Oral Evaluation for Adults with Diabetes

Measure Basic Information

Name and date of specifications used: Dental Quality Alliance (DQA) Adults with Diabetes – Oral Evaluation

URL of Specifications: https://www.ada.org/~/media/ADA/DQA/2019_DiabetesOralEvaluation.pdf?la=en

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, 2020 – December 31, 2020

Benchmark for OHA measurement year	2019	2020
OED	27.1%	26.8%
Source:	CCO 75th percentile from two years prior	

2020 Improvement Targets: Minnesota method with 3 percentage point floor

Measure changes in specifications from 2019 to 2020:

- OHA follows HEDIS General Guideline 17 for hospice exclusion which replaced the 2019 Hospice Value Set with two new value sets in 2020: Hospice Encounter Value Set and Hospice Intervention Value Set. UBTOB codes are no longer in use for identifying hospice exclusion.

Member type: CCO A ■   CCO B ☐   CCO G ☐

Specify claims used in the calculation:

DOE	Only use claims from matching CCO that a member is enrolled with	Denied claims included
Denominator inclusion and exclusion	N[1]	Y
Numerator event	Y	Y

Measure Details

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[1] From the two-year period for identifying diabetes members in the denominator, all claims in OHA data warehouse are used regardless of the payer.

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. A member qualifies for the measure denominator if at least one of the following three criteria is met either during the measurement year or the year prior to the measurement year:

Claims/Encounter Data:

1. At least one acute inpatient encounter (Acute Inpatient Value Set) with a diagnosis of diabetes (Diabetes Value Set) without telehealth (Telehealth Modifier Value Set; Telehealth POS Value Set).
2. 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.
    o Note 1: Only include nonacute inpatient encounters (Nonacute Inpatient Value Set) without telehealth (Telehealth Modifier Value Set; Telehealth POS Value Set).
    o Note 2: Only one of the two visits may be a telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier (Telehealth Modifier Value Set) or the presence of a telehealth POS code (Telehealth POS Value Set) associated with the outpatient visit. Use the code combinations below to identify telephone visits and online assessments:
        ▪ A telephone visit (Telephone Visits Value Set) with any diagnosis of diabetes (Diabetes Value Set)
        ▪ An online assessment (Online Assessments Value Set) with any diagnosis of diabetes (Diabetes Value Set)
    o Note 3: two visits need to be in the same year, either during the measurement year or the year prior to the measurement year.

Pharmacy Data:

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

    (See HEDIS® 2020 Value Set Dictionary for detail codes)

Diabetes Medications List[2]

Description	Prescription		
Alpha-glucosidase inhibitors	• Acarbose	• Miglitol	
Amylin analogs	• Pramlinitide		
Antidiabetic combinations	• Alogliptin-metformin	• Glimepiride-rosiglitazone	• Metformin-saxagliptin
	• Alogliptin-pioglitazone	• Glipizide-metformin	• Metformin-sitagliptin
	• Canagliflozin-metformin	• Glyburide-metformin	• Sitagliptin-simvastatin
	• Dapagliflozin-metformin	• Linagliptin-metformin	
	• Empaglifozin-linagliptin	• Metformin-pioglitazone	
	• Empagliflozin-metformin	• Metformin-repaglinide	

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[2] HEDIS 2020 NDC lists are available at: https://www.ncqa.org/hedis/measures/

	• Glimepiride-pioglitazone	• Metformin-rosiglitazone	
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 • Sitaglipin	

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:

1. Members in hospice are excluded from this measure. These members are identified using HEDIS 2020 Hospice Encounter Value Set and Hospice Intervention Value Set, with claims within the measurement year. (See HEDIS 2020 General Guideline 17 for detail.)
2. Exclude members age 66 and older as of December 31 of the measurement year with frailty and advanced illness. Members who meet both of the following criteria are excluded:
   a. At least one claim/encounter for frailty (Frailty Value Set) during the measurement year. AND
   b. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):
      i. 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 an advanced illness diagnosis (Advanced Illness Value Set). Visit type need not be the same for the two encounters.
      ii. At least one acute inpatient encounter (Acute Inpatient Value Set) with an advanced illness diagnosis (Advanced Illness Value Set)
      iii. A dispensed dementia medication (Dementia Medications List, see link to Medication List Directory in Guidance for Reporting above)

Dementia Medications List[3]

Description	Prescription		
Cholinesterase inhibitors	• Donepezil	• Galantamine	• Rivastigmine
Miscellaneous central nervous system agents	• Memantine		

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[3] HEDIS 2020 NDC lists are available at: https://www.ncqa.org/hedis/measures/

3. Exclude members identified in the denominator who do not have a diagnosis in HEDIS 2020 Diabetes Value Set in any care settings AND have diagnosis of HEDIS 2020 Diabetes Exclusions Value Set (for gestational diabetes or steroid/drug-induced diabetes), in the measurement year or the year prior[4]. In other words, this exclusion only applies to members who are identified in denominator solely through diabetes-related pharmacy claims but no medical visits with type I or type II diagnoses.

Deviations from cited specifications for denominator:

1. DQA requires exclusion for members who are dual eligible for Medicaid and Medicare, but OHA does not adopt this exclusion. Including dual enrollees is a common practice for all CCO metrics.
2. DQA identifies members in hospice for exclusion with claims during measurement year and the year prior, and cited the older version of a single Hospice Value Set; OHA follow HEDIS 2020 General Guideline 17 for the hospice exclusion which utilizes the two new value sets, and uses only claims during the measurement year for identifying hospice care. It is also highly unlikely for an individual to have hospice claims only in year prior, no hospice claims in the measurement year but still able to meet continuous enrollment criteria in the measurement year.

Data elements required numerator:

Number of unduplicated members 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.

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): None[5].

NOTE: These standard continuous enrollment, allowable gap and anchor date criteria may be modified in 2020 to accommodate CCO membership service areas transitions.

For More Information: n/a

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[4] Note this is originally an optional exclusion for the HEDIS Comprehensive Diabetes Care measure, and DQA adopts it as a required denominator exclusion.
[5] Note while HEDIS Comprehensive Diabetes Care measure does have an anchor date on December 31st of the measurement year, OHA adopts DQA specifications which does not require an anchor date.