

Select Health Quality Provider Program

SUBSTANCE USE DISORDER SCREENING

2026 Quality Measure Reference Guide



What's Inside

Measure Description	2
Allowable Corrections	3
Frequently Asked Questions	4
Working Your Open Gaps List	5
Best Practices	8

Related Quick Links

- [Women's Health Measures Quick Guide](#)
- [Women's Health Report Hub Instructions](#)
- [Formatting a Gaps List in Excel](#)
- [Demographic Allowable Corrections](#)
- [Quality Data Correction \(QDC\) Tool: Submitting Corrections](#)



This measure is included in the Women's Health Quality Provider Program.

Measure Description

Description	The number of deliveries in which members were screened for substance use disorder while pregnant using a standardized instrument
Denominator	All attributing pregnant members for the measurement year
Numerator	Members in the denominator who had a documented result for substance use disorder screening, using an age-appropriate standardized screening instrument, performed during pregnancy NOTE: Reporting only displays first screening in measurement year.
Measurement Period	January 1 through December 31 of the measurement year

Allowable Corrections

General Guidance

- Have this information available before you begin:

— **From your Patient EHR:**

- > Patient EMPI (found on gap list) and/or Member ID from your EHR
- > Important dates, including last menstrual period (LMP), estimated due date (EDD), delivery date/date of pregnancy loss
- > Provider Name and NPI
- > Electronic copy of screening instrument documentation

— **From your Select Health Women’s Health Dashboard and Website:**

- > Current Open Gap List
- > Quality Data Correction (QDC) Instruction Manual
- > Women’s Health Measure Booklet

- **Submit corrections using [this online tool](#).** Be sure to:

- Include a copy of EHR note, progress note, or screen print signed by MA/RN/MD including member name, DOB, and provider.

- Don’t attach multiple patient records to a single correction.

- **Tips for success:**

- Review gaps list on a regular basis (weekly is best practice).

- **Avoid a HIPPA Violation:** Do not attach multiple patient records to a single submission.

[Access guidance for general corrections to demographics.](#)

NOTE: For other Women’s Health measures that allow manual corrections, refer to the pregnancy screenings and chlamydia booklets. Contact your Quality Provider Performance Representatives for more information (QualityProvider@selecthealth.org).

Allowable Corrections for the Substance Use Disorder Screening Measure

Use the QDC tool to submit the completed Substance Use Disorder Screening (SUD) measure corrections when not sending via electronic transfer.

Required supporting documentation must include:

- Patient name and date of birth
- Name of screening instrument administered
- Date of completed screening
- Total score of administered screening instrument

- Name, credentials, and signature of instrument administrator
- Types of screening instrument documentation accepted:
 - EHR history and physical
 - EHR provider note
 - EHR progress note
 - Obstetric flow chart
 - Completed Screening Instrument (submitted as PDF, PNG, or screen shot)

SUBSTANCE USE DISORDER SCREENING (SUD)						
Allowable Correction	Submission Correction Process				PREG SUD** Numerator Type	PREG SUD** Screening Value
	Category	Measure	Component	PREG SUD** Screening Date		
Unaccounted for Substance Use Disorder Screening	Women’s Health	Pregnancy Screenings (BH and SUD)	PREG SUD** Numerator	Date of screening instrument completion	Select 1: • NIDA • 4P • CAGE_AIM • TAPS • CRAFT	Enter total score from completed screening instrument

* BH = Behavioral Health; SUD = Substance Use Disorder; PREG BH = Pregnancy Behavioral Health; PREG SUD = Pregnancy Substance Use Disorder
 ** For Required Documentation, see “General Guidance for Standard Requirements” above.

Frequently Asked Questions

Q: What are the most common reasons for submission rejection?

A: Common reasons for rejection include:

- Specific screening tool was not identified in supporting documentation
- Supporting documentation does not include screening tool total score
- Not assessed with age-appropriate screening tool
- Missing patient identifier(s)
- Gap closed with documentation of earlier screening

Q: What are typical measure-specific rejections?

A: Common measure-specific rejections for SUD are:

- Screening must be within 1 day of start or end of pregnancy.
- Documentation is missing tool administrator name or credentials.

Q: Are there exclusions for transfer of care or pregnancy loss?

A: Not currently. Encourage best practice of tracking these internally.

Q: Is the PREG SUD Screening Val field required even if the result total is zero?

A: Yes. This prevents creating a submission with missing results and duplication of work. The score also determines denominator of the follow-up measure.

Working Your Open Gaps List

STEP 1
<p>Create a current gaps-in-care list:</p> <ol style="list-style-type: none"> 1. Open your Gaps-in-Care-for-Download report: QPP Report Hub 2. Apply these filters: <ul style="list-style-type: none"> — Super clinic: Choose your clinic. — Measure: Click on “Substance Use Disorder Screening (SUD).” — Status: Unclick the “Compliant” box. This will filter for only the achievable and/or non-compliant members. 3. In the drop-down menu on the top right side of the page, change the view from “Member” to “Download.” Follow the instructions on the screen to export the data to Excel. <p>Refer to Women’s Health Report Hub Instructions.</p>
STEP 2
<p>Format your Excel export. (Refer to Formatting a Gaps List in Excel.)</p>
STEP 3
<p>Review tips for working your gaps-in-care list (see page 6).</p>

Measure Information

The American College of Obstetricians and Gynecologists (ACOG) recommends universal screening for substance use disorder (SUD) at the initial prenatal visit. SUD best practice includes taking a non-punitive approach and should be done with informed consent. Credit for this measure will be received when a resulted screening, using a validated instrument, is shared electronically with Select Health up to the day prior to delivery.

For this measure:

Your gaps in care list includes the “Month of Due Date” and the “Delivery Date” columns as reference.

NOTE: Examples used in this document are for instructional purposes only; the dates that appear are only representative of what a user might see.

H	I	J	K	L	M	N	O	
Measure Name	Due Date	Month of Due Date	Delivery Date	Month of Deliv	Numerato	PPD #	Days	Last Updated
PNDE_SCR	4/28/2026	Apr-26						9/17/2025
PNDE_SCR	2/8/2026	Feb-26						9/17/2025
PNDE_SCR	12/24/2025	Dec-25						9/17/2025
PNDE_SCR	12/22/2025	Dec-25						9/17/2025
PNDE_SCR	12/20/2025	Dec-25						9/17/2025
PNDE_SCR	12/8/2025	Dec-25						9/17/2025
PNDE_SCR	11/24/2025	Nov-25						9/17/2025
PNDE_SCR	11/24/2025	Nov-25						9/17/2025
PNDE_SCR	11/15/2025	Nov-25						5/21/2025
PNDE_SCR	11/13/2025	Nov-25						9/17/2025
PNDE_SCR	11/12/2025	Nov-25						5/21/2025
PNDE_SCR	10/24/2025	Oct-25						9/17/2025
PNDE_SCR	10/24/2025	Oct-25						9/17/2025
PNDE_SCR	10/21/2025	Oct-25						9/17/2025

Working Your Open Gaps List, Continued

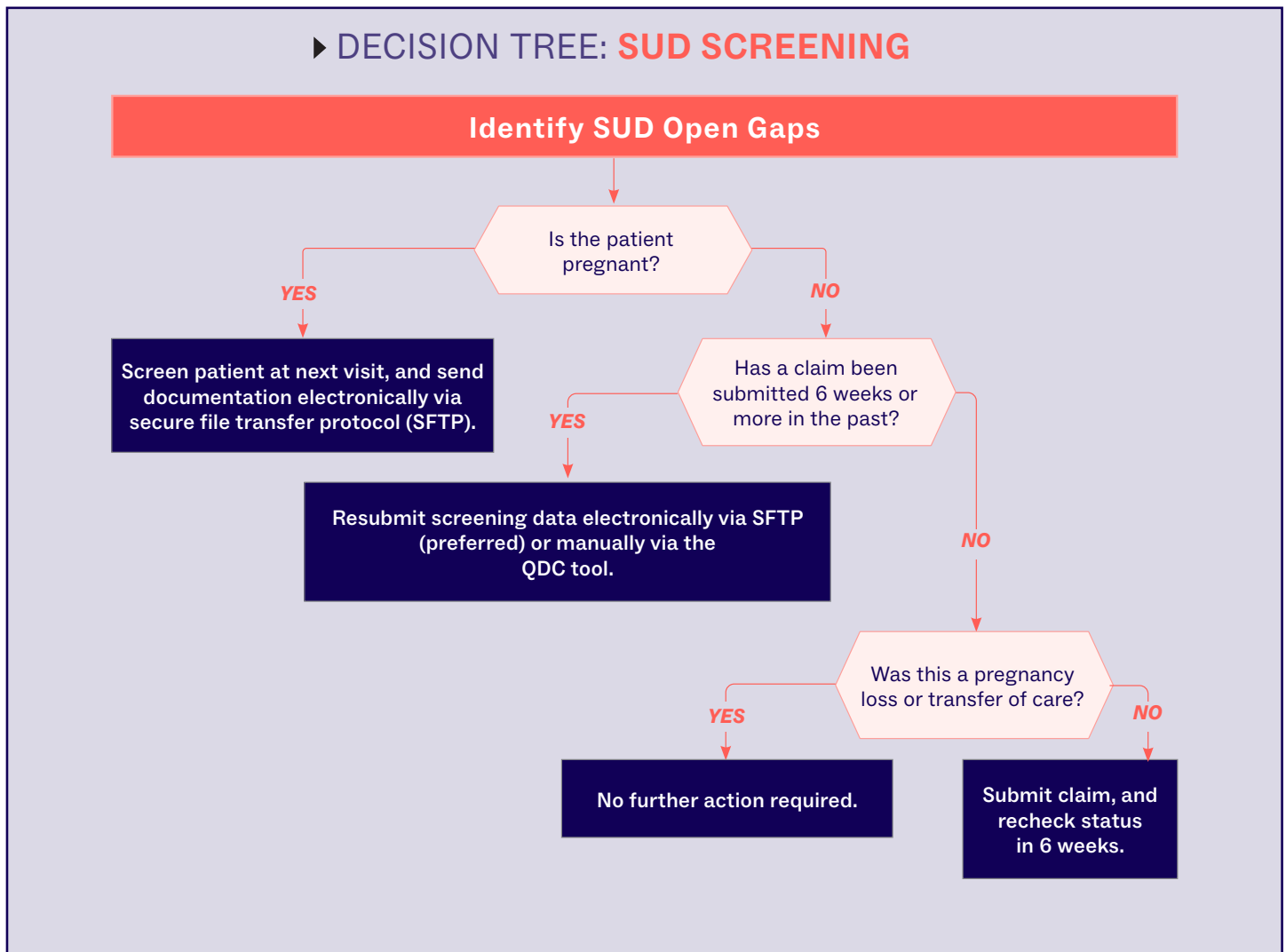
Tips for Working your Gaps-in-Care List

1. Create and download SUD Gap List from the dashboard.
2. Sort the Gap List by the “Due Date” (Column J) from oldest to newest.
3. Then, sort by the Delivery Date column (Column L) from oldest to newest.

This will group the “achievable” patients into the following 3 scenarios:

1. Currently pregnant patients requiring SUD screening
2. Patients past their estimated due date (EDD) with missing SUD screening
3. Delivered patients without identified SUD screening

Follow the decision tree below to determine the course of action needed.

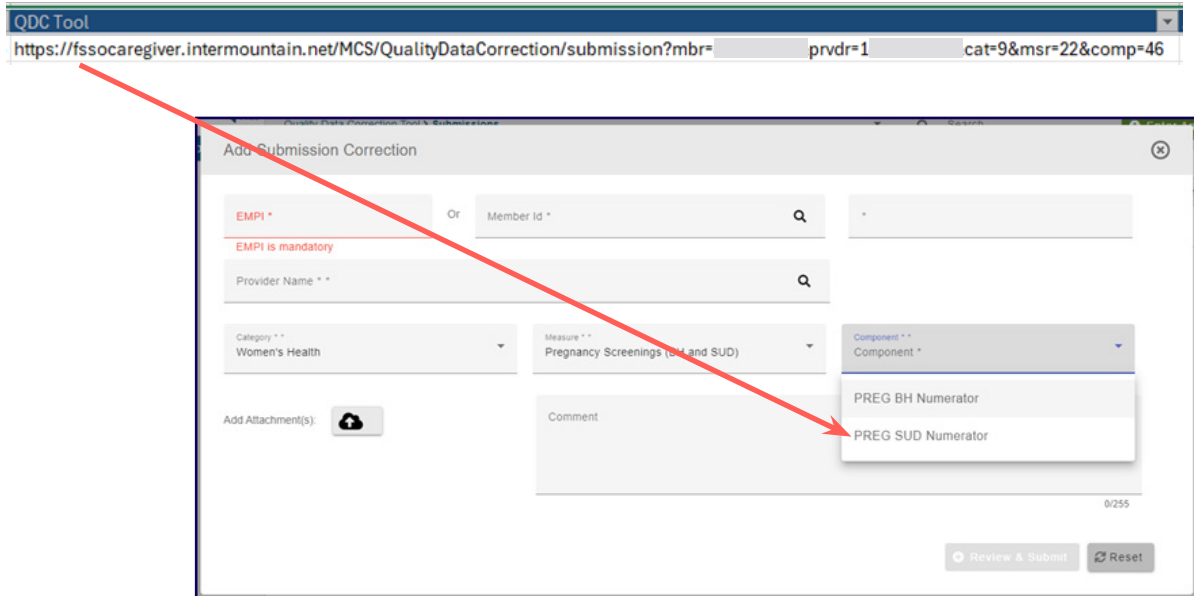


Working Your Open Gaps List, Continued

Tips for Working Your Gaps-in-Care List, Contiued

4. Enter corrections by:

- Accessing the [Quality Data Corrections \(QDC\) Tool](#)
- Using the link(s) provided in the downloaded Gaps-in-Care Excel file to have member and measure information prepopulated



Learn More

Refer to the [Quality Data Correction \(QDC\) Tool: Submitting Corrections](#) for more information.

Resources:

American College of Obstetricians and Gynecologists. Committee opinion No. 711: Opioid use and opioid use disorder in pregnancy. *Obstetrics & Gynecology*.2017;130(2): e81-e94.

New York State Department of Health; Office of Addictions Services and Supports. Screening and Testing for Substance Use in Pregnancy (#21749). **Health.NY.gov** website. April 2025. <https://www.health.ny.gov/diseases/aids/consumers/prevention/oduh/docs/21749.pdf>. Accessed December 7, 2025.

Best Practices: Closing Gaps in Care

To help close substance use disorder screening gaps in care:

- Maintain an easy-to-access list of local resources and treatment options for immediate referral. Available resources build provider confidence in the ability to provide needed care.
- Ensure confidentiality and patient-centered care by establishing confidential and nonjudgemental, trauma-informed screening practices that reduce stigma and build trust.
- Educate patients on the purpose and benefits of screening and reassure them about legal protections and reporting requirements.
- Include annual provider training on trauma-informed care, motivational interviewing, and stigma reduction.
- Complete screening at the initial prenatal visit and once more later in pregnancy. Successful clinics set aside time at either the 20- or 36-week visit for depression screening.
- Ensure access to care. Use in-house management, payer resources, healthcare systems, or contracted organizations, including Select Health's [Healthy Beginnings Program](#).
- Record screening results in the electronic health record (EHR) using coded fields for easy reporting and data sharing.

Select Health Healthy Beginnings

Please enroll all members with a positive screening in our Healthy Beginnings program. This program is covered at no added costs. Our Care Managers can help these members get the care they need.

Contact us at **866-442-5052**.

Learn more by visiting selecthealth.org/healthy-beginnings or using this QR code.



Resources

American College of Obstetricians and Gynecologists (ACOG). Care for pregnant and postpartum patients with substance use disorder. Alliance for Innovation on Maternal Health (AIM) website. 2025. <https://saferbirth.org/psbs/care-for-pregnant-and-postpartum-patients-with-substance-use-disorder/>. Accessed December 15, 2025.

American College of Obstetricians and Gynecologists (ACOG). Perinatal mental health conditions. saferbirth.org (Alliance for Innovation on Maternal Health website). 2025. <https://saferbirth.org/psbs/perinatal-mental-health-conditions/>. Accessed December 15, 2025.

Substance Abuse and Mental Health Services Administration (SAMHSA). *Clinical Guidance: Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants*. [samhas.gov](https://www.samhsa.gov/sites/default/files/ppw-oud-tip-63-flyer-032718.pdf) website. <https://www.samhsa.gov/sites/default/files/ppw-oud-tip-63-flyer-032718.pdf>. Accessed December 15, 2025.

Questions about the Quality Provider Program?
Contact us at QualityProvider@selecthealth.org.