFICE OF QUALITY AND POPULATION HEALTH: CHIPAC PRESENTATION

SEPTEMBER 1, 2022



Agenda

- Define Healthcare Effectiveness Data and Information Set (HEDIS)[®] and the HEDIS[®] Compliance Auditing Process
- HEDIS[®] Dashboard Development
- Dashboard Demonstration
- External Quality Review Organization (EQRO) Overview and Activities
- Questions/Comments

What is HEDIS®?

Healthcare Effectiveness Data and Information Set (HEDIS)®:

- HEDIS® is one of the most widely used set of performance measures in the health care industry
 - Developed to address important health care topics and provide a standardized way to measure performance
- Measures are developed by and are owned by the National Committee for Quality Assurance (NCQA)
 - An independent organization that works to improve health care quality through the administration of evidence-based standards, measures, programs and accreditation
- Measure domains include prevention and screening, chronic conditions, behavioral health, overuse/appropriate care, and access/availability of care
- In Virginia Medicaid, the managed care organizations are required to be accredited by NCQA and therefore, report HEDIS® measures annually

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

What is a HEDIS® Compliance Audit™ Process

- Compliance Audits are conducted to ensure HEDIS® rates are collected and reported in accordance with the NCQA technical specifications
 - NCQA licenses organizations to conduct HEDIS® audits
 - A performance measure rate is not considered a HEDIS® rate unless it has been audited by a Certified HEDIS® Compliance Auditor (CHCA)
- HEDIS® Compliance Audits™ are done for a variety of reasons, but key among them include:
 - To ensure that all systems (eligibility, claims, provider, etc.) accurately capture data
 - To ensure all rates are valid, accurate and reliable
 - Comparability to national benchmarks
- In Virginia Medicaid, the managed care organizations work with Certified HEDIS® Compliance Auditor (CHCA) to audit and verify the measures, then submitted the audited measures in a locked file to both NCQA as well as to DMAS

*HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
HEDIS Compliance Audit™ is a trademark of the National Committee for Quality Assurance (NCQA).*

HEDIS® Dashboard Development

Purpose:

- To demonstrate the quality of care of Virginia Medicaid members
- To provide transparency to Virginia Medicaid members, stakeholders, and regulators
- To demonstrate accountability to our Virginia Medicaid members

HEDIS® Dashboard Development

- DMAS developed and published a dashboard to utilize the HEDIS® 2020 (MY2019) rates as the baseline year of reporting for the following reasons:
 - Post implementation of the CCC Plus program
 - Post Medicaid Expansion
 - Post Medallion 4.0
- DMAS will update the Managed Care Dashboard annually, maintaining HEDIS® MY2019 as the baseline year

HEDIS® Dashboard Demonstration



Managed Care HEDIS Dashboards

The mission of the Department of Medical Assistance Services (DMAS) is to improve the health and wellbeing of Virginians through access to high quality healthcare coverage. In commitment to that mission, DMAS has published below key quality performance measures for our managed care programs. This data, known as the Healthcare Effectiveness Data and Information Set (HEDIS) are nationally recognized measures that are audited for accuracy by specially certified auditors. In alignment with the [2020-2022 DMAS Quality Strategy](#), the performance benchmark is the National 50th percentile, meaning that the MCOs must perform in the top 50% for the quality measures. Virginia has a commitment to working toward continuous quality improvement goals to ensure that Virginia Medicaid members have timely access to needed quality healthcare.

*Note: Due to significant programmatic and population changes that occurred in 2017 and 2018 there are limitations with the reported data; therefore HEDIS 2020 (Measurement Year 2019) is the benchmark year for the 2020-2022 DMAS Quality Strategy.

HEDIS® Dashboard Demonstration








Virginia Medicaid Managed Care HEDIS 2020 Dashboards

Healthcare Effectiveness Data and Information Set (HEDIS®) is a national standard that is widely used to present performance measures in the managed care industry, collected and maintained by The National Committee of Quality Assurance (NCQA). The purpose of the Virginia HEDIS dashboard is to provide transparency to Virginia Medicaid members and regulatory bodies, while demonstrating accountability to members.

The panel below consists of seven categories of HEDIS measures. Each quality measure is reported by Managed Care Organization (MCO), and includes the state average and national 50th percentile rate. The HEDIS 2020 measures reflected in this dashboard occurred in calendar year 2019.

Click on the preferred category, then choose the measure to view.

HEDIS® is a registered trademark of NCQA.
* Note: Magellan Complete Care was acquired by Molina Healthcare on July 1, 2021.

Access and Availability of Care		Behavioral Health	
Care for Children and Adolescents		Effectiveness of Care for Adults	
Maternal and Perinatal		Preventive Care for Adults	
Substance Use and Monitoring			

HEDIS® Dashboard Demonstration

Virginia Medicaid Managed Care HEDIS 2020 Dashboards

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Choose a measure within the Care for Children and Adolescents HEDIS category below to view.

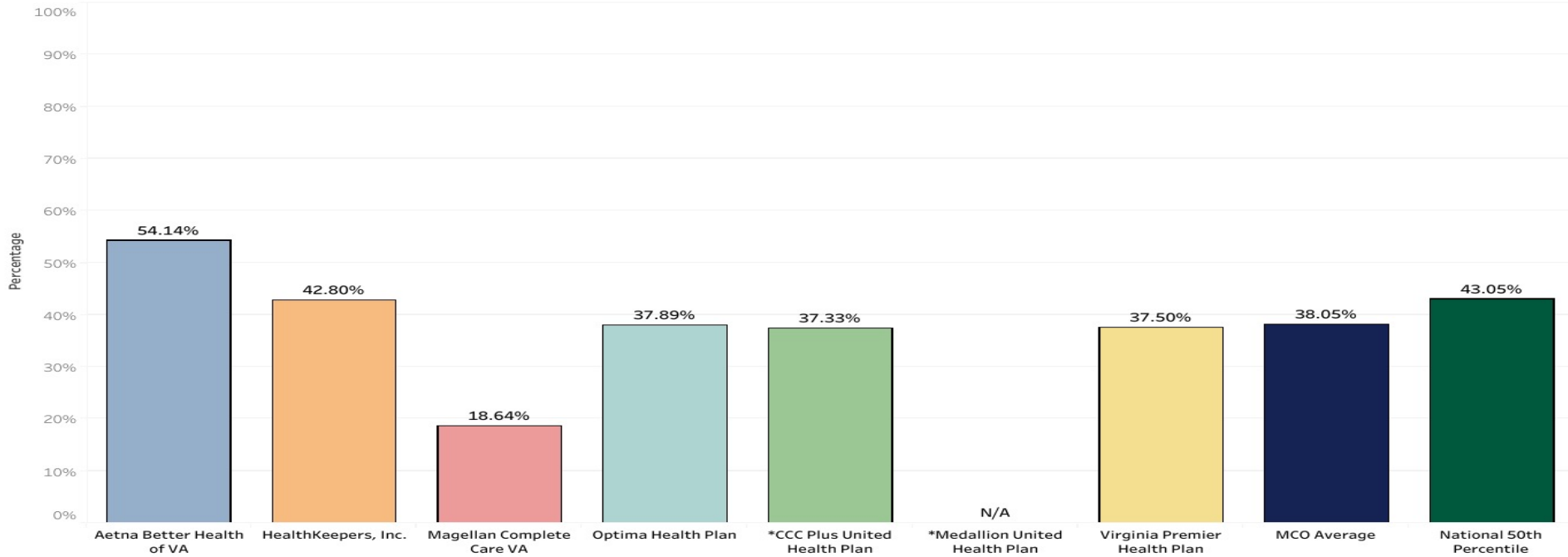
Care for Children and Adolescents

Adolescent Well Care Visits	Follow-Up Care for Children Prescribed ADHD Medication (Initiation Phase)
Well Child Visits : First 15 Months of Life, Six or More Visits	Follow-Up Care for Children Prescribed ADHD Medication (Continuation and Maintenance Phase)
Well Child Visits in the 3rd, 4th, 5th and 6th Years of Life	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Total)
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents BMI Percentile (Total)	

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HEDIS® Dashboard Demonstration

Care for Children and Adolescents Follow-Up Care for Children Prescribed ADHD Medication- Initiation Phase HEDIS 2020



* United Health Plan reported HEDIS 2020 measures by line of business (LOB).

Not Applicable (NA): is displayed when the sample size is not large enough or if the HEDIS rate measures are not reported using a 95 percent confidence interval.

Measure Definition

This HEDIS measure is the percentage of members 6–12 years of age as of the Index Prescription Episode Start Date with an ambulatory prescription dispensed for attention/hyperactivity disorder (ADHD) medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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HEDIS® Dashboard Demonstration

Virginia Medicaid Managed Care HEDIS 2020 Dashboards

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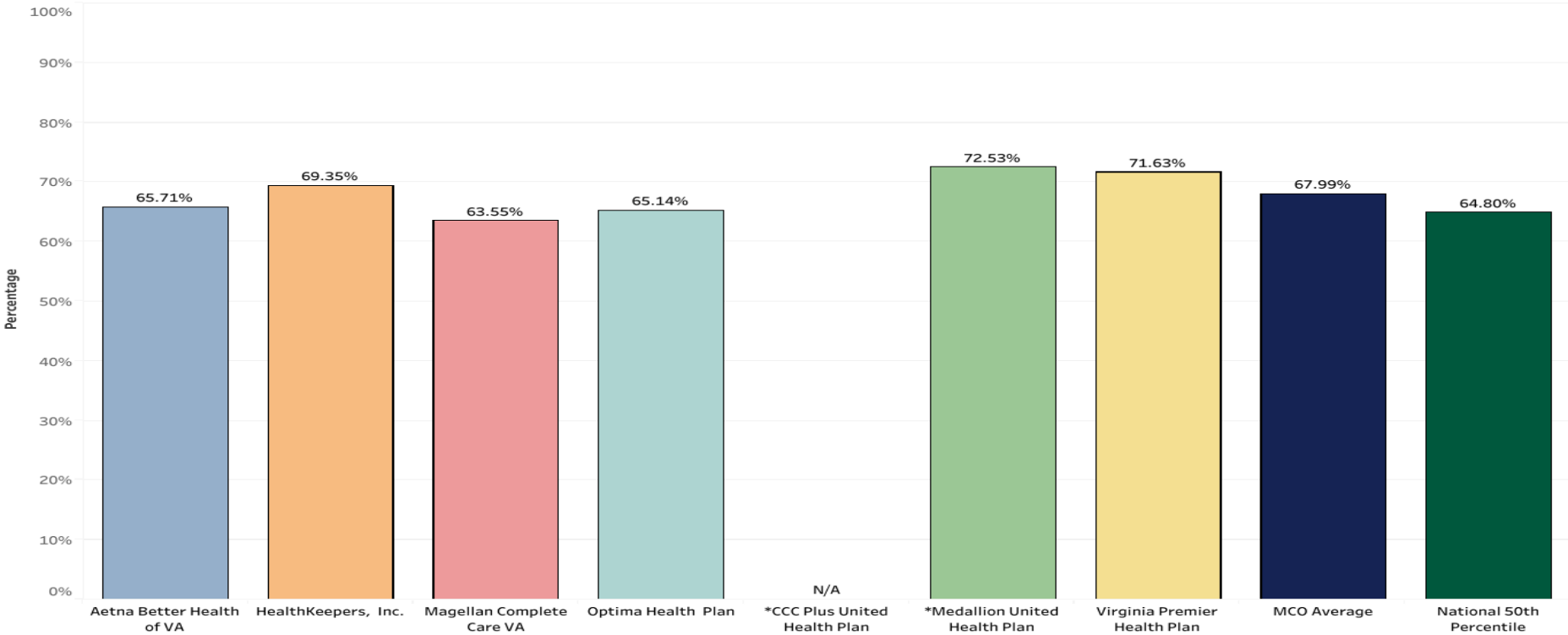
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HEDIS® Dashboard Demonstration

Care for Children and Adolescents Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Total) HEDIS 2020



* United Health Plan reported HEDIS 2020 measures by line of business (LOB).
Not Applicable (NA): is displayed when the sample size is not large enough or if the HEDIS rate measures are not reported using a 95 percent confidence interval.

Measure Definition

This HEDIS measure is the percentage of children and adolescents 1-17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

<< Back

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

External Quality Review Organization (EQRO) Overview

- In accordance with 42 CFR §438.356, DMAS contracts with its EQRO to conduct the mandatory and optional EQR activities as set forth in 42 CFR §438.358
 - Health Services Advisory Group (HSAG) has been DMAS' EQRO since 2014
 - Federal regulations at *42 CFR Part 438, Subpart E* set forth the parameters that states must follow when conducting an EQR of its MCOs/PIHPs

EQRO Behavioral Health Related Activities

- Addiction and Recovery Treatment Services (ARTS) Measure Development
- EQR Annual Technical Reports (ATR)
- Child Welfare Focus Study
- Medicaid and Children's Health Insurance Program (CHIP) Maternal and Child Focus Study *(formerly Birth Outcomes Study)*
- Performance Measure Validation (PMV)
- Performance Withhold Program (PWP)
- Quality Strategy

Questions?

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For more information on the HEDIS® Dashboard, please visit:

<https://dmas.virginia.gov/data/managed-care-hedis-dashboards/>



Discussion of Agenda Topics For Next CHIPAC Meeting

December 8, 2022

Public Comment

- If you are joining electronically and wish to submit a public comment, you can unmute yourself by clicking on the microphone icon.
- If you are joining by phone, unmute yourself by pressing *6.
- You may also submit written comments in the chatbox if you wish to do so.