The NCQA-HEDIS program includes additional pharmacy related measures used to evaluate Medicare Advantage programs. As state Medicaid programs become increasingly responsible for accountability of their managed care programs, monitoring of these measures will become increasingly important.

### OBJECTIVES

Consider rewording to: One major objective of the Mississippi Evidence-Based Drug Utilization Review Program (MS-DUR) during the last few years has been the focus on quality improvement. Systematic measurement of performance of the state Medicaid program (fee-for-service and managed care) on various pharmacy quality measures are continuously reviewed. When warranted, prospective clinical edits and educational interventions designed to improved performance on quality measures have been implemented.

### PRACTICE DESCRIPTION

MS-DUR has evaluated Mississippi Medicaid performance on several quality measures and the following actions have been taken to improve performance.

**PQA - Percentage of Children Under Five Taking Antipsychotics**
- Mississippi Medicaid performance was slightly higher than the national average for Medicaid programs.
- Review and update of age edits performed.

**HEDIS – Percentage of Children Taking Antipsychotics Having Metabolic Monitoring**
- Mississippi performance was just above the 25th percentile on this measure.
- Educational intervention conducted over 9 month period of time.
- Further actions being considered for improvement on this measure.

CMS/HEDIS – Percentage of Children Starting ADHD Medication Receiving Follow-up Care During the Initiation Phase
- Mississippi Medicaid performance was 59% compared to the national average or 46% reported by CMS for states reporting in 2014.
- Educational intervention conducted over 9 month period of time.

**PQA/CMS/HEDIS – Percentage of Children Concurrently Taking Multiple (3+2+) Antipsychotics**
- The state was higher than average on this measure compared to somewhat similar measures that had benchmark data.
- Electronic PA criteria implemented to force manual PA review when a third antipsychotic is initiated. Time to account for dose titration is addressed.
- Manual PA criteria developed assuring dose titration adjustments to transition to fewer antipsychotics and metabolic monitoring.

**PQA – Percentage of Beneficiaries Without Cancer Using Opioids at High Morphine Equivalent Daily Dosages (MEDD) and From Multiple Providers**
- State performance on measures was assessed but comparable benchmark data are not available.
- Educational interventions are being initiated addressing high MEDD and use of multiple providers.
- Quarterly reports are being generated on the combined measure for program integrity to evaluate for potential lock-in program.

### RESULTS

Mississippi Medicaid’s DUR Board has been very receptive to the emphasis on quality measures in the retrospective DUR program. The DUR Board has supported recommendations for clinical edits and educational interventions aimed at quality improvement. As the metabolic monitoring educational intervention evaluation showed only a slight increase in overall performance on this measure, further action is needed. Currently the option of requiring a manual PA for all antipsychotics prescribed for children is being explored as a means of achieving greater improvement on the metabolic monitoring and other quality measures related to antipsychotics.

### CONCLUSIONS

Pharmacy quality measures can be used in retrospective DUR as an effective method of identifying prospective and retrospective DUR actions necessary to help improve quality of care in a state Medicaid program.

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