

TIP Measure Details Guide: *Diabetes Screening (SSD)/ 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 use by TI-participating Providers to build their understanding of the SSD and APM measures. SSD and APM are Healthcare Effectiveness Data and Information Set (HEDIS) measures designed and maintained by the [National Committee for Quality Assurance \(NCQA\)](https://www.ncaq.org/).

Measure Definitions

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD): Assesses adults 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year (2).

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM): Assesses the percentage of children and adolescents with ongoing antipsychotic medication use who had metabolic testing during the year (6).

Note: TI Program Years 4-6 use HEDIS MY 2019 measure definitions.

Why It Matters

Heart disease and diabetes are among the top 10 leading causes of death in the United States (1). Adults with serious mental illness who use antipsychotics are at an increased risk of diabetes (2); therefore, the American Diabetes Association (ADA) recommends annual diabetes screening for patients treated with antipsychotics (3). Children and adolescents on antipsychotic medications are at risk for developing serious metabolic health complications (4, 5), which may have lifelong consequences; therefore, metabolic monitoring (blood glucose and cholesterol testing) is an important component of ensuring appropriate management of children and adolescents on antipsychotic medications.

What We Measure

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

TI Areas of Concentration (AOC)	Denominator Definition	Numerator Definition
Adult PCP/BH & Justice	SSD Denominator: Members 18-64 years of age with schizophrenia or bipolar disorder and who were dispensed an	SSD Numerator: Members in the denominator who had a qualifying

	antipsychotic medication during the reporting period.	diabetes screening test during the reporting period.
Peds BH	APM Denominator: Members 1-17 years of age who had two or more antipsychotic prescriptions dispensed during the reporting period.	APM Numerator: Members in the denominator who had qualifying metabolic testing (one diabetes screening and one cholesterol screening test) during the reporting period.

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 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 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 health plan are included

Antipsychotic Medication List

A list of the antipsychotic medications is available on the NCQA website at no cost. You will have to create an account on the NCQA website to download. To access, navigate to <https://www.ncqa.org/hedis/> > “HEDIS Measures and Technical Resources” > “HEDIS Technical Resources” > “HEDIS 2020 (Measurement Year 2019)” > “Medication List Directory (NDC codes)”

Attribution Methods

- In TI Years 5-6, attribution is done at the level of billing and servicing provider IDs. For a detailed explanation about the provider IDs used and examples, please see the [Provider Identification Methodology video](#) and [slides](#).

- If you have 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 (AOC)	Attribution Method
Adult PCP	<ul style="list-style-type: none"> ● PCP attribution is based on PCP-Member assignments and claims as specified in this PCP Attribution Methodology Decision Tree. <ul style="list-style-type: none"> ○ List of AHCCCS PCP Provider Types & Specialties that qualify as a PCP. ● PCP attribution is at the member level. Members are attributed to one PCP for all PCP measures and for the entire measurement year. ● The most recent member assignments are used. Member assignments are provided by the health plans and AHCCCS monthly. Milestone performance will be based on attribution to members at the Organizational (Tax ID) level for participating sites.
Adult BH	<ul style="list-style-type: none"> ● Member will be attributed to all BH providers who have treated the patient for this condition (i.e., provided service with a diagnosis of schizophrenia, schizoaffective disorder or bipolar disorder) during the 12-month report period. <ul style="list-style-type: none"> ○ Example: A member/patient with Schizophrenia regularly sees a Licensed Clinical Social Worker (LCSW) (or Psychologist) for ongoing care and also occasionally sees a Psychiatric NP (or Psychiatrist) for prescription of antipsychotic medication. If a diabetes screening test is completed in the report period, the LCSW (or Psychologist), the Psychiatric NP (or Psychiatrist), and the PCP who completes the diabetes screening test will get credit for the measure.
Peds BH	<ul style="list-style-type: none"> ● Member will be attributed to all BH providers who have treated the patient for this condition (i.e., provided service with a diagnosis of mental illness) during the 12-month report period.
Justice	<ul style="list-style-type: none"> ● Attribution is done using member referral lists. Members will be included in a TI participant’s denominator if they meet all measure denominator criteria and were referred to the TI-participating organization within the two years prior to the end of the measurement year. ● To qualify for the denominator, members must be enrolled for at least 180 days during the measurement year. There are no restrictions on the number or length of enrollment breaks. <ul style="list-style-type: none"> ○ This differs from HEDIS standards, which require enrollment for the full measurement year with no more than 1 break of no longer than 45 days. ● For more detail on this and the other Justice measures see the Justice Measure Evaluation & Attribution video (slides).

What Services Qualify for the Numerator?

Billing Codes

- TI Program Years 4-6 use HEDIS 2020 (Measurement Year 2019) 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 the [Arizona Health Plan’s Measure Guides](#) linked on our website.
 - For more information on HEDIS measures or to get your own license, see the [NCQA HEDIS site](#).
 - Value sets and codes used in HEDIS 2020 (Measurement Year 2019) measure calculations are available at no cost. Download the 2019 Quality Rating System (QRS) HEDIS Value Set Directory from the [NCQA store](#).
- Note: While the SSD and APM measures are very similar, the numerator-qualifying criteria differ– the SSD measure requires a diabetes screening test and the APM measure requires a diabetes screening test and one cholesterol screening test. 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 shows all of the TI targets set for the SSD & APM measures. For your organization’s specific target, please see your dashboard or the email received from the AHCCCS TI team.

TI Area of Concentration (AOC)	SSD / APM	Y4 Target*	Y5 Target	Y6 Target
Adult PCP	SSD	56%, 83%	56%, 70%	55%, 66%
Adult BH	SSD	70%, 80%	56%, 70%	54%, 66%

Peds BH	APM	50%	50%	47%
Justice	SSD	N/A	68%	68%

*TI Year 4 target adjustments were made to account for impacts of COVID. For your adjusted target, see the June 2021 email from AHCCCS TI team.

How Were the Performance Targets Determined?

See [TIPQIC website](#) for details on target setting.

Additional TIP Guides

Find [other TIP Measure Detail 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

1. Heron, M. July 26, 2021. “Deaths: Leading Causes for 2019.” National Vital Statistics Reports. 70(9) <https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-09-508.pdf>
2. <https://www.ncqa.org/hedis/measures/diabetes-and-cardiovascular-disease-screening-and-monitoring-for-or-people-with-schizophrenia-or-bipolar-disorder/>. Accessed 11/12/2021.
3. American Diabetes Association, American Psychiatric Association, American Association of Clinical Endocrinologists, North American Association for the Study of Obesity. Consensus development conference on antipsychotic drugs and obesity and diabetes. *Diabetes Care*; 2004. p. 596-601.
4. Correll, C. U., P. Manu, V. Olshanskiy, B. Napolitano, J.M. Kane, and A.K. Malhotra. 2009. “Cardiometabolic risk of second-generation antipsychotic medications during first-time use in children and adolescents.” *Journal of the American Medical Association*
5. Andrade, S.E., J.C. Lo, D. Roblin, et al. December 2011. “Antipsychotic medication use among children and risk of diabetes mellitus.” *Pediatrics* 128(6):1135–41.
6. <https://www.ncqa.org/hedis/measures/metabolic-monitoring-for-children-and-adolescents-on-antipsychotics/>. Accessed 11/12/2021.