

Targeted Investments 2.0 Program

TIP Measure Details Guide:

Medication Adherence (SAA) and Metabolic Monitoring (APM) for People on Antipsychotic Medications

The AHCCCS Targeted Investments Program (TIP) Quality Improvement Collaborative (QIC) evaluates TI-participating Providers' performance on select quality measures and assists providers in performance improvement efforts. This guide is for TI-participating providers to help them understand the Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA) and Adolescents on Antipsychotics (APM) measures. [SAA](#) and [APM](#) are Healthcare Effectiveness Data and Information Set (HEDIS®) measures designed and maintained by the National Committee for Quality Assurance (NCQA).

Why It Matters

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Antipsychotic prescribing for children and adolescents has increased rapidly in recent decades.^{1,2} These medications can elevate a child's risk for developing serious metabolic health complications^{3,4} associated with poor cardiometabolic outcomes in adulthood.⁵ Given these risks and the potential lifelong consequences, metabolic monitoring (blood glucose and cholesterol testing) is an important component of ensuring appropriate management of children and adolescents on antipsychotic medications.

Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)

Nonadherence to treatment with antipsychotics is common among people with schizophrenia or schizoaffective disorder and medication nonadherence is a significant cause of relapse.^{6,8} Patients with schizophrenia require the long-term use of medication to manage symptoms and to improve psychosocial functioning.⁷ Medication adherence is necessary to improve symptoms and relapse. Non-adherence increases risk of re-hospitalization, emergency psychiatric treatment, functional decline and death. Medication non-adherence rates for schizophrenic patients ranges between 56%-60%. Measuring antipsychotic medication adherence may encourage efforts aimed at reducing medication nonadherence and, in turn, lead to lower relapse rates and fewer

hospitalizations. This may help close the gap in care between people with schizophrenia or schizoaffective disorder and the general population.

What We Measure

- *APM*: The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had blood glucose and cholesterol testing.
- *SAA*: The percentage of patients 18 years and older with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Your performance is reported as a percentage calculated as the $\frac{\text{numerator}}{\text{denominator}}$.

| TI Area of Concentration | Measure | Denominator Definition | Numerator Definition |
|--------------------------|---------|---|--|
| Peds BH | APM | Members 1-17 years of age who had two or more antipsychotic prescriptions dispensed on different dates of service during the report period. | Members in the denominator who had qualifying metabolic testing (one diabetes screening and one cholesterol screening test) during the reporting period. |
| Adult BH | SAA | Members 18 years and older with schizophrenia or a schizoaffective disorder. | Members in the denominator who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period. |

Note: The above measures require members to be continuously enrolled in medical benefits without a break greater than 45 days.

What Is the Reporting Period?

- A HEDIS® measure's reporting period is a continuous 12-month window.
- TIP Provider Dashboards show your organization's performance on the selected measure for 12 consecutive, overlapping report periods, where each report

period is a 12-month period ending in the month and year shown on the X-axis. Your performance levels for 12 report periods are provided so you can track how your performance changes across time.

- TI incentive payments are based on your performance for the Federal Fiscal Years (October 1st September 30th).

Which Members Are in my Denominator?

To understand the members that you are accountable for and who are attributed to you (i.e., in your denominator) for this measure, you need to know the denominator definition (above), as well as the AHCCCS member population assessed, and the attribution method used.

Member Population Assessed

- Members enrolled in one of the seven AHCCCS Complete Care (ACC) health plans
- Members with SMI enrolled in an ACC Regional Behavioral Health Agreement (RBHA) health plan are included
- *SAA only* - ACC and ACC-RBHA members with schizophrenia or schizoaffective disorder

Member Population Exclusions

- ACC and ACC-RBHA members who utilized hospice services or died
- *SAA only* -
 - ACC and ACC-RBHA members 81 years and older with frailty
 - ACC and ACC-RBHA members 66 years and older with frailty and advanced illness
 - ACC and ACC-RBHA members with advanced illness with an acute inpatient claim
 - ACC and ACC-RBHA members with dementia
 - ACC and ACC-RBHA who did not have at least two antipsychotic medication dispensing events

Antipsychotic Medication List

A list of the antipsychotic medications is available on the NCQA website at no cost. To access, follow this link to the [HEDIS MY 2025 Medication List Directory](#).

Attribution Methods

- In TI 2.0 Year 4, attribution is done at the billing and servicing provider ID level. For a detailed explanation about the provider IDs used and examples, please see the [TI 1.0 Provider Identification Methodology video](#) and [slides](#).
 - If you have any questions about the billing and servicing provider IDs used for your organization, please contact the AHCCCS Targeted Investments team (targetedinvestments@azahcccs.gov).
- Attribution is re-evaluated each month for all report periods displayed on the dashboard. The attribution method used is specific to each AOC. Review the attribution method specific to the TI AOC you are enrolled in:

| TI Area of Concentration | Measure | Attribution Method |
|--------------------------|---------|--|
| Peds BH | APM | <ul style="list-style-type: none"> • Members will be attributed to their prescribing provider during the report period. If multiple prescribing providers are identified, attribution will consider both the frequency and recency of dispensation. |
| Adult BH | SAA | <ul style="list-style-type: none"> • Members will be attributed to their prescribing provider during the report period. If multiple prescribing providers are identified, attribution will consider both the frequency and recency of dispensation. • If no prescribing provider is identified, members will be attributed to a provider on a claim with a schizophrenia diagnosis. In cases with multiple |

| TI Area of Concentration | Measure | Attribution Method |
|--------------------------|---------|---|
| | | eligible providers, attribution will consider both the frequency and recency of visits with a behavioral health provider. |

What Services Qualify for the Numerator?

Billing Codes

- TI 2.0 Year 4 use HEDIS® Measurement Year 2025 measure definitions.
- Due to licensing agreements, we are not able to publish a list of all qualifying services codes. However, we can direct you to resources containing the billing codes.
 - Please see these Arizona Health Plan Measure Guides. You do not have to be contracted with the plan to access these resources.
 - United Healthcare - [HEDIS® MY 2025 Reference Guide](#)
 - Mercy Care - [HEDIS® MY 2025 Reference Guide](#)
 - For more information on HEDIS measures or to get your own license, see the [NCQA HEDIS® site](#).
 - Value sets and codes used in HEDIS MY 2025 measure calculations are available at no cost. Download the 2025 Quality Rating System (QRS) HEDIS Value Set Directory from the [NCQA store](#).
- Note: While the APM and SAA measures are similar, the numerator-qualifying criteria differ. Carefully review the linked measure guides for differences in qualifying billing codes.

What Services Do Not Qualify for the Numerator?

Any procedure code not listed in the previous section does not qualify.

How Do I Document Services to Get Credit on the Measure?

TI performance measurement relies on claims data. Hybrid chart review does not apply.

What Is My TI Performance Target?

The table below shows the TI target set for the APM and SAA measures. For your organization's specific target, please see your dashboard or the email received from the AHCCCS TI team.

| TI Area of Concentration | Measure | Target |
|--------------------------|---------|-----------------|
| Peds BH | APM | 35% 50% |
| Adult BH | SAA | 46% 62% 85% |

How Were the Performance Targets Determined?

Please see the [TIPQIC website](#) for details on target setting.

Additional TIP Guides

Please see the other [TIP measure Details Guides](#) on our website, as well as [best Practice Audit Guides](#). For example, TIP Best Practice Audit: Building Capacity for Performance Excellence provides best practices for an organizational QI system, which is needed to optimize your organization's QI efforts for this measure.

Questions? Contact the ASU TIPQIC Team (TIPQIC@asu.edu) or AHCCCS Targeted Investments Team (targetedinvestments@azahcccs.gov) with questions or to request further assistance.

References

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