Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

Measure title	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	**Measure ID**	SSD
Description	The percentage of persons 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement period.		
Measurement period	January 1–December 31.		
Copyright and disclaimer notice	Refer to the complete copyright and disclaimer information at the front of this publication. NCQA website: www.ncqa.org. Submit policy clarification support questions via My NCQA (https://my.ncqa.org).		
Clinical recommendation statement/ rationale	Patients with schizophrenia and bipolar disorder who are prescribed antipsychotic medications are at greater risk for diabetes. Regular diabetes screening for this population leads to earlier identification and treatment of diabetes. Refer to the HEDIS Measure Library & Historical Data measure web page for additional information about the clinical rationale.		
Citations	Vancampfort, D., B. Stubbs, A.J. Mitchell, M. De Hert, M. Wampers, P.B. Ward, S. Rosenbaum, and C.U. Correll. 2015. “Risk of Metabolic Syndrome and Its Components in People with Schizophrenia and Related Psychotic Disorders, Bipolar Disorder and Major Depressive Disorder: A Systematic Review and Meta-Analysis.” *World Psychiatry* 14 (3): 339–47.		
Characteristics			
Scoring	Proportion.		
Type	Process.		
Product lines	Medicaid.		
Stratifications	None.		
Risk adjustment	None.		
Improvement notation	Increased score indicates improvement.		

Guidance	**Data collection methodology:** Administrative. (Refer to General Guideline *Data Collection Methods* for additional information.) **Date specificity:** Dates must be specific enough to determine the event occurred in the period being measured. **Which services count?** When using claims, include all paid, suspended, pending and denied claims.
Initial population	*Measure item count:* Person. *Attribution basis:* Enrollment. • *Benefits:* Medical and pharmacy. • *Continuous enrollment:* The measurement period. • *Allowable gap:* No more than one gap of ≤45 days during the measurement period. No gaps on the last day of the measurement period. *Ages:* 18–64 years of age as of the last day of the measurement period. *Event:* **Persons with schizophrenia or bipolar disorder.** Identify persons who met at least one of the following criteria during the measurement period. • At least one acute inpatient encounter with any diagnosis of schizophrenia, schizoaffective disorder, manic episode or bipolar disorder. Any of the following combinations meet criteria: – BH Stand Alone Acute Inpatient Value Set ***with*** (Schizophrenia Value Set; Manic Episodes and Bipolar Disorders Value Set). – Visit Setting Unspecified Value Set ***with*** Acute Inpatient POS Value Set ***with*** Schizophrenia Value Set; Manic Episodes and Bipolar Disorders Value Set. • At least two of the following, on different dates of service, where both encounters have any diagnosis of schizophrenia or schizoaffective disorder (Schizophrenia Value Set) or both encounters have any diagnosis of manic episode or bipolar disorder (Manic Episodes and Bipolar Disorders Value Set): – An outpatient visit (Visit Setting Unspecified Value Set ***with*** Outpatient POS Value Set). – An outpatient visit (BH Outpatient Value Set). – An intensive outpatient encounter or partial hospitalization (Visit Setting Unspecified Value Set ***with*** POS code 52). – An intensive outpatient encounter or partial hospitalization (Partial Hospitalization or Intensive Outpatient Value Set). – A community mental health center visit (Visit Setting Unspecified Value Set ***with*** POS code 53). – Electroconvulsive therapy (Electroconvulsive Therapy Value Set). – An ED visit (ED Value Set). – An ED visit (Visit Setting Unspecified Value Set ***with*** POS code 23).

	– A nonacute inpatient encounter (BH Stand Alone Nonacute Inpatient Value Set). – A nonacute inpatient encounter (Visit Setting Unspecified Value Set ***with*** Nonacute Inpatient POS Value Set). – A telehealth visit (Visit Setting Unspecified Value Set ***with*** Telehealth POS Value Set). – A telephone visit (Telephone Visits Value Set). – An e-visit or virtual check-in (Online Assessments Value Set).
Denominator exclusions	**Deceased persons.** Persons who died any time on or before the last day of the measurement period, identified using data sources determined by the organization. Method and data sources are subject to review during the HEDIS audit. **Persons in hospice or using hospice services.** Persons who use hospice services (Hospice Encounter Value Set; Hospice Intervention Value Set) or elect to use a hospice benefit any time during the measurement period. Organizations that use the Monthly Membership Detail Data File to identify these persons must use only the run date of the file. **Persons with a diagnosis of diabetes.** Either of the following meets criteria: • *Claim/encounter data.* At least two diagnoses of diabetes (Diabetes Value Set*****) on different dates of service during the measurement period or the year prior to the measurement period. • *Pharmacy data.* At least one diagnosis of diabetes (Diabetes Value Set*****) ***and*** at least one diabetes medication dispensing event of insulin or a hypoglycemic/antihyperglycemic medication (Diabetes Medications List) during the measurement period or the year prior to the measurement period. **Persons without at least one antipsychotic medication dispensing event during the measurement period.** Either of the following meets criteria: • *Claim/encounter data.* An antipsychotic medication (Long Acting Injections Value Set). • *Pharmacy data.* Dispensed an antipsychotic medication (SSD Antipsychotic Medications List). **Coding Guidance** *****Do not include laboratory claims (claims with POS code 81).
Denominator	The initial population minus denominator exclusions.
Numerator	**Glucose test or HbA1c test.** Persons with a glucose test or an HbA1c test performed during the measurement period. Any of the following meet criteria: • Glucose Lab Test Value Set. • Glucose Test Result or Finding Value Set.

<table>
<tr><td></td><td>

HbA1c Lab Test Value Set.
HbA1c Test Result or Finding Value Set*†.

Coding Guidance
*Do not include laboratory claims (claims with POS code 81).
†Do not include codes with a modifier (CPT CAT II Modifier Value Set).
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<tr><td>Summary of changes</td><td>

No changes to this measure.

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<tr><td>Data element tables</td><td>
Organizations that submit HEDIS data to NCQA must provide the following data elements.
Table SSD-1: Data Elements for Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
<table>
<tr><th>Metric</th><th>Data Element</th><th>Reporting Instructions</th></tr>
<tr><td>DiabetesScreeningSchizophreniaUsingAntipsychotics</td><td>Benefit</td><td>Metadata</td></tr>
<tr><td></td><td>InitialPopulation</td><td>Report once</td></tr>
<tr><td></td><td>Exclusions</td><td>Report once</td></tr>
<tr><td></td><td>Denominator</td><td>Report once</td></tr>
<tr><td></td><td>NumeratorByAdmin</td><td>Report once</td></tr>
<tr><td></td><td>NumeratorBySupplemental</td><td>Report once</td></tr>
<tr><td></td><td>Rate</td><td>(Percent)</td></tr>
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<tr><td>Rules for Allowable Adjustments</td><td>
Copyright and use: The “Rules for Allowable Adjustments of HEDIS” (the “Rules”) describe how NCQA’s HEDIS measure specifications can be adjusted for other populations, if applicable. The Rules, reviewed and approved by NCQA measure experts, provide for expanded use of HEDIS measures without changing their clinical intent.
Adjusted HEDIS measures may not be used for HEDIS health plan reporting.
ADJUSTMENTS ALLOWED

Product lines. Organizations are not required to use product line criteria; product lines may be combined, and all (or no) product line criteria may be used.
Attribution. Organizations are not required to use enrollment criteria.
Benefits. Organizations are not required to use a benefit.
Other. Organizations may use additional initial population criteria to focus on an area of interest as defined by gender, race, ethnicity, socioeconomic or sociodemographic characteristics, geographic region or another characteristic.
Measurement period adjustments. Organizations may adjust the measurement period.

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	• *Exclusions.* The hospice and deceased persons exclusions are not required. • *Telehealth.* Services/events that allow the use of synchronous telehealth visits, telephone visits and asynchronous telehealth (e-visits, virtual check-ins) may be stratified to identify services performed via telehealth. This adjustment is not allowed for events, numerators and exclusions that do not allow the use of telehealth. • *Supplemental data.* Supplemental data may be used to identify initial population, denominator, exclusion and numerator events. **ADJUSTMENTS ALLOWED WITH LIMITS** • *Ages.* Age determination dates may be changed (e.g., select, "age as of June 30"). Changing the denominator age range is allowed within a specific age range (18 years of age or older). **ADJUSTMENTS NOT ALLOWED** • *Initial population:* Event. Only events, medications and diagnoses that contain (or map to) codes in the medication lists and value sets may be used to identify visits, medication use and diagnosis. Medication lists, value sets and logic may not be changed. • *Exclusions.* The diabetes and antipsychotic medications exclusions must be applied. Value sets and medication lists may not be changed. • *Numerator.* Medication lists, value sets and logic may not be changed.