ALLIANT HEALTH SOLUTIONS | SORH State Office of Rural Health
A Division of the Georgia Department of Community Health

GA FLEX Quality Improvement Project Monthly Meeting

February 24, 2026

Agenda

- Welcome
- HCAPS Communication About Medications
- Data Dive (Data source: MBQIP)
- Resources
- Q&A/Wrap Up

GA FLEX Improvement Project Lead

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Quality Program Manager
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Melody has over 45 years of health care experience, including varied roles at Alliant Health Solutions. She currently works on projects with hospitals, nursing homes, and physician practices concentrating on quality improvement strategies and implementation of interventions.

HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems)

Key HCAHPS Medication Communication Questions:

- **Purpose:** "Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?"
- **Side Effects:** "Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?"

HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems)

Key Aspects of the Measure:

- **Target:** The focus is on **new** medications introduced during the hospital stay.
- **Scoring:** To achieve "top-box" scores, patients must answer "**Always**".
- **Improvement Strategies:** Using the "teach-back method" and ensuring staff consistently explain the name, purpose, and side effects for every new medication increases these scores.
- **Relevance:** Effective communication in this area reduces medication errors and enhances patient safety, besides improving survey results.
- The survey is administered to patients 48 hours to 6 weeks after discharge.

Safe Use of Opioids

Technical Specifications (CMS506v6)

- **Denominator**: Includes inpatient hospitalizations (stay length ≤ 120 days) for patients aged 18 and older who are prescribed one or more new or continuing opioid or benzodiazepine at discharge.
- **Numerator**: Number of hospitalizations from the denominator where patients are prescribed two or more unique opioids OR at least one opioid and one benzodiazepine concurrently.
- **Exclusions**: Patients with cancer, those receiving palliative or hospice care, or those who expire during their stay are typically excluded from this measure.
- **Inverse Nature**: This is an inverse measure, meaning a **lower rate** (ideally zero) indicates better performance in avoiding high-risk concurrent prescribing.

Safe Use of Opioids

Core Medication Value Sets

The measure logic for 2024 primarily relies on two large medication lists:

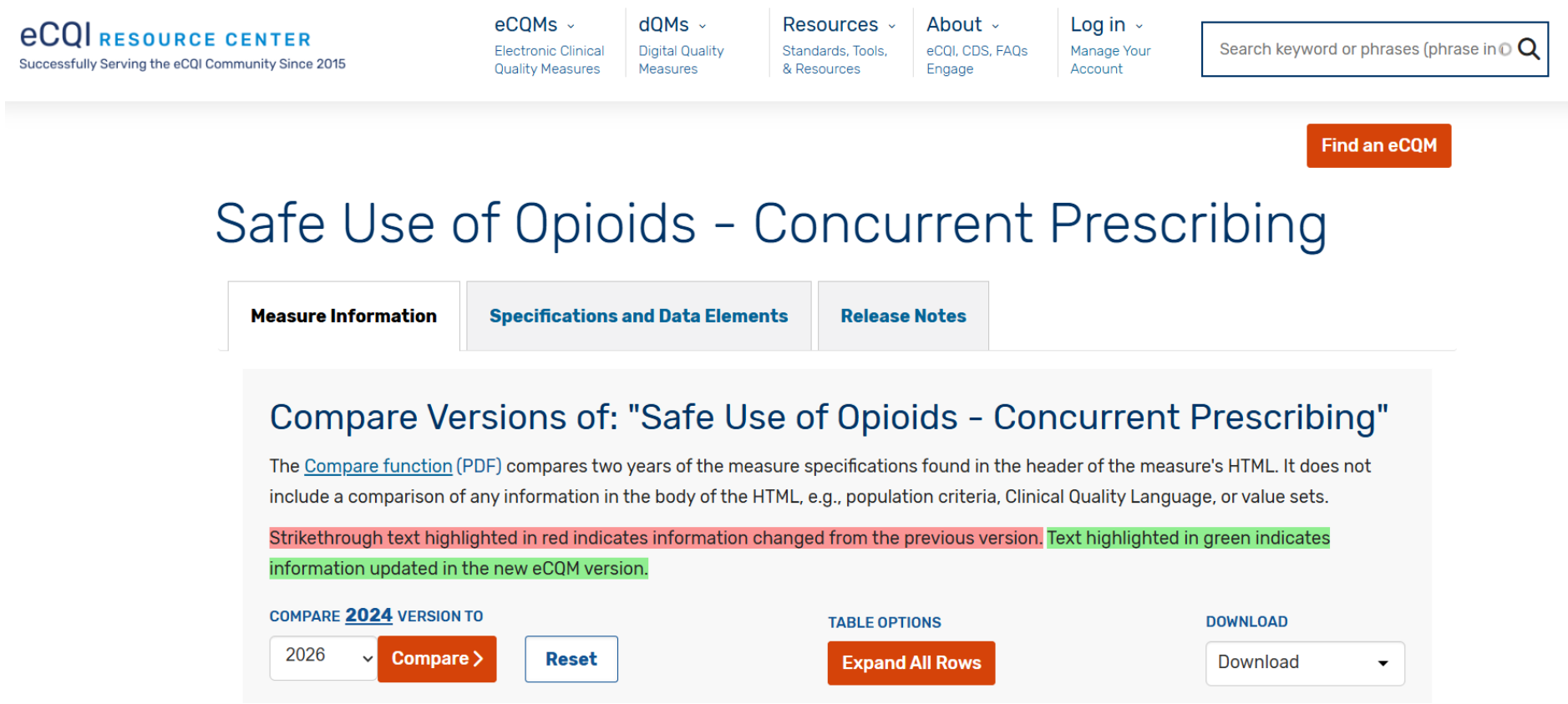
- **Schedule II, III & IV Opioid Medications**
  - **OID**: `2.16.840.1.113762.1.4.1046.241`
  - **Scope**: Includes common prescription opioids such as **Morphine, Oxycodone, Hydrocodone, Fentanyl, Hydromorphone, and Tramadol**.
  - **Note**: Although the title specifies Schedules II-IV, some Schedule V medications may be included in the expansion to capture relevant therapeutic equivalents. Naloxone is **excluded** as it is an antagonist.
- **Schedule IV Benzodiazepines**
  - **OID**: `2.16.840.1.113762.1.4.1125.1`
  - **Scope**: Includes medications such as **Alprazolam, Diazepam, Lorazepam, and Temazepam**.
  - **Clarification**: This list typically does **not** include "Z-drugs" (like Zolpidem) for this specific measure, as they are not classified as benzodiazepines.

Exclusion Value Sets

CMS uses these codes to remove patients from the denominator for whom concurrent prescribing may be clinically appropriate:

- **Cancer-Related Pain**: `2.16.840.1.113762.1.4.1111.161` (All Primary and Secondary Cancer)
- **Palliative or Hospice Care**: `2.16.840.1.113883.3.600.1.1579`
- **Discharge to Acute Care**: `2.16.840.1.113883.3.117.1.7.1.87` (Used to exclude transfers where discharge follow-up is managed by the next facility).

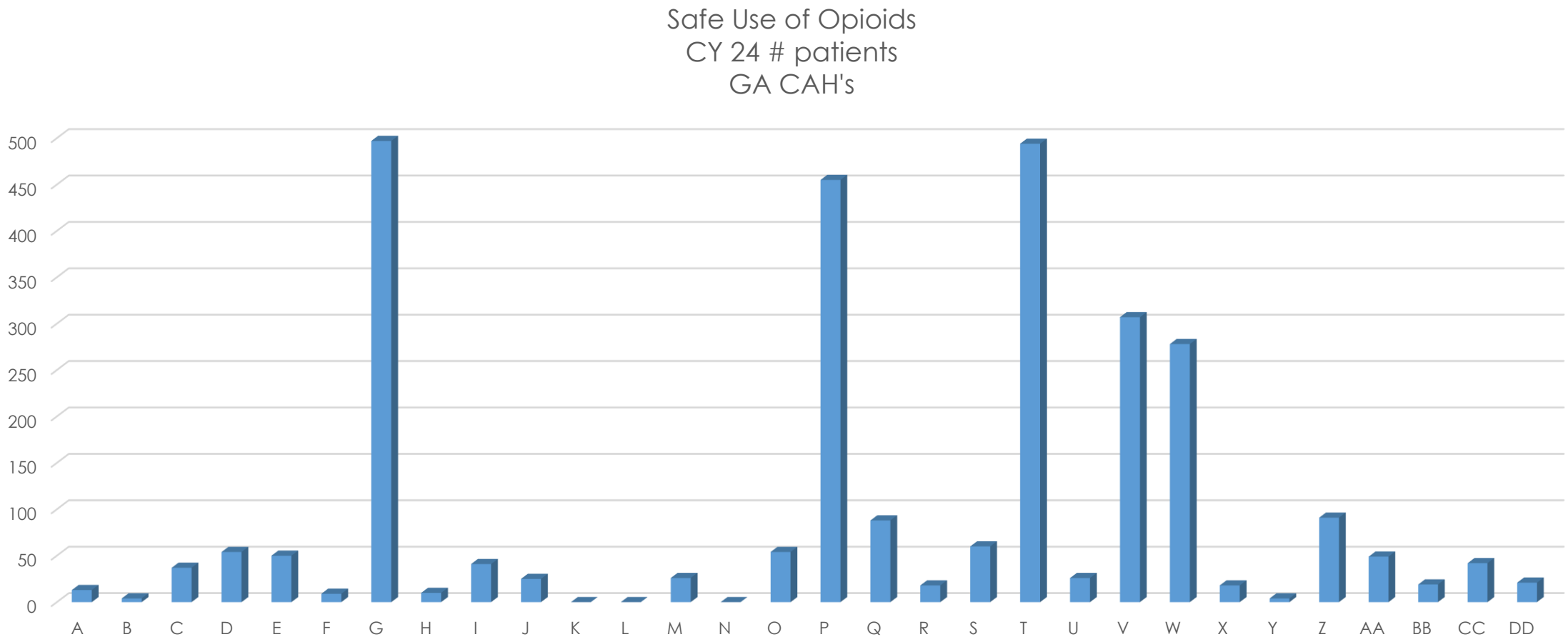
Safe Use of Opioids eCQM



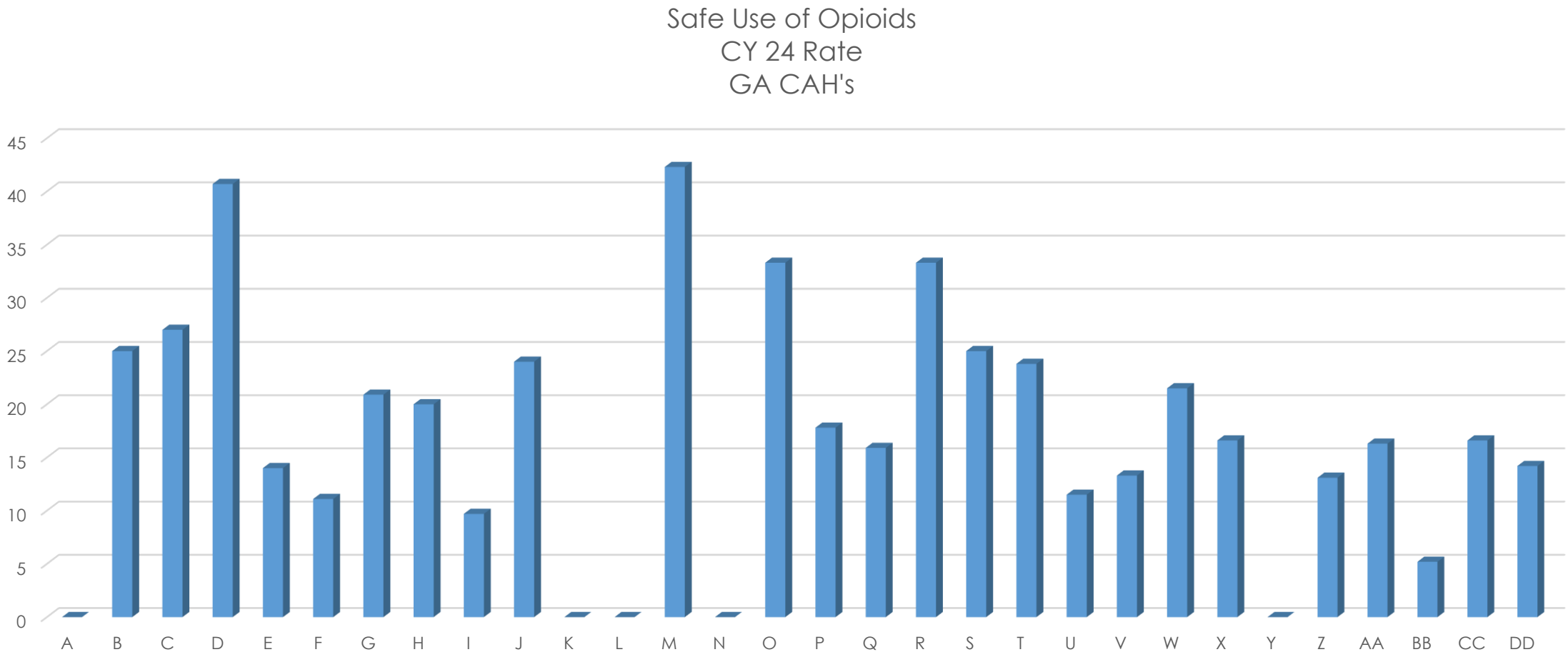
Measure Information

Measure Information	2024 Reporting Period
Title	Safe Use of Opioids - Concurrent Prescribing
CMS eCQM ID	CMS506v6
CBE ID*	3316e
Measure Steward	Centers for Medicare & Medicaid Services (CMS)
Description	Proportion of inpatient hospitalizations for patients 18 years of age and older prescribed, or continued on, two or more opioids or an opioid and benzodiazepine concurrently at discharge
Measure Scoring	Proportion
Measure Type	Process
Stratification	None
Risk Adjustment	None
Rationale	Unintentional opioid overdose fatalities have become a major public health concern in the United States (Rudd et al., 2016). Reducing the number of unintentional overdoses has become a priority for numerous federal organizations including, but not limited to, the Centers for Disease Control and Prevention (CDC),...

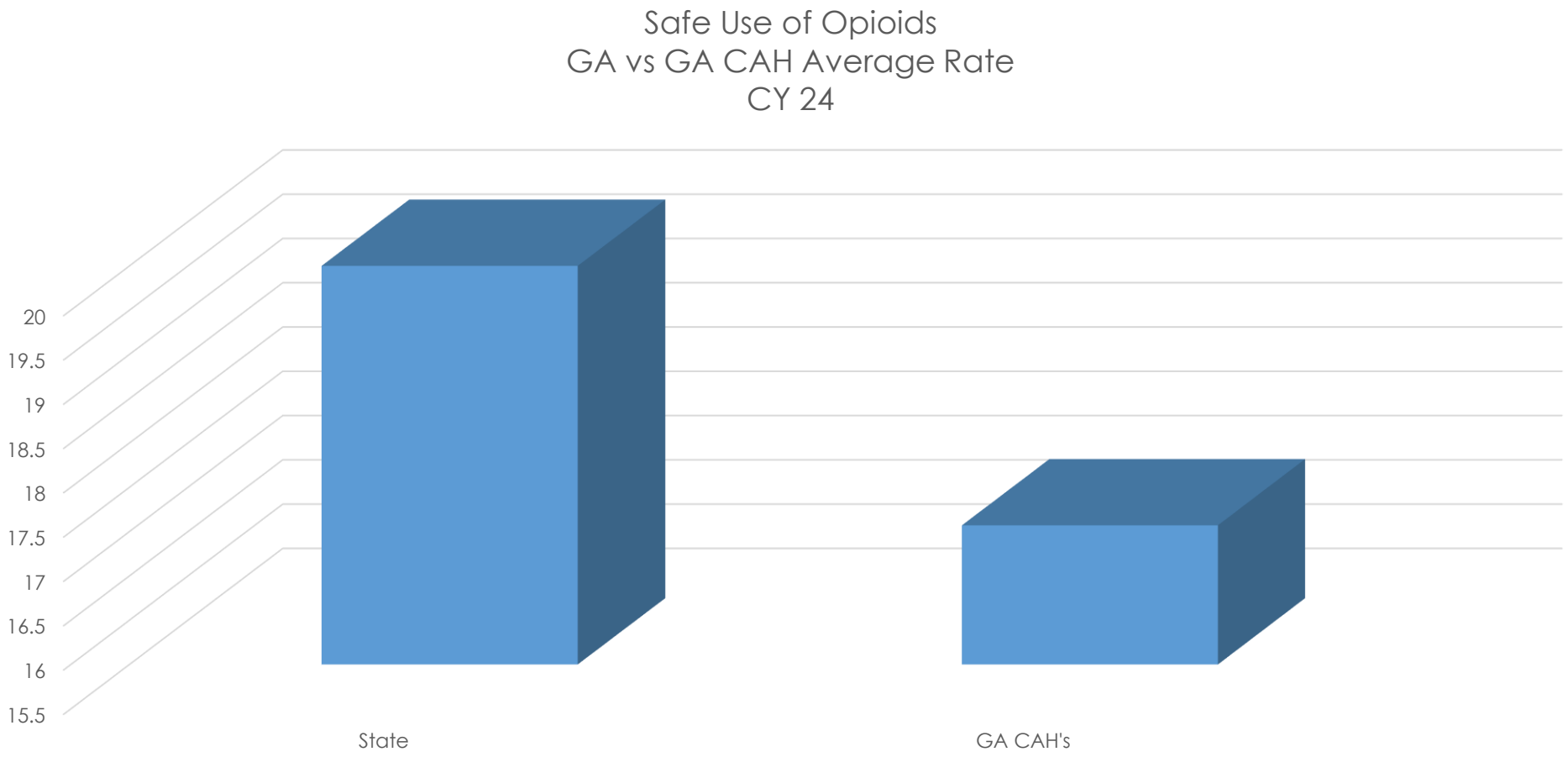
Safe Use of Opioids



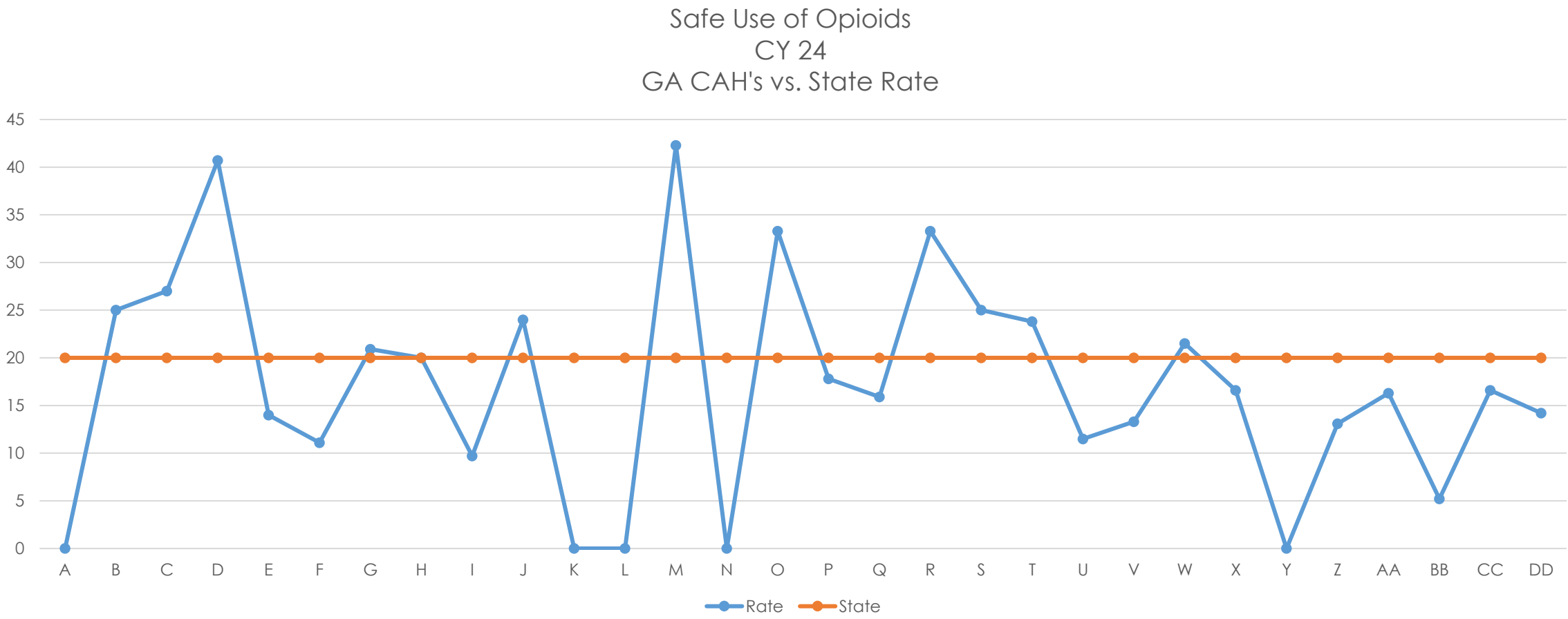
Safe Use of Opioids



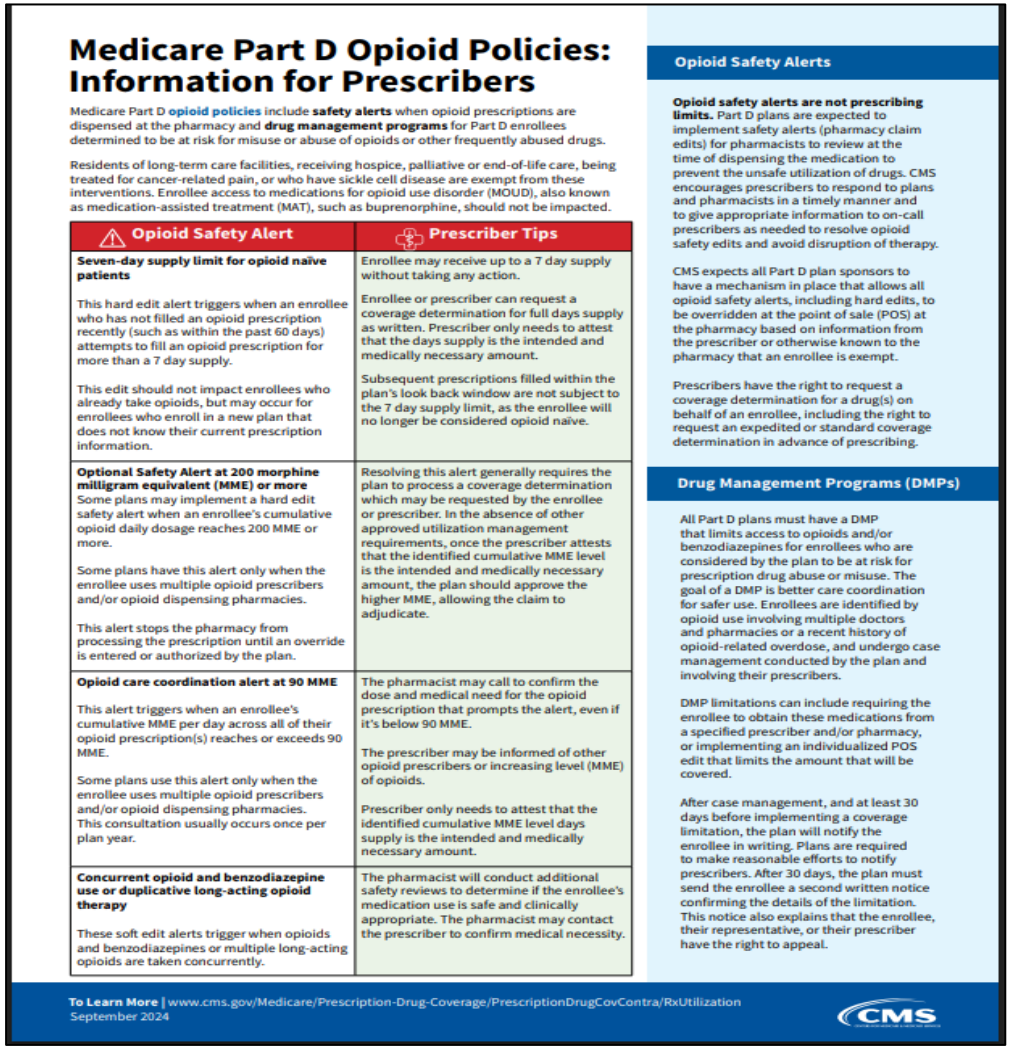
Safe Use of Opioids



Safe Use of Opioids



Prescriber Information



Medicare Part D Opioid Policies: Information for Prescribers

Medicare Part D **opioid policies** include **safety alerts** when opioid prescriptions are dispensed at the pharmacy and **drug management programs** for Part D enrollees determined to be at risk for misuse or abuse of opioids or other frequently abused drugs.

Residents of long-term care facilities, receiving hospice, palliative or end-of-life care, being treated for cancer-related pain, or who have sickle cell disease are exempt from these interventions. Enrollee access to medications for opioid use disorder (MOUD), also known as medication-assisted treatment (MAT), such as buprenorphine, should not be impacted.

Opioid Safety Alert	Prescriber Tips
Seven-day supply limit for opioid naïve patients This hard edit alert triggers when an enrollee who has not filled an opioid prescription recently (such as within the past 60 days) attempts to fill an opioid prescription for more than a 7 day supply. This edit should not impact enrollees who already take opioids, but may occur for enrollees who enroll in a new plan that does not know their current prescription information.	Enrollee may receive up to a 7 day supply without taking any action. Enrollee or prescriber can request a coverage determination for full days supply as written. Prescriber only needs to attest that the days supply is the intended and medically necessary amount. Subsequent prescriptions filled within the plan's look back window are not subject to the 7 day supply limit, as the enrollee will no longer be considered opioid naïve.
Optional Safety Alert at 200 morphine milligram equivalent (MME) or more Some plans may implement a hard edit safety alert when an enrollee's cumulative opioid daily dosage reaches 200 MME or more. Some plans have this alert only when the enrollee uses multiple opioid prescribers and/or opioid dispensing pharmacies. This alert stops the pharmacy from processing the prescription until an override is entered or authorized by the plan.	Resolving this alert generally requires the plan to process a coverage determination which may be requested by the enrollee or prescriber. In the absence of other approved utilization management requirements, once the prescriber attests that the identified cumulative MME level is the intended and medically necessary amount, the plan should approve the higher MME, allowing the claim to adjudicate.
Opioid care coordination alert at 90 MME This alert triggers when an enrollee's cumulative MME per day across all of their opioid prescription(s) reaches or exceeds 90 MME. Some plans use this alert only when the enrollee uses multiple opioid prescribers and/or opioid dispensing pharmacies. This consultation usually occurs once per plan year.	The pharmacist may call to confirm the dose and medical need for the opioid prescription that prompts the alert, even if it's below 90 MME. The prescriber may be informed of other opioid prescribers or increasing level (MME) of opioids. Prescriber only needs to attest that the identified cumulative MME level days supply is the intended and medically necessary amount.
Concurrent opioid and benzodiazepine use or duplicative long-acting opioid therapy These soft edit alerts trigger when opioids and benzodiazepines or multiple long-acting opioids are taken concurrently.	The pharmacist will conduct additional safety reviews to determine if the enrollee's medication use is safe and clinically appropriate. The pharmacist may contact the prescriber to confirm medical necessity.

Opioid Safety Alerts

Opioid safety alerts are not prescribing limits. Part D plans are expected to implement safety alerts (pharmacy claim edits) for pharmacists to review at the time of dispensing the medication to prevent the unsafe utilization of drugs. CMS encourages prescribers to respond to plans and pharmacists in a timely manner and to give appropriate information to on-call prescribers as needed to resolve opioid safety edits and avoid disruption of therapy.

CMS expects all Part D plan sponsors to have a mechanism in place that allows all opioid safety alerts, including hard edits, to be overridden at the point of sale (POS) at the pharmacy based on information from the prescriber or otherwise known to the pharmacy that an enrollee is exempt.

Prescribers have the right to request a coverage determination for a drug(s) on behalf of an enrollee, including the right to request an expedited or standard coverage determination in advance of prescribing.

Drug Management Programs (DMPs)

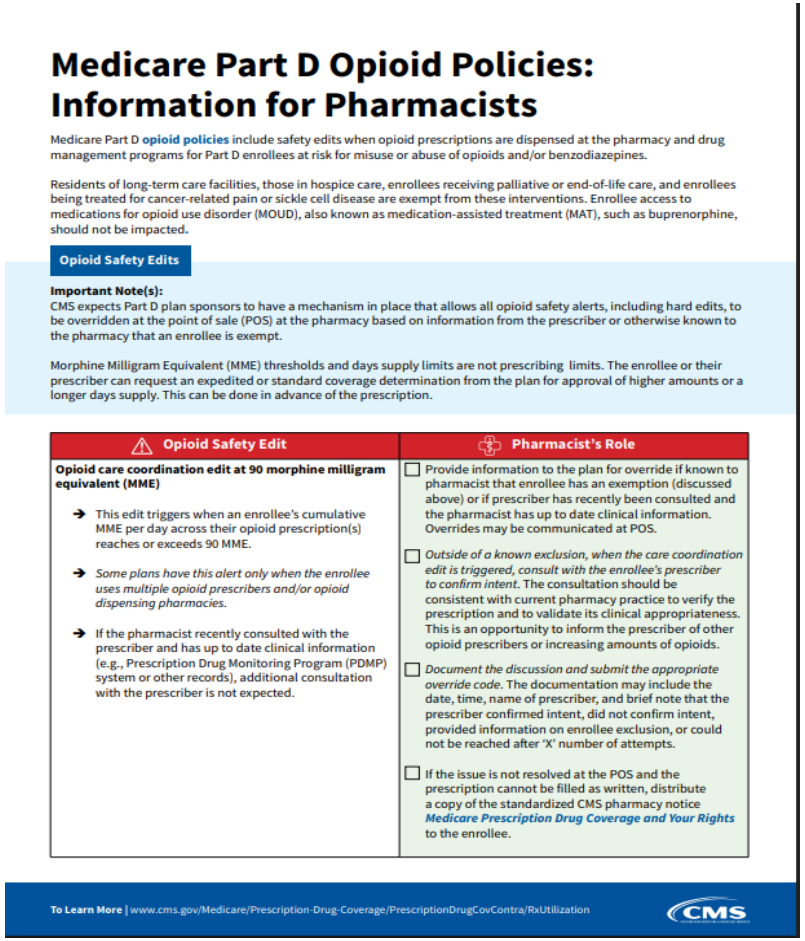
All Part D plans must have a DMP that limits access to opioids and/or benzodiazepines for enrollees who are considered by the plan to be at risk for prescription drug abuse or misuse. The goal of a DMP is better care coordination for safer use. Enrollees are identified by opioid use involving multiple doctors and pharmacies or a recent history of opioid-related overdose, and undergo case management conducted by the plan and involving their prescribers.

DMP limitations can include requiring the enrollee to obtain these medications from a specified prescriber and/or pharmacy, or implementing an individualized POS edit that limits the amount that will be covered.

After case management, and at least 30 days before implementing a coverage limitation, the plan will notify the enrollee in writing. Plans are required to make reasonable efforts to notify prescribers. After 30 days, the plan must send the enrollee a second written notice confirming the details of the limitation. This notice also explains that the enrollee, their representative, or their prescriber have the right to appeal.

To Learn More | www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/RxUtilization
September 2024

Pharmacist Information



Medicare Part D Opioid Policies: Information for Pharmacists

Medicare Part D **opioid policies** include safety edits when opioid prescriptions are dispensed at the pharmacy and drug management programs for Part D enrollees at risk for misuse or abuse of opioids and/or benzodiazepines.

Residents of long-term care facilities, those in hospice care, enrollees receiving palliative or end-of-life care, and enrollees being treated for cancer-related pain or sickle cell disease are exempt from these interventions. Enrollee access to medications for opioid use disorder (MOUD), also known as medication-assisted treatment (MAT), such as buprenorphine, should not be impacted.

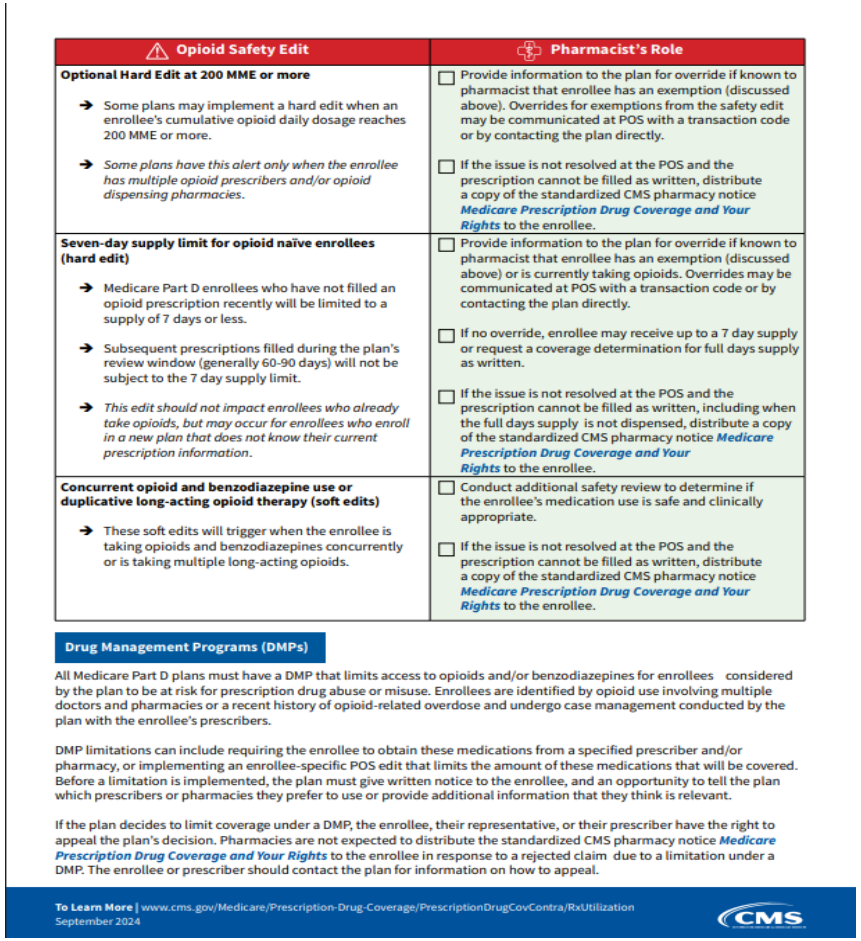
Opioid Safety Edits

Important Note(s):
CMS expects Part D plan sponsors to have a mechanism in place that allows all opioid safety alerts, including hard edits, to be overridden at the point of sale (POS) at the pharmacy based on information from the prescriber or otherwise known to the pharmacy that an enrollee is exempt.

Morphine Milligram Equivalent (MME) thresholds and days supply limits are not prescribing limits. The enrollee or their prescriber can request an expedited or standard coverage determination from the plan for approval of higher amounts or a longer days supply. This can be done in advance of the prescription.

⚠ Opioid Safety Edit	Pharmacist's Role
Opioid care coordination edit at 90 morphine milligram equivalent (MME) ➔ This edit triggers when an enrollee's cumulative MME per day across their opioid prescription(s) reaches or exceeds 90 MME. ➔ *Some plans have this alert only when the enrollee uses multiple opioid prescribers and/or opioid dispensing pharmacies.* ➔ If the pharmacist recently consulted with the prescriber and has up to date clinical information (e.g., Prescription Drug Monitoring Program (PDMP) system or other records), additional consultation with the prescriber is not expected.	☐ Provide information to the plan for override if known to pharmacist that enrollee has an exemption (discussed above) or if prescriber has recently been consulted and the pharmacist has up to date clinical information. Overrides may be communicated at POS. ☐ *Outside of a known exclusion, when the care coordination edit is triggered, consult with the enrollee's prescriber to confirm intent.* The consultation should be consistent with current pharmacy practice to verify the prescription and to validate its clinical appropriateness. This is an opportunity to inform the prescriber of other opioid prescribers or increasing amounts of opioids. ☐ *Document the discussion and submit the appropriate override code.* The documentation may include the date, time, name of prescriber, and brief note that the prescriber confirmed intent, did not confirm intent, provided information on enrollee exclusion, or could not be reached after 'X' number of attempts. ☐ If the issue is not resolved at the POS and the prescription cannot be filled as written, distribute a copy of the standardized CMS pharmacy notice ***Medicare Prescription Drug Coverage and Your Rights*** to the enrollee.

To Learn More | www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/RxUtilization



⚠ Opioid Safety Edit	Pharmacist's Role
Optional Hard Edit at 200 MME or more ➔ Some plans may implement a hard edit when an enrollee's cumulative opioid daily dosage reaches 200 MME or more. ➔ *Some plans have this alert only when the enrollee has multiple opioid prescribers and/or opioid dispensing pharmacies.*	☐ Provide information to the plan for override if known to pharmacist that enrollee has an exemption (discussed above). Overrides for exemptions from the safety edit may be communicated at POS with a transaction code or by contacting the plan directly. ☐ If the issue is not resolved at the POS and the prescription cannot be filled as written, distribute a copy of the standardized CMS pharmacy notice ***Medicare Prescription Drug Coverage and Your Rights*** to the enrollee.
Seven-day supply limit for opioid naïve enrollees (hard edit) ➔ Medicare Part D enrollees who have not filled an opioid prescription recently will be limited to a supply of 7 days or less. ➔ Subsequent prescriptions filled during the plan's review window (generally 60-90 days) will not be subject to the 7 day supply limit. ➔ *This edit should not impact enrollees who already take opioids, but may occur for enrollees who enroll in a new plan that does not know their current prescription information.*	☐ Provide information to the plan for override if known to pharmacist that enrollee has an exemption (discussed above) or is currently taking opioids. Overrides may be communicated at POS with a transaction code or by contacting the plan directly. ☐ If no override, enrollee may receive up to a 7 day supply or request a coverage determination for full days supply as written. ☐ If the issue is not resolved at the POS and the prescription cannot be filled as written, including when the full days supply is not dispensed, distribute a copy of the standardized CMS pharmacy notice ***Medicare Prescription Drug Coverage and Your Rights*** to the enrollee.
Concurrent opioid and benzodiazepine use or duplicative long-acting opioid therapy (soft edits) ➔ These soft edits will trigger when the enrollee is taking opioids and benzodiazepines concurrently or is taking multiple long-acting opioids.	☐ Conduct additional safety review to determine if the enrollee's medication use is safe and clinically appropriate. ☐ If the issue is not resolved at the POS and the prescription cannot be filled as written, distribute a copy of the standardized CMS pharmacy notice ***Medicare Prescription Drug Coverage and Your Rights*** to the enrollee.

Drug Management Programs (DMPs)

All Medicare Part D plans must have a DMP that limits access to opioids and/or benzodiazepines for enrollees considered by the plan to be at risk for prescription drug abuse or misuse. Enrollees are identified by opioid use involving multiple doctors and pharmacies or a recent history of opioid-related overdose and undergo case management conducted by the plan with the enrollee's prescribers.

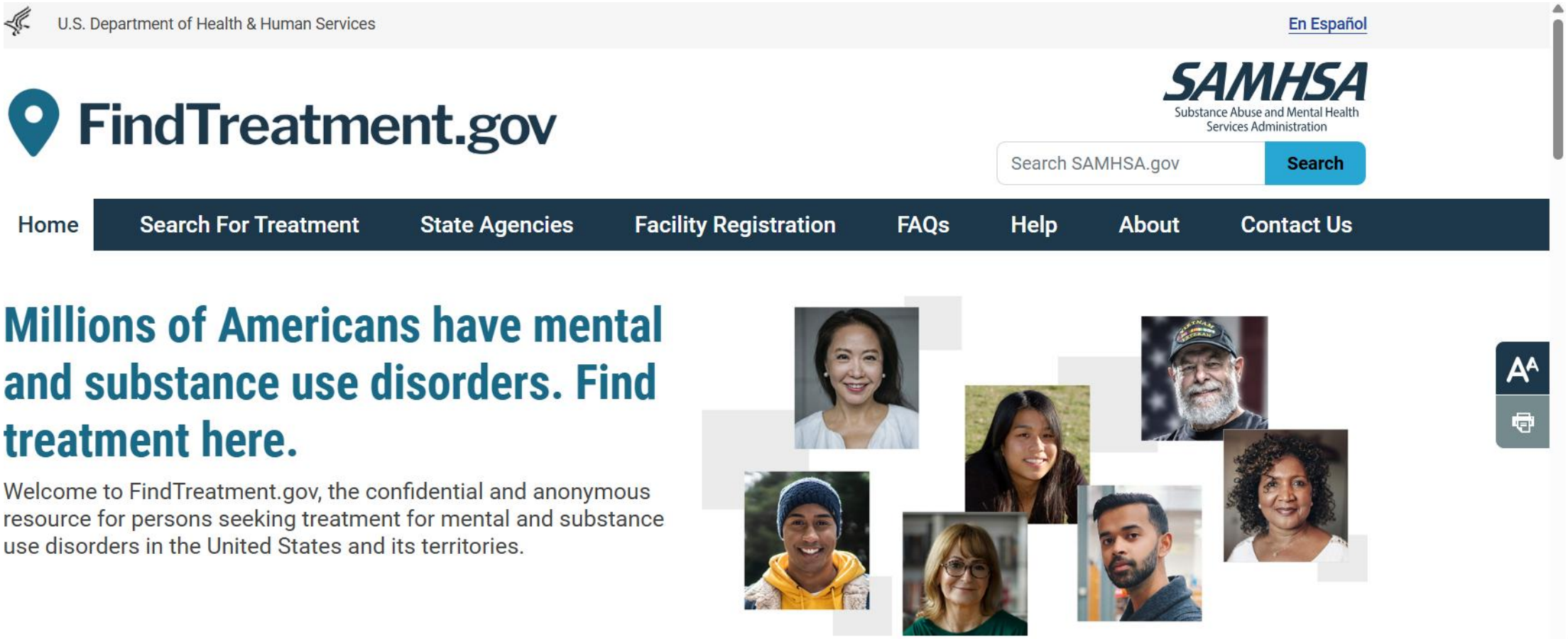
DMP limitations can include requiring the enrollee to obtain these medications from a specified prescriber and/or pharmacy, or implementing an enrollee-specific POS edit that limits the amount of these medications that will be covered. Before a limitation is implemented, the plan must give written notice to the enrollee, and an opportunity to tell the plan which prescribers or pharmacies they prefer to use or provide additional information that they think is relevant.

If the plan decides to limit coverage under a DMP, the enrollee, their representative, or their prescriber have the right to appeal the plan's decision. Pharmacies are not expected to distribute the standardized CMS pharmacy notice ***Medicare Prescription Drug Coverage and Your Rights*** to the enrollee in response to a rejected claim due to a limitation under a DMP. The enrollee or prescriber should contact the plan for information on how to appeal.

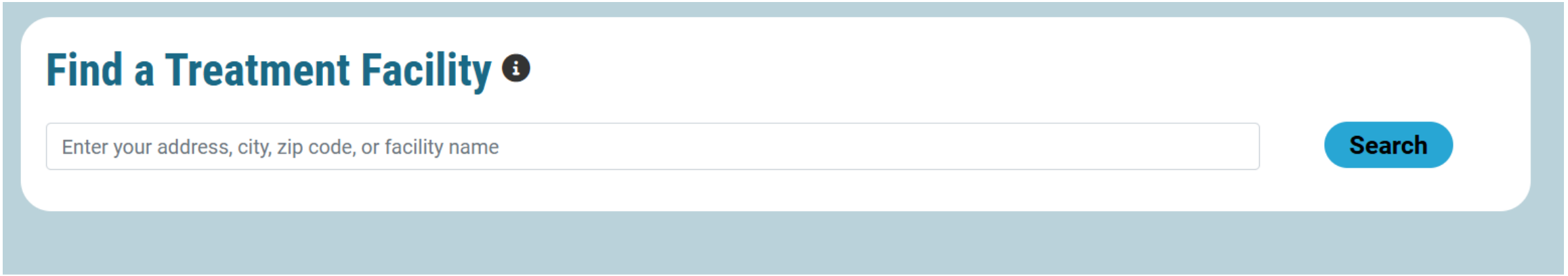
To Learn More | www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/RxUtilization
September 2024

Find Treatment

https://findtreatment.gov/



Find Treatment



Help Resources

988 Suicide & Crisis Lifeline

Free and confidential support for people in distress, 24/7.

Call or text 988

National Helpline

Treatment referral and information, 24/7.

1-800-662-HELP (4357)

Disaster Distress Helpline

Immediate crisis counseling related to disasters, 24/7.

1-800-985-5990

Project Timeline

Date	To-Do List
4th Tuesday of each month 10 a.m. EST	□ Monthly calls
March 24, 2026	□ Education

Email melody.brown@allianthealth.org to schedule a meeting.

Alliant Health Website and GA Flex Resources

https://quality.allianthealth.org/ga-flex/

GA Flex Resources

Hospital Resources

Medicare Beneficiary Quality Improvement Project (MBQIP) 2025 Measure Core Set Information Guide – Version 2.2 – 3.1.2025

The Rural Quality Improvement Technical Assistance (RQITA) Resource Center

Safe Use of Opioids

Safe Use of Opioids – Concurrent Prescribing

Social Determinants of Health (SDOH)

Screening for SDOH Measure and the Screen Positive Rate Measure

FAQs Social Determinants of Health (SDOH) Measures

Discharge Referral List

Improving the Collection of Social Determinants of Health (SDOH) Data with ICD-10-CM Z Codes

Show More

Resources

1. The Rural Quality Improvement Technical Assistance (RQITA) Resource Center: https://www.telligen.com/rqita/

2. Rural Health Information Hub website: https://www.ruralhealthinfo.org/

3. Rural Health Research Gateway: https://www.ruralcenter.org/

Learning Outcome:

Following this activity, learners will be able to utilize data to determine those patients that are at the highest risk of unintentional overdose or misuse of opioids and implement staff and patient education processes to improve the safe use of opioids.

Accreditation Council for Continuing Medical Education (ACCME)

Alliant Health Solutions is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Alliant Health Solutions designates this Live Activity for a maximum of 1 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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After the event, please navigate to the survey: https://bit.ly/AHS_ContinuingEdCredit Those who complete the survey will receive a certificate to the email address provided.

Disclosure of Relevant Relationships

The planners and faculty for this activity have no relevant relationships. Any relevant relationships are mitigated before the start of the activity according to the Standards for Integrity and Independence in Accredited Education.

Expiration Date: 12/31/26

Bibliography: References are available in the presentation.

Continuing Education Credits

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Questions?


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