

Diabetes: HbA1c Poor Control (CMS122v8)

Measure Basic Information

Name and date of specifications used: Eligible Professional / Eligible Clinician electronic Clinical Quality Measure (eCQM) Specifications for Performance / Reporting Year 2020.

URL of Specifications: <https://ecqi.healthit.gov/ecqm/ep/2020/cms122v8>

Measure Type:

HEDIS ☐ PQI ☐ Survey ☐ Other ☒ Specify: eCQM

Measure Utility:

CCO Incentive ☒ State Quality ☒ CMS Adult Core Set ☒ CMS Child Core Set ☐
Other ☐ Specify:

Data Source: Electronic Health Records

Measurement Period: January 1, 2020 – December 31, 2020

Benchmark:

| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|--|--|--|--|--------------------------------------|--|----------------------------|
| Benchmark for OHA measurement year | 34% | 34% | 19% | 19% | 22.6% | 21.7% | 23.4% |
| Source | 2013 National Medicaid 75 th percentile | 2014 National Medicaid 75 th percentile | 2015 national Commercial 90 th percentile | 2015 national Commercial 90 th percentile | 2016 CCO 90 th percentile | 2018 national Commercial 90 th percentile | 2018 CCO statewide average |

2020 Improvement Targets: N/A – unable to calculate improvement target for 2020

Changes in Specifications from 2019 to 2020: This summary is provided to help highlight changes. For a complete list, see the Technical Release Notes:

<https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS122v8-TRN.xlsx>.

- Updated NQF number to 'Not Applicable.'
- Updated rationale, clinical recommendation statement, and references.
- Updated denominator exclusions statement with addition of patients 66 years of age and older who are living in a long-term institutional setting, such as a nursing home, for more than 90 days in the measurement period to align with the HEDIS parent measure exclusion.
- Updated denominator exclusions statement with addition of patients with advanced illness and frailty because it is unlikely that patients will need the services being measured.

- Revised logic to include new exclusion for patients with advanced illness and frailty. The new logic excludes patients who are 80 or older, use of frailty devices, dementia medications and encounters with diagnosis of advanced illness encompassing the measurement period or encounter.
- Revised logic to include new exclusion for patients 66 years of age and older who are living in a long-term institutional setting, such as a nursing home, for more than 90 days in the measurement period to align with the HEDIS parent measure exclusion.
- Updated the sort order for the most recent HBA1c to the end of the relevant period to ensure only the last test is being evaluated.

| Value Set name and OID | Status |
|---|---|
| Value set Annual Wellness Visit (2.16.840.1.113883.3.526.3.1240) | Added SNOMED CT extensional value set (2.16.840.1.113883.3.526.2.1772) including 2 codes. |
| Value set Diabetes (2.16.840.1.113883.3.464.1003.103.12.1001) | Added 32 SNOMED CT codes and deleted 69 SNOMED CT codes. |
| Value set Acute Inpatient (2.16.840.1.113883.3.464.1003.101.12.1083) | Added Acute Inpatient. |
| Value set Advanced Illness (2.16.840.1.113883.3.464.1003.110.12.1082) | Added Advanced Illness. |
| Value set Nonacute Inpatient (2.16.840.1.113883.3.464.1003.101.12.1084) | Added Nonacute Inpatient. |
| Value set ED (2.16.840.1.113883.3.464.1003.101.12.1085) | Added ED. |
| Value set Observation (2.16.840.1.113883.3.464.1003.101.12.1086) | Added Observation. |
| Value set Outpatient (2.16.840.1.113883.3.464.1003.101.12.1087) | Added Outpatient. |
| Value set Frailty Device (2.16.840.1.113883.3.464.1003.118.12.1300) | Added Frailty Device. |
| Value set Frailty Encounter (2.16.840.1.113883.3.464.1003.101.12.1088) | Added Frailty Encounter. |
| Value set Frailty Symptom (2.16.840.1.113883.3.464.1003.113.12.1075) | Added Frailty Symptom. |
| Value set Frailty Diagnosis (2.16.840.1.113883.3.464.1003.113.12.1074) | Added Frailty Diagnosis. |
| Value set Dementia Medications (2.16.840.1.113883.3.464.1003.196.12.1510) | Added Dementia Medications. |
| Value set Nursing Facility Visit (2.16.840.1.113883.3.464.1003.101.12.1012) | Added Nursing Facility Visit. |
| Value set Care Services in Long-Term Residential Facility (2.16.840.1.113883.3.464.1003.101.12.1014) | Added Care Services in Long-Term Residential Facility. |
| Value set Diabetes (2.16.840.1.113883.3.464.1003.103.12.1001) | Deleted three extensional value sets (2.16.840.1.113883.3.464.1003.103.11.1001 (ICD-9-CM), 2.16.840.1.113883.3.464.1003.103.11.1002 (ICD-10-CM), and 2.16.840.1.113883.3.464.1003.103.11.1003 (SNOMED CT)). Added eight extensional value sets |

| | |
|--|---|
| | (2.16.840.1.113883.3.464.1003.103.11.1025 (ICD-9-CM), 2.16.840.1.113883.3.464.1003.103.11.1026 (ICD-10-CM), 2.16.840.1.113883.3.464.1003.103.11.1027 (SNOMED CT), 2.16.840.1.113883.3.464.1003.103.11.1030 (SNOMED CT), 2.16.840.1.113883.3.464.1003.103.11.1031 (ICD-10-CM), 2.16.840.1.113883.3.464.1003.103.11.1032 (ICD-10-CM), 2.16.840.1.113883.3.464.1003.103.11.1033 (ICD-9-CM), 2.16.840.1.113883.3.464.1003.103.11.1034 (ICD-9-CM)). |
|--|---|

Denied claims: n/a

Measure Details

The detailed measure specifications are available in the eCQI Resource Center: <https://ecqi.healthit.gov/ecqm/ep/2020/cms122v8>. The following abbreviated information from the specifications is provided for convenience.

Data elements required denominator: Patients 18-75 years of age with diabetes with a visit during the measurement period.

Required exclusions for denominator:

- Patients whose hospice care overlaps the measurement period
- Patients 66 and older who are living long term in an institution for more than 90 days during the measurement period.
- Patients 66 and older with advanced illness and frailty because it is unlikely that patients will benefit from the services being measured.

Deviations from cited specifications for denominator: None.

Data elements required numerator: Patients whose most recent HbA1c level (performed during the measurement period) is >9.0%.

Required exclusions for numerator: None.

Deviations from cited specifications for numerator: None.

What are the continuous enrollment criteria: For now, OHA does not use continuous enrollment criteria for EHR-based measures; the “eligible as of the last date of the reporting period” rule may be used to identify beneficiaries.

What are allowable gaps in enrollment: n/a

Define Anchor Date (if applicable): n/a

For more information:

- Measure specifications, guidance on how to read eCQMs, and other resources can be accessed through the CMS/ ONC eCQI Resource Center: <https://ecqi.healthit.gov/ep-ec-ecqms>

- Value Sets can be accessed through the Value Set Authority Center (VSAC) at the National Library of Medicine. <https://vsac.nlm.nih.gov/>
- Additional information on OHA reporting requirements will be available in the Year Eight (2020) Guidance Documentation, which will be posted at <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

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