Targeted Investments 2.0 Program

TIP Measure Details Guide:

Initiation and Engagement of Substance Use Disorder Treatment (IET-E) - Engagement of SUD Treatment

The AHCCCS Targeted Investments Program (TIP) Quality Improvement Collaborative (QIC) evaluates TI-participating Providers' performance on select quality measures and assists providers in performance improvement efforts. This guide is for TI-participating providers to help them understand the Initiation and Engagement of Substance Use Disorder Treatment (IET) - Engagement of SUD Treatment (IET-E) measure. IET is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure designed and maintained by the National Committee for Quality Assurance (NCQA).

Why It Matters

In 2022, 48.7 million individuals in the U.S. 12 years of age or older (approximately 17.3% of the population) were classified as having had an SUD within the past year.[1] Individuals with SUDs are at increased risk of overdose, injury, soft tissue infections and mortality.[2] In 2021, drug overdose accounted for 106,699 deaths, representing a 14% increase in overdose deaths compared to 2020.[3] Similarly, over 140,000 people die each year from excessive alcohol use.[4]

Evidence-based treatment for SUD includes both psychosocial supports and, for opioid and alcohol use disorders, medication.[5,6,7,8] However, despite known and effective treatments, less than 20% of individuals with SUD receive specialty care.[9,10] Early treatment engagement is a critical step between accessing care and completing a full course of treatment. Individuals who engage in early SUD treatment have been found to have decreased odds of negative outcomes, including mortality.[11,12] The intent of this measure is to assess access to evidence-based SUD treatment for individuals beginning a new episode of treatment.

What We Measure

Engagement of SUD Treatment: The percentage of new SUD episodes among justice-involved adults 18 years and older referred to a TI Justice clinic with evidence of treatment engagement within 34 days of initiation.

Your performance is reported as a percentage calculated as the $\frac{numerator}{denominator}$.

TI Area of Concentration	Denominator Definition	Numerator Definition
Justice	Justice-involved members aged 18 years and older who are referred to a TI Justice clinic and who have an inpatient or outpatient visit with an AOD diagnosis and qualifying service (e.g., IET stand-alone visit or detoxification). Note: If a member has multiple denominator-qualifying episodes in the reporting period, only the first episode is considered for the measure. Note: To qualify for the denominator, members must be enrolled on the episode end date through 34 days after the episode end date with no breaks in enrollment.	Members in the denominator who have at least one follow-up visit within 14 days (initiation of treatment) **and** at least two follow-up visits within 34 days of treatment initiation (engagement of treatment).

What Is the Reporting Period?

- A HEDIS® measure's reporting period is a continuous 12-month window.
- TIP Provider Dashboards show your organization's performance on the selected measure for 12 consecutive, overlapping report periods, where each report period is a 12-month period ending in the month and year shown on the X-axis.

Your performance levels for 12 report periods are provided so you can track how your performance changes across time.

- TI incentive payments are based on your performance for the Federal Fiscal Years (October 1st September 30th).

Which Members Are in my Denominator?

To understand the members that you are accountable for and who are attributed to you (i.e., in your denominator) for this measure, you need to know the denominator definition (above), as well as the AHCCCS member population assessed, and the attribution method used.

Member Population Assessed (Justice AOC)

Members referred to a TI Justice Clinic in the two years prior to the end of the reporting period who are enrolled in one of the six AHCCCS Complete Care (ACC) health plans. Members with SMI who meet the referral and health plan enrollment stated above are included.

TI Justice Clinics and AHCCCS health plans provide the ASU TIP team with monthly referral lists. Instructions on Justice Referral Lists are on the TIPQIC website.

Members who utilized hospice services or died during the report period are excluded from performance calculations.

TI Justice Clinics

There are 17 Justice organizations that are co-located with, or adjacent to, probation and/or parole offices that collaborate with providers to meet the members' health and social needs. These organizations and clinics prioritize access to appointments for individuals with complex health conditions, including same-day access to appointments on the day of release and during visits to a probation or parole office. Each clinic partners with regional community partners to meet the whole-person needs of AHCCCS members referred by the probation/parole office, courts, jails/prisons, and police departments.

Attribution Methods

Attribution is re-evaluated each month for all report periods displayed on the dashboard. The attribution method used is specific to each AOC. Review the attribution method specific to the TI AOC you are enrolled in:

TI Area of Concentration	Attribution Method
Justice	Attribution is done using member referral lists (i.e., Justice Referral Lists). Members will be included in a TI provider's denominator if they meet all measure denominator criteria and were referred to a TI-participating organization within the two years prior to the end of the report period. For more details on this and the other Justice measures, see the TI 1.0 Justice Measure Evaluation & Attribution video (slides). **Please note:** although providers will not receive incentives for the measures in this video, they serve as the foundation for understanding TI Justice attribution.

What Services Qualify for the Numerator?

Billing Codes

- TI 2.0 Year 4 use HEDIS® Measurement Year (MY) 2025 measure definitions.
- Due to licensing agreements, we are not able to publish a list of all qualifying services codes. However, we can direct you to resources containing the billing codes.
  - Please see these Arizona Health Plan Measure Guides. You do not have to be contracted with the plan to access these resources.
    - United Healthcare - HEDIS® MY 2025 Reference Guide
    - Mercy Care - HEDIS® MY 2025 Reference Guide
    - Mercy Care – IET Best Practices (Definitions Only)
  - For more information on HEDIS measures or to get your own license, see the NCQA HEDIS® site.
  - Value sets and codes used in HEDIS MY 2025 measure calculations are available at no cost. Download the 2025 Quality Rating System (QRS) HEDIS Value Set Directory from the NCQA store.

- In addition to the billing codes listed in the guides linked, the following accommodations have been made for TI performance measurement:
  - The measure's numerator-qualifying telehealth services will get credit if they follow AHCCCS's telehealth billing guidelines allowed on the date of service.
  - Psychiatric Collaborative Care Model (CoCM) services (i.e., codes 99492, 99493, and 99494) will count as a numerator-qualifying visit for all servicing provider types (licensed and non-licensed).
    - CoCM is an approach to behavioral health integration recognized by CMS. Please see TIPQIC.org for billing guidance to maximize CoCM services for FUH compliance and a list of TIP Providers who deliver CoCM services.

What Services Do Not Qualify for the Numerator?

Reach-in (i.e., non-billable) services do not qualify for the numerator. Any procedure code not listed in the previous section does not qualify.

How Do I Document Services to Get Credit on the Measure?

TI performance measurement relies on claims data. Hybrid chart review does not apply.

What Is My TI Performance Target?

The table below shows the TI target set for the IET-E measure. For your organization's specific target, please see your dashboard or the email received from the AHCCCS TI team.

TI Area of Concentration	Measure	Target
Justice	IET-E	45% | 60%

How Were the Performance Targets Determined?

Please see the TIPQIC website for details on target setting.

Additional TIP Guides

Please see the other TIP measure Details Guides on our website, as well as best Practice Audit Guides. For example, TIP Best Practice Audit: Building Capacity for Performance Excellence provides best practices for an organizational QI system, which is needed to optimize your organization's QI efforts for this measure.

Questions? Contact the ASU TIPQIC Team (TIPQIC@asu.edu) or AHCCCS Targeted Investments Team (targetedinvestments@azahcccs.gov) with questions or to request further assistance.

References

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8. Michigan Quality Improvement Consortium. August 2015. Screening, diagnosis and referral for substance use disorders. Southfield (MI): Michigan Quality Improvement Consortium. 1 p.

9. Substance Abuse and Mental Health Services Administration (SAMHSA). 2019. Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health. https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.htm#mhisud

10. Williams, E.C., T.E. Matson, & A.H. Harris. 2019. "Strategies to Increase Implementation of Pharmacotherapy for Alcohol Use Disorders: A Structured Review of Care Delivery and Implementation Interventions." Addiction Science & Clinical Practice 14(1), 6.