

Oral Evaluation for Adults with Diabetes

Measure Basic Information

Name and date of specifications used: TBD (DQA has not yet officially published the specifications; this specification sheet will be updated once the official version is available)

URL of Specifications: n/a

Measure Type: HEDIS PQI Survey Other Specify: DQA

Measure Utility: CCO Incentive State Quality Measure CMS Adult Core Set CMS Child Core Set
Other Specify:

Data Source: MMIS/DSSURS

Measurement Period: January 1, 2019 – December 31, 2019

2019 Benchmark: 28.0%, 2017 CCO 75th percentile

2019 Improvement Targets: Minnesota method with 3 percentage point floor

Member type: CCO A CCO B CCO G

Specify claims used in the calculation:

CDC-HbA1c	Only use claims from matching CCO that a member is enrolled with	Denied claims included
Numerator event	Y	Y

Measure Details

Data elements required denominator:

Unduplicated members age 18 and above as of December 31 of the measurement year with diabetes identified from claim/encounter data or pharmacy data, during the measurement year or the year prior to the measurement year: (qualify for any one of the following criteria occurring over both years)

- At least two outpatient visits (Outpatient Value Set), observation visits (Observation Value Set), ED visits (ED Value Set), or nonacute inpatient encounters (Nonacute Inpatient Value Set) on different dates of service, with a diagnosis of diabetes (Diabetes Value Set). Visit type need not be the same for the two visits.
- At least one acute inpatient encounter (Acute Inpatient Value Set) with a diagnosis of diabetes (Diabetes Value Set).

- Dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis (Diabetes Medications List).

(See HEDIS 2019 Value Set Dictionary for detail codes)

Diabetes Medications¹

Description	Prescription		
Alpha-glucosidase inhibitors	• Acarbose	• Miglitol	
Amylin analogs	• Pramlintide		
Antidiabetic combinations	• Alogliptin-metformin • Alogliptin-pioglitazone • Canagliflozin-metformin • Dapagliflozin-metformin • Empagliflozin-linagliptin • Empagliflozin-metformin • Glimepiride-pioglitazone	• Glimepiride-rosiglitazone • Glipizide-metformin • Glyburide-metformin • Linagliptin-metformin • Metformin-pioglitazone • Metformin-repaglinide • Metformin-rosiglitazone	• Metformin-saxagliptin • Metformin-sitagliptin • Sitagliptin-simvastatin
Insulin	• Insulin aspart • Insulin aspart-insulin aspart protamine • Insulin degludec • Insulin detemir • Insulin glargine • Insulin glulisine	• Insulin isophane human • Insulin isophane-insulin regular • Insulin lispro • Insulin lispro-insulin lispro protamine • Insulin regular human • Insulin human inhaled	
Meglitinides	• Nateglinide	• Repaglinide	
Glucagon-like peptide-1 (GLP1) agonists	• Dulaglutide • Exenatide	• Liraglutide	• Albiglutide
Sodium glucose cotransporter 2 (SGLT2) inhibitor	• Canagliflozin	• Dapagliflozin	• Empagliflozin
Sulfonylureas	• Chlorpropamide • Glimepiride	• Glipizide • Glyburide	• Tolazamide • Tolbutamide
Thiazolidinediones	• Pioglitazone	• Rosiglitazone	
Dipeptidyl peptidase-4 (DDP-4) inhibitors	• Alogliptin • Linagliptin	• Saxagliptin • Sitagliptin	

Note: Glucophage/metformin as a solo agent is not included because it is used to treat conditions other than diabetes; members with diabetes on these medications are identified through diagnosis codes only.

Required exclusions for denominator:

DQA requires exclusion for members identified with gestational diabetes or steroid-induced diabetes (HEDIS 2019 Diabetes Exclusions Value Set), but who do not have a diagnosis of diabetes (HEDIS 2019 Diabetes Value Set) in any care settings. This is originally an optional exclusion for the HEDIS Comprehensive Diabetes Care measure, and DQA adopts the logic as a required denominator exclusion.

Deviations from cited specifications for denominator: TBD (though see note on continuous enrollment criteria below)

¹ HEDIS 2019 NDC lists are available at:

<http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license>



Data elements required numerator:

Number of unduplicated member in the denominator who received a comprehensive, periodic or periodontal oral evaluation in the measurement year, identified by any of the following CDT codes: D0120, D0150, or D0180.

Required exclusions for numerator: None.

Deviations from cited specifications for numerator: None.

What are the continuous enrollment criteria: The measurement year.

Note this is a deviation from DQA specifications which will require only 180 days of continuous enrollment.

What are allowable gaps in enrollment:

No more than one gap in enrollment of up to 45 days during the measurement year.

Define Anchor Date (if applicable):

December 31 of the measurement year.

For More Information: n/a