



Diabetes: HbA1c Poor Control (NQF 0059/122v4)

Measure Basic Information

Name and date of specifications used: Meaningful Use 2016 electronic Clinical Quality Measure (eCQM) Specifications for Eligible Professionals, June 2015 Update.

URL of Specifications:

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRI incentive Programs/eCQM_Library.html

(click on “2016 eCQM Specifications for Eligible Professionals Update June 2015” for the specification files, including quality data model (QDM) data elements).

Note: eCQM specifications have the potential to update every six months. Once certified, electronic health records (EHRs) are not required to be recertified with the updated specifications. OHA will accept year three data submissions from previous releases of the eCQM specifications, but CCOs will need to document the date of the specifications they are using.

Measure Type:

HEDIS PQI Survey Other Specify: Meaningful Use

Measure Utility:

CCO Incentive Core Performance CMS Adult Set CHIPRA Set State Performance
Other Specify:

Data Source: Electronic Health Records

Measurement Period: Calendar Year 2016

OHA will publish the Year Four guidance document by the end of Q1 2016.

2013 Benchmark: n/a

2014 Benchmark: 34%, 2013 National Medicaid 75th percentile. For challenge pool only.

2015 Benchmark: 34%, 2014 national Medicaid 75th percentile.

2016 Benchmark: 19%, 2015 national Commercial 90th percentile.

Changes in Specifications from 2015 to 2016: Changes are documented in the 2015 Annual Update of 2014 Eligible Hospitals and Eligible Professionals eCQMs Technical Release Notes available online at

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRI incentive Programs/Downloads/EHandEPTRNs.pdf>

Changes since the previous release of the eCQM specifications include:

Value Set name	Value set OID	Status
Diabetes	2.16.840.1.113883.3.464.1003.103.12.1001	Added 54 ICD10CM codes



Downloadable access to all official versions of vocabulary value sets contained in the 2015 Clinical Quality Measures is provided through the Value Set Authority Center at <https://vsac.nlm.nih.gov/>.

Denied claims: n/a

Measure Details

Data elements required denominator: Patients 18-75 years of age who had a diagnosis of diabetes¹ during or any time prior to the measurement period and who received a qualifying outpatient service during the measurement period:

Qualifying Outpatient Service	Grouping Value Set ²
Office Visit	Office Visit Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1001)
Face-to-Face Interaction	Face-to-Face Interaction Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1048)
Preventive Care Services – Established Office Visit, 18 and Up	Preventive Care Services - Established Office Visit, 18 and Up Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1025)
Preventive Care Services – Initial Office Visit, 18 and Up	Preventive Care Services-Initial Office Visit, 18 and Up Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1023)
Home Healthcare Services	Home Healthcare Services Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1016)
Annual Wellness Visit	Annual Wellness Visit Grouping Value Set (2.16.840.1.113883.3.526.3.1240)

Required exclusions for denominator: None.

Note: only patients with a diagnosis of Type 1 or Type 2 diabetes should be included in the denominator; patients with a diagnosis of secondary diabetes due to another condition should not be included.

¹ Diabetes is identified using the Diabetes Grouping Value Set (2.16.840.1.113883.3.464.1003.103.12.1001).

² Grouping Value Sets are lists of specific values (terms and their codes) derived from single or multiple standard vocabularies used to define clinical concepts (e.g. patients with diabetes, clinical visit, reportable diseases) used in clinical quality measures and to support effective health information exchange. Value Sets can be accessed through the Value Set Authority Center (VSAC) at the National Library of Medicine. <https://vsac.nlm.nih.gov/>



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%.

Patient is numerator compliant if the most recent HbA1c level >9%, if the most recent HbA1c result is missing, or if there are no HbA1c tests performed and results documented during the measurement period.

Required exclusions for numerator: None.

Deviations from cited specifications for numerator: None.

What are the continuous enrollment criteria:

There are no continuous enrollment criteria required for this measure. Where possible, CCOs should apply the eligibility rule of 'eligible as of the last date of the reporting period' to identify beneficiaries. OHA's preference is to receive data for Medicaid beneficiaries only, but data for the entire population may be submitted if the data is in aggregate.

What are allowable gaps in enrollment: n/a

Define Anchor Date (if applicable): n/a

For more information:

- Value Sets can be accessed through the Value Set Authority Center (VSAC) at the National Library of Medicine . <https://vsac.nlm.nih.gov/>
- How to read eCQMs: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Guide_Reading_EP_Hospital_eCQMs.pdf
- CMS's eCQMs: <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html>
- Year Four guidance will be available online at:
<http://www.oregon.gov/oha/Analytics/Pages/CCO-Baseline-Data.aspx>

Version Control

1/28/2016 – Instructions under “URL of specifications” were updated with correct date (previously said 2014 instead of 2016, due to a scrivener’s error).