



**Centers for Medicare & Medicaid
Services
CMS eXpedited Life Cycle (XLC)**

Medicaid and CHIP Program (MACPro)

AQM 2018 – Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD) Core Measure PRA document

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1. (SSD-AD) Core Measure – Screenshots

1.1 Are you reporting on this measure?

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)
CMS-10434 OMB 0938-1188

Medicaid Adult Core Quality Measure - PA - 2018

Request System Help

REQUEST TECHNICAL ASSISTANCE CLEAR VIEW ALL RESPONSES

Are you reporting on this measure? *

Yes
 No

View Implementation Guide

Figure 1: Are you reporting on this measure?

1.2 Measurement Specification – Path 1

Measurement Specification +/-

National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)
 Other

Specify version of HEDIS used *

Select Year

HEDIS: Healthcare Effectiveness Data and Information Set

Figure 2: Measurement Specification – 1

1.3 Measurement Specification – Path 2

Measurement Specification Collapse

National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)
 Other

Please describe the specifications that were used to calculate the measure and explain how they deviated from Core Set specifications. If you need additional space to describe your state's methodology, please attach a document to this report in the Report Documents section at the bottom of the screen. *

Figure 3: Measurement Specification – 2

1.4 Data Source

Data Source

Administrative Data

What is the Administrative Data source?

Must select one or more

Medicaid Management Information System (MMIS)

Other

* Specify

Other

Specify *

Collapse

Figure 4: Data Source

1.5 Date Range

Date Range

For all measures, states should report start and end dates for the measurement period. For some measures, the specifications require a "look-back period" before or after the measurement period to determine eligibility or utilization. The measurement period entered in the Start and End Date fields should not include the "look-back period."

Start Date

Month

Year

End Date

Month

Year

Collapse

Figure 5: Date Range

1.6 Definition of Population Included in the Measure

Definition of Population Included in the Measure Collapse

Definition of Denominator *
Select all that apply (Must select at least one)

Denominator includes Medicaid population

Denominator includes CHIP population (e.g. pregnant women.)

Denominator includes Medicare and Medicaid Dually-Eligible population

Other

Does this denominator represent your total measure eligible population as defined by the Technical Specifications for this measure? *

Yes

No

Which delivery systems are represented in the Denominator? *
 Select all delivery systems that apply in your state (must select at least one); for each delivery system selected, enter the percentage of the measure eligible population represented by that service delivery system. For example, if the measure-eligible population represents all managed care enrollees, enter 100 percent for MCO.

Fee-for-Service

Primary Care Case Management (PCCM)

Managed Care Organization / Pre-paid Inpatient Health Plan (MCO / PIHP)

Integrated Care Models (ICM)

Other

Figure 6: Definition of Population Include in the Measure

1.7 Performance Measure

Performance Measure Collapse

The percentage of Medicaid beneficiaries ages 18 to 64 with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

Enter rate values to one decimal place (XXX). If your rate ends in .0, note that the .0 will not be retained on the screen and the whole number will be displayed instead.

| Numerator | Denominator | Rate |
|-----------|-------------|------|
| 0 | 0 | |

Figure 7: Performance Measure

1.8 Deviations from Measurement Specifications

Deviations from Measurement Specifications +/-

Did your calculation of the measure deviate from the measure specification in any way? *

Yes
 No

Please select and explain the deviation(s)

Numerator

Explain *

Denominator

Explain *

Other

Explain *

Figure 8: Deviations from Measurement Specifications

1.9 Combined Rate(s) from Multiple Reporting Units

Combined Rate(s) from Multiple Reporting Units Collapse

Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? *

Yes
 No

If yes, indicate whether the state-level rate is weighted

Must select one

The rates are weighted based on the size of the measure-eligible population for each reporting unit

The rates are weighted based on another weighting factor

The rates are not weighted

Figure 9: Combined Rate(s) from Multiple Reporting Units

1.10 Additional Notes/Comments on Measure (Optional)

Additional Notes/Comments on Measure (Optional) Collapse

Additional Notes/Comments on Measure (Optional)

Character count: 0/4000

Figure 10: Additional Notes/Comments on Measure (Optional)

1.11 Optional Measure Stratification – Screenshot 1

Note: Same N/D/R sets are displayed under each of the stratification categories

Optional Measure Stratification Collapse

If this measure is also reported by additional classifications/sub-categories, e.g. racial, ethnic, sex, language, disability status, or geography, complete the following as applicable.

Enter rate values to one decimal place (XX.X). If your rate ends in .0, note that the .0 will not be retained on the screen and the whole number will be displayed instead.

Check all that apply

- Race (Non-Hispanic)
- Ethnicity
- Primary Spoken Language
- Disability Status
- Geography
- Adult Eligibility Group (ACA Expansion Group)

Figure 11: Optional Measure Stratification – 1

1.12 Optional Measure Stratification – Screenshot 2

Optional Measure Stratification Collapse

If this measure is also reported by additional classifications/sub-categories, e.g. racial, ethnic, sex, language, disability status, or geography, complete the following as applicable.

Enter rate values to one decimal place (XX.X). If your rate ends in .0, note that the .0 will not be retained on the screen and the whole number will be displayed instead.

Check all that apply

- Race (Non-Hispanic)
 - White
 - Black or African American
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - [+ Additional Race\(s\)](#)
- Ethnicity
- Sex
- Primary Spoken Language
- Disability Status
- Geography
- Adult Eligibility Group (ACA Expansion Group)

| Classification/Sub-category | Numerator | Denominator | Rate | |
|-----------------------------|-----------|-------------|------|-----------|
| Ages 18-64 | 0 | 0 | 0 | Clear Row |

[+ Additional/Alternative Classification/Sub-category](#)

Figure 12: Optional Measure Stratification – 2

Appendix A: Acronyms

Table 1: Acronyms

| Acronym | Literal Translation |
|------------|--|
| AQM | Adult Quality Measure |
| PRA | Paper Reduction Act of 1995 |
| SSD | Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications |