QI 9: Clinical Practice Guidelines

Element A: ABH adopts evidence-based clinical practice guidelines for at least three behavioral conditions, with at least one guideline addressing children and adolescents, by:

1. Establishing the clinical basis for each guideline.
2. Updating each guideline at least every two years.

Element B: ABH annually measures performance against at least two important aspects of each of the three clinical practice guidelines.

Purpose

Report date June 4, 2026

The ABH Data Manager provided 2025performance rates on April 20, 2026 for each measure. The formal review of performance for each Clinical Practice Guideline occurred June 2, 2026 during the Quality Subcommittee meeting. The committee reviewed the results and performed a qualitative analysis. The ABH Director of Quality Management and Improvement then updated this report to reflect the analysis determined by the Quality Subcommittee. Final review and approval by the Quality Management Committee on June 9, 2026.

The clinical practice guidelines (CPGs) provide guidance for physicians and clinicians who prescribe psychotherapeutic medications for the treatment of behavioral health conditions. (American Psychiatric Association: https://www.psychiatry.org and www.aacap.org .) The guidelines indicate that following the initiation of a psychotherapeutic medication, members need follow up appointments to assess for therapeutic improvement and to determine the need for medication continuation or adjustments in medication. Access Behavioral Health (ABH) reviews the CPGs at least every two (2) years to ensure the most recently published guidelines are included.

In 2017, ABH created clinical practice guideline (CPG) studies to measure the adherence in meeting the treatment guidelines for newly diagnosed behavioral health conditions ABH reviews the clinical practice guidelines every two (2) years and determines if new guidelines are available. On March 7, 2024, the ABH Quality Subcommittee reviewed the existing Clinical Practice Guidelines. During the Subcommittee discussion, it was determined that the 2019 update for the treatment of Schizophrenia by the American Psychiatric Association was just a draft, which was later finalized in 2020. This revised CPG was accepted and adopted by ABH and linked to the ABH website (www.abhfl.org). The guidelines for ADHD were revised most recently in 2007 by the American Academy of Child & Adolescent Psychiatry and are currently available through the ABH website. Disruptive Mood Dysregulation Disorder is considered a newer diagnosis as it was first described in the Diagnostic and Statistical Manual of Mental Disorders 5th edition (DSM-5), published in 2013. There are no current published clinical practice guidelines, therefore, the expert opinion of the ABH Medical Director was used in making treatment recommendations. No review was completed in March 2026 as NCQA standards were received in December and the committee noted that Standard QI 9 was retired.

On June 2, 2026 the Quality Subcommittee unanimously agreed to retire the existing three (3) clinical practice guidelines following the review and finalization of the 2025 results. The three studies, results and analyses are explained in detail in this report.

Methodology

ABH uses claims data to identify newly diagnosed members and follow-up visits for each study. “Newly diagnosed” members are defined as having the appropriate ICD 10 code for their diagnosis linked with an H2000HO (psychological evaluation by a non-psychiatrist) or H2000HP (psychological evaluation by a psychiatrist) visit, with or without a telehealth modifier. Follow-up visits are T1015 (medication management), with or without a telehealth modifier. As recommended by the clinical practice guidelines used for the study, members in the ADHD and DMDD CPG studies can also have a H2019HR (individual/family therapy) follow-up visit, with or without a telehealth modifier. The members had to be

continuously enrolled during the aspect periods, which is July 1 of the prior year to June 30 of the measurement year. The clinical practice guidelines are reviewed every two years, as needed. ABH also discusses methodological changes, if necessary. Benchmarks for ADHD CPG mirror the 50th percentile goals as defined by the National Committee for Quality Assurance (NCQA) for the HEDIS measure ADDE Initiation Phase and ADDE Continuation and Maintenance Phase.

Clinical practice guidelines can be found on the ABH website: https://abhfl.org/information-for-providers/provider-resources/

Clinical Issue 1: ADHD (F90 ICD Codes)

Aspect 1 (Initiation Phase): Percentage of children ages 6 to 12 newly diagnosed with ADHD who had one follow-up visit with a mental health practitioner within 30 days of diagnosis.

Aspect 2 (Continuation Phase): The percentage of members who passed Aspect 1, and who had at least two follow up visits within 150 days with a mental health practitioner after the initiation phase ended (180 days total in the measure).

	2022	2023	2024	2025
Aspect 1 (Initiation Phase)				
Goal		44.21%	46.00%	46.58%
Numerator		111	114	96
Denominator		243	268	198
Rate		45.68%	42.54%	48.48%
Aspect 2 (Continuation Phase)				
Goal		54.40%	53.57%	55.07%
Numerator		136	149	118
Denominator		234	254	192
Rate		58.12%	58.66%	61.46%

* Goals are based on the 50th percentile as defined by NCQA.

Qualitative Analysis

Analysis for 2023

Completed June 18, 2024

The ABH Data Department presented quantitative information to the Quality Subcommittee in March 2024 regarding the diagnoses most often given to adolescent members. The findings revealed that for children aged 13-18, that 24.73% of services fell into the diagnostic category of Child and Adolescent Non-Psychotic Disorders. ADHD is included in this diagnostic category and in 2023 accounted for 85.39%

of the diagnoses given within the category (the remainder were Oppositional Defiant Disorder and Conduct Disorder). This led to the continuation of this as a Clinical Practice Guideline.

The benchmark for the ADD CPG is the 50th percentile as defined by NCQA. The benchmark fluctuated year over year with an increase from 2022 at 39.82% to 2023 at 44.21% for the initiation phase. ABH exceeded the 50th percentile in 2023 with a compliance rate for the initiation phase of 46%.

The compliance rate for the continuation phase was maintained at 52% for 2021 and 2022 with a decrease to 50% in 2023. Providers attribute this to members receiving ongoing care from PCPs/pediatricians following the initial diagnosis by a behavioral health provider for ADHD. ABH does not receive claims when services are rendered by PCPs/pediatricians and the compliance rate for this measure is determined via claims submission.

Analysis for 2024

Completed July 21, 2025

The goals for both aspects of this CPG are defined by the National Committee for Quality Assurance (NCQA) and the 50th percentile is the stated goal for this year. The goal for Aspect 1 increased by 1.79 percentage points from 2023 to 2024. Performance declined for this aspect by 2.81 percentage points from 2023 to 2024 and did not meet the goal. The rates for these aspects are achieved via Behavioral Health Claim submission. The same barrier identified last year was again identified this year by the Subcommittee, PCP services are not reflected in ABH data. ABH continues to work with one health plan on developing relationships with PCPs and Pediatricians to ensure coordination of care for behavioral health needs.

The goal for Aspect 2 decreased by 0.83 percentage points from 2023 to 2024. Performance for this aspect improved by 7.5 percentage points from 2023 to 2024 and exceeded the goal by 4 percentage points.

Quantitative Analysis for 2025

Completed June 2, 2026

Quantitative Analysis: In 2026, the Data Manager updated rates for each prior year reflecting a decrease in performance from 46% to 45.68% in 2023 and from 43.19% to 42.54% in 2024 for the Initiation Phase. Performance for this phase improved by 5.94 percentage points from 2024 to 2025 to 48.48%. Performance in 2025 exceeded benchmarks by 1.9 percentage points. Due to exceeding the goal, a qualitative analysis was not performed by the Subcommittee. Additionally, this Clinical Practice Guideline is being retired in 2026 as the NCQA standards effective July 1, 2026 no longer include CPGs.

In 2026, the Data Manager updated rates for each prior year reflecting an increase in performance from 50% to 58.12% in 2023 and from 57.55% to 58.66% in 2024 for the Continuation Phase. Performance for this phase improved by 2.8 percentage points from 2024 to 2025 to 61.46%. Performance in 2025 exceeded benchmarks by 6.39 percentage points. Due to exceeding benchmarks, a qualitative analysis was not performed by the Quality Subcommittee. Additionally, the updated rates for 2024 also reflected performance that exceeded the goal by 5.09 percentage points.

The Quality Subcommittee discussed reasons for performance improvement. Ultimately, the Subcommittee attributed improved performance to ABH's ongoing efforts of educating primary care physician groups and pediatricians in 2025 as well as training of behavioral health providers twice during

2025. These physician groups were educated about the appropriate referral process to connect their patients with behavioral health providers for management of ADD symptoms. This intervention was effective and though the CPG is being retired, the Subcommittee recommended ongoing collaborative efforts with PCP groups.

Clinical Issue 2: Disruptive Mood Dysregulation Disorder (ICD Codes F34.81)

Aspect 1: The percentage of members aged 13-17 newly diagnosed with Disruptive Mood Dysregulation Disorder who had at least one follow-up visit with a mental health practitioner within 30 days of diagnosis.

Aspect 2: The percentage of members who passed Aspect 1, and who had at least two additional follow-up visits with a mental health practitioner within 150 days after the initiation phase ended (180 total in the measure).

	2023	2024	2025
Aspect 1			
Rate	31.03%	33.98%	53.85%
Numerator	36	35	42
Denominator	116	103	78
Aspect 2			
Rate	42.45%	52.58%	52.63%
Numerator	45	51	40
Denominator	106	97	76

Qualitative Analysis

Analysis for 2023:

Completed June 18, 2024

On March 8, 2024 the Quality Subcommittee reviewed data supplied by Data Manager which reflects the top three diagnosis categories of Depression, Anxiety, and Child and Adolescent Non-Psychotic D/O which account for 75% of all services rendered in 2022 and 2023 based on claims data. The descriptive diagnoses for each category were also reviewed and discussed by the subcommittee. Disruptive Mood Dysregulation Disorder falls into the Depression category.

There is not a benchmark as identified by NCQA for this measure. The Quality Subcommittee monitors the compliance rates and continues to work with Behavioral Health Homes during quarterly quality meetings to ensure continuous quality improvement and compliance with this guideline. A decrease in performance was noted for both phases of this CPG in 2023 when compared to 2022.

The subcommittee discussed the increased focus of integration between primary care and behavioral health practitioners on site. One consideration for the decreased performance is the use of behavioral health providers within medical settings, thus the claims are processed through the medical side of the plan, not ABH. ABH does not have access to the data from the medical side of the plan.

Analysis for 2024
Completed July 21, 2025
Performance improvement of 6.41 percentage points noted in Aspect 1 from 2023 to 2024 and performance improvement of 15.55 percentage points noted in Aspect 2 from 2023 to 2024.
One barrier discussed by the Quality Subcommittee is that this particular diagnosis is given at the time of inpatient discharge. In Network providers on the Quality Subcommittee indicate that they typically identify a new, more appropriate diagnosis during outpatient treatment. Thus, claims no longer include the diagnosis of DMDD, negatively impacting Aspect 2.
The final consideration discussed by the Quality Subcommittee is that there has been an increase in the collocation of behavioral health providers with medical providers. Claims for services provided at those locations may be submitted to the medical side of the plan and those rates would not be included in the rates determined by ABH for this report.

Quantitative Analysis for 2025
Completed June 2, 2026
Quantitative Analysis: The goal for this Clinical Practice Guideline was continuous quality improvement year over year (YoY). This goal was met annually for both phases. In 2025, Aspect 1 performance improved by 19.87 percentage points from 2024 and 22.82 percentage points from 2023. In 2025, Aspect 2 performance improved by 0.05 percentage points from 2024 and 10.18 percentage points from 2023. This reflects continuous quality improvement annually therefore a qualitative analysis was not completed by the Quality Subcommittee. The Quality Subcommittee will not continue to monitor this activity as new activities were developed to address the newly released NCQA standards.

The Quality Subcommittee discussed reasons for performance improvement. Ultimately, the Subcommittee attributed improved performance to training behavioral health providers on the expectations of treatment for members with this diagnosis. The addition of the central receiving facility in Escambia County and a same day access center in Leon County improved access to members who wanted to establish care for treatment of this disorder. The Quality Subcommittee unanimously agreed to retire this Clinical Practice Guideline.

Clinical Issue 3: Schizophrenia & Schizoaffective (F20 & F25 ICD Codes)

Aspect 1: The percentage of members aged 19-64 newly diagnosed with Schizophrenia or Schizoaffective disorder who had at least one follow-up visit with a practitioner with prescribing authority within 30 days.

Aspect 2: The percentage of members who passed Aspect 1, and who had at least two additional follow-up visits with a practitioner with prescribing authority within 150 days after the initiation phase ended (180 days total in the measure).

	2023	2024	2025
Aspect 1			
Rate	25.81%	32.76%	35.71%
Numerator	16	19	15
Denominator	62	58	42
Aspect 2			

Rate	46.15%	53.85%	44.12%
Numerator	24	28	15
Denominator	52	52	34

Analysis for 2023

Completed June 18, 2024

Aspect 1 of this clinical practice guideline reflects a decrease in performance from 2022 to 2023 of 12 percentage points. There is not a benchmark as identified by NCQA for this measure. The Quality Subcommittee monitors the compliance rates and continues to work with Behavioral Health Homes during quarterly quality meetings to ensure continuous quality improvement and compliance with this guideline. The primary identified barrier to this measure is the low denominator. The denominator accounts for only new diagnoses of schizophrenia and schizoaffective disorder. This population is small to begin with, and the denominator decreases yearly as there are not many "new" instances.

	Aspect 1		Aspect 2	
Measurement Yr	Numerator	Denominator	Numerator	Denominator
2023	16	62	24	52
2024	19	58	28	52
2025	15	42	15	34

Aspect 2 of this clinical practice guideline reflects performance improvement of 4 percentage points. Inclusion of data from alternate funding sources provided by ABH's largest BHH had the desired effect of improving aspect 2 of this CPG.

This CPG is similar to the HEDIS measure SAA: Adherence to antipsychotic medications for individuals with schizophrenia. CPG results reflect appointment adherence instead of the HEDIS SAA results which reflect medication adherence. ABH does not have access to pharmacy data. For SAA, the projected final rate for 2023 as of May 2024 was 68%. This is an increase from 2022 and continues to exceed the benchmark as defined by NCQA for the 50th percentile. This indicates that members who have these diagnoses are compliant with their medications as prescribed.

Analysis for 2024

Completed July 21, 2025

Performance again improved in both aspects in 2024.The denominator is outlined in the table above and continues to reflect a denominator of 54 in 2024 for Aspect 1. The denominator increased by 1 for Aspect 2 from 2023 to 2024. The final 2024 HEDIS rates have not been received yet to assess the performance for SAA.

Quantitative Analysis for 2025:

Completed June 2, 2026

In 2025, the Quality Subcommittee recommended an updated baseline for this activity, however; since this standard is retired effective July 1, 2026, it will not be baselined again. Performance for 2025 will be the final review of this activity. This activity did not have a numerical goal, instead the committee looked

at continuous quality improvement year over year as a performance indicator. Performance improved from 2024 to 2025 by 6.95 percentage points from 25.81% in 2023 to 32.76% in 2024 in Aspect 1. Performance again improved 2.95 percentage points from 2024 to 2025. Performance for Aspect 2 was unstable during the 3 year review period. The lowest performing year was 2025 with a rate of 44.12%, a decrease of 9.73 percentage points from 2024 and a decrease of 2.03 percentage points from 2023.

Qualitative Analysis:

Completed June 2, 2026The ABH Quality Subcommittee convened on June 2, 2026 to review performance data related to this clinical practice guideline (CPG) and conducted a qualitative analysis. Year-over-year (YoY) performance showed a decline, primarily attributed to a low denominator that includes only new diagnoses of schizophrenia and schizoaffective disorder. As this population is already limited in size, the denominator continues to decrease annually due to the small number of new cases. In 2026, the Data Manager refreshed the data for 2023 and 2024, resulting in an observed increase in both population size and performance rates. This trend suggests that if the 2025 data are refreshed in 2027, similar improvements in population size and performance rate may be seen. The Quality Subcommittee unanimously agreed to retire this Clinical Practice Guideline.

The ABH Quality Subcommittee also discussed that this CPG aligns closely with the HEDIS SAA measure, which assesses adherence to antipsychotic medications among individuals with schizophrenia. While the CPG reflects appointment adherence, the HEDIS SAA focuses on medication adherence; however, ABH does not have access to pharmacy data. According to the Humana Gap Report, with claims processed through December 2025, the projected final SAA rate for 2025 is 67.83%, surpassing the NCQA 50th percentile benchmark of 66.73%. This indicates that members with these diagnoses are largely compliant with their prescribed medications.

During the meeting, the Quality Subcommittee noted that this CPG will be retired as of July 1, 2026. A new standard, QI 3B.4 ("Members with Serious Mental Illness or Serious Emotional Disturbance"), has been released. The subcommittee discussed whether to continue this CPG to support the new standard or to identify other areas for improvement to align with QI 3. Ultimately, the decision was made, unanimously, to retire this CPG given the small sample size (new diagnoses) and its limited overall impact on the population.