

Measure definition

The percentage of members ages 18 and older who received a new opioid prescription that puts them at risk for continued opioid use. Two rates are reported:

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

Plans(s)	Quality Program(s)	Collection and Reporting
Commercial Medicaid Medicare	NCQA Accreditation NCQA Health Plan Ratings Select State Medicaid reporting	Administrative Based on pharmacy claims No medical record abstraction required

Best practices for quality care

- Evaluate pain management alternatives before prescribing opioids, including non-opioid medications and non-pharmacologic therapies when clinically appropriate.
- Prescribe the lowest effective dose and shortest duration necessary for acute pain.
- Avoid automatic refills and reassess pain and function before extending opioid therapy.
- Screen for risk factors associated with opioid misuse (e.g., prior substance use disorder, concurrent sedative use).
- Ensure patients have not received multiple opioid prescriptions.
- Educate members on opioid risks, safe use, storage, and disposal at the time of prescribing.
 - Refer at-risk members to behavioral health or substance use services; obtaining appropriate release of information from members to coordinate care and treatment plans.

Quality score improvement tips

- Limit initial opioid prescriptions for acute pain whenever possible.
- Monitor opioid fill patterns, especially prescriptions extending beyond the early post-prescribing period.
- Coordinate care across providers to reduce duplicate or overlapping opioid prescriptions.
- Use Prescription Drug Monitoring Programs (PDMPs) prior to prescribing and during follow-up.
- Schedule timely follow-up visits to reassess pain, functional improvement, and continued need for opioids.

This measure does not include the following opioid medications:

- Injectables
- Opioid cough and cold products
- lonsys® (fentanyl transdermal patch). This is for inpatient use only and is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS).
- Methadone for the treatment of opioid use disorder.

Exclusions

- Members who met at least one of the following at any time during the 365 days prior to the index prescription start date (IPSD) through 61 days after the IPSD:
 - Members who had an encounter for palliative care (ICD-10-CM code Z51.5*)
 - Members with a history of cancer 12 months prior to the IPSD
 - Members with a sickle cell disease diagnosis 12 months prior to the IPSD
- Members who used hospice services or elected to use a hospice benefit at any time during the measurement year.
- Members who die at any time during the measurement period.

Provider Callout:

This is a pharmacy claims–based HEDIS measure – there are no CPT or HCPCS codes to bill to meet this measure.

How WellSense can help

HEDIS tip sheets are designed to help WellSense providers improve and report the quality of care delivered to WellSense members across key metrics.

If you have questions around HEDIS documentation and quality measures, please email the Quality Team at WS_Quality_Dept@wellsense.org.

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