



## Diabetes: HbA1c Poor Control (NQF 0059)

### Measure Basic Information

**Name and date of specifications used:** Meaningful Use 2015 electronic Clinical Quality Measure (eCQM) Specifications for Eligible Professionals, July 2014 Release.

**URL of Specifications:**

[http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM\\_Library.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html)  
(click on “2014 eCQM Specifications for EP Update July 2014” 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:** 2015

OHA’s preferred measurement period for Year Three data submission is calendar year 2015. OHA will provide clarification on which measurement periods will be accepted in January 2015. OHA will also publish the Year Three guidance document by June 2015.

**2013 Benchmark:** n/a

**2014 Benchmark:** 34%, 2013 National Medicaid 75<sup>th</sup> percentile. For challenge pool only.

**2015 Benchmark:** 34%, 2014 national Medicaid 75<sup>th</sup> percentile.

Note 2015 is the first year of pay for performance on this measure, there is not an improvement target. CCOs must submit their data according to the year three guidance, as well as meet the benchmark to earn quality pool funds in 2015 for this measure.

**Changes in Specifications for 2015:**

Changes are documented in the 2014 eCQM Measure Logic Guidance & Release Notes v1.9 Update July 2014, available online at [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/ecQM\\_LogicGuidance\\_v19\\_July2014.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/ecQM_LogicGuidance_v19_July2014.pdf)



Changes since the previous release of the eCQM specifications include:

Logic changes:

- Initial patient population: reordered the instance where 'AND' and 'AND NOT' operators are nested together so that the 'AND' statement precedes the 'AND NOT' statement.
- Denominator exclusions: removed denominator exclusions.
- Numerator: added logic to identify missing tests; added logic to identify tests with no results.

Value set changes:

| Value Set name           | Value set OID  | Status            |
|--------------------------|--|-------------------|
| Diabetes                 | 2.16.840.1.113883.3.464.1003.103.12.1001<br>2.16.840.1.113883.3.464.1003.103.11.1003   | Removed codes     |
| HbA1c laboratory test    | 2.16.840.1.113883.3.464.1003.198.12.1013<br>2.16.840.1.113883.3.464.1003.198.11.1024   | Updated codes     |
| Gestational diabetes     | 2.16.840.1.113883.3.464.1003.103.12.1010<br>2.16.840.1.113883.3.464.1003.103.11.1014<br>2.16.840.1.113883.3.464.1003.103.11.1012 | Removed value set |
| Face-to-face interaction | 2.16.840.1.113883.3.464.1003.101.12.1048<br>2.16.840.1.113883.3.464.1003.101.11.1216   | Removed code      |

Downloadable access to all official versions of vocabulary value sets contained in the 2014 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 diabetes<sup>1</sup> during or any time prior to the measurement period and who received a qualifying outpatient service during the measurement period:

<sup>1</sup> Diabetes is identified using the Diabetes Grouping Value Set (2.16.840.1.113883.3.464.1003.103.12.1001).

| Qualifying Outpatient Service                                  | Grouping Value Set <sup>2</sup>  |
|--|--|
| 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.

**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.

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<sup>2</sup> 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/>



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](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 Three guidance available online at: <http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx>