

# 2025 Behavioral Health Measure Changes

## Tip Sheet

The Measurement Year (MY) 2025 changes to the behavioral health measures include:

- Antidepressant Medication Management (Retired)
- Follow-Up Care for Children Prescribed ADHD Medication
- Follow-Up After Hospitalization for Mental Illness
- Follow-Up After Emergency Department Visit for Mental Illness
- Social Need Screening and Intervention

### Antidepressant Medication Management (AMM)

Commercial, Medicaid, Medicare, and Marketplace Ages 18+

- The AMM measure has been fully retired, reflecting NCQA's shift towards other aspects of mental health.

### Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)

Medicaid Ages 6-12

The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 300-day (10-month) period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.

- 1. Initiation Phase.** The percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.
- 2. Continuation and Maintenance (C&M) Phase.** The percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

### Key Changes to ADD-E:

- Added ADHD medications: dexamethylphenidate-serdexmethylphenidate and viloxazine (potential to increase the denominator).
- Clarified the age criteria (members 6 years of age as of the start of the intake period to 12 years of age as of the end of the intake period)

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## Follow-Up After Hospitalization for Mental Illness (FUH)

Commercial, Medicaid, Medicare, and Marketplace Ages 6+

The percentage of discharges received between January 1 - December 1, for members 6 years of age and older who were hospitalized for a principal diagnosis of mental illness, **or any diagnosis of intentional self-harm and had a mental health follow up service**. Two rates are reported:

1. The percentage of discharges for which the member received follow-up within 30 days after discharge.
2. The percentage of discharges for which the member received follow-up within 7 days after discharge.

### Key Changes to FUH:

- Modified the denominator criteria to allow intentional self-harm diagnoses to take any position on the acute inpatient discharge claim (potential to increase the denominator).
- Added new diagnoses including phobia, anxiety, intentional self-harm X-chapter codes, and the R45.851 suicidal ideation code to the denominator in the event/diagnosis (potential to increase the denominator).
- Added more provider type visits (i.e., PCP) with any diagnosis of a mental health disorder to meet the mental health follow-up numerator (potential to increase the numerator).
- Added peer support and residential treatment services to the numerator (potential to increase the numerator).

## Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Commercial, Medicaid, Medicare Ages 6+

The percentage of emergency department (ED) visits between January 1 – December 1, for members 6 years of age and older with a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service. Two rates are reported:

1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

### Key Changes to FUM:

- Modified the denominator criteria to allow intentional self-harm diagnoses to take any position on the claim (potential to increase the denominator).
- Added new diagnoses including phobia, anxiety, intentional self-harm X-chapter codes, and the R45.851 suicidal ideation code to the denominator in the event/diagnosis (potential to increase the denominator).
- Modified the numerator criteria to allow a mental health diagnosis to take any position on the claim (potential to increase the numerator).
- Added peer support and residential treatment services to the numerator (potential to increase the numerator).
- Added visits in a behavioral healthcare setting and psychiatric collaborative care management services to the numerator (potential to increase the numerator).
- Deleted the mental health diagnosis requirement for partial hospitalization/ intensive outpatient visits, community mental health center visits and electroconvulsive therapy (potential to increase the numerator).

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## Tip Sheet

### Social Need Screening and Intervention (SNS-E)

Commercial, Medicaid, Medicare, and Marketplace

The percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing, and transportation needs, and received a corresponding intervention if they screened positive.

- 1. Food Screening.** The percentage of members who were screened for food insecurity.
- 2. Food Intervention.** The percentage of members who received a corresponding intervention within 1 month of screening positive for food insecurity.
- 3. Housing Screening.** The percentage of members who were screened for housing instability, homelessness, or housing inadequacy.
- 4. Housing Intervention.** The percentage of members who received a corresponding intervention within 1 month of screening positive for housing instability, homelessness, or housing inadequacy.
- 5. Transportation Screening.** The percentage of members who were screened for transportation insecurity.
- 6. Transportation Intervention.** The percentage of members who received a corresponding intervention within 1 month of screening positive for transportation insecurity.

### Key Changes to SNS-E:

- Updated the description of the intervention categories to include any of the following categories: adjustment, assistance, coordination, counseling, education, evaluation of eligibility, evaluation/assessment, provision, or referral (potential to increase the numerator).