



Primary Care and Chronic Illness, Fall 2019 Cycle Track 2: CDP Technical Report

**TECHNICAL REPORT
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Executive Summary

The National Quality Forum (NQF) Primary Care and Chronic Illness Standing Committee is responsible for the management of the NQF-endorsed measures associated with the provision of primary care and treatment of chronic disease. Primary care comprises a variety of services provided to patients that cover a wide span of practice domains. This includes not only primary care clinicians but also other clinicians who provide primary care services. Central to the concept of primary care is the patient, with peripheral components consisting of practitioners and the healthcare system broadly. Primary care encompasses a wide range of healthcare conditions. The fundamental ideas within primary care are based on comprehensive first contact and continuing care for biological and behavioral conditions affecting any organ system. Beyond the diagnosis and treatment of acute and chronic illnesses in a variety of healthcare settings, primary care also addresses issues associated with health promotion, disease prevention, health maintenance, counseling, and patient education.

NQF has endorsed more than 40 measures addressing the quality of primary care and care for chronic illnesses. NQF reviews measures in these important healthcare areas under a consolidated measure portfolio that reflects the importance of addressing chronic illness in primary care settings. Measures may focus on conditions involving nonsurgical eyes or ears, nose, and throat; the endocrine system; the musculoskeletal system; nonacute pulmonary; or nonacute infectious disease.

For the Fall 2019 cycle, the Standing Committee reviewed measures in two topic areas: chronic respiratory disease and diabetes care. The Primary Care and Chronic Illness Standing Committee's discussion was principally focused on the measures under review for maintenance of endorsement, but this led to broader measurement discussions related to the use of practice guidelines to determine measurement targets for intermediate outcomes measures. The Standing Committee also noted key considerations related to social risk factors and how those factors will not only have an impact on clinical outcomes but intermediate clinical targets as well, such as HbA1c and blood pressure goals.

For this project, the Standing Committee evaluated six measures undergoing maintenance review against NQF's standard evaluation criteria. The Committee recommended six measures for endorsement.

The recommended measures are listed below:

- **NQF #0577** Use of Spirometry Testing in the Assessment and Diagnosis of COPD
- **NQF #1800** Asthma Medication Ratio
- **NQF #2856** Pharmacotherapy Management of COPD Exacerbation
- **NQF #0059** Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
- **NQF #0061** Comprehensive Diabetes Care: Blood Pressure Control
- **NQF #0575** Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control

Due to circumstances surrounding the COVID-19 global pandemic, commenting periods for all measures evaluated in the fall 2019 cycle were extended from 30 days to 60 days. Based on the comments received during this 60-day extended commenting period, measures entered one of two tracks: If the comments received a request for a post-comment meeting, the measures were moved to *Track 2* and deferred to the spring 2020 cycle. All other measures continued on *Track 1* as part of the fall 2019 cycle.

Track 1: Measures Continuing Their Review in fall 2019 cycle

Endorsed Measures:

- **NQF #0577** Use of Spirometry Testing in the Assessment and Diagnosis of COPD
- **NQF #1800** Asthma Medication Ratio
- **NQF #2856** Pharmacotherapy Management of COPD Exacerbation

Track 2: Measures Deferred to spring 2020 cycle

- **NQF #0059** Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
- **NQF #0061** Comprehensive Diabetes Care: Blood Pressure Control
- **NQF #0575** Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control

All measures were approved by the Consensus Standards Approval Committee (CSAC) for endorsement. This report contains details of the evaluation of measures assigned to *Track 2* and moved to the spring 2020 cycle. Detailed summaries of the Standing Committee's discussion and ratings of the criteria for each measure are in [Appendix A](#). A detailed evaluation summary of measures assigned to *Track 1* and that remained in the fall 2019 cycle was included in a [separate report](#).

Introduction

Healthcare spending in the United States (U.S.) increased from \$10,271 in 2016 to \$10,739 per person in 2017 and is expected to reach \$15,825 per person by 2050.^{1,2} The direct cost of treating chronic illnesses in 2016 was the equivalent of 5.8 percent of the U.S. gross domestic product (GDP), with the most expensive condition attributable to diabetes.³ While staggering, the direct and indirect costs of chronic illnesses are compounded by the burden of infectious diseases. Chronic illnesses, such as chronic obstructive pulmonary disease (COPD), the third leading cause of death in the U.S., are complex, debilitating, and long-lasting conditions associated with significant clinical and economic burden.⁴ Although the prevalence of COPD varies by state, over 15.3 million Americans have been diagnosed with COPD, while a considerable amount of people with the disease are unaware of their status.⁴ An estimated \$36 billion was attributed to the burden of COPD in 2010 with a projected increase to \$49 billion in 2020.⁵ These numbers are expected to increase with the aging population, thus imposing significant pressure on healthcare spending.³

In 2017, NQF consolidated and streamlined the endorsement process for a broad set of measures related to primary care and chronic illness, with the formation of the Primary Care and Chronic Illness Consensus Development Process (CDP) project. Efforts to improve prevention and manage treatment of chronic illnesses require performance measurements to assess current strategies or practices and capture the complexity of primary care and chronic illnesses. High quality performance measurement is essential to improve the diagnosis, treatment, and management of conditions.

NQF will review measures in these important healthcare areas under a consolidated measure portfolio that reflects the importance of caring for chronic illness in primary care settings. Measures may focus on nonsurgical eyes or ears, nose, and throat conditions; diabetes care; osteoporosis; human immunodeficiency virus (HIV); rheumatoid arthritis; gout; back pain; asthma; chronic obstructive pulmonary disease (COPD); and acute bronchitis. In this review cycle, measures span persistent asthma, comprehensive diabetes care, spirometry testing in the assessment and diagnosis of COPD, and management of COPD exacerbation.

NQF Portfolio of Performance Measures for Primary Care and Chronic Illness Conditions

The Primary Care and Chronic Illness Standing Committee ([Appendix C](#)) oversees NQF's portfolio of Primary Care and Chronic Illness measures ([Appendix B](#)), which includes measures for ear, nose, throat (ENT) and eye care; endocrine; infectious disease; musculoskeletal; pulmonary; and others. This portfolio contains 48 total measures: 41 process measures, two outcome measures, four intermediate outcome measures, and one composite measure (see table below).

Table 1. NQF Primary Care and Chronic Illness Portfolio of Measures

	Process	Outcome	Intermediate Outcome	Composite
Ears, Nose, Throat (ENT), Eye Care	12	0	0	0

	Process	Outcome	Intermediate Outcome	Composite
Endocrine	8	0	2	1
Infectious Disease	8	2	1	0
Musculoskeletal	7	0	0	0
Pulmonary	5	0	0	0
Other	1	0	1	0
Total	41	2	4	1

Additional measures that have an impact on primary care settings have been assigned to other portfolios. These include healthcare-associated infection measures (Patient Safety), care coordination measures (Geriatrics and Palliative Care), imaging efficiency measures (Cost and Efficiency), and a variety of condition- or procedure-specific outcome measures (Cardiovascular, Cancer, Renal, etc.).

Primary Care and Chronic Illness Measure Evaluation

On February 11, 2020, the Primary Care and Chronic Illness Standing Committee evaluated six measures undergoing maintenance review against NQF's [standard measure evaluation criteria](#). Three of the measures were assigned to *Track 2*.

Table 2. Primary Care and Chronic Illness Measure Evaluation Summary, Fall 2019 Track 2

	Maintenance	New	Total
Measures under review	3	0	3
Measures endorsed	3	0	3

Comments Received Prior to Standing Committee Evaluation

NQF accepts comments on endorsed measures on an ongoing basis through the [Quality Positioning System \(QPS\)](#). In addition, NQF solicits comments for a continuous 16-week period during each evaluation cycle via an online tool located on the project webpage. For this evaluation cycle, the commenting period opened on December 5, 2019, and closed on April 24, 2020. As of that date, no comments were submitted.

Comments Received After Standing Committee Evaluation

Considering the recent COVID-19 global pandemic, many organizations needed to focus their attention on the public health crisis. In order to provide greater flexibility for stakeholders and continue the important work in quality measurement, NQF extended commenting periods and adjusted measure endorsement timelines for the fall 2019 cycle.

Commenting periods for all measures evaluated in the fall 2019 cycle were extended from 30 days to 60 days. Based on the comments received during this 60-day extended commenting period, measures entered one of two tracks:

Track 1: Measures That Remained in Fall 2019 Cycle

Measures that did not receive public comments or only received comments in support of the Standing Committees' recommendations moved forward to the CSAC for review and discussion during its meeting on July 28-29, 2020.

- **Exceptions**

Exceptions were granted to measures if non-supportive comments received during the extended post-comment period were similar to those received during the pre-evaluation meeting period and had already been adjudicated by the respective Standing Committees during the measure evaluation Fall 2019 meetings.

Track 2: Measures Deferred to Spring 2020 Cycle

Fall 2019 measures that required further action or discussion from a Standing Committee were deferred to the spring 2020 cycle. This includes measures in which consensus was not reached or those that require a response to the public comments received. Measures undergoing maintenance review retained endorsement during that time.

During the spring 2020 CSAC meeting on November 17-18, 2020, the CSAC reviewed all measures assigned to *Track 2*. A list of measures assigned to *Track 1* can be found in the [Executive Summary section](#) of this report for tracking purposes, but these measures were reviewed during the fall 2019 CSAC review period.

The extended public commenting period with NQF member support closed on May 24, 2020. Following the Standing Committee's evaluation of the measures under review, NQF received 10 comments from three member organizations pertaining to the draft report and to the measures under review. All comments for each measure under review were discussed at the June 30, 2020 post-comment meeting and have been summarized in [Appendix A](#).

Throughout the extended public commenting period, NQF members had the opportunity to express their support (either *support* or *do not support*) for each measure submitted for endorsement consideration to inform the Standing Committee's recommendations. No NQF members provided their expression of *support* or *do not support*.

Overarching Issue

During the Standing Committee's discussion of the measures, one overarching issue emerged that was factored into the Standing Committee's ratings and recommendations for multiple measures and is not repeated in detail with each individual measure.

Use of Socioeconomic Status in Risk Adjustment for Intermediate Outcomes

The Standing Committee expressed an overall concern about the lack of social risk adjustment for many of the measures reviewed. The Standing Committee emphasized that many social risk factors may predispose certain populations to have lower performance rates, especially in such areas as diabetes-related intermediate outcome measures. Issues related to poverty, food insecurity, health literacy, and

cultural factors play a significant role in the incidence and prevalence of diseases, such as diabetes. The Standing Committee noted that the same holds true for respiratory conditions as well.

Summary of Measure Evaluation: Fall 2019 Measures Track 2

The following brief summaries of the measure evaluation highlight the major issues that the Standing Committee considered. Details of the Standing Committee's discussion and ratings of the criteria for each measure are included in [Appendix A](#).

#0059 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (NCQA): Endorsed

Description: The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is >9.0% during the measurement year; **Measure Type:** Outcome; **Level of Analysis:** Health Plan; **Setting of Care:** Outpatient Services; **Data Source:** Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records

The Standing Committee recommended the measure for continued endorsement. The Standing Committee noted that this measure has undergone some changes in coding and applauded the measure developer for the inclusion of telehealth. The Standing Committee noted that the measure's focus on patients greater than 9.0% HbA1c is a looser goal and perhaps a more appropriate one but that it may be more challenging for patients to understand. Members of the Standing Committee noted that the 9.0% threshold target is a reasonable and actionable therapeutic indicator for poor control. The Standing Committee added that both financial and food insecurity have been shown to be correlated with poor glycemic control. The Standing Committee noted an approximate four-percent improvement between 2016-2018, but opportunities to improve for commercial, Medicare, and Medicaid plans remain. The Standing Committee noted new exclusions to exclude populations that would not benefit from intensive glycemic control, such as hospice, elderly, and frail beneficiaries. The Standing Committee noted that pharmacy claims can be used in the measure to identify patients in the denominator but expressed concerns that several medications could potentially flag patients as having diabetes when they are used for other conditions, such as polycystic ovarian syndrome, or for weight loss. The Standing Committee also expressed concern that frailty is difficult to define. The developer noted that frailty alone is insufficient; it must also include other chronic illnesses, and such patients were excluded from studies based on the recommendations in the guidelines.

The Standing Committee did not express concerns related to reliability and validity and voted to uphold the moderate ratings ascribed to the measures by the NQF Scientific Methods Panel (SMP). The Standing Committee noted that the data sources for this measure are part of routine care delivery and did not express concerns related to feasibility. The Standing Committee noted that this measure is used in multiple accountability programs and did not express concerns for use or usability. The Standing Committee expressed concern related to usability, stating that this may encourage aggressive glycemic control but noted that the developer had excluded a number of populations that do not carry strong benefits relative to the risks. The Standing Committee discussed NQF #0575, which targets less than 8.0% HbA1c and questioned the need for both measures. The measure developer noted that the population that is not in control is significantly different from the population that *is* in control, or close to it, and suggested that the measures are complementary as a result. The developer also noted that the population level measures complement each other by allowing for flexibility in clinical approach for

patients without aggressive glycemic targeting. The Standing Committee suggested that continuous glucose monitors may affect the usefulness of NQF #0059 and NQF #0575 in the future. The CSAC voted unanimously to uphold the Standing Committee's recommendation and endorse NQF Measure #0059.

#0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg) (NCQA): Endorsed

Description: The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level taken during the measurement year is <140/90 mm Hg; **Measure Type:** Outcome: Intermediate Clinical Outcome; **Level of Analysis:** Health Plan; **Setting of Care:** Outpatient Services; **Data Source:** Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records

The Standing Committee recommended the measure for continued endorsement. The Standing Committee noted that this measure targets the same population as the other two diabetes measures (NQF #0059 and NQF #0575) with the same exclusions. The Standing Committee also took note of the updated 2017 American College of Cardiology (ACC)/American Heart Association (AHA) blood pressure guidelines and the 2019 American Diabetes Association (ADA) Standards of Care guidelines that have been used to inform the evidence of this measure. The Standing Committee noted that there were no head-to-head studies assessing benefits of blood pressure targets of 140/90 mm Hg versus 130/80 mm Hg and associated risks. Nonetheless, the 140/90 mm Hg goal is the one that covers the broadest population and was therefore proffered as the most appropriate goal. The Standing Committee also acknowledged that a 120-mm Hg systolic pressure may be the right target for some patients, but keeping the measure focus at 140 mm Hg does not preclude clinicians from setting a lower target, as patients below 120 would also be below 140. The Standing Committee noted substantial room for improvement and disparities in performance based on race. The Standing Committee was apprised of the SMP ratings for moderate and high for reliability and validity, respectively, and voted to uphold both ratings. The Standing Committee acknowledged the concern that the last blood pressure reading currently called for in the measure specifications may not be the best indicator of control. The developer acknowledged that an average blood pressure reading would be a better indicator of control over time and is something that they are currently assessing. The Standing Committee expressed no concerns for feasibility, nor did they express concerns related to use and usability. The Standing Committee noted the similarity of this measure to several other measures that National Committee for Quality Assurance (NCQA) stewards have as the same 140/90 targets. The developer noted diagnostic differences for the measures and noted that this is the basis for their separation. The Standing Committee accepted this explanation and voted to recommend the measure for endorsement. The CSAC voted unanimously to uphold the Standing Committee's recommendation and endorse NQF Measure #0061.

#0575 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%) (NCQA): Endorsed

Description: The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is <8.0% during the measurement year; **Measure Type:** Outcome: Intermediate Clinical Outcome ; **Level of Analysis:** Health Plan; **Setting of Care:** Outpatient Services; **Data Source:** Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records

The Standing Committee recommended the measure for continued endorsement. The Standing Committee noted that this measure is intended to serve as a complement to NQF #0059. The Standing Committee observed that there is a substantial population for whom less than 8.0% HbA1c is a reasonable target and that patients with a strict goal would be a subset of the entire broad population.

The Standing Committee added that younger people who do not have complications and have a better ability to manage their diabetes are appropriate for a 7.0% target. However, complicated patients with concomitant disease have increased risks with tighter controls, such as those with hypertension. The Standing Committee noted that the performance of the measure has improved over time, especially for health plans in the lower quartiles. The issues related to disparities discussed in the previous measure were noted to also carry over to this measure. The Standing Committee did not express any concerns related to reliability and validity and elected to accept the SMP ratings. The Standing Committee did not express concerns related to the feasibility, use, or usability of the measure. The relating and competing discussion centered around NQF #0059. The Standing Committee’s endocrinologists reassured the other members of the Standing Committee that it was important to keep both measures until entire populations are below 8.0% HbA1c. The developer further clarified that the actions for patients over 9.0% or that are unmeasured require specialized outreach to ensure that they receive care; these actions are also different for patients between 8.0-9.0%, who typically need refinements to their existing treatment regimen. These populations were characterized as fundamentally different by the developer, Standing Committee patients, and Standing Committee providers, with significant benefit derived from quality improvement efforts that utilize both measures. The CSAC voted unanimously to uphold the Standing Committee’s recommendation and endorse NQF Measure #0575.

Measures Withdrawn From Consideration

One measure previously endorsed by NQF has not been resubmitted for maintenance of endorsement or has been withdrawn during the endorsement evaluation process. Endorsement for this measure has been removed.

Table 3. Measures Withdrawn from Consideration

Measure	Reason for withdrawal
#0054 Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	Developer did not seek re-endorsement

References

- 1 Historical | CMS. 2017 National Health Expenditures. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical>. Last accessed March 2020.
- 2 United States | Institute for Health Metrics and Evaluation. <http://www.healthdata.org/united-states>. Last accessed February 2020.
- 3 Waters H, Graf M. *THE COSTS OF CHRONIC DISEASE IN THE U.S.* The Milken Institute; 2018. <https://milkeninstitute.org/reports/cost-chronic-diseases-us>. Last accessed February 2020.
- 4 How Serious Is COPD | American Lung Association. <https://www.lung.org/lung-health-and-diseases/lung-disease-lookup/copd/learn-about-copd/how-serious-is-copd.html>. Last accessed February 2020.
- 5 Ford ES, Murphy LB, Khavjou O, et al. Total and state-specific medical and absenteeism costs of COPD among adults aged ≥ 18 years in the United States for 2010 and projections through 2020. *Chest*. 2015;147(1):31-45.

Appendix A: Details of Measure Evaluation

Rating Scale: H=High; M=Moderate; L=Low; I=Insufficient; NA=Not Applicable

Note: Vote totals may differ between measure criteria and between measures as Standing Committee members often have to join calls late or leave calls early. NQF ensures that quorum is maintained for all live voting. All voting outcomes are calculated using the number of Standing Committee members present for that vote as the denominator.

Track 2 – Endorsed Measures

#0059 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
Submission Specifications
<p>Description: The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is >9.0% during the measurement year.</p> <p>Numerator Statement: Patients whose most recent HbA1c level is greater than 9.0% or is missing a result, or for whom an HbA1c test was not done during the measurement year.</p> <p>Denominator Statement: Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.</p> <p>Exclusions: This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.</p> <p>Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes in any setting during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type 1 or Type II) is found.</p> <p>Adjustment/Stratification: No risk adjustment or risk stratification</p> <p>Level of Analysis: Health Plan</p> <p>Setting of Care: Outpatient Services</p> <p>Type of Measure: Outcome: Intermediate Clinical Outcome</p> <p>Data Source: Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records</p> <p>Measure Steward: National Committee for Quality Assurance</p>
<p>STANDING COMMITTEE MEETING February 11, 2020</p> <p>1. Importance to Measure and Report: <u>The measure meets the Importance criteria.</u></p> <p>(1a. Evidence, 1b. Performance Gap)</p> <p>1a. Evidence: H-11; M-10; L-0; I-0; 1b. Performance Gap: H-13; M-9; L-0; I-0</p> <p>Rationale:</p> <ul style="list-style-type: none"> The Standing Committee noted that this measure is based on the ADA 2019 Standards of Care goal of <7% for nonpregnant adults, and that there may be more risk to stringent controls in patients with long-standing type 2 diabetes or at significant risk of cardiovascular disease. The Standing Committee's comments included a reference to the fact that data provided are not specific to the 9.0 target. The Standing Committee noted that this measure has undergone some changes in coding and appreciated the inclusion of telehealth. The Standing Committee noted that the measure's focus on patients with greater than 9.0% HbA1c is a looser goal and perhaps a more appropriate one, but that it may be more challenging for patients to understand. The endocrinologists on the Standing Committee noted that the 9.0 threshold target is a reasonable and actionable therapeutic indicator for poor control. The Standing Committee added that both financial and food insecurity have been shown to be correlated with poor glycemic control.

#0059 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

- The Standing Committee noted an approximate 4% improvement between 2016-2018, but there are opportunities to improve for commercial, Medicare, and Medicaid plans.

2. Scientific Acceptability of Measure Properties: The measure meets the Scientific Acceptability criteria.

(2a. Reliability precise specifications, testing; 2b. Validity testing, threats to validity)

2a. Reliability: **Yes-22; No-0**; 2b. Validity: **Yes-22; No-0**

- This measure was deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- The NQF Scientific Methods Panel's ratings for Reliability: **H-2; M-3; L-0; I-0**
- The NQF Scientific Methods Panel's ratings for Validity: **H-1; M-3; L-0; I-1**
- The Standing Committee voted to accept the NQF Scientific Methods Panel's ratings of reliability and validity.

Rationale:

- The Standing Committee noted new exclusions to exclude populations that would not benefit from intensive glycemic control, such as hospice, elderly, and frail beneficiaries.
- The Standing Committee noted that pharmacy claims can be used in the measure to identify patients in the denominator but expressed concerns that several medications could potentially flag patients as having diabetes when they are used for other conditions, such as polycystic ovarian syndrome, or for weight loss.
- The Standing Committee also expressed concern that frailty is difficult to define. The developer noted that frailty alone is not sufficient; it must also include other chronic illnesses, and such patients were excluded from studies that support the recommendations in the guidelines.

3. Feasibility: H-6; M-16; L-0; I-0

(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c. Susceptibility to inaccuracies/unintended consequences identified; 3d. Data collection strategy can be implemented)

Rationale:

- The Standing Committee noted that the data sources for this measure are part of routine care delivery and did not express concerns related to feasibility.

4. Use and Usability

4a. Use; 4a1. Accountability and transparency; 4a2. Feedback on the measure by those being measured and others; 4b. Usability; 4b1. Improvement; 4b2. The benefits to patients outweigh evidence of unintended negative consequences to patients)

4a. Use: **Pass-22; No Pass-0** 4b. Usability: **H-7; M-15; L-0; I-0**

Rationale:

- The Standing Committee expressed concern related to usability, that this may encourage aggressive glycemic control but noted that the developer had excluded a number of populations that do not carry strong benefits relative to the risks.
- The Standing Committee noted measure NQF #0575 targeting less than 8.0% HbA1c and questioned the need for both measures.
- The measure developer noted that the population that is not in control is significantly different from the population that is in control, or close to it, and suggested that the measures are complementary as a result. The developer also noted that the population level measures complement each other by allowing for flexibility in clinical approach for patients without aggressive glycemic targeting. The Standing Committee suggested that continuous glucose monitors may affect the usefulness of NQF #0059 and NQF #0575 in the future.

5. Related and Competing Measures

- This measure is related to several NQF endorsed measures, but the Standing Committee did not consider them to directly compete against one another:
 - #0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)
 - #2607: Diabetes Care for People With Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
 - #0729: Optimal Diabetes Care

#0059 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)**6. Standing Committee Recommendation for Endorsement: Y-22; N-0**Rationale

- The Standing Committee recommended the measure for continued endorsement.

7. Public and Member Comment

- Commenters were concerned about the lack of risk adjustment results included in the testing forms for this measure.
- Commenters were also concerned about the use of the word “and” in the exclusions.
- The commenters noted that a person may not be coded as both frail and advanced illness.

8. Consensus Standards Approval Committee (CSAC) Vote (November 17, 2020): Y-11; N-0Decision: Approved for endorsement**9. Appeals**

No appeals were received.

#0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)[Submission](#) | [Specifications](#)

Description: The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level taken during the measurement year is <140/90 mm Hg.

Numerator Statement: Patients whose most recent blood pressure level was <140/90 mm Hg during the measurement year.

Denominator Statement: Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.

Exclusions: This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.

Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes in any setting during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type 1 or Type II) is found.

Adjustment/Stratification: No risk adjustment or risk stratification

Level of Analysis: Health Plan

Setting of Care: Outpatient Services

Type of Measure: Outcome: Intermediate Clinical Outcome

Data Source: Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records

Measure Steward: National Committee for Quality Assurance

STANDING COMMITTEE MEETING February 11, 2020**1. Importance to Measure and Report: The measure meets the Importance criteria.**

(1a. Evidence, 1b. Performance Gap)

1a. Evidence: **H-1; M-20; L-0; I-0**; 1b. Performance Gap: **H-6; M-15; L-0; I-0**

Rationale:

- The developer provided a logic model linking between monitoring blood pressure in patients with diabetes (type 1 and type 2) and an improved health outcome of reducing microvascular and macrovascular complications, hospitalizations, and death.
- The developer provided two clinical guidelines with two different blood pressure targets. The American Diabetes Association’s Standards of Medical Care in Diabetes–2019 recommend a blood pressure target of less than 140/90 mm Hg. The American College of Cardiology/American Heart Association Guidelines for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults–November 2017 recommended treatment for blood pressure greater than 130/80 mm Hg.

#0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

- The Standing Committee discussed the two different blood pressure targets noted by ACC/AHA and ADA, and the developer acknowledged the conflicting guideline recommendations. The developer noted the blood pressure targets were thoroughly discussed by their Technical Expert Panel (TEP) and elected to stay with the target of less than 140/90 mm Hg.
- The developer provided performance data from 2016-2018 to suggest variation exists at the health plan level (i.e., commercial, Medicare, and Medicaid).
- The developer is unable to collect performance data at the health plan level stratified by race, ethnicity, or language. The Standing Committee noted they would like to see disparities data on the measure in the future.

2. Scientific Acceptability of Measure Properties: The measure meets the Scientific Acceptability criteria.

(2a. Reliability precise specifications, testing; 2b. Validity testing, threats to validity)

Do you accept the Scientific Methods Panel's Moderate rating for Reliability? **Yes-21; No-0**

Do you accept the Scientific Methods Panel's High rating for Validity? **Yes-21; No-0**

- This measure was deemed as complex and was evaluated by the NQF Scientific Methods Panel.
- The NQF Scientific Methods Panel's ratings for Reliability: **H-2, M-3, L-0, I-0**
- The NQF Scientific Methods Panel's ratings for Validity: **H-3, M-1, L-0, I-1**
- The Standing Committee voted to accept the NQF Scientific Methods Panel's ratings of reliability and validity.

Rationale:

- This measure was deemed as complex and was evaluated by the NQF Scientific Methods Panel, who passed the measure. The Standing Committee accepted the NQF Scientific Methods Panel's decision unanimously.
- Reliability testing was done at the performance score level on 394 commercial plans, 250 Medicaid plans, and 477 Medicare plans. The signal-to-noise ratio yielded a reliability score ranging from 0.976 to 0.998, respectively.
- Construct validity was conducted by correlating this measure to four other measures that similarly focused on diabetic patients. Correlation scores ranged from 0.41 to 0.89, indicating moderate to strong correlations.
- The Standing Committee commented that the last blood pressure reading currently called for in the measure specifications may not necessarily be the best indicator of blood pressure control. The developer acknowledged that an average blood pressure reading would be a better indicator of control over time; however, the technology is not available for the measure to be capable of doing this currently.

3. Feasibility: H-11; M-10; L-0; I-0

(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c. Susceptibility to inaccuracies/unintended consequences identified; 3d. Data collection strategy can be implemented)

Rationale:

- The measure has information gathered through multiple data sources (e.g., administrative data, electronic clinical data, and paper records).
- The Standing Committee had no concerns with the feasibility of the measure.

4. Use and Usability

4a. Use; 4a1. Accountability and transparency; 4a2. Feedback on the measure by those being measured and others; 4b. Usability; 4b1. Improvement; 4b2. The benefits to patients outweigh evidence of unintended negative consequences to patients)

4a. Use: **Pass-21; No Pass-0** 4b. Usability: **H-6; M-14; L-1; I-0**

Rationale:

- The measure is currently used in public reporting and accountability programs.
- From 2016-2018, performance on this measure has generally improved (2-5%) across the commercial, Medicare, and Medicaid product lines.

#0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)
<ul style="list-style-type: none"> The developer did not report any unintended consequences.
5. Related and Competing Measures <ul style="list-style-type: none"> This measure is related to the following measures: <ul style="list-style-type: none"> #0018 Controlling High Blood Pressure (NCQA) #0073 Ischemic Vascular Disease (IVD): Blood Pressure Control (NCQA) #0076 Optimal Vascular Care (Minnesota Community Measurement) #0729 Optimal Diabetes Care (Minnesota Community Measurement) #2602 Controlling High Blood Pressure for People With Serious Mental Illness (NCQA) #2606 Diabetes Care for People With Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg) (NCQA)
6. Standing Committee Recommendation for Endorsement: Y-20; N-1 <u>Rationale</u> <ul style="list-style-type: none"> The Standing Committee recommended the measure for continued endorsement.
7. Public and Member Comment <ul style="list-style-type: none"> Commenters were concerned about the lack of risk adjustment results included in the testing forms for this measure.
8. Consensus Standards Approval Committee (CSAC) Vote (November 17, 2020): Y-11; N-0 Decision: Approved for continued endorsement
9. Appeals No appeals were received.

#0575 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)
Submission Specifications
<p>Description: The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is <8.0% during the measurement year.</p> <p>Numerator Statement: Patients whose most recent HbA1c level is less than 8.0% during the measurement year.</p> <p>Denominator Statement: Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.</p> <p>Exclusions: This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.</p> <p>Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes in any setting during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type I or Type II) is found.</p> <p>Adjustment/Stratification: No risk adjustment or risk stratification</p> <p>Level of Analysis: Health Plan</p> <p>Setting of Care: Outpatient Services</p> <p>Type of Measure: Outcome: Intermediate Clinical Outcome</p> <p>Data Source: Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records</p> <p>Measure Steward: National Committee for Quality Assurance</p>
STANDING COMMITTEE MEETING February 11, 2020 1. Importance to Measure and Report: <u>The measure meets the Importance criteria.</u> (1a. Evidence, 1b. Performance Gap) 1a. Evidence: H-5; M-15; L-1; I-0 ; 1b. Performance Gap: H-14; M-8; L-0; I-0 <u>Rationale:</u>

#0575 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)
<ul style="list-style-type: none"> The Standing Committee noted that this measure is based on the ADA 2019 Standards of Care goal of <7% for nonpregnant adults. The Standing Committee noted that this measure is intended to serve as a complement to NQF #0059. The Standing Committee observed that there is a substantial population for whom less than 8.0% HbA1c is a reasonable target and that patients with a tighter goal would be a subset of the entire broad population. The Standing Committee added that younger people who do not have complications who also have a better ability to manage their diabetes are appropriate for a 7.0% target, but complicated patients with concomitant disease have increased risks with tighter controls, such as those with hypertension. The Standing Committee noted that the performance of the measure has improved over time, especially for health plans in the lower quartiles.
<p>2. Scientific Acceptability of Measure Properties: <u>The measure meets the Scientific Acceptability criteria.</u> (2a. Reliability precise specifications, testing; 2b. Validity testing, threats to validity) 2a. Reliability: Yes-22; No-0; 2b. Validity: Yes-22; No-0</p> <ul style="list-style-type: none"> This measure was deemed as complex and was evaluated by the NQF Scientific Methods Panel. The NQF Scientific Methods Panel's ratings for Reliability: H-1; M-4; L-0; I-0 The NQF Scientific Methods Panel's ratings for Validity: H-2; M-2; L-0; I-1 The Standing Committee voted to accept NQF Scientific Methods Panel's ratings of reliability and validity. <p><u>Rationale:</u></p> <ul style="list-style-type: none"> The Standing Committee did not discuss concerns related to reliability or validity and elected to accept the NQF Scientific Methods Panel's ratings.
<p>3. Feasibility: H-11; M-11; L-0; I-0 (3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c. Susceptibility to inaccuracies/unintended consequences identified; 3d. Data collection strategy can be implemented) <u>Rationale:</u></p> <ul style="list-style-type: none"> The measure has information gathered through multiple data sources (e.g., administrative data, electronic clinical data, and paper records). The Standing Committee had no concerns with the feasibility of the measure.
<p>4. Use and Usability 4a. Use; 4a1. Accountability and transparency; 4a2. Feedback on the measure by those being measured and others; 4b. Usability; 4b1. Improvement; 4b2. The benefits to patients outweigh evidence of unintended negative consequences to patients) 4a. Use: Pass-22; No Pass-0 4b. Usability: H-6; M-14; L-2; I-0 <u>Rationale:</u></p> <ul style="list-style-type: none"> The Standing Committee had no concerns related to usability and use, noting multiple accountability applications that use the measure.
<p>5. Related and Competing Measures</p> <ul style="list-style-type: none"> This measure is related to several NQF endorsed measures, but the Standing Committee did not consider them to directly compete against one another: <ul style="list-style-type: none"> #0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) #2607: Diabetes Care for People With Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) #0729: Optimal Diabetes Care
<p>6. Standing Committee Recommendation for Endorsement: Y-22; N-0 <u>Rationale</u></p> <ul style="list-style-type: none"> The Standing Committee recommended the measure for continued endorsement.
<p>7. Public and Member Comment</p>

#0575 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	
<ul style="list-style-type: none">• Commenters were concerned about the lack of risk adjustment results included in the testing forms for this measure.	
8. Consensus Standards Approval Committee (CSAC) Vote (July 28, 2020): Y-11; N-0 Decision: Approved for endorsement	
9. Appeals No appeals were received.	

Appendix B: Primary Care and Chronic Illness Portfolio—Use in Federal Programs^a

NQF #	Title	Federal Programs: Finalized or Implemented
0037	Osteoporosis Testing in Older Women (OTO)	No federal program usage specified for this measure.
0046	Screening for Osteoporosis for Women 65-85 Years of Age	Merit-Based Incentive Payment System (MIPS) Program (Implemented)
0047	Asthma: Pharmacologic Therapy for Persistent Asthma	No federal program usage specified for this measure.
0053	Osteoporosis Management in Women Who Had a Fracture	Medicare Part C Star Rating (Implemented)
0054	Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	Medicare Part C Star Rating (Implemented)
0055	Comprehensive Diabetes Care: Eye Exam (retinal) performed	Medicare Part C Star Rating (Implemented) MIPS Program (Implemented) Marketplace Quality Rating System (QRS) (Implemented)
0056	Diabetes: Foot Exam	No federal program usage specified for this measure.
0057	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing	No federal program usage specified for this measure.
0058	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)	MIPS Program (Implemented) QRS (Implemented)
0059	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Medicare Part C Star Rating (Implemented) Medicare Shared Savings Program (Implemented) Medicaid (Implemented)
0061	Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	No federal program usage specified for this measure.
0062	Comprehensive Diabetes Care: Medical Attention for Nephropathy	QRS (Implemented) Medicare Part C Star Rating (Implemented)
0086	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	No federal program usage specified for this measure.
0086e	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation (emeasure)	MIPS Program (Implemented) Medicaid Promoting Interoperability Program for Eligible Professionals (Implemented)
0087	Age-Related Macular Degeneration: Dilated Macular Examination	MIPS Program (Implemented)
0088	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	No federal program usage specified for this measure.

^a Per CMS Measures Inventory Tool as of 02/01/2021

NQF #	Title	Federal Programs: Finalized or Implemented
0088e	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy (emeasure)	No federal program usage specified for this measure.
0091	COPD: Spirometry Evaluation	No federal program usage specified for this measure.
0405	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	No federal program usage specified for this measure
0409	HIV/AIDS: Sexually Transmitted Diseases – Screening for Chlamydia, Gonorrhea, and Syphilis	MIPS Program (Implemented)
0416	Diabetic Foot & Ankle Care, Ulcer Prevention – Evaluation of Footwear	MIPS Program (Implemented)
0417	Diabetic Foot & Ankle Care, Peripheral Neuropathy – Neurological Evaluation	MIPS Program (Implemented)
0541	Proportion of Days Covered (PDC): 3 Rates by Therapeutic Category	Medicare Part D Star Rating (Implemented) QRS (Implemented)
0563	Primary Open-Angle Glaucoma: Reduction of Intraocular Pressure by 15% or Documentation of a Plan of Care	MIPS Program (Implemented)
0566	Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement	No federal program usage specified for this measure.
0575	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	QRS (Implemented)
0577	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	No federal program usage specified for this measure.
0653	Acute Otitis Externa: Topical Therapy	No federal program usage specified for this measure.
0654	Acute Otitis Externa: Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use	MIPS Program (Implemented)
0655	Otitis Media with Effusion: Antihistamines or decongestants – Avoidance of inappropriate use	No federal program usage specified for this measure.
0657	Otitis Media with Effusion: Systemic antimicrobials – Avoidance of inappropriate use	MIPS Program (Implemented)
0729	Optimal Diabetes Care	No federal program usage specified for this measure.
1800	Asthma Medication Ratio	Medicaid (Implemented) QRS (Implemented)

NQF #	Title	Federal Programs: Finalized or Implemented
2079	HIV medical visit frequency	MIPS Program (Implemented)
2080	Gap in HIV medical visits	No federal program usage specified for this measure.
2082	HIV viral load suppression	Medicaid (Implemented) MIPS Program (Implemented)
2083	Prescription of HIV Antiretroviral Therapy	No federal program usage specified for this measure.
2522	Rheumatoid Arthritis: Tuberculosis Screening (Recommended for eMeasure Trial Approval)	No federal program usage specified for this measure.
2523	Rheumatoid Arthritis: Assessment of Disease Activity	No federal program usage specified for this measure.
2525	Rheumatoid Arthritis: Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy (Recommended for eMeasure Trial Approval)	No federal program usage specified for this measure.
2856	Pharmacotherapy Management of COPD Exacerbation	No federal program usage specified for this measure.
3086	Population Level HIV Viral Load Suppression	No federal program usage specified for this measure.
2524e	Rheumatoid Arthritis: Functional Status Assessment	No federal program usage specified for this measure.
2549e	Gout: Serum Urate Target (Recommended for eMeasure Trial Approval)	No federal program usage specified for this measure.
2811e	Acute Otitis Media - Appropriate First-Line Antibiotics	No federal program usage specified for this measure.
3209e	HIV medical visit frequency	No federal program usage specified for this measure.
3210e	HIV viral load suppression	No federal program usage specified for this measure.
3211e	Prescription of HIV Antiretroviral Therapy	No federal program usage specified for this measure.

Appendix C: Primary Care and Chronic Illness Standing Committee and NQF Staff

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Appendix D: Measure Specifications

	0059 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
Steward	National Committee for Quality Assurance
Description	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is >9.0% during the measurement year.
Type	Outcome: Intermediate Clinical Outcome
Data Source	Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from Health Management Organizations and Preferred Provider Organizations via NCQA's online data submission system.
Level	Health Plan
Setting	Outpatient Services
Numerator Statement	Patients whose most recent HbA1c level is greater than 9.0% or is missing a result, or for whom an HbA1c test was not done during the measurement year.
Numerator Details	<p>There are two data sources and approaches used for collecting data reporting the numerator for this measure: Administrative Claims and Medical Record Review.</p> <p>ADMINISTRATIVE CLAIMS</p> <p>Use codes (See code value sets located in question S.2b.) to identify the most recent HbA1c test during the measurement year. The patient is numerator compliant if the most recent HbA1c level is >9.0% or is missing a result, or if an HbA1c test was not done during the measurement year. The patient is not numerator compliant if the result for the most recent HbA1c test during the measurement year is =9.0%.</p> <p>Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent code during the measurement year to evaluate whether the patient is numerator compliant.</p> <p>VALUE SET / NUMERATOR COMPLIANCE</p> <p>HbA1c Level Less Than 7.0 Value Set / Not compliant</p> <p>HbA1c Level 7.0-9.0 Value Set / Not compliant</p> <p>HbA1c Level Greater Than 9.0 Value Set / Compliant</p> <p>MEDICAL RECORD REVIEW</p> <p>The most recent HbA1c level (performed during the measurement year) is >9.0% or is missing, or was not done during the measurement year, as documented through laboratory data or medical record review.</p> <p>At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result. The patient is numerator compliant if the result for the most recent HbA1c level during the measurement year is >9.0% or is missing, or if an HbA1c test was not done during the measurement year. The patient is not numerator compliant if the most recent HbA1c level during the measurement year is =9.0%.</p> <p>Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance.</p> <p>Note: A lower rate indicates better performance for this indicator (i.e., low rates of poor control indicate better care).</p>
Denominator Statement	Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.

	0059 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
Denominator Details	<p>There are two ways to identify patients with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a patient only needs to be identified by one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.</p> <p>CLAIM/ENCOUNTER DATA</p> <p>Patients who met any of the following criteria during the measurement year of the year prior to the measurement year (count services that occur over both years):</p> <ul style="list-style-type: none"> - At least one acute inpatient encounter with a diagnosis of diabetes without telehealth. - At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. <p>To identify an acute inpatient discharge:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Exclude nonacute inpatient stays. 3. Identify the discharge date for the stay. <ul style="list-style-type: none"> - At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. <p>To identify a nonacute inpatient discharge:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim. 3. Identify the discharge date for the stay. <ul style="list-style-type: none"> -- Only include nonacute inpatient encounters without telehealth. -- Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient set. <p>See attached code value sets.</p> <p>PHARMACY DATA</p> <p>Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.</p> <p>PRESCRIPTIONS TO IDENTIFY MEMBERS WITH DIABETES</p> <p>DESCRIPTION / PRESCRIPTION</p> <p>Alpha-glucosidase inhibitors / Acarbose, Miglitol</p> <p>Amylin analogs / Pramlintide</p> <p>Antidiabetic combinations / Alogliptin-metformin, Alogliptin-pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Empagliflozin-linagliptin, Empagliflozin-metformin, Glimepiride-pioglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin</p> <p>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</p> <p>Meglitinides / Nateglinide, Repaglinide</p> <p>Glucagon-like peptide-1 (GLP1) agonists / Dulaglutide, Exenatide, Albiglutide, Liraglutide</p> <p>Sodium glucose cotransporter 2 (SGLT2) inhibitor / Canagliflozin, Dapagliflozin, Empagliflozin</p> <p>Sulfonylureas / Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide</p> <p>Thiazolidinediones / Pioglitazone, Rosiglitazone</p>

	0059 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
	<p>Dipeptidyl peptidase-4 (DDP-4) inhibitors / Alogliptin, Linagliptin, Saxagliptin, Sitagliptin</p> <p>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.</p>
Exclusions	<p>This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.</p> <p>Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type 1 or Type II) is found.</p>
Exclusion details	<p>ADMINISTRATIVE CLAIMS</p> <p>Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.</p> <p>Exclude adults who meet any of the following criteria:</p> <ul style="list-style-type: none"> - Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> -- Enrolled in an Institutional SNP (I-SNP) any time on or between July 1 of the year prior to the measurement year and the end of the measurement year. -- Living long-term in an institution any time on or between July 1 of the year prior to the measurement year and the end of the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if an adult had an LTI flag any time on or between July 1 of the year prior to the measurement year and the end of the measurement year. - Adults 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Members must meet BOTH of the following frailty and advanced illness criteria to be excluded: <ol style="list-style-type: none"> 1. At least one claim/encounter for frailty during the measurement year. 2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years): <ul style="list-style-type: none"> -- At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters or nonacute inpatient discharges (instructions below) on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim. 3. Identify the discharge date for the stay. -- At least one acute inpatient encounter with an advanced illness diagnosis. -- At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set). 3. Identify the discharge date for the stay. -- A dispensed dementia medication <p>DEMENTIA MEDICATIONS</p>

	0059 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
	<p>DESCRIPTION / PRESCRIPTION</p> <p>Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine</p> <p>Miscellaneous central nervous system agents / Memantine</p> <p>Exclude patients with gestational diabetes or steroid diabetes. Codes associated with identifying these identifying exclusions are attached in a separate file with code value sets.</p> <p>See attached code value sets.</p> <p>MEDICAL RECORD</p> <p>Exclusionary evidence in the medical record must include a note indicating the patient did NOT have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year AND had a diagnosis of gestational or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.</p>
Risk Adjustment	No risk adjustment or risk stratification
Stratification	No stratification
Type Score	Rate/proportion better quality = lower score
Algorithm	<p>STEP 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria.</p> <ul style="list-style-type: none"> - AGES: 18-75 years as of December 31 of the measurement year. - EVENT/DIAGNOSIS: Identify patients with diabetes in two ways: by claim/encounter data and by pharmacy data. SEE S.6 and S.7 for eligible population and denominator criteria and details. <p>STEP 2: Exclude patients who meet the exclusion criteria. SEE S.8 and S.9 for denominator exclusion criteria and details.</p> <p>STEP 3: Determine the number of patients in the eligible population who had a recent HbA1c test during the measurement year through the search of administrative data systems.</p> <p>STEP 4: Identify patients with a most recent HbA1c test performed.</p> <p>STEP 5: Identify the most recent result. If that result has an HbA1c level >9.0%, a missing result or if no HbA1c test was done during the measurement year then that patient is numerator compliant. If the most recent result is instead with an HbA1c level ≤9.0% then the number is not in the numerator.</p> <p>STEP 6: Calculate the rate by dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2). 123834 140881 141015 143426</p>
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	0059 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
	<p>HEDIS Rates.” Accordingly, “Heath Plan HEDIS rate” refers to and assumes a result from an unadjusted HEDIS specification that has been audited by an NCQA-Certified HEDIS Auditor. Limited proprietary coding is contained in the measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NCQA disclaims all liability for use or accuracy of any coding contained in the specifications.</p> <p>Content reproduced with permission from HEDIS, Volume 2: Technical Specifications for Health Plans. To purchase copies of this publication, including the full measures and specifications, contact NCQA Customer Support at 888-275-7585 or visit www.ncqa.org/publications.</p>

	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)
Steward	National Committee for Quality Assurance
Description	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level taken during the measurement year is <140/90 mm Hg.
Type	Outcome: Intermediate Clinical Outcome
Data Source	Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from health plans via NCQA’s online data submission system.
Level	Health Plan
Setting	Outpatient Services
Numerator Statement	Patients whose most recent blood pressure level was <140/90 mm Hg during the measurement year.
Numerator Details	<p>There are two data sources and approaches used for collecting data and reporting the numerator for this measure: Administrative Claims and Medical Record Review.</p> <p>ADMINISTRATIVE CLAIMS</p> <p>Use codes (See code value sets located in question S.2b.) to identify the most recent blood pressure reading taken during an outpatient visit or a nonacute inpatient encounter or remote monitoring event during the measurement year.</p> <p>The patient is numerator compliant if the blood pressure is <140/90 mm Hg. The patient is not compliant if the blood pressure is =140/90 mm Hg, if there is no blood pressure reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are multiple blood pressure readings on the same date of service, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure.</p> <p>Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels.</p> <p>VALUE SET / NUMERATOR COMPLIANCE</p> <p>Systolic Less Than 140 Value Set / Systolic compliant</p> <p>Systolic Greater Than or Equal to 140 Value Set / Systolic noncompliant</p> <p>Diastolic Less Than 80 Value Set / Diastolic compliant</p> <p>Diastolic 80-89 Value Set / Diastolic compliant</p> <p>Diastolic Greater Than or Equal to 90 Value Set / Diastolic not compliant</p>

	<p>0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)</p> <p>See attached code value sets.</p> <p>MEDICAL RECORD REVIEW</p> <p>The most recent BP level (taken during the measurement year) is <140/90 mm Hg, as documented through administrative data or medical record review.</p> <p>The organization should use the medical record from which it abstracts data for the other measures in the Comprehensive Diabetes Care set. If the organization does not abstract for other measures, it should use the medical record of the provider that manages the patient's diabetes. If that medical record does not contain a BP, the organization may use the medical record of another PCP or specialist from whom the patient receives care.</p> <p>Identify the most recent blood pressure reading noted during the measurement year. Do not include blood pressure readings that meet the following criteria:</p> <ul style="list-style-type: none"> -Taken during an acute inpatient stay or an ED visit. -Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests. -Reported by or taken by the patient. <p>Blood pressure readings from remote monitoring devices that are digitally stored and transmitted to the provider may be included. There must be documentation in the medical record that clearly states the reading was taken by an electronic device, and results were digitally stored and transmitted to the provider and interpreted by the provider.</p> <p>Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record. If there are multiple blood pressure readings recorded for a single date, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure. The systolic and diastolic results do not need to be from the same reading when multiple readings are recorded for a single date.</p> <p>The patient is not numerator compliant if the blood pressure does not meet the specified threshold or is missing, or if there is no blood pressure reading during the measurement year or if the reading is incomplete (i.e., the systolic or diastolic level is missing).</p>
Denominator Statement	<p>Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.</p>
Denominator Details	<p>There are two ways to identify patients with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a patient only needs to be identified by one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.</p> <p>CLAIM/ENCOUNTER DATA</p> <p>Patients who met any of the following criteria during the measurement year of the year prior to the measurement year (count services that occur over both years):</p> <ul style="list-style-type: none"> - At least one acute inpatient encounter with a diagnosis of diabetes without telehealth. - At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. <p>To identify an acute inpatient discharge:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Exclude nonacute inpatient stays. 3. Identify the discharge date for the stay.

	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)
	<p>- At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim. 3. Identify the discharge date for the stay. <p>-- Only include nonacute inpatient encounters without telehealth.</p> <p>-- Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient set.</p> <p>See attached code value sets.</p> <p>PHARMACY DATA</p> <p>Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.</p> <p>PRESCRIPTIONS TO IDENTIFY MEMBERS WITH DIABETES</p> <p>DESCRIPTION / PRESCRIPTION</p> <p>Alpha-glucosidase inhibitors / Acarbose, Miglitol</p> <p>Amylin analogs / Pramlintide</p> <p>Antidiabetic combinations / Alogliptin-metformin, Alogliptin-pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Empagliflozin-linagliptin, Empagliflozin-metformin, Glimepiride-pioglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin</p> <p>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</p> <p>Meglitinides / Nateglinide, Repaglinide</p> <p>Glucagon-like peptide-1 (GLP1) agonists / Dulaglutide, Exenatide, Albiglutide, Liraglutide</p> <p>Sodium glucose cotransporter 2 (SGLT2) inhibitor / Canagliflozin, Dapagliflozin, Empagliflozin</p> <p>Sulfonylureas / Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide</p> <p>Thiazolidinediones / Pioglitazone, Rosiglitazone</p> <p>Dipeptidyl peptidase-4 (DDP-4) inhibitors / Alogliptin, Linagliptin, Saxagliptin, Sitagliptin</p> <p>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.</p>
Exclusions	<p>This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.</p> <p>Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type 1 or Type II) is found.</p>
Exclusion details	<p>ADMINISTRATIVE CLAIMS</p> <p>Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the service began. These patients may be</p>

	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)
	<p>identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.</p> <p>Exclude adults who meet any of the following criteria:</p> <ul style="list-style-type: none"> - Medicare adults 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> -- Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. -- Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run data of the file to determine if a member had an LTI flag during the measurement year. - Adults 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and with advanced illness. Patients must meet BOTH of the following frailty and advanced illness criteria to be excluded: <ol style="list-style-type: none"> 1. At least one claim/encounter for frailty during the measurement year. 2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years): <ul style="list-style-type: none"> -- At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters nonacute inpatient discharges on different dates of services, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim. 3. Identify the discharge date for the stay. -- At least one acute inpatient encounter with an advanced illness diagnosis. -- At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Exclude nonacute inpatient stays. 3. Identify the discharge date for the stay. -- A dispensed dementia medication <p>DEMENTIA MEDICATIONS DESCRIPTION / PRESCRIPTION Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine Miscellaneous central nervous system agents / Memantine</p> <p>Exclude patients with gestational diabetes or steroid diabetes. Codes associated with identifying these identifying exclusions are attached in a separate file with code value sets. See attached code value sets.</p> <p>MEDICAL RECORD</p> <p>Exclusionary evidence in the medical record must include a note indicating the patient did NOT have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year AND had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.</p>
Risk Adjustment	No risk adjustment or risk stratification
Stratification	No stratification
Type Score	Rate/proportion better quality = higher score
Algorithm	<p>STEP 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria.</p> <ul style="list-style-type: none"> - AGES: 18-75 years as of December 31 of the measurement year.

	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)
	<p>- EVENT/DIAGNOSIS: Identify patients with diabetes in two ways: by claim/encounter data and by pharmacy data. SEE S.6 and S.7 for eligible population and denominator criteria and details.</p> <p>STEP 2: Exclude patients who meet the exclusion criteria. SEE S.8 and S.9 for denominator exclusion criteria and details.</p> <p>STEP 3: Determine the number of patients in the eligible population who had a blood pressure reading during the measurement year through the search of administrative data systems or medical record data.</p> <p>STEP 4: Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record.</p> <p>STEP 5: Determine whether the result was <140/90 mm Hg.</p> <p>STEP 6: Calculate the rate by dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2). 123834 140881 135810 141015 143426</p>
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	0575 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)
Steward	National Committee for Quality Assurance
Description	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is <8.0% during the measurement year.
Type	Outcome: Intermediate Clinical Outcome
Data Source	Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from health plans via NCQA’s online data submission system.

	0575 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)
Level	Health Plan
Setting	Outpatient Services
Numerator Statement	Patients whose most recent HbA1c level is less than 8.0% during the measurement year.
Numerator Details	<p>There are two data sources and approaches used for collecting data reporting the numerator for this measure: Administrative Claims and Medical Record Review</p> <p>ADMINISTRATIVE CLAIMS</p> <p>Use codes (See code value sets located in question S.2b.) to identify the most recent HbA1c test during the measurement year. The member is not numerator compliant if the result for the most recent HbA1c test is $\geq 8.0\%$ or is missing a result, or if an HbA1c test was not done during the measurement year.</p> <p>Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent code during the measurement year to evaluate whether the patient is numerator compliant.</p> <p>VALUE SET / NUMERATOR COMPLIANCE</p> <p>HbA1c Level Less Than 7.0 Value Set / Compliant</p> <p>HbA1c Level 7.0-9.0 Value Set / Not compliant*</p> <p>HbA1c Level Greater Than 9.0 Value Set / Not compliant</p> <p>* The CPT Category II code (3045F) in this value set indicates most recent HbA1c (HbA1c) level 7.0%-9.0% and is not specific enough to denote numerator compliance for this indicator. For patients with this code, the organization must use other sources (laboratory data, hybrid reporting method) to identify the actual value and determine if the HbA1c result was $<8\%$.</p> <p>MEDICAL RECORD REVIEW</p> <p>The most recent HbA1c level (performed during the measurement year) is $<8.0\%$ as identified by laboratory data or medical record review.</p> <p>At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result. The member is numerator compliant if the most recent HbA1c level during the measurement year is $<8.0\%$. The member is not numerator compliant if the result for the most recent HbA1c level during the measurement year is $\geq 8.0\%$ or is missing, or if a HbA1c test was not performed during the measurement year.</p> <p>Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance.</p>
Denominator Statement	Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.
Denominator Details	<p>There are two ways to identify patients with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a patient only needs to be identified by one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.</p> <p>CLAIM/ENCOUNTER DATA</p> <p>Patients who met any of the following criteria during the measurement year of the year prior to the measurement year (count services that occur over both years):</p> <ul style="list-style-type: none"> - At least one acute inpatient encounter with a diagnosis of diabetes without telehealth. - At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. <p>To identify an acute inpatient discharge:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Exclude nonacute inpatient stays.

	0575 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)
	<p>3. Identify the discharge date for the stay.</p> <p>- At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim. 3. Identify the discharge date for the stay. <p>-- Only include nonacute inpatient encounters without telehealth.</p> <p>-- Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient set.</p> <p>See attached code value sets.</p> <p>PHARMACY DATA</p> <p>Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.</p> <p>PRESCRIPTIONS TO IDENTIFY MEMBERS WITH DIABETES</p> <p>DESCRIPTION / PRESCRIPTION</p> <p>Alpha-glucosidase inhibitors / Acarbose, Miglitol</p> <p>Amylin analogs / Pramlintide</p> <p>Antidiabetic combinations / Alogliptin-metformin, Alogliptin-pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Empagliflozin-linagliptin, Empagliflozin-metformin, Glimepiride-pioglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin</p> <p>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</p> <p>Meglitinides / Nateglinide, Repaglinide</p> <p>Glucagon-like peptide-1 (GLP1) agonists / Dulaglutide, Exenatide, Albiglutide, Liraglutide</p> <p>Sodium glucose cotransporter 2 (SGLT2) inhibitor / Canagliflozin, Dapagliflozin, Empagliflozin</p> <p>Sulfonylureas / Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide</p> <p>Thiazolidinediones / Pioglitazone, Rosiglitazone</p> <p>Dipeptidyl peptidase-4 (DDP-4) inhibitors / Alogliptin, Linagliptin, Saxagliptin, Sitagliptin</p> <p>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.</p>
Exclusions	<p>This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.</p> <p>Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes, in my setting, during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type I or Type II) is found.</p>
Exclusion details	ADMINISTRATIVE CLAIMS

	0575 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)
	<p>Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.</p> <p>Exclude adults who meet any of the following criteria:</p> <ul style="list-style-type: none"> - Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> -- Enrolled in an Institutional SNP (I-SNP) any time on or between July 1 of the year prior to the measurement year and the end of the measurement year. -- Living long-term in an institution any time on or between July 1 of the year prior to the measurement year and the end of the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if an adult had an LTI flag any time on or between July 1 of the year prior to the measurement year and the end of the measurement year. - Adults 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Adults must meet BOTH of the following frailty and advanced illness criteria to be excluded: <ol style="list-style-type: none"> 1. At least one claim/encounter for frailty during the measurement year. 2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years): <ul style="list-style-type: none"> -- At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters or nonacute inpatient discharges (instructions below) on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim. 3. Identify the discharge date for the stay. -- At least one acute inpatient encounter with an advanced illness diagnosis. -- At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set). 3. Identify the discharge date for the stay. -- A dispensed dementia medication <p>DEMENTIA MEDICATIONS</p> <p>DESCRIPTION / PRESCRIPTION</p> <p>Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine</p> <p>Miscellaneous central nervous system agents / Memantine</p> <p>Exclude patients with gestational diabetes or steroid diabetes. Codes associated with identifying these identifying exclusions are attached in a separate file with code value sets. See attached code value sets.</p> <p>MEDICAL RECORD</p> <p>Exclusionary evidence in the medical record must include a note indicating the patient did NOT have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year AND had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.</p>
Risk Adjustment	No risk adjustment or risk stratification
Stratification	No stratification

	0575 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)
Type Score	Rate/proportion better quality = higher score
Algorithm	<p>STEP 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria.</p> <ul style="list-style-type: none"> - AGES: 18-75 years as of December 31 of the measurement year. - EVENT/DIAGNOSIS: Identify patients with diabetes in two ways: by claim/encounter data and by pharmacy data. SEE S.6 and S.7 for eligible population and denominator criteria and details. <p>STEP 2: Exclude patients who meet the exclusion criteria. SEE S.8 and S.9 for denominator exclusion criteria and details.</p> <p>STEP 3: Determine the number of patients in the eligible population who had a recent HbA1c test during the measurement year through the search of administrative data systems.</p> <p>STEP 4: Identify patients with a most recent HbA1c test performed.</p> <p>STEP 5: Identify the most recent result. If that result has an HbA1c level <8.0%, then that patient is numerator compliant. If the most recent result is instead with an HbA1c level $\geq 8.0\%$ or a missing result or if no HbA1c test was done during the measurement year, then the member is not in the numerator.</p> <p>STEP 6: Calculate the rate dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2). 123834 140881 141015 143426</p>
Copyright / Disclaimer	<p>The HEDIS® measures and specifications were developed by and are owned by the National Committee for Quality Assurance (NCQA). The HEDIS measures and specifications are not clinical guidelines and do not establish a standard of medical care. NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures or specifications. NCQA holds a copyright in these materials and can rescind or alter these materials at any time. These materials may not be modified by anyone other than NCQA. Anyone desiring to use or reproduce the materials without modification for a non-commercial purpose may do so without obtaining any approval from NCQA. All commercial uses must be approved by NCQA and are subject to a license at the discretion of NCQA.</p> <p>©2019 NCQA, all rights reserved.</p> <p>Calculated measure results, based on unadjusted HEDIS specifications, may not be termed “Health Plan HEDIS rates” until they are audited and designated reportable by an NCQA-Certified Auditor. Such unaudited results should be referred to as “Unaudited Health Plan HEDIS Rates.” Accordingly, “Health Plan HEDIS rate” refers to and assumes a result from an unadjusted HEDIS specification that has been audited by an NCQA-Certified HEDIS Auditor. Limited proprietary coding is contained in the measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NCQA disclaims all liability for use or accuracy of any coding contained in the specifications.</p> <p>Content reproduced with permission from HEDIS, Volume 2: Technical Specifications for Health Plans. To purchase copies of this publication, including the full measures and specifications, contact NCQA Customer Support at 888-275-7585 or visit www.ncqa.org/publications.</p>

Appendix E1: Related and Competing Measures (tabular format)

Comparison of NQF #0059 and NQF #2607

	0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
Steward	National Committee for Quality Assurance	National Committee for Quality Assurance
Description	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is >9.0% during the measurement year.	The percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year is >9.0%. Note: This measure is adapted from an existing health plan measure used in a variety of reporting programs for the general population (NQF #0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control >9.0%). This measure is endorsed by NQF and is stewarded by NCQA.
Type	Outcome: Intermediate Clinical Outcome	Outcome
Data Source	Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from Health Management Organizations and Preferred Provider Organizations via NCQA's online data submission system. No data collection instrument provided Attachment 0059_CDC_HbA1c_Poor_Control_Value_Sets_Fall_2019-637088187123576417.xlsx	Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records The denominator for this measure is based on claim/encounter and pharmacy data. The numerator for this measure is based on claim/encounter data and medical record documentation collected in the course of providing care to health plan patients. No data collection instrument provided Attachment 2607_HbA1c_Poor_Control_for_People_With_Mental_Illness_Value_Sets-636263986029656966.xlsx
Level	Health Plan	Health Plan
Setting	Outpatient Services	Outpatient Services
Numerator Statement	Patients whose most recent HbA1c level is greater than 9.0% or is missing a result, or for whom an HbA1c test was not done during the measurement year.	Patients whose most recent HbA1c level is greater than 9.0% (poor control) during the measurement year. The intermediate outcome is an out of range result of an HbA1c test, indicating poor control of diabetes. Poor control puts the individual at risk for complications including renal failure, blindness, and neurologic damage. There is no need for risk adjustment for this intermediate outcome measure.

	0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
Numerator Details	<p>There are two data sources and approaches used for collecting data reporting the numerator for this measure: Administrative Claims and Medical Record Review.</p> <p>ADMINISTRATIVE CLAIMS</p> <p>Use codes (See code value sets located in question S.2b.) to identify the most recent HbA1c test during the measurement year. The patient is numerator compliant if the most recent HbA1c level is >9.0% or is missing a result, or if an HbA1c test was not done during the measurement year. The patient is not numerator compliant if the result for the most recent HbA1c test during the measurement year is =9.0%.</p> <p>Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent code during the measurement year to evaluate whether the patient is numerator compliant.</p> <p>VALUE SET / NUMERATOR COMPLIANCE</p> <p>HbA1c Level Less Than 7.0 Value Set / Not compliant</p> <p>HbA1c Level 7.0-9.0 Value Set / Not compliant</p> <p>HbA1c Level Greater Than 9.0 Value Set / Compliant</p> <p>MEDICAL RECORD REVIEW</p> <p>The most recent HbA1c level (performed during the measurement year) is >9.0% or is missing, or was not done during the measurement year, as documented through laboratory data or medical record review.</p> <p>At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result. The patient is numerator compliant if the result for the most recent HbA1c level during the measurement year is >9.0% or is missing, or if an HbA1c test was not done during the measurement year. The patient is not numerator compliant if the most recent HbA1c level during the measurement year is =9.0%.</p>	<p>ADMINISTRATIVE:</p> <p>Use codes (see HbA1c Tests Value Set) to identify the most recent HbA1c test during the measurement year. The patient is numerator compliant if the most recent HbA1c level is >9.0% or is missing a result, or if an HbA1c test was not done during the measurement year. The patient is not numerator compliant if the result for the most recent HbA1c test during the measurement year is =9.0%.</p> <p>Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent code during the measurement year to evaluate whether the patient is numerator compliant.</p> <p>VALUE SET / NUMERATOR COMPLIANCE</p> <p>HbA1c Level Less Than 7.0 Value Set / Not compliant</p> <p>HbA1c Level 7.0–9.0 Value Set / Not compliant</p> <p>HbA1c Level Greater Than 9.0 Value Set / Compliant</p> <p>MEDICAL RECORD:</p> <p>At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result. The patient is numerator compliant if the result for the most recent HbA1c level during the measurement year is >9.0% or is missing, or if an HbA1c test was not done during the measurement year. The patient is not numerator compliant if the most recent HbA1c level during the measurement year is =9.0%.</p> <p>Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance.</p>

	0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
	<p>Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance.</p> <p>Note: A lower rate indicates better performance for this indicator (i.e., low rates of poor control indicate better care).</p>	
Denominator Statement	Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.	Patients 18-75 years of age as of December 31 of the measurement year with at least one acute inpatient visit or two outpatient visits for schizophrenia or bipolar I disorder, or at least one inpatient visit for major depression during the measurement year AND diabetes (type 1 and type 2) during the measurement year or the year before.
Denominator Details	<p>There are two ways to identify patients with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a patient only needs to be identified by one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.</p> <p>CLAIM/ENCOUNTER DATA</p> <p>Patients who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):</p> <ul style="list-style-type: none"> - At least one acute inpatient encounter with a diagnosis of diabetes without telehealth. - At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. To identify an acute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Exclude nonacute inpatient stays. 3. Identify the discharge date for the stay. - At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of 	<p>Age: 18-75 years as of December 31 of the measurement year</p> <p>Benefit: Medical</p> <p>Continuous Enrollment: No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the individual may not have more than a 1-month gap in coverage (i.e., an individual whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).</p> <p>All patients 18-75 years of age as of December 31 of the measurement year with a serious mental illness [see SMI Value Set] and diabetes (type 1 and type 2) [see Diabetes Value Set]</p> <p>The following steps should be followed to identify patients with a serious mental illness and a diagnosis for diabetes:</p> <p>(1) Identify Serious Mental Illness</p> <p>Step 1: Identify patients with a serious mental illness. They must meet at least one of the following criteria during the measurement year:</p> <p>At least one acute inpatient claim/encounter with any diagnosis of schizophrenia, bipolar I disorder, or major depression using any of the following code combinations:</p> <p>BH Stand Alone Acute Inpatient Value Set with one of the following diagnoses:</p> <ul style="list-style-type: none"> - Schizophrenia Value Set - Bipolar Disorder Value Set - Major Depression Value Set

	0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
	<p>diabetes. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim. 3. Identify the discharge date for the stay. <p>-- Only include nonacute inpatient encounters without telehealth.</p> <p>-- Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient set.</p> <p>See attached code value sets.</p> <p>PHARMACY DATA</p> <p>Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.</p> <p>PRESCRIPTIONS TO IDENTIFY MEMBERS WITH DIABETES DESCRIPTION / PRESCRIPTION</p> <p>Alpha-glucosidase inhibitors / Acarbose, Miglitol</p> <p>Amylin analogs / Pramlintide</p> <p>Antidiabetic combinations / Alogliptin-metformin, Alogliptin-pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Empagliflozin-linagliptin, Empagliflozin-metformin, Glimepiride-pioglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin</p> <p>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</p>	<p>BH Acute Inpatient Value Set with BH Acute Inpatient POS Value Set and one of the following diagnoses:</p> <ul style="list-style-type: none"> - Schizophrenia Value Set - Bipolar Disorder Value Set - Major Depression Value Set <p>At least two visits in an outpatient, intensive outpatient, partial hospitalization, ED or non-acute inpatient setting, on different dates of service, with any diagnosis of schizophrenia or bipolar I disorder. Any two of the following code combinations meet criteria:</p> <p>BH Stand Alone Outpatient/PH/IOP Value Set with one of the following diagnoses:</p> <ul style="list-style-type: none"> - Schizophrenia Value Set - Bipolar Disorder Value Set <p>BH Outpatient/PH/IOP Value Set with BH Outpatient/PH/IOP POS Value Set and one of the following diagnoses:</p> <ul style="list-style-type: none"> - Schizophrenia Value Set - Bipolar Disorder Value Set <p>ED Value Set with one of the following diagnoses:</p> <ul style="list-style-type: none"> - Schizophrenia Value Set - Bipolar Disorder Value Set <p>BH ED Value Set with BH ED POS Value Set and one of the following diagnoses:</p> <ul style="list-style-type: none"> - Schizophrenia Value Set - Bipolar Disorder Value Set <p>BH Stand Alone Nonacute Inpatient Value Set with one of the following diagnoses:</p> <ul style="list-style-type: none"> - Schizophrenia Value Set - Bipolar Disorder Value Set <p>BH Nonacute Inpatient Value Set with BH Nonacute Inpatient POS Value Set and one of the following diagnoses:</p> <ul style="list-style-type: none"> - Schizophrenia Value Set - Bipolar Disorder Value Set <p>(2) Identify Diabetes</p>

	0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
	<p>lispro-insulin lispro protamine, Insulin regular human, Insulin human inhaled</p> <p>Meglitinides / Nateglinide, Repaglinide</p> <p>Glucagon-like peptide-1 (GLP1) agonists / Dulaglutide, Exenatide, Albiglutide, Liraglutide</p> <p>Sodium glucose cotransporter 2 (SGLT2) inhibitor / Canagliflozin, Dapagliflozin, Empagliflozin</p> <p>Sulfonylureas / Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide</p> <p>Thiazolidinediones / Pioglitazone, Rosiglitazone</p> <p>Dipeptidyl peptidase-4 (DDP-4) inhibitors / Alogliptin, Linagliptin, Saxagliptin, Sitagliptin</p> <p>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.</p>	<p>Step 2: Of the patients in Step 1, identify patients with diabetes (see Diabetes Value Set) during the measurement year or the year prior using the following data:</p> <p>Claim/encounter data:</p> <ul style="list-style-type: none"> - At least two outpatient visits (see Outpatient Value Set), observation visits (see Observation Value Set), ED visits (ED Value Set) or nonacute inpatient encounters (see Nonacute Inpatient Value Set) on different dates of service, with a diagnosis of diabetes (see Diabetes Value Set). Visit type need not be the same for the two visits. - At least one acute inpatient encounter (see Acute Inpatient Value Set) with a diagnosis of diabetes (see Diabetes Value Set). <p>Pharmacy data:</p> <ul style="list-style-type: none"> - Patients who were dispensed insulin or hypoglycemics/ antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year (see Table 1) <p>Both methods to identify the eligible population should be used, however, an individual need only be identified by one to be included in the measure.</p> <p>TABLE 1. PRESCRIPTIONS TO IDENTIFY PATIENTS WITH DIABETES</p> <p>Alpha-glucosidase inhibitors:</p> <p>Acarbose, Miglitol</p> <p>Amylin analogs:</p> <p>Pramlintide</p> <p>Antidiabetic combinations:</p> <p>Glimepiride-pioglitazone, Glimepiride-rosiglitazone, Glipizide-metformin, Glyburide-metformin, Metformin-pioglitazone, Metformin-rosiglitazone, Metformin-sitagliptin, Saxagliptin, Sitagliptin-simvastatin</p> <p>Insulin:</p> <p>Insulin aspart, Insulin aspart-insulin aspart protamine, Insulin detemir, Insulin glargine, Insulin glulisine, Insulin inhalation, Insulin isophane beef-pork, Insulin isophane human, Insulin isophane-insulin regular, Insulin lispro, Insulin lispro-insulin lispro protamine, Insulin regular human, Insulin zinc human</p> <p>Meglitinides:</p> <p>Nateglinide, Repaglinide</p>

	0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
		<p>Miscellaneous antidiabetic agents: Exenatide, Liraglutide, Metformin-repaglinide, Sitagliptin</p> <p>Sulfonylureas: Acetohexamide, Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide</p> <p>Thiazolidinediones: Pioglitazone, Rosiglitazone</p>
Exclusions	<p>This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.</p> <p>Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type 1 or Type II) is found.</p>	<p>Patients who do not have a diagnosis of diabetes and meet one of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> -Patients with a diagnosis of polycystic ovaries. -Patients with gestational or steroid-induced diabetes.
Exclusion Details	<p>ADMINISTRATIVE CLAIMS</p> <p>Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.</p> <p>Exclude adults who meet any of the following criteria:</p> <ul style="list-style-type: none"> - Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> -- Enrolled in an Institutional SNP (I-SNP) any time on or between July 1 of the year prior to the measurement year and the end of the measurement year. -- Living long-term in an institution any time on or between July 1 of the year prior to the measurement 	<p>Patients who do not have a diagnosis of diabetes (see Diabetes Value Set), in any setting, during the measurement year or year prior to the measurement year and who meet either of the following criteria:</p> <ul style="list-style-type: none"> -A diagnosis of polycystic ovaries (see Polycystic Ovaries Value Set), in any setting, any time during the person's history through December 31 of the measurement year. -A diagnosis of gestational diabetes or steroid-induced diabetes (see Diabetes Exclusions Value Set), in any setting, during the measurement year or the year prior to the measurement year.

	0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
	<p>year and the end of the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if an adult had an LTI flag any time on or between July 1 of the year prior to the measurement year and the end of the measurement year.</p> <p>- Adults 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Members must meet BOTH of the following frailty and advanced illness criteria to be excluded:</p> <ol style="list-style-type: none"> 1. At least one claim/encounter for frailty during the measurement year. 2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years): <ul style="list-style-type: none"> -- At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters or nonacute inpatient discharges (instructions below) on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim. 3. Identify the discharge date for the stay. -- At least one acute inpatient encounter with an advanced illness diagnosis. -- At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 	

	0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
	<p>2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).</p> <p>3. Identify the discharge date for the stay.</p> <p>-- A dispensed dementia medication</p> <p>DEMENTIA MEDICATIONS</p> <p>DESCRIPTION / PRESCRIPTION</p> <p>Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine</p> <p>Miscellaneous central nervous system agents / Memantine</p> <p>Exclude patients with gestational diabetes or steroid diabetes. Codes associated with identifying these identifying exclusions are attached in a separate file with code value sets.</p> <p>See attached code value sets.</p> <p>MEDICAL RECORD</p> <p>Exclusionary evidence in the medical record must include a note indicating the patient did NOT have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year AND had a diagnosis of gestational or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.</p>	
Risk Adjustment	No risk adjustment or risk stratification	No risk adjustment or risk stratification
Stratification	No stratification	Not applicable.
Type Score	Rate/proportion better quality = lower score	Rate/proportion better quality = lower score
Algorithm	<p>STEP 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria.</p> <p>- AGES: 18-75 years as of December 31 of the measurement year.</p>	<p>Step 1: Identify patients with serious mental illness.</p> <p>Step 2: Identify patients from step 1 who also have a diagnosis of diabetes during the measurement year or the year prior.</p>

	0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
	<p>- EVENT/DIAGNOSIS: Identify patients with diabetes in two ways: by claim/encounter data and by pharmacy data. SEE S.6 and S.7 for eligible population and denominator criteria and details.</p> <p>STEP 2: Exclude patients who meet the exclusion criteria. SEE S.8 and S.9 for denominator exclusion criteria and details.</p> <p>STEP 3: Determine the number of patients in the eligible population who had a recent HbA1c test during the measurement year through the search of administrative data systems.</p> <p>STEP 4: Identify patients with a most recent HbA1c test performed.</p> <p>STEP 5: Identify the most recent result. If that result has an HbA1c level >9.0%, a missing result or if no HbA1c test was done during the measurement year then that patient is numerator compliant. If the most recent result is instead with an HbA1c level <=9.0% then the number is not in the numerator.</p> <p>STEP 6: Calculate the rate by dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).</p>	<p>Step 3: Exclude patients who meet the exclusion criteria as specified in the “Denominator Exclusion Details” section. This is the denominator.</p> <p>Step 4: Identify patients with a most recent HbA1c test performed.</p> <p>Step 5: Identify patients whose most recent HbA1c level is >9.0% or is missing a result or if an HbA1c test was not done during the measurement year. This is the numerator.</p> <p>Step 6: Calculate the rate by dividing the numerator (step 5) by the denominator (after exclusions) (Step 3).</p>
Submission items	<p>5.1 Identified measures: 2607 : Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)</p> <p>5a.1 Are specs completely harmonized? Yes</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact: There is another related measure that assesses poor control of HbA1c (>9%) but it is focused on a different population than NQF 0059. Measure 2607 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year is >9.0%.</p>	<p>5.1 Identified measures: 0059 : Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)</p> <p>5a.1 Are specs completely harmonized? Yes</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact: This measure was adapted from the existing measure (Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) NQF #0059) for the high risk subpopulation of people with serious mental illness who have a higher risk of disease and for whom there is evidence of disparity in treatment compared to the general population. The numerator of this measure is consistent with the measure used for the general population while the denominator has been adapted to focus on individuals with serious mental illness. NCQA is the owner and steward of the existing NQF-endorsed measure and the specifications are harmonized. Building</p>

	<p>HARMONIZED MEASURE ELEMENTS: Both measures focus on an HbA1c target of >9% for adults age 18-75 and are collected using administrative claims and/or medical record review using health plan reported data.</p> <p>DIFFERENCES: - Population Focus: NQF 0059 focuses on the general population of people with diabetes while NQF 2607 focuses on people with a serious mental illness and diabetes.</p> <p>IMPACT ON INTERPRETABILITY?AND DATA COLLECTION BURDEN?: The differences between measures 0575 and 2607 do not have an impact on interpretability of publicly reported rates or an impact on data collection burden as the measures are focused on different populations.</p> <p>5b.1 If competing, why superior or rationale for additive value: N/A</p>	<p>on this existing measure helps to reduce the burden of implementation for organizations and to align incentives for providers and organizations to focus on key quality of care issues.</p> <p>5b.1 If competing, why superior or rationale for additive value: Not applicable.</p>

Comparison of NQF #0059 and NQF #0575

	0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)
Steward	National Committee for Quality Assurance	National Committee for Quality Assurance
Description	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is >9.0% during the measurement year.	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is <8.0% during the measurement year.
Type	Outcome: Intermediate Clinical Outcome	Outcome: Intermediate Clinical Outcome
Data Source	Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from Health Management	Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from health plans via NCQA's online data submission system.

	0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)
	Organizations and Preferred Provider Organizations via NCQA's online data submission system. No data collection instrument provided Attachment 0059_CDC_HbA1c_Poor_Control_Value_Sets_Fall_2019-637088187123576417.xlsx	No data collection instrument provided Attachment 0575_CDC_HbA1c_Good_Control_Value_Sets_Fall_2019-637088131732250530.xlsx
Level	Health Plan	Health Plan
Setting	Outpatient Services	Outpatient Services
Numerator Statement	Patients whose most recent HbA1c level is greater than 9.0% or is missing a result, or for whom an HbA1c test was not done during the measurement year.	Patients whose most recent HbA1c level is less than 8.0% during the measurement year.
Numerator Details	<p>There are two data sources and approaches used for collecting data reporting the numerator for this measure: Administrative Claims and Medical Record Review.</p> <p>ADMINISTRATIVE CLAIMS</p> <p>Use codes (See code value sets located in question S.2b.) to identify the most recent HbA1c test during the measurement year. The patient is numerator compliant if the most recent HbA1c level is >9.0% or is missing a result, or if an HbA1c test was not done during the measurement year. The patient is not numerator compliant if the result for the most recent HbA1c test during the measurement year is =9.0%.</p> <p>Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent code during the measurement year to evaluate whether the patient is numerator compliant.</p> <p>VALUE SET / NUMERATOR COMPLIANCE</p> <p>HbA1c Level Less Than 7.0 Value Set / Not compliant</p> <p>HbA1c Level 7.0-9.0 Value Set / Not compliant</p> <p>HbA1c Level Greater Than 9.0 Value Set / Compliant</p> <p>MEDICAL RECORD REVIEW</p> <p>The most recent HbA1c level (performed during the measurement year) is >9.0% or is missing, or was not</p>	<p>There are two data sources and approaches used for collecting data reporting the numerator for this measure: Administrative Claims and Medical Record Review</p> <p>ADMINISTRATIVE CLAIMS</p> <p>Use codes (See code value sets located in question S.2b.) to identify the most recent HbA1c test during the measurement year. The member is not numerator compliant if the result for the most recent HbA1c test is =8.0% or is missing a result, or if an HbA1c test was not done during the measurement year.</p> <p>Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent code during the measurement year to evaluate whether the patient is numerator compliant.</p> <p>VALUE SET / NUMERATOR COMPLIANCE</p> <p>HbA1c Level Less Than 7.0 Value Set / Compliant</p> <p>HbA1c Level 7.0-9.0 Value Set / Not compliant*</p> <p>HbA1c Level Greater Than 9.0 Value Set / Not compliant</p> <p>* The CPT Category II code (3045F) in this value set indicates most recent HbA1c (HbA1c) level 7.0%-9.0% and is not specific enough to denote numerator compliance for this indicator. For patients with this code, the organization must use other sources (laboratory data, hybrid reporting method) to identify the actual value and determine if the HbA1c result was <8%.</p> <p>MEDICAL RECORD REVIEW</p>

	0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)
	<p>done during the measurement year, as documented through laboratory data or medical record review.</p> <p>At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result. The patient is numerator compliant if the result for the most recent HbA1c level during the measurement year is >9.0% or is missing, or if an HbA1c test was not done during the measurement year. The patient is not numerator compliant if the most recent HbA1c level during the measurement year is =9.0%.</p> <p>Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance.</p> <p>Note: A lower rate indicates better performance for this indicator (i.e., low rates of poor control indicate better care).</p>	<p>The most recent HbA1c level (performed during the measurement year) is <8.0% as identified by laboratory data or medical record review.</p> <p>At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result. The member is numerator compliant if the most recent HbA1c level during the measurement year is <8.0%. The member is not numerator compliant if the result for the most recent HbA1c level during the measurement year is >=8.0% or is missing, or if a HbA1c test was not performed during the measurement year.</p> <p>Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance.</p>
Denominator Statement	Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.	Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.
Denominator Details	<p>There are two ways to identify patients with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a patient only needs to be identified by one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.</p> <p>CLAIM/ENCOUNTER DATA</p> <p>Patients who met any of the following criteria during the measurement year of the year prior to the measurement year (count services that occur over both years):</p> <ul style="list-style-type: none"> - At least one acute inpatient encounter with a diagnosis of diabetes without telehealth. 	<p>There are two ways to identify patients with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a patient only needs to be identified by one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.</p> <p>CLAIM/ENCOUNTER DATA</p> <p>Patients who met any of the following criteria during the measurement year of the year prior to the measurement year (count services that occur over both years):</p> <ul style="list-style-type: none"> - At least one acute inpatient encounter with a diagnosis of diabetes without telehealth. - At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. To identify an acute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays.

	0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)
	<p>- At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. To identify an acute inpatient discharge:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Exclude nonacute inpatient stays. 3. Identify the discharge date for the stay. <p>- At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim. 3. Identify the discharge date for the stay. <p>-- Only include nonacute inpatient encounters without telehealth.</p> <p>-- Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient set.</p> <p>See attached code value sets.</p> <p>PHARMACY DATA</p> <p>Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.</p> <p>PRESCRIPTIONS TO IDENTIFY MEMBERS WITH DIABETES</p> <p>DESCRIPTION / PRESCRIPTION</p> <p>Alpha-glucosidase inhibitors / Acarbose, Miglitol</p> <p>Amylin analogs / Pramlintide</p> <p>Antidiabetic combinations / Alogliptin-metformin, Alogliptin-pioglitazone, Canagliflozin-metformin,</p>	<ol style="list-style-type: none"> 2. Exclude nonacute inpatient stays. 3. Identify the discharge date for the stay. <p>- At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim. 3. Identify the discharge date for the stay. <p>-- Only include nonacute inpatient encounters without telehealth.</p> <p>-- Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient set.</p> <p>See attached code value sets.</p> <p>PHARMACY DATA</p> <p>Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.</p> <p>PRESCRIPTIONS TO IDENTIFY MEMBERS WITH DIABETES</p> <p>DESCRIPTION / PRESCRIPTION</p> <p>Alpha-glucosidase inhibitors / Acarbose, Miglitol</p> <p>Amylin analogs / Pramlintide</p> <p>Antidiabetic combinations / Alogliptin-metformin, Alogliptin-pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Empagliflozin-linagliptin, Empagliflozin-metformin, Glimepiride-pioglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin</p> <p>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</p>

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	<p>Dapagliflozin-metformin, Empagliflozin-linagliptin, Empagliflozin-metformin, Glimepiride-pioglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin</p> <p>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</p> <p>Meglitinides / Nateglinide, Repaglinide</p> <p>Glucagon-like peptide-1 (GLP1) agonists / Dulaglutide, Exenatide, Albiglutide, Liraglutide</p> <p>Sodium glucose cotransporter 2 (SGLT2) inhibitor / Canagliflozin, Dapagliflozin, Empagliflozin</p> <p>Sulfonylureas / Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide</p> <p>Thiazolidinediones / Pioglitazone, Rosiglitazone</p> <p>Dipeptidyl peptidase-4 (DDP-4) inhibitors / Alogliptin, Linagliptin, Saxagliptin, Sitagliptin</p> <p>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.</p>	<p>lispro-insulin lispro protamine, Insulin regular human, Insulin human inhaled</p> <p>Meglitinides / Nateglinide, Repaglinide</p> <p>Glucagon-like peptide-1 (GLP1) agonists / Dulaglutide, Exenatide, Albiglutide, Liraglutide</p> <p>Sodium glucose cotransporter 2 (SGLT2) inhibitor / Canagliflozin, Dapagliflozin, Empagliflozin</p> <p>Sulfonylureas / Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide</p> <p>Thiazolidinediones / Pioglitazone, Rosiglitazone</p> <p>Dipeptidyl peptidase-4 (DDP-4) inhibitors / Alogliptin, Linagliptin, Saxagliptin, Sitagliptin</p> <p>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.</p>
Exclusions	<p>This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.</p> <p>Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They</p>	<p>This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.</p> <p>Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes, in my setting, during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type I or Type II) is found.</p>

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	are then removed once no additional diagnosis of diabetes (Type 1 or Type II) is found.	
Exclusion Details	<p>ADMINISTRATIVE CLAIMS</p> <p>Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.</p> <p>Exclude adults who meet any of the following criteria:</p> <ul style="list-style-type: none"> - Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> -- Enrolled in an Institutional SNP (I-SNP) any time on or between July 1 of the year prior to the measurement year and the end of the measurement year. -- Living long-term in an institution any time on or between July 1 of the year prior to the measurement year and the end of the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if an adult had an LTI flag any time on or between July 1 of the year prior to the measurement year and the end of the measurement year. - Adults 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Members must meet BOTH of the following frailty and advanced illness criteria to be excluded: <ol style="list-style-type: none"> 1. At least one claim/encounter for frailty during the measurement year. 2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years): <ul style="list-style-type: none"> -- At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters or nonacute 	<p>ADMINISTRATIVE CLAIMS</p> <p>Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.</p> <p>Exclude adults who meet any of the following criteria:</p> <ul style="list-style-type: none"> - Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> -- Enrolled in an Institutional SNP (I-SNP) any time on or between July 1 of the year prior to the measurement year and the end of the measurement year. -- Living long-term in an institution any time on or between July 1 of the year prior to the measurement year and the end of the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if an adult had an LTI flag any time on or between July 1 of the year prior to the measurement year and the end of the measurement year. - Adults 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Adults must meet BOTH of the following frailty and advanced illness criteria to be excluded: <ol style="list-style-type: none"> 1. At least one claim/encounter for frailty during the measurement year. 2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years): <ul style="list-style-type: none"> -- At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters or nonacute inpatient discharges (instructions below) on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim. 3. Identify the discharge date for the stay.

	0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)
	<p>inpatient discharges (instructions below) on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim. 3. Identify the discharge date for the stay. <p>-- At least one acute inpatient encounter with an advanced illness diagnosis.</p> <p>-- At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set). 3. Identify the discharge date for the stay. <p>-- A dispensed dementia medication</p> <p>DEMENTIA MEDICATIONS</p> <p>DESCRIPTION / PRESCRIPTION</p> <p>Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine</p> <p>Miscellaneous central nervous system agents / Memantine</p> <p>Exclude patients with gestational diabetes or steroid diabetes. Codes associated with identifying these identifying exclusions are attached in a separate file with code value sets.</p> <p>See attached code value sets.</p> <p>MEDICAL RECORD</p> <p>Exclusionary evidence in the medical record must include a note indicating the patient did NOT have a</p>	<p>-- At least one acute inpatient encounter with an advanced illness diagnosis.</p> <p>-- At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set). 3. Identify the discharge date for the stay. <p>-- A dispensed dementia medication</p> <p>DEMENTIA MEDICATIONS</p> <p>DESCRIPTION / PRESCRIPTION</p> <p>Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine</p> <p>Miscellaneous central nervous system agents / Memantine</p> <p>Exclude patients with gestational diabetes or steroid diabetes. Codes associated with identifying these identifying exclusions are attached in a separate file with code value sets.</p> <p>See attached code value sets.</p> <p>MEDICAL RECORD</p> <p>Exclusionary evidence in the medical record must include a note indicating the patient did NOT have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year AND had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.</p>

	0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)
	diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year AND had a diagnosis of gestational or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.	
Risk Adjustment	No risk adjustment or risk stratification	No risk adjustment or risk stratification
Stratification	No stratification	No stratification
Type Score	Rate/proportion better quality = lower score	Rate/proportion better quality = higher score
Algorithm	<p>STEP 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria.</p> <ul style="list-style-type: none"> - AGES: 18-75 years as of December 31 of the measurement year. - EVENT/DIAGNOSIS: Identify patients with diabetes in two ways: by claim/encounter data and by pharmacy data. SEE S.6 and S.7 for eligible population and denominator criteria and details. <p>STEP 2: Exclude patients who meet the exclusion criteria. SEE S.8 and S.9 for denominator exclusion criteria and details.</p> <p>STEP 3: Determine the number of patients in the eligible population who had a recent HbA1c test during the measurement year through the search of administrative data systems.</p> <p>STEP 4: Identify patients with a most recent HbA1c test performed.</p> <p>STEP 5: Identify the most recent result. If that result has an HbA1c level >9.0%, a missing result or if no HbA1c test was done during the measurement year then that patient is numerator compliant. If the most recent result is instead with an HbA1c level </=9.0% then the number is not in the numerator.</p>	<p>STEP 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria.</p> <ul style="list-style-type: none"> - AGES: 18-75 years as of December 31 of the measurement year. - EVENT/DIAGNOSIS: Identify patients with diabetes in two ways: by claim/encounter data and by pharmacy data. SEE S.6 and S.7 for eligible population and denominator criteria and details. <p>STEP 2: Exclude patients who meet the exclusion criteria. SEE S.8 and S.9 for denominator exclusion criteria and details.</p> <p>STEP 3: Determine the number of patients in the eligible population who had a recent HbA1c test during the measurement year through the search of administrative data systems.</p> <p>STEP 4: Identify patients with a most recent HbA1c test performed.</p> <p>STEP 5: Identify the most recent result. If that result has an HbA1c level <8.0%, then that patient is numerator compliant. If the most recent result is instead with an HbA1c level >/=8.0% or a missing result or if no HbA1c test was done during the measurement year, then the member is not in the numerator.</p> <p>STEP 6: Calculate the rate dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).</p>

	0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)
	STEP 6: Calculate the rate by dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).	
Submission items	<p>5.1 Identified measures: 2607 : Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)</p> <p>5a.1 Are specs completely harmonized? Yes</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact: There is another related measure that assesses poor control of HbA1c (>9%) but it is focused on a different population than NQF 0059. Measure 2607 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year is >9.0%. HARMONIZED MEASURE ELEMENTS: Both measures focus on an HbA1c target of >9% for adults age 18-75 and are collected using administrative claims and/or medical record review using health plan reported data. DIFFERENCES: - Population Focus: NQF 0059 focuses on the general population of people with diabetes while NQF 2607 focuses on people with a serious mental illness and diabetes. IMPACT ON INTERPRETABILITY?AND DATA COLLECTION BURDEN:? The differences between measures 0575 and 2607 do not have an impact on interpretability of publicly reported rates or an impact on data collection burden as the measures are focused on different populations.</p> <p>5b.1 If competing, why superior or rationale for additive value: N/A</p>	<p>5.1 Identified measures: 2608 : Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)</p> <p>5a.1 Are specs completely harmonized? Yes</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact: There are two related measures that assess HbA1c control of <8% but they are either focused on different population, use different data sources or are specified at different levels of accountability than NQF 0575. Measure 2608 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year is <8.0%. Measure 0729 is a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult diabetes patients, 18-75 years of age, who have optimally managed modifiable risk factors HbA1c control (<8%) and four other indicators. HARMONIZED MEASURE ELEMENTS: All measures focus on an HbA1c target of <8% for adults age 18-75. DIFFERENCES: - Population Focus: While NQF 0575 and 0729 are focused on the general population of people with diabetes, NQF 2608 is focused on people with a serious mental illness and diabetes. - Data Source and Level of Accountability: Measure 00575 is collected through administrative claims and/or medical record review using health plan reported data. Measure 0729 is collected through medical record abstraction and reported at the physician level of accountability. IMPACT ON INTERPRETABILITY?AND DATA COLLECTION BURDEN:? The differences between measures 0575 and 2608 do not have an impact on interpretability of publicly reported rates or an impact on data collection burden as the measures are focused on different populations.</p> <p>5b.1 If competing, why superior or rationale for additive value: N/A</p>

Comparison of NQF #0061 and NQF #0018

	0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	0018: Controlling High Blood Pressure
Steward	National Committee for Quality Assurance	National Committee for Quality Assurance
Description	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level taken during the measurement year is <140/90 mm Hg.	The percentage of adults 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.
Type	Outcome: Intermediate Clinical Outcome	Outcome: Intermediate Clinical Outcome
Data Source	Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from health plans via NCQA's online data submission system. No data collection instrument provided Attachment 0061_CDC_BP_Control_Value_Sets_Fall_2019-637088223907626862.xlsx	Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from health plans via NCQA's online data submission system. No data collection instrument provided Attachment 0018_CBP_Value_Sets_Fall_2019-637002741932672877.xlsx
Level	Health Plan	Health Plan
Setting	Outpatient Services	Outpatient Services
Numerator Statement	Patients whose most recent blood pressure level was <140/90 mm Hg during the measurement year.	Patients whose most recent blood pressure level was <140/90 mm Hg during the measurement year.
Numerator Details	There are two data sources and approaches used for collecting data and reporting the numerator for this measure: Administrative Claims and Medical Record Review. ADMINISTRATIVE CLAIMS Use codes (See code value sets located in question S.2b.) to identify the most recent blood pressure reading taken during an outpatient visit or a nonacute inpatient encounter or remote monitoring event during the measurement year. The patient is numerator compliant if the blood pressure is <140/90 mm Hg. The patient is not	There are two data sources and approaches used for collecting data reporting the numerator for this measure: Administrative Claims and Medical Record Review ADMINISTRATIVE CLAIMS Use codes (See code value sets located in question S.2b.) to identify the most recent BP reading taken during an outpatient visit, a nonacute inpatient encounter, or remote monitoring event during the measurement year. The blood pressure reading must occur on or after the date when the second diagnosis of hypertension (identified using the event/diagnosis criteria).

	0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	0018: Controlling High Blood Pressure
	<p>compliant if the blood pressure is <140/90 mm Hg, if there is no blood pressure reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are multiple blood pressure readings on the same date of service, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure.</p> <p>Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels.</p> <p>VALUE SET / NUMERATOR COMPLIANCE</p> <p>Systolic Less Than 140 Value Set / Systolic compliant</p> <p>Systolic Greater Than or Equal to 140 Value Set / Systolic noncompliant</p> <p>Diastolic Less Than 80 Value Set / Diastolic compliant</p> <p>Diastolic 80-89 Value Set / Diastolic compliant</p> <p>Diastolic Greater Than or Equal to 90 Value Set / Diastolic not compliant</p> <p>See attached code value sets.</p> <p>MEDICAL RECORD REVIEW</p> <p>The most recent BP level (taken during the measurement year) is <140/90 mm Hg, as documented through administrative data or medical record review.</p> <p>The organization should use the medical record from which it abstracts data for the other measures in the Comprehensive Diabetes Care set. If the organization does not abstract for other measures, it should use the medical record of the provider that manages the patient's diabetes. If that medical record does not contain a BP, the organization may use the medical</p>	<p>The patient is numerator compliant if the blood pressure is <140/90 mm Hg. The patient is not compliant if the blood pressure is ≥140/90 mm Hg, if there is no blood pressure reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are multiple blood pressure readings on the same date of service, use the lowest systolic and lowest diastolic blood pressure on that date as the presentative blood pressure.</p> <p>Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels.</p> <p>VALUE SET / NUMERATOR COMPLIANCE</p> <p>Systolic Less Than 140 Value Set / Systolic compliant</p> <p>Systolic Greater Than or Equal to 140 Value Set / Systolic not compliant</p> <p>Diastolic Less Than 80 Value Set / Diastolic compliant</p> <p>Diastolic 80-89 Value Set / Diastolic compliant</p> <p>Diastolic Greater Than or Equal to 90 Value Set / Diastolic not compliant</p> <p>See attached code value sets.</p> <p>MEDICAL RECORD REVIEW</p> <p>The number of patients in the denominator whose most recent blood pressure (both systolic and diastolic) is adequately controlled during the measurement year. For a patient's blood pressure to be controlled the systolic and diastolic blood pressure must be <140/90 mm hg (adequate control). To determine if a member's blood pressure is adequately controlled, the representative blood pressure must be identified.</p> <p>All eligible blood pressure measurements recorded in the record must be considered. If an organization cannot find the medical record, the patient remains in the measure denominator and is considered noncompliant for the numerator.</p> <p>Use the following guidance to find the appropriate medical record to review.</p> <ul style="list-style-type: none"> - Identify the patient's PCP. - If the patient had more than one PCP for the time-period, identify the PCP who most recently provided care to the patient.

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	<p>record of another PCP or specialist from whom the patient receives care.</p> <p>Identify the most recent blood pressure reading noted during the measurement year. Do not include blood pressure readings that meet the following criteria:</p> <ul style="list-style-type: none"> -Taken during an acute inpatient stay or an ED visit. -Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests. -Reported by or taken by the patient. <p>Blood pressure readings from remote monitoring devices that are digitally stored and transmitted to the provider may be included. There must be documentation in the medical record that clearly states the reading was taken by an electronic device, and results were digitally stored and transmitted to the provider and interpreted by the provider.</p> <p>Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record. If there are multiple blood pressure readings recorded for a single date, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure. The systolic and diastolic results do not need to be from the same reading when multiple readings are recorded for a single date.</p> <p>The patient is not numerator compliant if the blood pressure does not meet the specified threshold or is missing, or if there is no blood pressure reading during the measurement year or if the reading is incomplete (i.e., the systolic or diastolic level is missing).</p>	<ul style="list-style-type: none"> - If the patient did not visit a PCP for the time-period or does not have a PCP, identify the practitioner who most recently provided care to the patient. - If a practitioner other than the patient's PCP manages the hypertension, the organization may use the medical record of that practitioner. <p>Identify the most recent blood pressure reading noted during the measurement year.</p> <p>The blood pressure reading must occur on or after the date when the second diagnosis of hypertension (identified using the event/diagnosis criteria) occurred.</p> <p>Do not include BP readings:</p> <ul style="list-style-type: none"> - Taken during an acute inpatient stay or an ED visit. - Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests. - Reported by or taken by the patient. <p>BP readings from remote monitoring devices that are digitally stored and transmitted to the provider may be included. There must be documentation in the medical record that clearly states the reading was taken by an electronic device, and results were digitally stored and transmitted to the provider and interpreted by the provider.</p> <p>Identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record. If multiple readings were recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading.</p> <p>The patient is not compliant if the BP reading is =140/90 mm Hg or is missing, or if there is no BP reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing).</p>

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Denominator Statement	Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.	Patients 18-85 years of age who had at least two visits on different dates of service with a diagnosis of hypertension during the measurement year or the year prior to the measurement year.
Denominator Details	<p>There are two ways to identify patients with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a patient only needs to be identified by one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.</p> <p>CLAIM/ENCOUNTER DATA</p> <p>Patients who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):</p> <ul style="list-style-type: none"> - At least one acute inpatient encounter with a diagnosis of diabetes without telehealth. - At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. To identify an acute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Exclude nonacute inpatient stays. 3. Identify the discharge date for the stay. - At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim. 3. Identify the discharge date for the stay. 	<p>Patients who had continuous enrollment in the measurement year. No more than one gap in continuous enrollment of up to 45 days during the measurement year. If the patient has Medicaid, then no more than a 1-month gap in coverage.</p> <p>Patients are identified for the denominator using claim/encounter data.</p> <p>Patients who had at least two visits on different dates of service with a diagnosis of hypertension during the measurement year or the year prior to the measurement year. Visit type need not be the same for the two visits.</p> <p>Any of the following combinations meet criteria:</p> <ul style="list-style-type: none"> - Outpatient visit with any diagnosis of hypertension - A telephone visit with any diagnosis of hypertension - An online assessment with any diagnosis of hypertension <p>Only one of the two visits may be a telephone visit, an online assessment or an outpatient telehealth visit. Identify outpatient telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient visit.</p> <p>See attached code value sets.</p>

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	<p>-- Only include nonacute inpatient encounters without telehealth.</p> <p>-- Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient set.</p> <p>See attached code value sets.</p> <p>PHARMACY DATA</p> <p>Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.</p> <p>PRESCRIPTIONS TO IDENTIFY MEMBERS WITH DIABETES</p> <p>DESCRIPTION / PRESCRIPTION</p> <p>Alpha-glucosidase inhibitors / Acarbose, Miglitol</p> <p>Amylin analogs / Pramlintide</p> <p>Antidiabetic combinations / Alogliptin-metformin, Alogliptin-pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Empagliflozin-linagliptin, Empagliflozin-metformin, Glimepiride-pioglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin</p> <p>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</p> <p>Meglitinides / Nateglinide, Repaglinide</p> <p>Glucagon-like peptide-1 (GLP1) agonists / Dulaglutide, Exenatide, Albiglutide, Liraglutide</p> <p>Sodium glucose cotransporter 2 (SGLT2) inhibitor / Canagliflozin, Dapagliflozin, Empagliflozin</p>	

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	<p>Sulfonylureas / Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide</p> <p>Thiazolidinediones / Pioglitazone, Rosiglitazone</p> <p>Dipeptidyl peptidase-4 (DDP-4) inhibitors / Alogliptin, Linagliptin, Saxagliptin, Sitagliptin</p> <p>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.</p>	
Exclusions	<p>This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.</p> <p>Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type 1 or Type II) is found.</p>	<p>This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.</p> <p>Additionally, this measure excludes patients with evidence of end-stage renal disease, dialysis, nephrectomy, or kidney transplant on or prior to the December 31 of the measurement year. It also excludes female patients with a diagnosis of pregnancy during the measurement year, and patients who had a nonacute inpatient admission during the measurement year.</p>
Exclusion Details	<p>ADMINISTRATIVE CLAIMS</p> <p>Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the service began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.</p> <p>Exclude adults who meet any of the following criteria:</p> <ul style="list-style-type: none"> - Medicare adults 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> -- Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. 	<p>ADMINISTRATIVE CLAIMS</p> <p>Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the service began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.</p> <p>Exclude adults who meet any of the following criteria:</p> <ul style="list-style-type: none"> - Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> -- Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. -- Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File.

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	<p>-- Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run data of the file to determine if a member had an LTI flag during the measurement year.</p> <p>- Adults 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and with advanced illness. Patients must meet BOTH of the following frailty and advanced illness criteria to be excluded:</p> <ol style="list-style-type: none"> 1. At least one claim/encounter for frailty during the measurement year. 2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years): <p>-- At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters nonacute inpatient discharges on different dates of services, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim. 3. Identify the discharge date for the stay. <p>-- At least one acute inpatient encounter with an advanced illness diagnosis.</p> <p>-- At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Exclude nonacute inpatient stays. 3. Identify the discharge date for the stay. <p>-- A dispensed dementia medication</p> <p>DEMENTIA MEDICATIONS</p>	<p>Use the run data of the file to determine if a patient had an LTI flag during the measurement year.</p> <p>- Members 66-80 years of age as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Patients must meet BOTH of the following frailty and advanced illness criteria to be excluded:</p> <ol style="list-style-type: none"> 1. At least one claim/encounter for frailty during the measurement year. 2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years): <p>-- At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters or nonacute inpatient discharges (instructions below) on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim. 3. Identify the discharge date for the stay. <p>-- At least one acute inpatient encounter with an advanced illness diagnosis.</p> <p>-- At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Exclude nonacute inpatient stays. 3. Identify the discharge date for the stay. <p>-- A dispensed dementia medication.</p> <p>DEMENTIA MEDICATIONS</p> <p>DESCRIPTION / PRESCRIPTION</p> <p>Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine</p> <p>Miscellaneous central nervous system agents / Memantine</p> <p>- Members 81 years of age and older as of December 31 of the measurement year (all product lines) with frailty during the measurement year.</p> <p>Exclude patients with evidence of end-stage renal disease, dialysis, nephrectomy, or kidney transplant on or prior to December 31 of the</p>

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	<p>DESCRIPTION / PRESCRIPTION</p> <p>Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine</p> <p>Miscellaneous central nervous system agents / Memantine</p> <p>Exclude patients with gestational diabetes or steroid diabetes. Codes associated with identifying these identifying exclusions are attached in a separate file with code value sets.</p> <p>See attached code value sets.</p> <p>MEDICAL RECORD</p> <p>Exclusionary evidence in the medical record must include a note indicating the patient did NOT have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year AND had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.</p>	<p>measurement year, female patients with a diagnosis of pregnancy during the measurement year, and patients who had a nonacute inpatient admission during the measurement year. To identify nonacute inpatient admissions:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim. 3. Identify the admission date for the stay. <p>See attached code value sets.</p> <p>MEDICAL RECORD REVIEW</p> <p>Exclusionary evidence in the medical record must include a note indicating diagnosis of pregnancy or evidence of a nonacute inpatient admission during the measurement year, or evidence of ESRD, dialysis, nephrectomy or kidney transplant any time during the patient's history through December 31 of the measurement year.</p>
Risk Adjustment	No risk adjustment or risk stratification	No risk adjustment or risk stratification
Stratification	No stratification	N/A
Type Score	Rate/proportion better quality = higher score	Rate/proportion better quality = higher score
Algorithm	<p>STEP 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria.</p> <ul style="list-style-type: none"> - AGES: 18-75 years as of December 31 of the measurement year. - EVENT/DIAGNOSIS: Identify patients with diabetes in two ways: by claim/encounter data and by pharmacy data. SEE S.6 and S.7 for eligible population and denominator criteria and details. <p>STEP 2: Exclude patients who meet the exclusion criteria. SEE S.8 and S.9 for denominator exclusion criteria and details.</p>	<p>STEP 1: Determine the eligible population. To do so, identify adults who meet all specified criteria.</p> <ul style="list-style-type: none"> - AGES: 18-75 years as of December 31 of the measurement year. - EVENT/DIAGNOSIS: Identify patients with hypertension in two ways: by claim/encounter data and by medical record data. SEE responses in S.6 and S.7 for eligible population and denominator criteria and details. <p>STEP 2: Exclude patients who meet the exclusion criteria. SEE responses in S.8 and S.9 for denominator exclusion criteria and details.</p> <p>STEP 3: Determine the number of patients in the eligible population who had a blood pressure reading during the measurement year through the search of administrative data systems or medical record data.</p>

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	<p>STEP 3: Determine the number of patients in the eligible population who had a blood pressure reading during the measurement year through the search of administrative data systems or medical record data.</p> <p>STEP 4: Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record.</p> <p>STEP 5: Determine whether the result was <140/90 mm Hg.</p> <p>STEP 6: Calculate the rate by dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).</p>	<p>STEP 4: Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record.</p> <p>STEP 5: Determine whether the result was <140/90 mm Hg.</p> <p>STEP 6: Calculate the rate by dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).</p>
Submission items	<p>5.1 Identified measures:</p> <p>5a.1 Are specs completely harmonized? Yes</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact: Measure 0061 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level is <140/90 mm Hg. Measure 0729 is a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult diabetes patients who have optimally managed modifiable risk factors including blood pressure and four other indicators. NCQA's measure 0061 is included with five other NCQA diabetes measures. The five other diabetes measures are individually NQF endorsed (Endocrine Maintenance Phase 1). Together, the six NCQA individual diabetes measures (including measure 0061) make a set of diabetes HEDIS measures but are not considered all or nothing. NCQA uses individual measures to provide health plans and others the opportunity to measure, report and incentivize each aspect of quality care for the diabetes population. HARMONIZED MEASURE ELEMENTS: Measures 0061</p>	<p>5.1 Identified measures: 0061 : Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)</p> <p>2602 : Controlling High Blood Pressure for People with Serious Mental Illness</p> <p>2606 : Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)</p> <p>5a.1 Are specs completely harmonized? Yes</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact: There are several related measures that assess blood pressure control but are either focused on different population, use different data sources or are specified at different levels of accountability than NQF 0018. Measure 0061 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level is <140/90 mm Hg. Measure 2602 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-85 years of age with serious mental illness who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year. Measure 2606 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent blood pressure reading during the measurement year is <140/90 mm Hg. Measure 0076 is NQF endorsed as</p>

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	<p>and 0729 both focus on an adult patient population 18-75 years of age with diabetes (type 1 and type 2). Both measures assess whether the patient's most recent blood pressure level in the measurement period was <140/90 mm Hg. Both measures also specify denominator visit criteria to include patients with at least two outpatient visits in the last two years with a diagnosis of diabetes. UNHARMONIZED MEASURE ELEMENTS: - Data Source: Measure 0061 is collected through administrative claims and/or medical record. Measure 0729 is collected through medical record abstraction. - Level of Accountability: Measure 0061 is a health plan level measure and is used in NCQA's clinical quality and recognition programs (See 4.1 Usability and Use). Measure 0729 is a physician level measure. - Data Elements: Measure 0061 uses two methods to identify patients in the denominator 1) claims/encounter data with a diagnosis of diabetes and 2) pharmacy data for insulin or hypoglycemic/antihyperglycemics (see S.7 Denominator Details). Measure 0729 uses encounter data with a diagnosis for diabetes to identify patients in the denominator. NCQA uses two identification methods to ensure that only patients with diagnosed diabetes are included in the denominator. - Exclusions: Exclusions for measures 0061 and 0729 are substantially aligned with some variation due to differences in health plan and clinician level reporting. IMPACT ON INTERPRETABILITY AND DATA COLLECTION BURDEN: The differences between these measures do not have an impact on interpretability of publicly reported rates. There is no added burden of data collection because the data for each measure is collected from different data sources by different entities.</p> <p>5b.1 If competing, why superior or rationale for additive value: N/A</p>	<p>a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult ischemic vascular disease patients, 18-75 years of age, who have optimally managed modifiable risk factors including blood pressure and three other indicators. Measure 0729 is NQF endorsed as a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult diabetes patients, 18-75 years of age, who have optimally managed modifiable risk factors including blood pressure and four other indicators. HARMONIZED MEASURE ELEMENTS: All measures described above focus on a blood pressure target of <140/90 mm Hg. UNHARMONIZED MEASURE ELEMENTS: - Data Source and Level of Accountability: Measures 0018, 0061, 2602, and 2606 are collected through administrative claims and/or medical record review using health plan reported data. Measures 0076 and 0729 are collected through medical record abstraction and reported at the physician level of accountability. - Population Focus: Measure 0018 is focused on the general population of people with hypertension while the other measures focus on either diabetes, serious mental illness with diabetes, or serious mental illness with hypertension. - Age Range: Measures 0018 and 2602 focus on adults 18-85 while the other measures focus on adults 18-75. IMPACT ON INTERPRETABILITY?AND DATA COLLECTION BURDEN:? The differences between measures 0018, 0061, 2602, and 2606 do not have an impact on interpretability of publicly reported rates or an impact on data collection burden as the measures are focused on different populations. The differences between 0018, 0076, and 0729 also do not have an impact on interpretability of publicly reported rates or an impact on data collection burden because the data for each measure is collected from different data sources by different entities.</p> <p>5b.1 If competing, why superior or rationale for additive value: NA</p>

Comparison of NQF #0061 and NQF #0073

	0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	0073: Ischemic Vascular Disease (IVD): Blood Pressure Control
Steward	National Committee for Quality Assurance	National Committee for Quality Assurance
Description	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level taken during the measurement year is <140/90 mm Hg.	The percentage of patients 18 to 75 years of age who were discharged alive with acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) during the 12 months prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had the following during the measurement year: - Blood pressure control (BP): reported as under control <140/90 mm Hg.
Type	Outcome: Intermediate Clinical Outcome	Outcome
Data Source	Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from health plans via NCQA's online data submission system. No data collection instrument provided Attachment 0061_CDC_BP_Control_Value_Sets_Fall_2019-637088223907626862.xlsx	Claims, Electronic Health Records, Paper Medical Records NA Attachment 0073_IVD_Blood_Pressure_Control_Value_Sets-635634189557555751.xlsx
Level	Health Plan	Clinician : Group/Practice, Clinician : Individual
Setting	Outpatient Services	Outpatient Services
Numerator Statement	Patients whose most recent blood pressure level was <140/90 mm Hg during the measurement year.	Patients whose most recent blood pressure is adequately controlled during the measurement year. For a patient's BP to be adequately controlled, both the systolic and the diastolic BP must meet the desired threshold of <140/90 mm Hg.
Numerator Details	There are two data sources and approaches used for collecting data and reporting the numerator for this	ADMINISTRATIVE CLAIMS

	0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	0073: Ischemic Vascular Disease (IVD): Blood Pressure Control
	<p>measure: Administrative Claims and Medical Record Review.</p> <p>ADMINISTRATIVE CLAIMS</p> <p>Use codes (See code value sets located in question S.2b.) to identify the most recent blood pressure reading taken during an outpatient visit or a nonacute inpatient encounter or remote monitoring event during the measurement year.</p> <p>The patient is numerator compliant if the blood pressure is <140/90 mm Hg. The patient is not compliant if the blood pressure is =140/90 mm Hg, if there is no blood pressure reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are multiple blood pressure readings on the same date of service, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure.</p> <p>Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels.</p> <p>VALUE SET / NUMERATOR COMPLIANCE</p> <p>Systolic Less Than 140 Value Set / Systolic compliant</p> <p>Systolic Greater Than or Equal to 140 Value Set / Systolic noncompliant</p> <p>Diastolic Less Than 80 Value Set / Diastolic compliant</p> <p>Diastolic 80-89 Value Set / Diastolic compliant</p> <p>Diastolic Greater Than or Equal to 90 Value Set / Diastolic not compliant</p> <p>See attached code value sets.</p> <p>MEDICAL RECORD REVIEW</p>	<p>Use automated data to identify the most recent BP reading taken during an outpatient visit (Outpatient Value Set) or a nonacute inpatient encounter (Nonacute Inpatient Value Set) during the measurement year.</p> <p>The patient is numerator compliant if the BP is <140/90 mm Hg. The patient is not compliant if the BP is > or = 140/90 mm Hg, if there is no BP reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP.</p> <p>Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels.</p> <p>See the corresponding excel document for the following value sets:</p> <ul style="list-style-type: none"> - Systolic Less Than 140 Value Set - Systolic Greater Than/Equal To 140 Value Set - Diastolic Less Than 80 Value Set - Diastolic 80–89 Value Set - Diastolic Greater Than/Equal To 90 Value Set - Outpatient Value Set - Nonacute Inpatient Value Set <p>---</p> <p>MEDICAL RECORD</p> <p>To determine if a patient is adequately controlled, the representative blood pressure must be identified. Follow the steps below.</p> <p>Step 1</p> <ul style="list-style-type: none"> - Identify the most recent blood pressure reading noted during the measurement year. <p>Do not include readings that meet the following criteria:</p> <ul style="list-style-type: none"> - Taken during an acute inpatient stay or an ED visit. - Taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed (e.g., sigmoidoscopy, removal of a mole).

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	<p>The most recent BP level (taken during the measurement year) is <140/90 mm Hg, as documented through administrative data or medical record review. The organization should use the medical record from which it abstracts data for the other measures in the Comprehensive Diabetes Care set. If the organization does not abstract for other measures, it should use the medical record of the provider that manages the patient's diabetes. If that medical record does not contain a BP, the organization may use the medical record of another PCP or specialist from whom the patient receives care.</p> <p>Identify the most recent blood pressure reading noted during the measurement year. Do not include blood pressure readings that meet the following criteria:</p> <ul style="list-style-type: none"> -Taken during an acute inpatient stay or an ED visit. -Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests. -Reported by or taken by the patient. <p>Blood pressure readings from remote monitoring devices that are digitally stored and transmitted to the provider may be included. There must be documentation in the medical record that clearly states the reading was taken by an electronic device, and results were digitally stored and transmitted to the provider and interpreted by the provider.</p> <p>Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record. If there are multiple blood pressure readings recorded for a single date, use the lowest systolic and lowest diastolic blood pressure</p>	<ul style="list-style-type: none"> - Taken the same day as major diagnostic or surgical procedure (e.g., stress test, administration of IV contrast for a radiology procedure, endoscopy). - Reported by or taken by the patient - Documentation of "VS within normal limits" or "vital signs normal". <p>Step 2</p> <ul style="list-style-type: none"> - Identify the lowest systolic and lowest diastolic reading from the most recent blood pressure notation in the medical record. If there are multiple readings for a single date, use the lowest systolic and the lowest diastolic reading on that date as the representative blood pressure. The systolic and diastolic results do not need to be from the same reading. <p>The patient is not numerator compliant if the BP does not meet the specified threshold or is missing, or if there is no BP reading during the measurement year or if the reading is incomplete (i.e., the systolic or diastolic level is missing).</p>

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	<p>on that date as the representative blood pressure. The systolic and diastolic results do not need to be from the same reading when multiple readings are recorded for a single date.</p> <p>The patient is not numerator compliant if the blood pressure does not meet the specified threshold or is missing, or if there is no blood pressure reading during the measurement year or if the reading is incomplete (i.e., the systolic or diastolic level is missing).</p>	
Denominator Statement	Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.	Patients 18 to 75 years of age by the end of the measurement year who were discharged alive for AMI, CABG or PCI during the 12 months prior to the measurement year or who had a diagnosis of IVD during both the measurement year and the year prior to the measurement year.
Denominator Details	<p>There are two ways to identify patients with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a patient only needs to be identified by one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.</p> <p>CLAIM/ENCOUNTER DATA</p> <p>Patients who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):</p> <ul style="list-style-type: none"> - At least one acute inpatient encounter with a diagnosis of diabetes without telehealth. - At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. To identify an acute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Exclude nonacute inpatient stays. 3. Identify the discharge date for the stay. - At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, 	<p>Use the codes listed in the AMI Value Set, CABG Value Set or PCI Value Set to identify AMI, PCI and CABG. AMI and CABG cases should be from inpatient claims only. All cases of PCI should be included, regardless of setting (e.g., inpatient, outpatient, ED).</p> <p>Identify patients as having IVD who met at least one of the two criteria below, during both the measurement year and the year prior to the measurement year. Criteria need not be the same across both years.</p> <ul style="list-style-type: none"> - At least one outpatient visit (Outpatient Value Set) with an IVD diagnosis (IVD Value Set), <p>OR</p> <ul style="list-style-type: none"> - At least one acute inpatient visit (Acute Inpatient Value Set) with an IVD diagnosis (IVD Value Set) <p>See the corresponding excel document for the following value sets:</p> <ul style="list-style-type: none"> - Acute Inpatient Value Set - Outpatient Value Set - IVD Value Set - AMI Value Set - CABG Value Set - PCI Value Set <p>---</p> <p>MEDICAL RECORD</p> <p>Documentation of IVD in the medical record includes:</p>

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	<p>nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim. 3. Identify the discharge date for the stay. <p>-- Only include nonacute inpatient encounters without telehealth.</p> <p>-- Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient set.</p> <p>See attached code value sets.</p> <p>PHARMACY DATA</p> <p>Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.</p> <p>PRESCRIPTIONS TO IDENTIFY MEMBERS WITH DIABETES</p> <p>DESCRIPTION / PRESCRIPTION</p> <p>Alpha-glucosidase inhibitors / Acarbose, Miglitol</p> <p>Amylin analogs / Pramlintide</p> <p>Antidiabetic combinations / Alogliptin-metformin, Alogliptin-pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Empagliflozin-linagliptin, Empagliflozin-metformin, Glimepiride-pioglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin</p> <p>Insulin / Insulin aspart, Insulin aspart-insulin aspart protamine, Insulin degludec, Insulin detemir, Insulin</p>	<ul style="list-style-type: none"> - IVD - Ischemic heart disease - Angina - Coronary atherosclerosis - Coronary artery occlusion - Cardiovascular disease - Occlusion or stenosis of precerebral arteries (including basilar, carotid and vertebral arteries) - Atherosclerosis of renal artery - Atherosclerosis of native arteries of the extremities - Chronic total occlusion of artery of the extremities - Arterial embolism and thrombosis - Atheroembolism.

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	<p>glargine, Insulin glulisine, Insulin isophane human, Insulin isophane-insulin regular, Insulin lispro, Insulin lispro-insulin lispro protamine, Insulin regular human, Insulin human inhaled</p> <p>Meglitinides / Nateglinide, Repaglinide</p> <p>Glucagon-like peptide-1 (GLP1) agonists / Dulaglutide, Exenatide, Albiglutide, Liraglutide</p> <p>Sodium glucose cotransporter 2 (SGLT2) inhibitor / Canagliflozin, Dapagliflozin, Empagliflozin</p> <p>Sulfonylureas / Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide</p> <p>Thiazolidinediones / Pioglitazone, Rosiglitazone</p> <p>Dipeptidyl peptidase-4 (DDP-4) inhibitors / Alogliptin, Linagliptin, Saxagliptin, Sitagliptin</p> <p>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.</p>	
Exclusions	<p>This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.</p> <p>Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type 1 or Type II) is found.</p>	None
Exclusion Details	<p>ADMINISTRATIVE CLAIMS</p> <p>Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the service began. These patients may be identified using various methods,</p>	N/A

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	<p>which may include but are not limited to enrollment data, medical record or claims/encounter data.</p> <p>Exclude adults who meet any of the following criteria:</p> <ul style="list-style-type: none"> - Medicare adults 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> -- Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. -- Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run data of the file to determine if a member had an LTI flag during the measurement year. - Adults 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and with advanced illness. Patients must meet BOTH of the following frailty and advanced illness criteria to be excluded: <ol style="list-style-type: none"> 1. At least one claim/encounter for frailty during the measurement year. 2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years): <ul style="list-style-type: none"> -- At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters nonacute inpatient discharges on different dates of services, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim. 3. Identify the discharge date for the stay. -- At least one acute inpatient encounter with an advanced illness diagnosis. 	

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	<p>-- At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Exclude nonacute inpatient stays. 3. Identify the discharge date for the stay. <p>-- A dispensed dementia medication</p> <p>DEMENTIA MEDICATIONS</p> <p>DESCRIPTION / PRESCRIPTION</p> <p>Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine</p> <p>Miscellaneous central nervous system agents / Memantine</p> <p>Exclude patients with gestational diabetes or steroid diabetes. Codes associated with identifying these identifying exclusions are attached in a separate file with code value sets.</p> <p>See attached code value sets.</p> <p>MEDICAL RECORD</p> <p>Exclusionary evidence in the medical record must include a note indicating the patient did NOT have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year AND had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.</p>	
Risk Adjustment	No risk adjustment or risk stratification	No risk adjustment or risk stratification
Stratification	No stratification	NA
Type Score	Rate/proportion better quality = higher score	Rate/proportion better quality = higher score
Algorithm	STEP 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria.	Step 1: Determine the denominator

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	<p>- AGES: 18-75 years as of December 31 of the measurement year.</p> <p>- EVENT/DIAGNOSIS: Identify patients with diabetes in two ways: by claim/encounter data and by pharmacy data. SEE S.6 and S.7 for eligible population and denominator criteria and details.</p> <p>STEP 2: Exclude patients who meet the exclusion criteria. SEE S.8 and S.9 for denominator exclusion criteria and details.</p> <p>STEP 3: Determine the number of patients in the eligible population who had a blood pressure reading during the measurement year through the search of administrative data systems or medical record data.</p> <p>STEP 4: Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record.</p> <p>STEP 5. Determine whether the result was <140/90 mm Hg.</p> <p>STEP 6: Calculate the rate by dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).</p>	<p>Patients 18 to 75 years of age by the end of the measurement year AND who were discharged alive for AMI, CABG or PCI during the 12 months prior to the measurement year or who had a diagnosis of IVD during both the measurement year and the year prior to the measurement year.</p> <p>Step 2: Determine the numerator</p> <p>Patients whose most recent blood pressure is adequately controlled (<140/90 mm Hg) during the measurement year.</p>
Submission items	<p>5.1 Identified measures:</p> <p>5a.1 Are specs completely harmonized? Yes</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact: Measure 0061 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level is <140/90 mm Hg. Measure 0729 is a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult diabetes patients who have optimally managed modifiable risk factors including blood pressure and four other indicators. NCQA's measure 0061 is included with five other NCQA diabetes measures. The five other</p>	<p>5.1 Identified measures:</p> <p>5a.1 Are specs completely harmonized?</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact:</p> <p>5b.1 If competing, why superior or rationale for additive value: NA</p> <p>Related Measures: None</p>

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	<p>diabetes measures are individually NQF endorsed (Endocrine Maintenance Phase 1). Together, the six NCQA individual diabetes measures (including measure 0061) make a set of diabetes HEDIS measures but are not considered all or nothing. NCQA uses individual measures to provide health plans and others the opportunity to measure, report and incentivize each aspect of quality care for the diabetes population.</p> <p>HARMONIZED MEASURE ELEMENTS: Measures 0061 and 0729 both focus on an adult patient population 18-75 years of age with diabetes (type 1 and type 2). Both measures assess whether the patient's most recent blood pressure level in the measurement period was <140/90 mm Hg. Both measures also specify denominator visit criteria to include patients with at least two outpatient visits in the last two years with a diagnosis of diabetes.</p> <p>UNHARMONIZED MEASURE ELEMENTS: - Data Source: Measure 0061 is collected through administrative claims and/or medical record. Measure 0729 is collected through medical record abstraction. - Level of Accountability: Measure 0061 is a health plan level measure and is used in NCQA's clinical quality and recognition programs (See 4.1 Usability and Use). Measure 0729 is a physician level measure. - Data Elements: Measure 0061 uses two methods to identify patients in the denominator 1) claims/encounter data with a diagnosis of diabetes and 2) pharmacy data for insulin or hypoglycemic/antihyperglycemics (see 5.7 Denominator Details). Measure 0729 uses encounter data with a diagnosis for diabetes to identify patients in the denominator. NCQA uses two identification methods to ensure that only patients with diagnosed diabetes are included in the denominator. - Exclusions: Exclusions for measures 0061 and 0729 are substantially aligned with some variation due to differences in health plan and clinician level reporting.</p> <p>IMPACT ON INTERPRETABILITY AND DATA COLLECTION BURDEN:</p>	

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	<p>The differences between these measures do not have an impact on interpretability of publicly reported rates. There is no added burden of data collection because the data for each measure is collected from different data sources by different entities.</p> <p>5b.1 If competing, why superior or rationale for additive value: N/A</p>	

Comparison of NQF #0061 and NQF #0076

	0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	0076: Optimal Vascular Care
Steward	National Committee for Quality Assurance	MN Community Measurement
Description	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level taken during the measurement year is <140/90 mm Hg.	<p>The percentage of patients 18-75 years of age who had a diagnosis of ischemic vascular disease (IVD) and whose IVD was optimally managed during the measurement period as defined by achieving ALL of the following:</p> <ul style="list-style-type: none"> • Blood pressure less than 140/90 mmHg • On a statin medication, unless allowed contraindications or exceptions are present • Non-tobacco user • On daily aspirin or anti-platelet medication, unless allowed contraindications or exceptions are present
Type	Outcome: Intermediate Clinical Outcome	Composite
Data Source	Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from health plans via NCQA's online data submission system.	Electronic Health Records, Paper Medical Records AAn excel template with formatted columns for data fields is provided. Almost all the medical groups in MN (99.9%) extract the information from their EMR. Other options have been historically available: Registries can be used as a source of information to create the data file; however groups must ensure that all of their eligible patients are included. Paper abstraction forms are provided for those clinics who wish to use them as an interim step to creating their data file.

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	No data collection instrument provided Attachment 0061_CDC_BP_Control_Value_Sets_Fall_2019-637088223907626862.xlsx	All data is uploaded in electronic format (.csv file) to a HIPAA secure, encrypted and password protected data portal. Available at measure-specific web page URL identified in S.1 Attachment MNMCM_-0076_Optimal_Vascular_Care_Specs_Fields_12-2019.xlsx
Level	Health Plan	Clinician : Group/Practice
Setting	Outpatient Services	Outpatient Services
Numerator Statement	Patients whose most recent blood pressure level was <140/90 mm Hg during the measurement year.	The number of patients in the denominator whose IVD was optimally managed during the measurement period as defined by achieving ALL of the following: <ul style="list-style-type: none"> • The most recent blood pressure in the measurement period has a systolic value of less than 140 mmHg AND a diastolic value of less than 90 mmHg • On a statin medication, unless allowed contraindications or exceptions are present • Patient is not a tobacco user • On daily aspirin or anti-platelet medication, unless allowed contraindications or exceptions are present
Numerator Details	<p>There are two data sources and approaches used for collecting data and reporting the numerator for this measure: Administrative Claims and Medical Record Review.</p> <p>ADMINISTRATIVE CLAIMS</p> <p>Use codes (See code value sets located in question S.2b.) to identify the most recent blood pressure reading taken during an outpatient visit or a nonacute inpatient encounter or remote monitoring event during the measurement year.</p> <p>The patient is numerator compliant if the blood pressure is <140/90 mm Hg. The patient is not compliant if the blood pressure is =140/90 mm Hg, if there is no blood pressure reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are multiple blood pressure readings on the same date of service, use the lowest systolic and lowest diastolic</p>	<p>In order to be numerator compliant all four components must be met</p> <ul style="list-style-type: none"> * Blood pressure less than 140/90 mmHg AND * On a statin medication, unless allowed contraindications or exceptions are present AND * Non-tobacco user AND * On daily aspirin or anti-platelet medication, unless allowed contraindications or exceptions are present <p>BLOOD PRESSURE COMPONENT</p> <p>Blood Pressure Date [Date (mm/dd/yyyy)] AND</p> <p>BP Systolic [Numeric] AND</p> <p>BP Diastolic [Numeric]</p> <p>Numerator component calculation: numerator component compliant is BP during the measurement year AND Systolic < 140 AND Diastolic < 90.</p> <p>BP Date</p> <p>Enter the date of the most recent blood pressure result during the measurement period.</p>

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	<p>blood pressure on that date as the representative blood pressure.</p> <p>Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels.</p> <p>VALUE SET / NUMERATOR COMPLIANCE</p> <p>Systolic Less Than 140 Value Set / Systolic compliant</p> <p>Systolic Greater Than or Equal to 140 Value Set / Systolic noncompliant</p> <p>Diastolic Less Than 80 Value Set / Diastolic compliant</p> <p>Diastolic 80-89 Value Set / Diastolic compliant</p> <p>Diastolic Greater Than or Equal to 90 Value Set / Diastolic not compliant</p> <p>See attached code value sets.</p> <p>MEDICAL RECORD REVIEW</p> <p>The most recent BP level (taken during the measurement year) is <140/90 mm Hg, as documented through administrative data or medical record review.</p> <p>The organization should use the medical record from which it abstracts data for the other measures in the Comprehensive Diabetes Care set. If the organization does not abstract for other measures, it should use the medical record of the provider that manages the patient's diabetes. If that medical record does not contain a BP, the organization may use the medical record of another PCP or specialist from whom the patient receives care.</p> <p>Identify the most recent blood pressure reading noted during the measurement year. Do not include blood pressure readings that meet the following criteria:</p>	<ul style="list-style-type: none"> A test result from a provider outside of the reporting medical group is allowed if the result is documented in the reporting medical group's patient record and is the most recent test result during the measurement period. Do not include BP readings: <ul style="list-style-type: none"> Taken during an acute inpatient stay or an ED visit. Taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed (e.g., sigmoidoscopy, removal of a mole). Obtained the same day as a major diagnostic or surgical procedure (e.g., EKG/ECG, stress test, administration of IV contrast for a radiology procedure, endoscopy). Reported by or taken by the patient. Leave BLANK if a blood pressure was not obtained during the measurement period. <p>BP Systolic</p> <p>Enter the value of the most recent systolic blood pressure result during the measurement period.</p> <ul style="list-style-type: none"> If more than one value is recorded on the most recent date, the lowest value may be submitted. It does NOT need to be from the same reading submitted in Column Z (BP Diastolic). NOTE: The systolic blood pressure is the upper number in the recorded fraction. For example, the systolic value for a blood pressure of 124/72 mmHg is 124. Leave BLANK if a blood pressure was not obtained during the measurement period. <p>BP Diastolic</p> <p>Enter the value of the most recent diastolic blood pressure result during the measurement period.</p> <ul style="list-style-type: none"> If more than one value is recorded on the most recent date, the lowest value may be submitted. It does NOT need to be from the same reading as submitted in (BP Systolic). NOTE: The diastolic blood pressure is the lower number in the recorded fraction. For example, the diastolic value for a blood pressure of 124/72 mmHg is 72.

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	<p>-Taken during an acute inpatient stay or an ED visit.</p> <p>-Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.</p> <p>-Reported by or taken by the patient.</p> <p>Blood pressure readings from remote monitoring devices that are digitally stored and transmitted to the provider may be included. There must be documentation in the medical record that clearly states the reading was taken by an electronic device, and results were digitally stored and transmitted to the provider and interpreted by the provider.</p> <p>Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record. If there are multiple blood pressure readings recorded for a single date, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure. The systolic and diastolic results do not need to be from the same reading when multiple readings are recorded for a single date.</p> <p>The patient is not numerator compliant if the blood pressure does not meet the specified threshold or is missing, or if there is no blood pressure reading during the measurement year or if the reading is incomplete (i.e., the systolic or diastolic level is missing).</p>	<ul style="list-style-type: none"> • Leave BLANK if a blood pressure was not obtained during the measurement period. <p>CHOLESTEROL MANAGEMENT STATIN COMPONENT</p> <p>LDL Date [Date (mm/dd/yyyy)] AND</p> <p>LDL Value [Numeric]</p> <p>For calculating exceptions to statin use based on very low LDL (< 40 for cardiovascular disease and < 70 for patients with diabetes)</p> <p>Enter the date of the most recent LDL test result between 01/01/2015 and 12/31/2019.</p> <ul style="list-style-type: none"> • A test result from a provider outside of the reporting medical group is allowed if the result is documented in the reporting medical group's patient record and is the most recent test result within the allowable time period. • If the LDL result is too high to calculate, still enter the LDL test date if it is the most recent test result within the allowable time period. • LDL values within the last five years will be used to calculate potential exceptions to being on a statin medication. • Leave BLANK if an LDL test was not performed between 01/01/2015 and 12/31/2019. <p>Enter the value of the most recent LDL test result between 01/01/2015 and 12/31/2019.</p> <ul style="list-style-type: none"> • Leave BLANK if an LDL test was not performed during the allowable time period, or if the most recent test result was too high to calculate. <p>Statin Medication [Numeric] AND</p> <p>Statin Medication Date [Date (mm/dd/yyyy)] AND/OR</p> <p>Statin Medication Exception [Numeric] AND</p> <p>Statin Medication Exception Date [Date (mm/dd/yyyy)]</p> <p>Numerator component calculation: numerator component compliant if on a statin (prescribed/ ordered) or low LDL value (see above) or documented contraindication/exception is present.</p> <p>Statin Medication:</p> <p>Enter the code that corresponds to whether the patient was prescribed a statin medication or if a statin medication was active on the patient's medication list during the measurement period.</p>

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		<p>Please see Appendix A for a list of statin medications.</p> <p>1 = Yes, patient was prescribed a statin medication, or a statin medication was indicated as active on the patient's medication list during the measurement period.</p> <p>2 = No, patient was not prescribed a statin medication and a statin medication was not indicated as active on the patient's medication list during the measurement period.</p> <ul style="list-style-type: none"> The following exceptions to statin medication use will be identified by the Data Portal based on the submitted LDL values: <ul style="list-style-type: none"> Patients with ischemic vascular disease aged 21 to 75 years and an LDL result less than 40 mg/dL Patients aged 40 – 75 years with an LDL result less than 70 mg/dL Patients aged 21 – 39 years with an LDL less than 190 mg/dL <p>Statin Medication Date</p> <p>Enter the date of the most recent statin prescription, order or review on an active medications list that included a statin during the measurement period.</p> <ul style="list-style-type: none"> If a statin was not prescribed, ordered, or reviewed as an active medication during the measurement period, leave BLANK. <p>Station Medication Exception</p> <p>If the patient was NOT prescribed or did not have a statin medication active on their medication list during the measurement period (Column AA = 2), enter the value that corresponds to any of the following contraindications or exceptions:</p> <p>1 = Pregnancy at any time during the measurement period</p> <p>2 = Active liver disease (liver failure, cirrhosis, hepatitis)</p> <p>3 = Rhabdomyolysis</p> <p>4 = End stage renal disease on dialysis</p> <p>5 = Heart failure</p> <p>6 = Other provider documented reason: breastfeeding during the measurement period</p> <p>7 = Other provider documented reason: woman of childbearing age not actively taking birth control during the measurement period</p> <p>8 = Other provider documented reason: allergy to statin</p>

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		<p>9 = Drug interaction with a listed medication taken during the measurement period (valid drug-drug interactions include HIV protease inhibitors, nefazodone, cyclosporine, gemfibrozil, and danazol).</p> <p>10 = Other provider documented reason: intolerance (with supporting documentation of trying a statin at least once within the last five years). Additionally, Myopathy and Myositis (CHOL-05) Value Set may be used to document intolerance to statins.</p> <ul style="list-style-type: none"> If none of the above contraindications or exceptions are documented, leave BLANK. NOTE: Items 1 – 5 above can be defined by diagnosis codes that may be used in data collection. Value Sets include: Pregnancy V/Z Codes (PREG-01), Pregnancy Diagnosis Codes (PREG-02), Liver Disease (CHOL-01), Rhabdomyolysis (CHOL-02), ESRD on Dialysis (CHOL-03), and Heart Failure (CHOL-04) <p>Statin Medication Exception Date: If the patient has a documented contraindication or exception enter the date of the contraindication or exception.</p> <ul style="list-style-type: none"> If only the month and year are known, enter the first day of the month. <p>ASPIRIN/ANTIPLATELET COMPONENT</p> <p>Aspirin or Anti-platelet Medication [Numeric] AND Aspirin or Anti-platelet Date [Date (mm/dd/yyyy)] AND/OR Aspirin or Anti-platelet Exception [Numeric] AND Aspirin or Anti-platelet Exception Date [Date (mm/dd/yyyy)]</p> <p>Numerator component calculation: numerator component compliant if indicated on daily aspirin or anti-platelet medication (prescribed/ ordered) or documented contraindication/exception is present.</p> <p>Aspirin or Anti-platelet Medication</p> <p>Enter the code that corresponds to whether the patient is prescribed a daily aspirin product or antiplatelet medication or if an aspirin product or anti-platelet medication was active on the patient's medication list at any time during the measurement period.</p> <p>Please see Appendix B for methods to identify appropriate aspirin products or antiplatelet medications.</p>

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		<p>1 = Yes, patient was prescribed a daily aspirin product or antiplatelet medication, or one was indicated as active on the patient's medication list during the measurement period.</p> <p>2 = No, patient was not prescribed a daily aspirin product or antiplatelet medication and one was not indicated as active on the patient's medication list during the measurement period.</p> <ul style="list-style-type: none"> Aspirin/narcotic combination medications do not qualify as a daily aspirin product. <p>Aspirin or Anti-platelet Medication Date</p> <p>Enter the date of the most recent daily aspirin product or anti-platelet medication prescription, order or review of an active medication list that included a daily aspirin product or anti-platelet medication during the measurement period.</p> <p>* If a daily aspirin product or anti-platelet medication was not prescribed, ordered or reviewed as an active medication during the measurement period, leave blank.</p> <p>Aspirin or Anti-platelet Medication Exception</p> <p>For patients who were not prescribed or taking a daily aspirin product or anti-platelet medication during the measurement period, enter the code that corresponds to any of the following contraindications or exceptions:</p> <p>1 = Prescribed anti-coagulant medication during the measurement period</p> <p>2 = History of gastrointestinal bleeding</p> <p>3 = History of intracranial bleeding</p> <p>4 = Bleeding disorder</p> <p>5 = Other provider documented reason: allergy to aspirin or anti-platelets</p> <p>6 = Other provider documented reason: use of non-steroidal anti-inflammatory agents</p> <p>7 = Other provider documented reason: documented risk for drug interaction</p> <p>8 = Other provider documented reason: uncontrolled hypertension (systolic blood pressure greater than 180 mmHg and/or diastolic blood pressure greater than 110 mmHg)</p> <p>9 = Other provider documented reason: gastroesophageal reflux disease (GERD)</p>

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		<p>If none of the above contraindications or exceptions are documented, leave BLANK.</p> <p>NOTE: Items 1 and 2 above can be defined by diagnosis codes that may be used in data collection. Value Sets include: GI Bleed (ASA-01) and Intracranial Bleed (ASA-02).</p> <p>Aspirin or Anti-platelet Exception Date</p> <p>If the patient has a documented contraindication or exception enter the date of the contraindication or exception. If only the month and year are known, enter the first day of the month.</p> <p>TOBACCO COMPONENT</p> <p>Tobacco Status Documentation Date [Date (mm/dd/yyyy)] AND Tobacco Status [Numeric]</p> <p>Numerator component calculation: numerator component compliant if tobacco status within the last two years and status is tobacco-free.</p> <p>Tobacco Status Documentation Date:</p> <p>Enter the most recent date that the patient's tobacco status was documented during the measurement period or year prior.</p> <p>If the patient's tobacco status is not documented or the date of the documentation cannot be determined, leave BLANK.</p> <p>Tobacco Status:</p> <p>Enter the code that corresponds to the patient's most recent tobacco status during the measurement period or year prior.</p> <p>1 = Tobacco free (patient does not use tobacco; patient was a former user and is not a current user)</p> <p>2 = No documentation</p> <p>3 = Current tobacco user (tobacco includes any amount of cigarettes, cigars, pipes or smokeless tobacco)</p> <p>* If the date of the tobacco status documentation is not documented in the patient record, enter 2.</p> <p>* E-cigarettes are not considered tobacco products.</p> <p>A blank field will create an ERROR upon submission.</p>
Denominator Statement	Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes	Patients ages 18 years or older at the start of the measurement period AND less than 76 years at the end of the measurement period who have a diagnosis of ischemic vascular disease (Ischemic Vascular Disease Value Set) with any contact during the current or prior measurement period OR

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	(type 1 and type 2) during the measurement year or the year prior to the measurement year.	<p>had ischemic vascular disease (Ischemic Vascular Disease Value Set) present on an active problem list at any time during the measurement period.</p> <p>Both contacts AND the active problem list must be queried for diagnosis (Ischemic Vascular Disease)</p> <p>AND</p> <p>At least one established patient office visit (Established Pt Diabetes & Vasc Value Set) performed or supervised by an eligible provider in an eligible specialty for any reason during the measurement period.</p>
Denominator Details	<p>There are two ways to identify patients with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a patient only needs to be identified by one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.</p> <p>CLAIM/ENCOUNTER DATA</p> <p>Patients who met any of the following criteria during the measurement year of the year prior to the measurement year (count services that occur over both years):</p> <ul style="list-style-type: none"> - At least one acute inpatient encounter with a diagnosis of diabetes without telehealth. - At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. To identify an acute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Exclude nonacute inpatient stays. 3. Identify the discharge date for the stay. - At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type need not be the same 	<p>Please also refer to all code lists included in the data dictionary attached in S.2b.</p> <p>Patients ages 18 years or older at the start of the measurement period AND less than 76 years at the end of the measurement period who have a diagnosis of ischemic vascular disease (Ischemic Vascular Disease Value Set) with any contact during the current or prior measurement period OR had ischemic vascular disease (Ischemic Vascular Disease Value Set) present on an active problem list at any time during the measurement period.</p> <p>Both contacts AND the active problem list must be queried for diagnosis (Ischemic Vascular Disease)</p> <p>AND</p> <p>At least one established patient office visit (Established Pt Diabetes & Vasc Value Set) performed or supervised by an eligible provider in an eligible specialty for any reason during the measurement period.</p> <p>Eligible Specialties:</p> <p>Family Medicine, Internal Medicine, Geriatric Medicine, Cardiology</p> <p>Eligible Providers:</p> <p>Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Advanced Practice Registered Nurses (APRN)</p>

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	<p>for the two visits. To identify a nonacute inpatient discharge:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim. 3. Identify the discharge date for the stay. <p>-- Only include nonacute inpatient encounters without telehealth.</p> <p>-- Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient set.</p> <p>See attached code value sets.</p> <p>PHARMACY DATA</p> <p>Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.</p> <p>PRESCRIPTIONS TO IDENTIFY MEMBERS WITH DIABETES</p> <p>DESCRIPTION / PRESCRIPTION</p> <p>Alpha-glucosidase inhibitors / Acarbose, Miglitol</p> <p>Amylin analogs / Pramlintide</p> <p>Antidiabetic combinations / Alogliptin-metformin, Alogliptin-pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Empagliflozin-linagliptin, Empagliflozin-metformin, Glimepiride-pioglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin</p> <p>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</p>	

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	<p>lispro-insulin lispro protamine, Insulin regular human, Insulin human inhaled</p> <p>Meglitinides / Nateglinide, Repaglinide</p> <p>Glucagon-like peptide-1 (GLP1) agonists / Dulaglutide, Exenatide, Albiglutide, Liraglutide</p> <p>Sodium glucose cotransporter 2 (SGLT2) inhibitor / Canagliflozin, Dapagliflozin, Empagliflozin</p> <p>Sulfonylureas / Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide</p> <p>Thiazolidinediones / Pioglitazone, Rosiglitazone</p> <p>Dipeptidyl peptidase-4 (DDP-4) inhibitors / Alogliptin, Linagliptin, Saxagliptin, Sitagliptin</p> <p>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.</p>	
Exclusions	<p>This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.</p> <p>Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type 1 or Type II) is found.</p>	<p>The following exclusions are allowed to be applied to the eligible population: permanent nursing home residents, receiving hospice or palliative care services, or died prior to the end of the measurement period.</p>
Exclusion Details	<p>ADMINISTRATIVE CLAIMS</p> <p>Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the service began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.</p>	<p>* Patient was a permanent nursing home resident at any time during the measurement period</p> <p>* Patient was in hospice or receiving palliative care at any time during the measurement period</p> <p>* Patient died prior to the end of the measurement period</p>

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	<p>Exclude adults who meet any of the following criteria:</p> <ul style="list-style-type: none"> - Medicare adults 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> -- Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. -- Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run data of the file to determine if a member had an LTI flag during the measurement year. - Adults 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and with advanced illness. Patients must meet BOTH of the following frailty and advanced illness criteria to be excluded: <ol style="list-style-type: none"> 1. At least one claim/encounter for frailty during the measurement year. 2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years): <ul style="list-style-type: none"> -- At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters nonacute inpatient discharges on different dates of services, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim. 3. Identify the discharge date for the stay. -- At least one acute inpatient encounter with an advanced illness diagnosis. -- At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge: 	

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	<p>1. Identify all acute and nonacute inpatient stays.</p> <p>2. Exclude nonacute inpatient stays.</p> <p>3. Identify the discharge date for the stay.</p> <p>-- A dispensed dementia medication</p> <p>DEMENTIA MEDICATIONS</p> <p>DESCRIPTION / PRESCRIPTION</p> <p>Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine</p> <p>Miscellaneous central nervous system agents / Memantine</p> <p>Exclude patients with gestational diabetes or steroid diabetes. Codes associated with identifying these identifying exclusions are attached in a separate file with code value sets.</p> <p>See attached code value sets.</p> <p>MEDICAL RECORD</p> <p>Exclusionary evidence in the medical record must include a note indicating the patient did NOT have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year AND had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.</p>	
Risk Adjustment	No risk adjustment or risk stratification	Statistical risk model
Stratification	No stratification	<p>The measure for the ischemic vascular disease population is not currently stratified when publicly reported on our consumer website, MN HealthScores. The data is, however, stratified by insurance product in our 2019 Health Care Disparities Reports by insurance type and race/ethnicity/language and country of origin.</p> <p>https://mncm.org/wp-content/uploads/2019/04/mncm-disparities-report-by-insurance-2019.pdf</p>

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		https://mncm.org/reports-and-websites/reports-and-data/health-equity-of-care-report/ These reports note gaps in outcomes for ischemic vascular disease patients in public programs versus other purchasers (6.6%) and disparities by race and ethnicity (as much as 12% for Black or African American and American Indian or Alaskan Natives)
Type Score	Rate/proportion better quality = higher score	Ratio better quality = higher score
Algorithm	<p>STEP 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria.</p> <ul style="list-style-type: none"> - AGES: 18-75 years as of December 31 of the measurement year. - EVENT/DIAGNOSIS: Identify patients with diabetes in two ways: by claim/encounter data and by pharmacy data. SEE S.6 and S.7 for eligible population and denominator criteria and details. <p>STEP 2: Exclude patients who meet the exclusion criteria. SEE S.8 and S.9 for denominator exclusion criteria and details.</p> <p>STEP 3: Determine the number of patients in the eligible population who had a blood pressure reading during the measurement year through the search of administrative data systems or medical record data.</p> <p>STEP 4: Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record.</p> <p>STEP 5. Determine whether the result was <140/90 mm Hg.</p> <p>STEP 6: Calculate the rate by dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).</p>	<p>This measure is calculated by submitting a file of individual patient values (e.g. blood pressure, tobacco status, etc) to a HIPAA secure data portal. Programming within the data portal determines if each patient is a numerator case and then a rate is calculated for each clinic site. Please also refer to the measure calculation algorithms submitted within the data dictionary for this measure.</p> <p>If any component of the numerator is noncompliant for any one of the four components, then the patient is numerator noncompliant for the composite patient level all-or none optimal vascular care measure.</p> <p>Numerator logic is as follows:</p> <p>Blood Pressure Component:</p> <p>Is Blood Pressure date in the measurement year? If no, is numerator noncompliant for this component. If yes, assess next variable.</p> <p>BP Systolic < 140? If no, is numerator noncompliant for this component. If yes, assess next variable.</p> <p>BP Diastolic < 90? If yes, is numerator compliant for this component. If no, is numerator noncompliant for this component.</p> <p>Note: BP needs to occur during the measurement year AND most recent BP systolic less than 140 AND BP diastolic less than 90</p> <p>Assess next component.</p> <p>Cholesterol Statin Use Component:</p> <p>Is the patient on a statin medication? If yes, and most recent date is in the measurement year, is numerator compliant for this component. If no, assess next variable.</p> <p>For patients not on a statin the following variables are used to assess numerator compliance related to contraindications or exceptions to statin use:</p>

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		<p>Is the patient age 18 to 20? If yes, numerator compliant (free-pass), if no, assess next variable.</p> <p>Patients age 21 to 75. Is their most recent LDL in the last five years less than 40? If Yes, numerator compliant (free-pass), if no, assess next variable.</p> <p>Does the patient have a valid contraindication/ exception to statin use defined as one of the following: pregnancy, active liver disease, rhabdomyolysis, ends stage renal disease on dialysis, heart failure, breastfeeding, allergy to statin, drug-drug interaction with statin, or intolerance with documentation of trying a statin at least once in the last 5 years)? If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.</p> <p>Note: Patient is either on a statin (prescribed/ ordered) during the measurement year or has a valid exception either by age, presence or absence of ischemic vascular disease, low untreated LDL or valid contraindication/ exception.</p> <p>Assess next component.</p> <p>Tobacco-Free Component:</p> <p>Is Tobacco Status = 1 (Tobacco Free) and Tobacco Assessment Date a valid date? If yes, is numerator compliant for this component. If no, is numerator noncompliant for this component. Assess next component.</p> <p>Daily Aspirin/ Anti-platelet Component:</p> <p>Is the patient on daily aspirin or an antiplatelet? If yes, and date of most recent aspirin/ anti-platelet is in the measurement year is numerator compliant, if no, assess next variable.</p> <p>Does the patient have a valid contraindication/ exception to aspirin anti-platelet use defined as one of the following: anti-coagulant medication, history of gastrointestinal bleed, history of intracranial bleed, allergy, or physician documented reasons related to: risk of drug interaction, use of NSAIDS, uncontrolled HTN or gastro-intestinal reflux disease. If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.</p> <p>Note: Patients are either on daily aspirin (indicated/ prescribed/ ordered) or an anti-platelet prescribed/ ordered) during the measurement year or has a valid contraindication/ exception.</p>

	0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	0076: Optimal Vascular Care
		If all of the above numerator components are in compliance, then the patient calculated as a numerator case for the optimal vascular care measure.
Submission items	<p>5.1 Identified measures:</p> <p>5a.1 Are specs completely harmonized? Yes</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact: Measure 0061 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level is <140/90 mm Hg. Measure 0729 is a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult diabetes patients who have optimally managed modifiable risk factors including blood pressure and four other indicators. NCQA's measure 0061 is included with five other NCQA diabetes measures. The five other diabetes measures are individually NQF endorsed (Endocrine Maintenance Phase 1). Together, the six NCQA individual diabetes measures (including measure 0061) make a set of diabetes HEDIS measures but are not considered all or nothing. NCQA uses individual measures to provide health plans and others the opportunity to measure, report and incentivize each aspect of quality care for the diabetes population. HARMONIZED MEASURE ELEMENTS: Measures 0061 and 0729 both focus on an adult patient population 18-75 years of age with diabetes (type 1 and type 2). Both measures assess whether the patient's most recent blood pressure level in the measurement period was <140/90 mm Hg. Both measures also specify denominator visit criteria to include patients with at least two outpatient visits in the last two years with a diagnosis of diabetes. UNHARMONIZED MEASURE ELEMENTS: - Data Source: Measure 0061 is collected</p>	<p>5.1 Identified measures: 0067 : Chronic Stable Coronary Artery Disease: Antiplatelet Therapy 0543 : Adherence to Statin Therapy for Individuals with Cardiovascular Disease 0068 : Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet 0073 : Ischemic Vascular Disease (IVD): Blood Pressure Control</p> <p>5a.1 Are specs completely harmonized? No</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact: There are some differences noted in the denominator definitions, source data and settings of care. #0068 Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet AND #0073 Ischemic Vascular Disease (IVD): Blood Pressure Control are most closely related to the components of our measure, however this measure focuses on the inpatient setting and only patients discharged with acute myocardial infarction, coronary bypass graft or percutaneous coronary interventions. #0067 Chronic Stable Coronary Artery Disease: Antiplatelet Therapy focuses only on patients with coronary artery disease; however from specifications available through QPS not able to compare diagnosis code definitions. This measure, #0076 Optimal Vascular Care is more inclusive with a denominator definition of ischemic vascular disease (atherosclerosis of coronary and peripheral arteries) #0543 Adherence to statin therapy for individuals with cardiovascular disease. This medication claims based measure's denominator is more aligned with our intent (coronary, cerebrovascular and peripheral artery disease), however endorsement was removed in 2015.</p> <p>5b.1 If competing, why superior or rationale for additive value: There are other similar measures that address three of the four components separately, but no currently endorsed measure exists that is a patient level all-or-none composite measure.</p>

	<p>through administrative claims and/or medical record. Measure 0729 is collected through medical record abstraction. - Level of Accountability: Measure 0061 is a health plan level measure and is used in NCQA's clinical quality and recognition programs (See 4.1 Usability and Use). Measure 0729 is a physician level measure. - Data Elements: Measure 0061 uses two methods to identify patients in the denominator 1) claims/encounter data with a diagnosis of diabetes and 2) pharmacy data for insulin or hypoglycemic/antihyperglycemics (see S.7 Denominator Details). Measure 0729 uses encounter data with a diagnosis for diabetes to identify patients in the denominator. NCQA uses two identification methods to ensure that only patients with diagnosed diabetes are included in the denominator. - Exclusions: Exclusions for measures 0061 and 0729 are substantially aligned with some variation due to differences in health plan and clinician level reporting. IMPACT ON INTERPRETABILITY AND DATA COLLECTION BURDEN: The differences between these measures do not have an impact on interpretability of publicly reported rates. There is no added burden of data collection because the data for each measure is collected from different data sources by different entities.</p> <p>5b.1 If competing, why superior or rationale for additive value: N/A</p>	<p># 0076 Optimal Vascular Care is superior to the newly submitted measure for consideration because its measure construct additionally includes:</p> <ul style="list-style-type: none"> * contraindications and exceptions to statin use * risk adjustment; actual and expected rates reported * allowable exclusions for potentially frail older adults age 65 to 75 (hospice or palliative services, nursing home, death)

Comparison of NQF #0061 and NQF #0729

	0061: Comprehensive Diabetes Care: Blood Pressure	0729: Optimal Diabetes Care
Steward	National Committee for Quality Assurance	MN Community Measurement
Description	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood	The percentage of patients 18-75 years of age who had a diagnosis of type 1 or type 2 diabetes and whose diabetes was optimally managed during the measurement period as defined by achieving ALL of the following:

	0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	0729: Optimal Diabetes Care
	pressure level taken during the measurement year is <140/90 mm Hg.	<ul style="list-style-type: none"> • HbA1c less than 8.0 mg/dL • Blood Pressure less than 140/90 mmHg • On a statin medication, unless allowed contraindications or exceptions are present • Non-tobacco user • Patient with ischemic vascular disease is on daily aspirin or anti-platelets, unless allowed contraindications or exceptions are present <p>Please note that while the all-or-none composite measure is considered to be the gold standard, reflecting best patient outcomes, the individual components may be measured as well. This is particularly helpful in quality improvement efforts to better understand where opportunities exist in moving the patients toward achieving all of the desired outcomes. Please refer to the additional numerator logic provided for each component.</p>
Type	Outcome: Intermediate Clinical Outcome	Composite
Data Source	<p>Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from health plans via NCQA's online data submission system.</p> <p>No data collection instrument provided Attachment 0061_CDC_BP_Control_Value_Sets_Fall_2019-637088223907626862.xlsx</p>	<p>Electronic Health Records, Paper Medical Records An excel template with formatted columns for data fields is provided. Almost all medical groups in MN (99.5%) extract the information from their EMR. Paper abstraction forms are provided for those clinics who wish to use them as an interim step to create their data file. All data is uploaded in electronic format (.csv file) to a HIPAA secure, encrypted and password protected data portal. We capture information from the clinics about how their data is obtained. In 2018:</p> <ul style="list-style-type: none"> • 71% (476) clinics had an EMR and pulled all data via query • 26% (176) clinics had an EMR and used a combination of query and manual look up for data collection • 2.2% (15) clinics had an EMR and looked up all data manually • 0.15% (1) clinic had a hybrid EMR and paper record system • 0.15% (1) clinic had paper records only <p>Feasibility Note: 71% of practices can extract all of the information needed via query.</p> <p>Please note that all fields are defined and included in the data dictionary [Tab = Data Field Dictionary] and also included in the data collection guide URL provided in S.1.</p>

	0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	0729: Optimal Diabetes Care
		Available at measure-specific web page URL identified in S.1 Attachment MNMCM_Diabetes_Measure_Data_Dictionary_and_Risk_Adj__10-19-2018.xlsx
Level	Health Plan	Clinician : Group/Practice
Setting	Outpatient Services	Outpatient Services
Numerator Statement	Patients whose most recent blood pressure level was <140/90 mm Hg during the measurement year.	<p>The number of patients in the denominator whose diabetes was optimally managed during the measurement period as defined by achieving ALL of the following:</p> <ul style="list-style-type: none"> • The most recent HbA1c in the measurement period has a value less than 8.0 mg/dL • The most recent Blood Pressure in the measurement period has a systolic value of less than 140 mmHg AND a diastolic value of less than 90 mmHg • On a statin medication, unless allowed contraindications or exceptions are present • Patient is not a tobacco user • Patient with ischemic vascular disease (Ischemic Vascular Disease Value Set) is on daily aspirin or anti-platelets, unless allowed contraindications or exceptions are present
Numerator Details	<p>There are two data sources and approaches used for collecting data and reporting the numerator for this measure: Administrative Claims and Medical Record Review.</p> <p>ADMINISTRATIVE CLAIMS</p> <p>Use codes (See code value sets located in question S.2b.) to identify the most recent blood pressure reading taken during an outpatient visit or a nonacute inpatient encounter or remote monitoring event during the measurement year.</p> <p>The patient is numerator compliant if the blood pressure is <140/90 mm Hg. The patient is not compliant if the blood pressure is ≥140/90 mm Hg, if there is no blood pressure reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are</p>	<p>Please note that while the all-or-none composite measure is considered to be the gold standard, reflecting best patient outcomes, the individual components may be measured as well. This is particularly helpful in quality improvement efforts to better understand where opportunities exist in moving the patients toward achieving all of the desired outcomes. Please refer to the additional numerator logic provided for each component and note that all of the denominator criteria apply to the numerator as well, but are not repeated in the numerator codes/ descriptions.</p> <p>HbA1c Date [Date (mm/dd/yyyy)] AND HbA1c Value [Numeric]</p> <p>Numerator component calculation: numerator component compliant is HbA1c during the last 12 months (measurement year) AND most recent HbA1c value is less than 8.0.</p> <p>Enter the date of the most recent HbA1c test during the measurement period.</p>

	0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	0729: Optimal Diabetes Care
	<p>multiple blood pressure readings on the same date of service, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure.</p> <p>Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels.</p> <p>VALUE SET / NUMERATOR COMPLIANCE</p> <p>Systolic Less Than 140 Value Set / Systolic compliant</p> <p>Systolic Greater Than or Equal to 140 Value Set / Systolic noncompliant</p> <p>Diastolic Less Than 80 Value Set / Diastolic compliant</p> <p>Diastolic 80-89 Value Set / Diastolic compliant</p> <p>Diastolic Greater Than or Equal to 90 Value Set / Diastolic not compliant</p> <p>See attached code value sets.</p> <p>MEDICAL RECORD REVIEW</p> <p>The most recent BP level (taken during the measurement year) is <140/90 mm Hg, as documented through administrative data or medical record review.</p> <p>The organization should use the medical record from which it abstracts data for the other measures in the Comprehensive Diabetes Care set. If the organization does not abstract for other measures, it should use the medical record of the provider that manages the patient's diabetes. If that medical record does not contain a BP, the organization may use the medical record of another PCP or specialist from whom the patient receives care.</p>	<p>Enter the value of the most recent HbA1c test during the measurement period.</p> <p>Leave BLANK if an HbA1c was never performed.</p> <ul style="list-style-type: none"> A test result from a provider outside of the reporting medical group is allowed if the result is documented in the reporting medical group's patient record and is the most recent test result during the measurement period. If the HbA1c result is too high to calculate, still enter the HbA1c test date if it is the most recent test result during the measurement period. <p>Blood Pressure Date [Date (mm/dd/yyyy)] AND</p> <p>BP Systolic [Numeric] AND</p> <p>BP Diastolic [Numeric]</p> <p>Numerator component calculation: numerator component compliant is BP during the measurement year AND Systolic < 140 AND Diastolic < 90.</p> <p>Enter the date of the most recent blood pressure result during the measurement period.</p> <p>Leave BLANK if a blood pressure was not obtained during the measurement period.</p> <ul style="list-style-type: none"> A test result from a provider outside of the reporting medical group is allowed if the result is documented in the reporting medical group's patient record and is the most recent test result during the measurement period. Do not include BP readings: <ul style="list-style-type: none"> Taken during an acute inpatient stay or an ED visit. Taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed (e.g., sigmoidoscopy, removal of a mole). Obtained the same day as a major diagnostic or surgical procedure (e.g., EKG/ECG, stress test, administration of IV contrast for a radiology procedure, endoscopy). Reported by or taken by the patient. <p>BP Systolic</p> <p>Enter the value of the most recent systolic blood pressure result during the measurement period.</p>

	0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	0729: Optimal Diabetes Care
	<p>Identify the most recent blood pressure reading noted during the measurement year. Do not include blood pressure readings that meet the following criteria:</p> <ul style="list-style-type: none"> -Taken during an acute inpatient stay or an ED visit. -Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests. -Reported by or taken by the patient. <p>Blood pressure readings from remote monitoring devices that are digitally stored and transmitted to the provider may be included. There must be documentation in the medical record that clearly states the reading was taken by an electronic device, and results were digitally stored and transmitted to the provider and interpreted by the provider.</p> <p>Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record. If there are multiple blood pressure readings recorded for a single date, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure. The systolic and diastolic results do not need to be from the same reading when multiple readings are recorded for a single date.</p> <p>The patient is not numerator compliant if the blood pressure does not meet the specified threshold or is missing, or if there is no blood pressure reading during the measurement year or if the reading is incomplete (i.e., the systolic or diastolic level is missing).</p>	<p>If more than one value is recorded on the most recent date, the lowest systolic value from multiple readings on the same date may be submitted.</p> <p>NOTE: The systolic blood pressure is the upper number in the recorded fraction. For example, the systolic value for a blood pressure of 124/72 mmHg is 124.</p> <p>BP Diastolic</p> <p>Enter the value of the most recent diastolic blood pressure result during the measurement period.</p> <p>If more than one value is recorded on the most recent date, the lowest diastolic value from multiple readings on the same date may be submitted.</p> <ul style="list-style-type: none"> NOTE: The diastolic blood pressure is the lower number in the recorded fraction. For example, the diastolic value for a blood pressure of 124/72 mmHg is 72. <p>LDL Date [Date (mm/dd/yyyy)] AND</p> <p>LDL Value [Numeric]</p> <p>Numerator component calculation: Is used for the cholesterol component for statin use; patients with low untreated LDL values may not be appropriate for the initiation of statin medication.</p> <p>Enter the date of the most recent LDL test on or prior to the end of the measurement period.</p> <p>Leave BLANK if an LDL was never performed.</p> <ul style="list-style-type: none"> A test result from a provider outside of the reporting medical group is allowed if the result is documented in the reporting medical group's patient record and is the most recent test result within the allowable time period. If the LDL result is too high to calculate, still enter the LDL test date if it is the most recent test result within the allowable time period. <p>LDL values within the last five years will be used to calculate potential exceptions to being on a statin medication. Leave BLANK if an LDL test was not performed between 01/01/201x and 12/31/201x (five-year increments).</p> <p>Statin Medication [Numeric] AND</p> <p>Statin Medication Date [Date (mm/dd/yyyy)] AND/OR</p> <p>Station Medication Exception [Numeric] AND</p> <p>Station Medication Exception Date [Date (mm/dd/yyyy)]</p>

	0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	0729: Optimal Diabetes Care
		<p>Numerator component calculation: numerator component compliant if on a statin (prescribed/ ordered) or low LDL value (see above) or documented contraindication/exception is present.</p> <p>Statin Medication:</p> <p>Enter the code that corresponds to whether the patient was prescribed a statin medication or if a statin medication was active on the patient's medication list during the measurement period.</p> <p>Please refer to Appendix C for a list of statin medications.</p> <p>1 = Yes, patient was prescribed a statin medication or a statin medication was indicated as active on the patient's medication list during the measurement period.</p> <p>2 = No, patient was not prescribed a statin medication and a statin medication was not indicated as active on the patient's medication list during the measurement period.</p> <p>The following exceptions to statin medication use will be identified by the Data Portal based on the submitted LDL values:</p> <ul style="list-style-type: none"> • Patients with ischemic vascular disease aged 21 to 75 years and an LDL result less than 40 mg/dL • Patients aged 40 – 75 years with an LDL result less than 70 mg/dL • Patients aged 21 – 39 years with an LDL less than 190 mg/dL <p>Statin Medication Date:</p> <p>Enter the most recent date of a statin prescription, order or review of active medications list during the measurement period.</p> <p>If no statin prescribed, ordered, or reviewed as an active medication during the measurement period, leave blank</p> <p>Statin Medication Exception:</p> <p>If the patient was NOT prescribed or did not have a statin medication active on their medication list during the measurement period, enter the value that corresponds to any of the following contraindications or exceptions:</p> <p>1 = Pregnancy at any time during the measurement period</p> <p>2 = Active liver disease (liver failure, cirrhosis, hepatitis)</p> <p>3 = Rhabdomyolysis</p> <p>4 = End stage renal disease on dialysis</p> <p>5 = Heart failure</p>

	0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	0729: Optimal Diabetes Care
		<p>6 = Other provider documented reason: breastfeeding during the measurement period</p> <p>7 = Other provider documented reason: woman of childbearing age not actively taking birth control during the measurement period</p> <p>8 = Other provider documented reason: allergy to statin</p> <p>9 = Drug interaction with a listed medication taken during the measurement period (valid drug-drug interactions include HIV protease inhibitors, nefazodone, cyclosporine, gemfibrozil, and danazol).</p> <p>10 = Other provider documented reason: intolerance (with supporting documentation of trying a statin at least once within the last five years). Additionally, Myopathy and Myositis (CHOL-05) Value Set may be used to document intolerance to statins.</p> <p>If none of the above contraindications or exceptions are documented, leave BLANK. NOTE: Items 1 – 5 above can be defined by diagnosis codes that may be used in data collection. Value Sets include: Pregnancy V/Z Codes (PREG-01), Pregnancy Diagnosis Codes (PREG-02), Liver Disease (CHOL-01), Rhabdomyolysis (CHOL-02), ESRD on Dialysis (CHOL-03), and Heart Failure (CHOL-04)</p> <p>Statin Medication Exception Date:</p> <p>If the patient has a documented contraindication or exception enter the date of the contraindication or exception. If only the month and year are known, enter the first day of the month.</p> <p>Tobacco Status Documentation Date [Date (mm/dd/yyyy)] AND Tobacco Status [Numeric]</p> <p>Numerator component calculation: numerator component compliant if tobacco status within the last two years and status is tobacco-free.</p> <p>Tobacco Status Documentation Date:</p> <p>Enter the most recent date that the patient's tobacco status was documented during the measurement period or year prior.</p> <ul style="list-style-type: none"> • If the patient's tobacco status is not documented or the date of documentation cannot be determined, leave BLANK <p>Tobacco Status:</p> <p>Enter the code that corresponds to the patient's most recent tobacco status during the measurement period or year prior.</p>

	0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	0729: Optimal Diabetes Care
		<p>1 = Tobacco free (patient does not use tobacco; patient was a former user and is not a current user)</p> <p>2 = No documentation</p> <p>3 = Current tobacco user (tobacco includes any amount of cigarettes, cigars, pipes or smokeless tobacco)</p> <ul style="list-style-type: none"> If the date of the tobacco status documentation is not documented in the patient record, enter 2 E-cigarettes are not considered tobacco products. <p>Aspirin or Anti-platelet Medication [Numeric] AND Aspirin or Anti-platelet Date [Date (mm/dd/yyyy)] AND/OR Aspirin or Anti-platelet Exception [Numeric] AND Aspirin or Anti-platelet Exception Date [Date (mm/dd/yyyy)]</p> <p>Numerator component calculation: Calculation applied only if patient has ischemic vascular disease (IVD); if no IVD indicated, is a numerator component “free-pass”. For patients with IVD, numerator component compliant if indicated on daily aspirin or anti-platelet medication (prescribed/ ordered) or documented contraindication/exception is present.</p> <p>Aspirin or Anti-platelet Medication: For patients with Ischemic Vascular Disease (IVD), enter the code that corresponds to whether the patient is prescribed a daily aspirin product or antiplatelet medication or if an aspirin product or anti-platelet medication was active on the patient’s medication list during the measurement period.</p> <p>Please see Appendix D for methods to identify appropriate aspirin products or antiplatelet medications.</p> <p>1 = Yes, patient was prescribed a daily aspirin product or antiplatelet medication, or one was indicated as active on the patient’s medication list during the measurement period.</p> <p>2 = No, patient was not prescribed a daily aspirin product or antiplatelet medication and one was not indicated as active on the patient’s medication list during the measurement period.</p> <p>Aspirin/narcotic combination medications do not qualify as a daily aspirin product.</p> <p>Aspirin or Anti-platelet Date:</p>

	0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	0729: Optimal Diabetes Care
		<p>For patients with IVD, enter the date of the most recent daily aspirin product or anti-platelet medication prescription, order or review of an active medication list that included a daily aspirin product or anti-platelet medication during the measurement period.</p> <p>If a daily aspirin product or anti-platelet medication was not prescribed, ordered or reviewed as an active medication during the measurement period leave blank</p> <p>Aspirin or Anti-platelet Medication Exception:</p> <p>For patients with IVD who were not prescribed or taking a daily aspirin product or anti-platelet medication during the measurement period, enter the code that corresponds to any of the following contraindications or exceptions:</p> <p>1 = Prescribed anti-coagulant medication during the measurement period</p> <p>2 = History of gastrointestinal bleeding</p> <p>3 = History of intracranial bleeding</p> <p>4 = Bleeding disorder</p> <p>5 = Other provider documented reason: allergy to aspirin or anti-platelets</p> <p>6 = Other provider documented reason: use of non-steroidal anti-inflammatory agents</p> <p>7 = Other provider documented reason: documented risk for drug interaction with a medication taken during the measurement period.</p> <p>8 = Other provider documented reason: uncontrolled hypertension (systolic blood pressure greater than 180 mmHg and/or diastolic blood pressure greater than 110 mmHg)</p> <p>9 = Other provider documented reason: gastroesophageal reflux disease (GERD)</p> <p>If none of the above contraindications or exceptions are documented, leave BLANK.</p> <p>NOTE: Items 2 and 3 above can be defined by diagnosis codes that may be used in data collection. Value Sets include: GI Bleed (ASA-01) and Intracranial Bleed (ASA-02).</p> <p>Aspirin or Anti-platelet Medication Exception Date:</p> <p>If the patient has a documented aspirin product or anti-platelet medication exception enter the date of the contraindication or exception.</p>

	0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	0729: Optimal Diabetes Care
Denominator Statement	Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.	Patients ages 18 to 75 with a diagnosis of diabetes (Diabetes Value Set) with any contact during the current or prior measurement period OR had diabetes (Diabetes Value Set) present on an active problem list at any time during the measurement period. Both contacts AND problem list must be queried for diagnosis (Diabetes Value Set). AND patient has at least one established patient office visit (Established Pt Diabetes & Vasc Value Set) performed or supervised by an eligible provider in an eligible specialty for any reason during the measurement period.
Denominator Details	<p>There are two ways to identify patients with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a patient only needs to be identified by one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.</p> <p>CLAIM/ENCOUNTER DATA</p> <p>Patients who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):</p> <ul style="list-style-type: none"> - At least one acute inpatient encounter with a diagnosis of diabetes without telehealth. - At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. To identify an acute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Exclude nonacute inpatient stays. 3. Identify the discharge date for the stay. - At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge: 	<p>Please also refer to all code lists included in the data dictionary attached in S.2b.</p> <ul style="list-style-type: none"> • 18 years or older at the start of the measurement period AND less than 76 years at the end of the measurement period • Patient had a diagnosis of diabetes (Diabetes Value Set) with any contact during the current or prior measurement period OR had diabetes (Diabetes Value Set) present on an active problem list at any time during the measurement period. Both contacts AND the active problem list must be queried for diagnosis (Diabetes Value Set). • At least one established patient office visit (Established Pt Diabetes & Vasc Value Set) performed or supervised by an eligible provider in an eligible specialty for any reason during the measurement period <p>Eligible specialties: Family Medicine, Internal Medicine, Geriatric Medicine, Endocrinology</p> <p>Eligible providers: Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Advanced Practice Registered Nurses (APRN)</p>

	0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	0729: Optimal Diabetes Care
	<p>1. Identify all acute and nonacute inpatient stays.</p> <p>2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.</p> <p>3. Identify the discharge date for the stay.</p> <p>-- Only include nonacute inpatient encounters without telehealth.</p> <p>-- Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient set.</p> <p>See attached code value sets.</p> <p>PHARMACY DATA</p> <p>Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.</p> <p>PRESCRIPTIONS TO IDENTIFY MEMBERS WITH DIABETES DESCRIPTION / PRESCRIPTION</p> <p>Alpha-glucosidase inhibitors / Acarbose, Miglitol</p> <p>Amylin analogs / Pramlintide</p> <p>Antidiabetic combinations / Alogliptin-metformin, Alogliptin-pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Empagliflozin-linagliptin, Empagliflozin-metformin, Glimepiride-pioglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin</p> <p>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</p>	

	0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	0729: Optimal Diabetes Care
	<p>Meglitinides / Nateglinide, Repaglinide</p> <p>Glucagon-like peptide-1 (GLP1) agonists / Dulaglutide, Exenatide, Albiglutide, Liraglutide</p> <p>Sodium glucose cotransporter 2 (SGLT2) inhibitor / Canagliflozin, Dapagliflozin, Empagliflozin</p> <p>Sulfonylureas / Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide</p> <p>Thiazolidinediones / Pioglitazone, Rosiglitazone</p> <p>Dipeptidyl peptidase-4 (DDP-4) inhibitors / Alogliptin, Linagliptin, Saxagliptin, Sitagliptin</p> <p>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.</p>	
Exclusions	<p>This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.</p> <p>Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type 1 or Type II) is found.</p>	Valid allowable exclusions include patients who were a permanent resident of a nursing home, pregnant, died or were in hospice or palliative care during the measurement year.
Exclusion Details	<p>ADMINISTRATIVE CLAIMS</p> <p>Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the service began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.</p> <p>Exclude adults who meet any of the following criteria:</p>	<ul style="list-style-type: none"> • Patient was pregnant during measurement period (ICD-10 O24.011, O24.012, O24.013, O24.019, O24.02, O24.03, O24.111, O24.112, O24.113, O24.119, O24.12, O24.13, O24.311, O24.312, O24.313, O24.319, O24.32, O24.33, O24.811, O24.812, O24.813, O24.819, O24.82, O24.83, O24.911, O24.912, O24.913, O24.919, O24.92, O24.93) • Patient was a permanent nursing home resident during the measurement period • Patient was in hospice or palliative care at any time during the measurement period,

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	<p>- Medicare adults 66 years of age and older as of December 31 of the measurement year who meet either of the following:</p> <ul style="list-style-type: none"> -- Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. -- Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run data of the file to determine if a member had an LTI flag during the measurement year. <p>- Adults 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and with advanced illness. Patients must meet BOTH of the following frailty and advanced illness criteria to be excluded:</p> <ol style="list-style-type: none"> 1. At least one claim/encounter for frailty during the measurement year. 2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years): <ul style="list-style-type: none"> -- At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters nonacute inpatient discharges on different dates of services, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim. 3. Identify the discharge date for the stay. -- At least one acute inpatient encounter with an advanced illness diagnosis. -- At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 	<ul style="list-style-type: none"> • Patient died prior to the end of the measurement period

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	<p>2. Exclude nonacute inpatient stays.</p> <p>3. Identify the discharge date for the stay.</p> <p>-- A dispensed dementia medication</p> <p>DEMENTIA MEDICATIONS</p> <p>DESCRIPTION / PRESCRIPTION</p> <p>Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine</p> <p>Miscellaneous central nervous system agents / Memantine</p> <p>Exclude patients with gestational diabetes or steroid diabetes. Codes associated with identifying these identifying exclusions are attached in a separate file with code value sets.</p> <p>See attached code value sets.</p> <p>MEDICAL RECORD</p> <p>Exclusionary evidence in the medical record must include a note indicating the patient did NOT have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year AND had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.</p>	
Risk Adjustment	No risk adjustment or risk stratification	Statistical risk model
Stratification	No stratification	<p>The diabetes population is not currently stratified when publicly reported on our consumer website, MN HealthScores. The data is, however, stratified by public (MN Health Care Programs- Prepaid Medical Assistance including dual eligibles, MinnesotaCare, and General Assistance Medical Care) and private purchasers for our 2017 Health Care Disparities Report. This report notes a gap in outcomes of fifteen percentage points between diabetic patients in public programs and other purchasers.</p> <p>http://mncm.org/wp-content/uploads/2018/03/2017-Disparities-Report-FINAL-3.26.2018.pdf</p>

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Type Score	Rate/proportion better quality = higher score	Rate/proportion better quality = higher score
Algorithm	<p>STEP 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria.</p> <ul style="list-style-type: none"> - AGES: 18-75 years as of December 31 of the measurement year. - EVENT/DIAGNOSIS: Identify patients with diabetes in two ways: by claim/encounter data and by pharmacy data. SEE S.6 and S.7 for eligible population and denominator criteria and details. <p>STEP 2: Exclude patients who meet the exclusion criteria. SEE S.8 and S.9 for denominator exclusion criteria and details.</p> <p>STEP 3: Determine the number of patients in the eligible population who had a blood pressure reading during the measurement year through the search of administrative data systems or medical record data.</p> <p>STEP 4: Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record.</p> <p>STEP 5. Determine whether the result was <140/90 mm Hg.</p> <p>STEP 6: Calculate the rate by dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).</p>	<p>This measure is calculated by submitting a file of individual patient values (e.g. blood pressure, A1c value, etc.) to a HIPAA secure data portal. Programming within the data portal determines if each patient is a numerator case and then a rate is calculated for each clinic site. Please also refer to the measure calculation algorithms submitted within the data dictionary for this measure.</p> <p>If any component of the numerator is noncompliant for any one of the five components, then the patient is numerator noncompliant for the composite patient level all-or none optimal diabetes care measure.</p> <p>Numerator logic is as follows:</p> <p>A1c Component:</p> <p>Is the HbA1c date in the measurement period? If no, is numerator noncompliant for this component. If yes, assess next variable.</p> <p>Is the HbA1c value less than 8.0? If yes, is numerator compliant for this component. If no, is numerator noncompliant for this component.</p> <p>Note: A1c needs to occur during the measurement year AND most recent value less than 8.0</p> <p>Assess next component.</p> <p>Blood Pressure Component:</p> <p>Is Blood Pressure date in the measurement period? If no, is numerator noncompliant for this component. If yes, assess next variable.</p> <p>BP Systolic < 140? If no, is numerator noncompliant for this component. If yes, assess next variable.</p> <p>BP Diastolic < 90? If yes, is numerator compliant for this component. If no, is numerator noncompliant for this component.</p> <p>Note: BP needs to occur during the measurement year AND most recent BP systolic less than 140 AND BP diastolic less than 90</p> <p>Assess next component.</p> <p>Cholesterol Statin Use Component:</p> <p>Is the patient on a statin medication? If yes, and most recent date is in the measurement year, is numerator compliant for this component. If no, assess next variable.</p>

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		<p>For patients not on a statin the following variables are used to assess numerator compliance related to contraindications or exceptions to statin use:</p> <p>Is the patient age 18 to 20? If yes, numerator compliant (free-pass), if no, assess next variable.</p> <p>Is the patient age 21 to 75? Do they have ischemic vascular disease (IVD)? If Yes IVD, is their most recent LDL in the last five years less than 40? If Yes, numerator compliant (free-pass), if no, assess next variable.</p> <p>Does the patient have a valid contraindication/ exception to statin use defined as one of the following: pregnancy, active liver disease, rhabdomyolysis, ends stage renal disease on dialysis, heart failure, breastfeeding, allergy to statin, drug-drug interaction with statin, or intolerance with documentation of trying a statin at least once in the last 5 years)? If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.</p> <p>If No IVD, is the patient age 21 to 39 and is their most recent LDL in the last 5 years greater than or equal to 190? If No, numerator compliant (free-pass).</p> <p>If Yes LDL greater than or equal to 190, does the patient have a valid contraindication/ exception to statin use defined as one of the following: pregnancy, active liver disease, rhabdomyolysis, ends stage renal disease on dialysis, heart failure, breastfeeding, allergy to statin, drug-drug interaction with statin, or intolerance with documentation of trying a statin at least once in the last 5 years)? If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.</p> <p>If No IVD, no LDL greater than or equal to 190 for patients ages 40 to 70, is their most recent LDL in the last five years less than 70? If Yes, numerator compliant (free-pass), if no, assess next variable.</p> <p>Does the patient have a valid contraindication/ exception to statin use defined as one of the following: pregnancy, active liver disease, rhabdomyolysis, ends stage renal disease on dialysis, heart failure, breastfeeding, allergy to statin, drug-drug interaction with statin, or intolerance with documentation of trying a statin at least once in the last 5 years)? If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.</p>

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		<p>Note: Patient is either on a statin (prescribed/ ordered) during the measurement year or has a valid exception either by age, presence or absence of ischemic vascular disease, low untreated LDL or valid contraindication/ exception.</p> <p>Assess next component.</p> <p>Tobacco-Free Component:</p> <p>Is Tobacco Status = 1 (Tobacco Free) and Tobacco Assessment Date a valid date? If yes, is numerator compliant for this component. If no, is numerator noncompliant for this component. Assess next component.</p> <p>Daily Aspirin/ Anti-platelet Component:</p> <p>Does the patient have cardiovascular/ ischemic vascular disease? If no, is numerator compliant (free-pass), if yes assess next variable.</p> <p>Is the patient on daily aspirin or an antiplatelet? If yes, and date of most recent aspirin/ anti-platelet is in the measurement year is numerator compliant, if no, assess next variable.</p> <p>Does the patient have a valid contraindication/ exception to aspirin anti-platelet use defined as one of the following: anti-coagulant medication, history of gastrointestinal bleed, history of intracranial bleed, allergy, or physician documented reasons related to: risk of drug interaction, use of NSAIDS, uncontrolled HTN or gastro-intestinal reflux disease. If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.</p> <p>Note: Patients with ischemic vascular disease are either on daily aspirin (indicated/ prescribed/ ordered) or an anti-platelet prescribed/ ordered) during the measurement year or has a valid contraindication/ exception.</p> <p>If all of the above numerator components are in compliance, then the patient calculated as a numerator case for the optimal diabetes care measure.</p>
Submission items	<p>5.1 Identified measures:</p> <p>5a.1 Are specs completely harmonized? Yes</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact: Measure 0061 is NQF endorsed as a single measure that uses health plan reported data to</p>	<p>5.1 Identified measures: 0061 : Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)</p> <p>0545 : Adherence to Statins for Individuals with Diabetes Mellitus</p> <p>0575 : Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)</p> <p>2712 : Statin Use in Persons with Diabetes</p>

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	<p>assess the percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level is <140/90 mm Hg. Measure 0729 is a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult diabetes patients who have optimally managed modifiable risk factors including blood pressure and four other indicators. NCQA's measure 0061 is included with five other NCQA diabetes measures. The five other diabetes measures are individually NQF endorsed (Endocrine Maintenance Phase 1). Together, the six NCQA individual diabetes measures (including measure 0061) make a set of diabetes HEDIS measures but are not considered all or nothing. NCQA uses individual measures to provide health plans and others the opportunity to measure, report and incentivize each aspect of quality care for the diabetes population. HARMONIZED MEASURE ELEMENTS: Measures 0061 and 0729 both focus on an adult patient population 18-75 years of age with diabetes (type 1 and type 2). Both measures assess whether the patient's most recent blood pressure level in the measurement period was <140/90 mm Hg. Both measures also specify denominator visit criteria to include patients with at least two outpatient visits in the last two years with a diagnosis of diabetes. UNHARMONIZED MEASURE ELEMENTS: - Data Source: Measure 0061 is collected through administrative claims and/or medical record. Measure 0729 is collected through medical record abstraction. - Level of Accountability: Measure 0061 is a health plan level measure and is used in NCQA's clinical quality and recognition programs (See 4.1 Usability and Use). Measure 0729 is a physician level measure. - Data Elements: Measure 0061 uses two methods to identify patients in the denominator 1) claims/encounter data with a diagnosis of diabetes and 2) pharmacy data for insulin or hypoglycemic/antihyperglycemics (see S.7 Denominator</p>	<p>5a.1 Are specs completely harmonized? No</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact: Denominator differences due to data source, different composite measure construct and philosophical beliefs of our measure development work group. Please see 5b.1.</p> <p>5b.1 If competing, why superior or rationale for additive value: 2 measures are part of a composite measure that is stewarded by NCQA.</p> <p># 0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)</p> <p># 0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)</p> <p>NCQA's composite is a different measure construct; it is calculated at the physician panel level (what percentage of my patients have an A1c < 8.0, what percentage had BP < 140/90) but is not a patient level composite. MNMCM believes that its patient level all-or-none composite is superior, patient-centric (not provider centric) and individual patients achieving as many health targets as possible only increases their likelihood of reducing long term microvascular and macrovascular complication of diabetes. These two measure's numerators are harmonized.</p> <p>We have philosophical differences in the denominator definitions and this is due in part to the data source. NCQA uses claims data to identify diabetic patients, MNMCM used EMR based data. NCQA's methodology looks for diabetes diagnosis codes but additionally will include patients on oral medications and insulin who do not have the diagnosis. We also believe that is important to exclude diabetic women who are currently pregnant during the measurement year, related to cholesterol management. NCQA's denominator value sets intentionally include these patients.</p> <p>This measure is related (but not exactly the same)</p> <p>0545: Adherence to Statins for Individuals with Diabetes Mellitus (CMS)</p> <p>Uses the same denominator definition as the NCQA composite. From information available in QPS, it does not appear that there are exceptions to this measure related to liver disease, rhabdomyolysis, pregnancy, etc. This is different from our planned cholesterol component for statin use.</p>

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	<p>Details). Measure 0729 uses encounter data with a diagnosis for diabetes to identify patients in the denominator. NCQA uses two identification methods to ensure that only patients with diagnosed diabetes are included in the denominator. - Exclusions: Exclusions for measures 0061 and 0729 are substantially aligned with some variation due to differences in health plan and clinician level reporting. IMPACT ON INTERPRETABILITY AND DATA COLLECTION BURDEN: The differences between these measures do not have an impact on interpretability of publicly reported rates. There is no added burden of data collection because the data for each measure is collected from different data sources by different entities.</p> <p>5b.1 If competing, why superior or rationale for additive value: N/A</p>	<p>We believe our cholesterol component is superior in that it takes into account patient safety.</p> <p>This measure is related (but not exactly the same)</p> <p>2712: Statin Use in Persons with Diabetes (PQA)</p> <p>This measure uses a different data source; pharmacy claims. Because the data source relies on filled prescriptions, the only way to identify the denominator is if the patient is on a diabetes drug, which does not encompass all diabetic patients that should be on a statin. Exclusions for this measure do not take into account the exceptions and contraindications for use of statins. We believe our cholesterol component is superior.</p>

Comparison of NQF #0061 and NQF #2602

	0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602: Controlling High Blood Pressure for People with Serious Mental Illness
Steward	National Committee for Quality Assurance	National Committee for Quality Assurance
Description	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level taken during the measurement year is <140/90 mm Hg.	<p>The percentage of patients 18-85 years of age with serious mental illness who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled during the measurement year.</p> <p>Note: This measure is adapted from an existing health plan measure used in a variety of reporting programs for the general population (NQF #0018: Controlling High Blood Pressure). It was originally endorsed in 2009 and is owned and stewarded by NCQA. The specifications for the existing measure (Controlling High Blood Pressure NQF #0018) have been updated based on 2013 JNC-8 guideline. NCQA will submit the revised specification for Controlling High Blood Pressure NQF #0018 in the 4th quarter 2014 during NQF's scheduled measure update period. This measure uses the new specification to be consistent with the current guideline.</p>

	0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602: Controlling High Blood Pressure for People with Serious Mental Illness
Type	Outcome: Intermediate Clinical Outcome	Outcome
Data Source	<p>Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from health plans via NCQA's online data submission system.</p> <p>No data collection instrument provided Attachment 0061_CDC_BP_Control_Value_Sets_Fall_2019-637088223907626862.xlsx</p>	<p>Claims, Electronic Health Records, Paper Medical Records The denominator for this measure is based on administrative claims and medical record documentation (this is used to confirm the diagnosis of hypertension identified in claims/encounter data). The numerator for this measure is based on medical record documentation collected in the course of providing care to health plan patients.</p> <p>No data collection instrument provided Attachment 2602_CBP_for_People_With_Mental_Illness_Value_Set-636583543692086216.xlsx</p>
Level	Health Plan	Health Plan
Setting	Outpatient Services	Outpatient Services
Numerator Statement	Patients whose most recent blood pressure level was <140/90 mm Hg during the measurement year.	<p>Patients whose most recent blood pressure (BP) is adequately controlled during the measurement year (after the diagnosis of hypertension) based on the following criteria:</p> <ul style="list-style-type: none"> -Patients 18-59 years of age as of December 31 of the measurement year whose BP was <140/90 mm Hg. -Patients 60-85 years of age as of December 31 of the measurement year and flagged with a diagnosis of diabetes whose BP was <140/90 mm Hg. -Patients 60-85 years of age as of December 31 of the measurement year and flagged as not having a diagnosis of diabetes whose BP was <150/90 mm Hg.
Numerator Details	<p>There are two data sources and approaches used for collecting data and reporting the numerator for this measure: Administrative Claims and Medical Record Review.</p> <p>ADMINISTRATIVE CLAIMS</p> <p>Use codes (See code value sets located in question S.2b.) to identify the most recent blood pressure reading taken during an outpatient visit or a nonacute inpatient encounter or remote monitoring event during the measurement year.</p>	<p>The number of patients whose most recent blood pressure (BP) is adequately controlled during the measurement year, but after the diagnosis of hypertension (See Essential Hypertension Value Set). For an individual's BP to be adequately controlled, both the systolic and diastolic BP must -85meet the following criteria:</p> <ul style="list-style-type: none"> - Patients 18-59 years of age as of December 31 of the measurement year whose BP was <140/90 mm Hg. - Patients 60-85 years of age as of December 31 of the measurement year and flagged with a diagnosis of diabetes whose BP was <140/90 mm Hg.

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	<p>The patient is numerator compliant if the blood pressure is <140/90 mm Hg. The patient is not compliant if the blood pressure is =140/90 mm Hg, if there is no blood pressure reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are multiple blood pressure readings on the same date of service, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure.</p> <p>Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels.</p> <p>VALUE SET / NUMERATOR COMPLIANCE</p> <p>Systolic Less Than 140 Value Set / Systolic compliant</p> <p>Systolic Greater Than or Equal to 140 Value Set / Systolic noncompliant</p> <p>Diastolic Less Than 80 Value Set / Diastolic compliant</p> <p>Diastolic 80-89 Value Set / Diastolic compliant</p> <p>Diastolic Greater Than or Equal to 90 Value Set / Diastolic not compliant</p> <p>See attached code value sets.</p> <p>MEDICAL RECORD REVIEW</p> <p>The most recent BP level (taken during the measurement year) is <140/90 mm Hg, as documented through administrative data or medical record review.</p> <p>The organization should use the medical record from which it abstracts data for the other measures in the Comprehensive Diabetes Care set. If the organization does not abstract for other measures, it should use the medical record of the provider that manages the patient's diabetes. If that medical record does not</p>	<p>- Patients 60-85 years of age as of December 31 of the measurement year and flagged as not having a diagnosis of diabetes whose BP was <150/90 mm Hg.</p> <p>To determine if an individual's BP is adequately controlled, the representative BP (i.e., the most recent BP reading during the measurement year but after the diagnosis of hypertension was made) must be identified.</p> <p>Note: Only the medical records of one practitioner or provider team should be used for both the confirmation of the diagnosis of hypertension and the representative BP. All eligible BP measurements recorded in the records from one practitioner or provider team (even if obtained by a different practitioner) should be considered (e.g., from a consultation note or other note relating to a BP reading from a health care practitioner or provider team). If an organization cannot find the medical record, the patient remains in the measure denominator and is considered noncompliant for the numerator.</p> <p>The numerator should be calculated using the following steps:</p> <p>Step 1: Identify the patient's Primary Care Provider (PCP).</p> <p>-If the patient had more than one PCP for the time period, identify the PCP who most recently provided care to the patient.</p> <p>-If the patient did not visit a PCP for the time period or does not have a PCP, identify the practitioner who most recently provided care to the patient.</p> <p>-If a practitioner other than the patient's PCP manages the hypertension, the organization may use the medical record of that practitioner.</p> <p>Step 2: Identify the representative BP level, defined as the most recent BP reading during the measurement year.</p> <p>-The reading must occur after the date when the diagnosis of hypertension was made or confirmed.</p> <p>-If multiple BP measurements occur on the same date, or are noted in the chart on the same date, the lowest systolic and lowest diastolic BP reading should be used. The systolic and diastolic results do not need to be from the same reading</p> <p>-If no BP is recorded during the measurement year, assume that the individual is "not controlled."</p> <p>-Do not include BP readings that meet the following criteria:</p>

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	<p>contain a BP, the organization may use the medical record of another PCP or specialist from whom the patient receives care.</p> <p>Identify the most recent blood pressure reading noted during the measurement year. Do not include blood pressure readings that meet the following criteria:</p> <ul style="list-style-type: none"> -Taken during an acute inpatient stay or an ED visit. -Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests. -Reported by or taken by the patient. <p>Blood pressure readings from remote monitoring devices that are digitally stored and transmitted to the provider may be included. There must be documentation in the medical record that clearly states the reading was taken by an electronic device, and results were digitally stored and transmitted to the provider and interpreted by the provider.</p> <p>Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record. If there are multiple blood pressure readings recorded for a single date, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure. The systolic and diastolic results do not need to be from the same reading when multiple readings are recorded for a single date.</p> <p>The patient is not numerator compliant if the blood pressure does not meet the specified threshold or is missing, or if there is no blood pressure reading during the measurement year or if the reading is incomplete (i.e., the systolic or diastolic level is missing).</p>	<ul style="list-style-type: none"> - Taken during an acute inpatient stay or an ED visit - Taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed (e.g., sigmoidoscopy, removal of a mole) - Obtained the same day as a major diagnostic or surgical procedure (e.g., stress test, administration of IV contrast for a radiology procedure, endoscopy) - Reported by or taken by the patient

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Denominator Statement	Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.	All patients 18-85 years of age as of December 31 of the measurement year with at least one acute inpatient visit or two outpatient visits for schizophrenia or bipolar I disorder, or at least one inpatient visit for major depression during the measurement year AND a diagnosis of hypertension on or before June 30th of the measurement year.
Denominator Details	<p>There are two ways to identify patients with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a patient only needs to be identified by one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.</p> <p>CLAIM/ENCOUNTER DATA</p> <p>Patients who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):</p> <ul style="list-style-type: none"> - At least one acute inpatient encounter with a diagnosis of diabetes without telehealth. - At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. To identify an acute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Exclude nonacute inpatient stays. 3. Identify the discharge date for the stay. - At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim. 	<p>Age: 18-85 years as of December 31 of the measurement year</p> <p>Benefit: Medical</p> <p>Continuous Enrollment: No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the individual may not have more than a 1-month gap in coverage (i.e., an individual whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).</p> <p>Identify Serious Mental Illness:</p> <p>Identify patients with a serious mental illness. They must meet at least one of the following criteria during the measurement year or the year prior:</p> <p>At least one acute inpatient claim/encounter with any diagnosis of schizophrenia, bipolar I disorder, or major depression using any of the following code combinations:</p> <ul style="list-style-type: none"> - BH Stand Alone Acute Inpatient Value Set with one of the following diagnoses: <ul style="list-style-type: none"> - Schizophrenia Value Set - Bipolar Disorder Value Set - Major Depression Value Set - BH Acute Inpatient Value Set with BH Acute Inpatient POS Value Set and one of the following diagnoses: <ul style="list-style-type: none"> - Schizophrenia Value Set - Bipolar Disorder Value Set - Major Depression Value Set <p>At least two visits in an outpatient, intensive outpatient, partial hospitalization, ED or non-acute inpatient setting, on different dates of service, with any diagnosis of schizophrenia or bipolar I disorder. Any two of the following code combinations meet criteria:</p> <ul style="list-style-type: none"> - BH Stand Alone Outpatient/PH/IOP Value Set with one of the following diagnoses:

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	<p>3. Identify the discharge date for the stay.</p> <p>-- Only include nonacute inpatient encounters without telehealth.</p> <p>-- Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient set.</p> <p>See attached code value sets.</p> <p>PHARMACY DATA</p> <p>Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.</p> <p>PRESCRIPTIONS TO IDENTIFY MEMBERS WITH DIABETES</p> <p>DESCRIPTION / PRESCRIPTION</p> <p>Alpha-glucosidase inhibitors / Acarbose, Miglitol</p> <p>Amylin analogs / Pramlintide</p> <p>Antidiabetic combinations / Alogliptin-metformin, Alogliptin-pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Empagliflozin-linagliptin, Empagliflozin-metformin, Glimepiride-pioglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin</p> <p>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</p> <p>Meglitinides / Nateglinide, Repaglinide</p> <p>Glucagon-like peptide-1 (GLP1) agonists / Dulaglutide, Exenatide, Albiglutide, Liraglutide</p>	<ul style="list-style-type: none"> - Schizophrenia Value Set - Bipolar Disorder Value Set - BH Outpatient/PH/IOP Value Set with BH Outpatient/PH/IOP POS Value Set and one of the following diagnoses: <ul style="list-style-type: none"> - Schizophrenia Value Set - Bipolar Disorder Value Set - ED Value Set with one of the following diagnoses: <ul style="list-style-type: none"> - Schizophrenia Value Set - Bipolar Disorder Value Set - BH ED Value Set with BH ED POS Value Set and one of the following diagnoses: <ul style="list-style-type: none"> - Schizophrenia Value Set - Bipolar Disorder Value Set - BH Stand Alone Nonacute Inpatient Value Set with one of the following diagnoses: <ul style="list-style-type: none"> - Schizophrenia Value Set - Bipolar Disorder Value Set - BH Nonacute Inpatient Value Set with BH Nonacute Inpatient POS Value Set and one of the following diagnoses: <ul style="list-style-type: none"> - Schizophrenia Value Set - Bipolar Disorder Value Set <p>Identify Hypertension:</p> <p>A diagnosis of hypertension is identified if there is at least one outpatient visit (Outpatient CPT Value Set) with a diagnosis of hypertension (Essential Hypertension Value Set) during the first six months of the measurement year and confirmed with a notation of one of the following in the medical record on or before June 30 of the measurement year:</p> <p>Hypertension</p> <p>Intermittent HTN</p> <p>HTN</p> <p>History of HTN</p> <p>High BP</p> <p>Hypertensive vascular disease (HVD)</p> <p>Hyperpiesia</p>

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	<p>Sodium glucose cotransporter 2 (SGLT2) inhibitor / Canagliflozin, Dapagliflozin, Empagliflozin</p> <p>Sulfonylureas / Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide</p> <p>Thiazolidinediones / Pioglitazone, Rosiglitazone</p> <p>Dipeptidyl peptidase-4 (DDP-4) inhibitors / Alogliptin, Linagliptin, Saxagliptin, Sitagliptin</p> <p>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.</p>	<p>Hyperpiesis</p> <p>Borderline HTN</p> <p>Intermittent HTN</p> <p>The notation of hypertension may appear on or before June 30 of the measurement year, including prior to the measurement year. It does not matter if hypertension was treated or is currently being treated. The notation indicating a diagnosis of hypertension may be recorded in any of the following documents:</p> <p>Problem list (this may include a diagnosis prior to June 30 of the measurement year or an undated diagnosis; see Note at the end of this section)</p> <p>Office note</p> <p>Subjective, Objective, Assessment, Plan (SOAP) note</p> <p>Encounter form</p> <p>Telephone call record</p> <p>Diagnostic report</p> <p>Hospital discharge summary</p> <p>Statements such as “rule out HTN,” “possible HTN,” “white-coat HTN,” “questionable HTN” and “consistent with HTN” are not sufficient to confirm the diagnosis if such statements are the only notations of hypertension in the medical record.</p> <p>If an organization cannot find the medical record, the patient remains in the measure denominator and is considered noncompliant for the numerator.</p> <p>Flag to identify diabetes:</p> <p>After the denominator is identified, assign each patient a flag to identify if the patient does or does not have diabetes as identified by claims/encounter and pharmacy data (see description below). The flag is used to determine the appropriate BP threshold to use during numerator assessment.</p> <p>Assign a flag of diabetic to patients who were identified as diabetic using claims/encounter and pharmacy data. The organization must use both methods to identify patients with diabetes, but a patient only needs to be identified by one method.</p> <p>Claim/encounter data:</p>

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		<p>-At least two outpatient visits (see Outpatient Value Set), observation visits (see Observation Value Set), ED visits (ED Value Set) or nonacute inpatient encounters (see Nonacute Inpatient Value Set) on different dates of service, with a diagnosis of diabetes (see Diabetes Value Set). Visit type need not be the same for the two visits.</p> <p>-At least one acute inpatient encounter (see Acute Inpatient Value Set) with a diagnosis of diabetes (see Diabetes Value Set).</p> <p>Pharmacy data:</p> <p>-Patients who were dispensed insulin or hypoglycemics/ antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year (see Table 1).</p> <p>TABLE 1. PRESCRIPTIONS TO IDENTIFY PATIENTS WITH DIABETES</p> <p>Alpha-glucosidase inhibitors:</p> <p>Acarbose, Miglitol</p> <p>Amylin analogs:</p> <p>Pramlintide</p> <p>Antidiabetic combinations:</p> <p>Glimepiride-pioglitazone, Glimepiride-rosiglitazone, Glipizide-metformin, Glyburide-metformin, Metformin-pioglitazone, Metformin-rosiglitazone, Metformin-sitagliptin, Saxagliptin, Sitagliptin-simvastatin</p> <p>Insulin:</p> <p>Insulin aspart, Insulin aspart-insulin aspart protamine, Insulin detemir, Insulin glargine, Insulin glulisine, Insulin inhalation, Insulin isophane beef-pork, Insulin isophane human, Insulin isophane-insulin regular, Insulin lispro, Insulin lispro-insulin lispro protamine, Insulin regular human, Insulin zinc human</p> <p>Meglitinides:</p> <p>Nateglinide, Repaglinide</p> <p>Miscellaneous antidiabetic agents:</p> <p>Exenatide, Liraglutide, Metformin-repaglinide, Sitagliptin</p> <p>Sulfonylureas:</p> <p>Acetohexamide, Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide</p> <p>Thiazolidinediones:</p>

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		<p>Pioglitazone, Rosiglitazone</p> <p>Assign a flag of not diabetic to patients who do not have a diagnosis of diabetes during the measurement year or year prior to the measurement year and who meet either of the following criteria:</p> <ul style="list-style-type: none"> - A diagnosis of polycystic ovaries (Polycystic Ovaries Value Set), in any setting, any time during the patient's history through December 31 of the measurement year. - A diagnosis of gestational diabetes or steroid-induced diabetes (Diabetes Exclusions Value Set), in any setting, during the measurement year or the year prior to the measurement year.
Exclusions	<p>This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings. Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type 1 or Type II) is found.</p>	<p>All patients who meet one or more of the following criteria should be excluded from the measure:</p> <ul style="list-style-type: none"> - Evidence of end-stage renal disease (ESRD) or kidney transplant - A diagnosis of pregnancy
Exclusion Details	<p>ADMINISTRATIVE CLAIMS</p> <p>Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the service began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.</p> <p>Exclude adults who meet any of the following criteria:</p> <ul style="list-style-type: none"> - Medicare adults 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> -- Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. 	<p>All patients who meet one or more of the following criteria may be excluded from the measure:</p> <ul style="list-style-type: none"> - All patients with evidence of end-stage renal disease (ESRD) (see ESRD Value Set; ESRD Obsolete Value Set) or kidney transplant (see Kidney Transplant Value Set) on or prior to December 31 of the measurement year. Documentation in the medical record must include a dated note indicating evidence of ESRD, kidney transplant or dialysis. - All patients with a diagnosis of pregnancy (see Pregnancy Value Set) during the measurement year.

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	<p>-- Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run data of the file to determine if a member had an LTI flag during the measurement year.</p> <p>- Adults 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and with advanced illness. Patients must meet BOTH of the following frailty and advanced illness criteria to be excluded:</p> <ol style="list-style-type: none"> 1. At least one claim/encounter for frailty during the measurement year. 2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years): <ul style="list-style-type: none"> -- At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters nonacute inpatient discharges on different dates of services, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim. 3. Identify the discharge date for the stay. -- At least one acute inpatient encounter with an advanced illness diagnosis. -- At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Exclude nonacute inpatient stays. 3. Identify the discharge date for the stay. <p>-- A dispensed dementia medication DEMENTIA MEDICATIONS</p>	

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	<p>DESCRIPTION / PRESCRIPTION</p> <p>Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine</p> <p>Miscellaneous central nervous system agents / Memantine</p> <p>Exclude patients with gestational diabetes or steroid diabetes. Codes associated with identifying these identifying exclusions are attached in a separate file with code value sets.</p> <p>See attached code value sets.</p> <p>MEDICAL RECORD</p> <p>Exclusionary evidence in the medical record must include a note indicating the patient did NOT have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year AND had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.</p>	
Risk Adjustment	No risk adjustment or risk stratification	No risk adjustment or risk stratification
Stratification	No stratification	Not applicable.
Type Score	Rate/proportion better quality = higher score	Rate/proportion better quality = higher score
Algorithm	<p>STEP 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria.</p> <ul style="list-style-type: none"> - AGES: 18-75 years as of December 31 of the measurement year. - EVENT/DIAGNOSIS: Identify patients with diabetes in two ways: by claim/encounter data and by pharmacy data. SEE S.6 and S.7 for eligible population and denominator criteria and details. <p>STEP 2: Exclude patients who meet the exclusion criteria. SEE S.8 and S.9 for denominator exclusion criteria and details.</p>	<p>Step 1: Identify patients with serious mental illness (schizophrenia, bipolar I disorder, and major depression).</p> <p>Step 2: Identify patients from step 1 who also have a diagnosis of hypertension in claims and confirmed the hypertension diagnosis in medical records.</p> <p>Step 3: Exclude patients who meet the exclusion criteria as specified in the “Denominator Exclusion Details” section. This is the denominator.</p> <p>Step 4: Of those in the denominator, identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record.</p>

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	<p>STEP 3: Determine the number of patients in the eligible population who had a blood pressure reading during the measurement year through the search of administrative data systems or medical record data.</p> <p>STEP 4: Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record.</p> <p>STEP 5. Determine whether the result was <140/90 mm Hg.</p> <p>STEP 6: Calculate the rate by dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).</p>	<p>Step 5: Calculate the rate by dividing the number of patients whose most recent blood pressure is adequately controlled by the denominator (after exclusions).</p>
Submission items	<p>5.1 Identified measures:</p> <p>5a.1 Are specs completely harmonized? Yes</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact: Measure 0061 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level is <140/90 mm Hg. Measure 0729 is a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult diabetes patients who have optimally managed modifiable risk factors including blood pressure and four other indicators. NCQA's measure 0061 is included with five other NCQA diabetes measures. The five other diabetes measures are individually NQF endorsed (Endocrine Maintenance Phase 1). Together, the six NCQA individual diabetes measures (including measure 0061) make a set of diabetes HEDIS measures but are not considered all or nothing. NCQA uses individual measures to provide health plans and others the opportunity to measure, report and incentivize each aspect of quality care for the diabetes population. HARMONIZED MEASURE ELEMENTS: Measures 0061</p>	<p>5.1 Identified measures: 0018 : Controlling High Blood Pressure</p> <p>5a.1 Are specs completely harmonized? Yes</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact: This measure was adapted from the existing measure (Controlling High Blood Pressure NQF #0018) for the subpopulation of people with serious mental illness who have a higher risk of disease and for whom there is evidence of disparity in treatment compared to the general population. The numerator of this measure is consistent with the measure used for the general population while the denominator has been adapted to facilitate an adequate number of individuals with serious mental illness. NCQA is the owner and steward of the existing NQF-endorsed measure and the specifications are harmonized. Building on this existing measure helps to reduce the burden of implementation for organizations and to align incentives for providers and organizations to focus on key quality of care issues. Note: The specifications for the existing measure (Controlling High Blood Pressure NQF #0018) have been updated based on 2013 JNC-8 guidelines. NCQA will submit the revised specification for Controlling High Blood Pressure NQF #0018 in the 4th quarter 2014 during NQF's scheduled measure update period. This measure uses the new specification to be consistent with the current guideline.</p> <p>5b.1 If competing, why superior or rationale for additive value: Not applicable.</p>

	0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602: Controlling High Blood Pressure for People with Serious Mental Illness
	<p>and 0729 both focus on an adult patient population 18-75 years of age with diabetes (type 1 and type 2). Both measures assess whether the patient's most recent blood pressure level in the measurement period was <140/90 mm Hg. Both measures also specify denominator visit criteria to include patients with at least two outpatient visits in the last two years with a diagnosis of diabetes. UNHARMONIZED MEASURE ELEMENTS: - Data Source: Measure 0061 is collected through administrative claims and/or medical record. Measure 0729 is collected through medical record abstraction. - Level of Accountability: Measure 0061 is a health plan level measure and is used in NCQA's clinical quality and recognition programs (See 4.1 Usability and Use). Measure 0729 is a physician level measure. - Data Elements: Measure 0061 uses two methods to identify patients in the denominator 1) claims/encounter data with a diagnosis of diabetes and 2) pharmacy data for insulin or hypoglycemic/antihyperglycemics (see S.7 Denominator Details). Measure 0729 uses encounter data with a diagnosis for diabetes to identify patients in the denominator. NCQA uses two identification methods to ensure that only patients with diagnosed diabetes are included in the denominator. - Exclusions: Exclusions for measures 0061 and 0729 are substantially aligned with some variation due to differences in health plan and clinician level reporting. IMPACT ON INTERPRETABILITY AND DATA COLLECTION BURDEN: The differences between these measures do not have an impact on interpretability of publicly reported rates. There is no added burden of data collection because the data for each measure is collected from different data sources by different entities.</p> <p>5b.1 If competing, why superior or rationale for additive value: N/A</p>	

Comparison of NQF #0061 and NQF #2606

	0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)
Steward	National Committee for Quality Assurance	National Committee for Quality Assurance
Description	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level taken during the measurement year is <140/90 mm Hg.	The percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent blood pressure (BP) reading during the measurement year is <140/90 mm Hg. Note: This measure is adapted from an existing health plan measure used in a variety of reporting programs for the general population (NQF #0061: Comprehensive Diabetes Care: Blood Pressure Control <140/90 mm Hg) which is endorsed by NQF and is stewarded by NCQA.
Type	Outcome: Intermediate Clinical Outcome	Outcome
Data Source	Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from health plans via NCQA's online data submission system. No data collection instrument provided Attachment 0061_CDC_BP_Control_Value_Sets_Fall_2019-637088223907626862.xlsx	Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records The denominator for this measure is based on claim/encounter and pharmacy data. The numerator for this measure is based on medical record documentation collected in the course of providing care to health plan patients. No data collection instrument provided Attachment 2606_BP_Control_for_People_With_Mental_Illness_Value_Sets-636583537864052580.xlsx
Level	Health Plan	Health Plan
Setting	Outpatient Services	Outpatient Services
Numerator Statement	Patients whose most recent blood pressure level was <140/90 mm Hg during the measurement year.	Patients whose most recent BP reading is less than 140/90 mm Hg during the measurement year. This intermediate outcome is a result of blood pressure control (<140/90 mm Hg). Blood pressure control reduce the risk of cardiovascular diseases. There is no need for risk adjustment for this intermediate outcome measure.
Numerator Details	There are two data sources and approaches used for collecting data and reporting the numerator for this	ADMINISTRATIVE: Use automated data to identify the most recent BP reading taken during an outpatient visit (see Outpatient Visit Value Set) or a nonacute inpatient

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	<p>measure: Administrative Claims and Medical Record Review.</p> <p>ADMINISTRATIVE CLAIMS</p> <p>Use codes (See code value sets located in question S.2b.) to identify the most recent blood pressure reading taken during an outpatient visit or a nonacute inpatient encounter or remote monitoring event during the measurement year.</p> <p>The patient is numerator compliant if the blood pressure is <140/90 mm Hg. The patient is not compliant if the blood pressure is =140/90 mm Hg, if there is no blood pressure reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are multiple blood pressure readings on the same date of service, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure.</p> <p>Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels.</p> <p>VALUE SET / NUMERATOR COMPLIANCE</p> <p>Systolic Less Than 140 Value Set / Systolic compliant</p> <p>Systolic Greater Than or Equal to 140 Value Set / Systolic noncompliant</p> <p>Diastolic Less Than 80 Value Set / Diastolic compliant</p> <p>Diastolic 80-89 Value Set / Diastolic compliant</p> <p>Diastolic Greater Than or Equal to 90 Value Set / Diastolic not compliant</p> <p>See attached code value sets.</p> <p>MEDICAL RECORD REVIEW</p>	<p>encounter (Nonacute Inpatient Value Set) during the measurement year. The patient is numerator compliant if the BP is <140/90 mm Hg. The patient is not compliant if the BP is =140/90 mm Hg, if there is no BP reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP. Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels.</p> <p>VALUE SET / NUMERATOR COMPLIANCE</p> <p>Systolic Less Than 140 Value Set / Systolic compliant</p> <p>Systolic Greater Than/Equal To 140 Value Set / Systolic not compliant</p> <p>Diastolic Less Than 80 Value Set / Diastolic compliant</p> <p>Diastolic 80–89 Value Set / Diastolic compliant</p> <p>Diastolic Greater Than/Equal To 90 Value Set / Diastolic not compliant</p> <p>MEDICAL RECORD:</p> <p>The organization should use the medical record from which it abstracts data for the other diabetes care indicators such as HbA1c test. If the organization does not abstract for other indicators, it should use the medical record of the provider that manages the patient's diabetes. If that medical record does not contain a BP, the organization may use the medical record of another PCP or specialist from whom the patient receives care.</p> <p>To determine if BP is adequately controlled, the organization must identify the representative BP following the steps below.</p> <p>Identify the most recent BP reading noted during the measurement year. Do not include BP readings that meet the following criteria:</p> <ul style="list-style-type: none"> -Taken during an acute inpatient stay or an ED visit. -Taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed (e.g., sigmoidoscopy, removal of a mole). -Obtained the same day as a major diagnostic or surgical procedure (e.g., stress test, administration of IV contrast for a radiology procedure, endoscopy).

	0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)
	<p>The most recent BP level (taken during the measurement year) is <140/90 mm Hg, as documented through administrative data or medical record review. The organization should use the medical record from which it abstracts data for the other measures in the Comprehensive Diabetes Care set. If the organization does not abstract for other measures, it should use the medical record of the provider that manages the patient's diabetes. If that medical record does not contain a BP, the organization may use the medical record of another PCP or specialist from whom the patient receives care.</p> <p>Identify the most recent blood pressure reading noted during the measurement year. Do not include blood pressure readings that meet the following criteria:</p> <ul style="list-style-type: none"> -Taken during an acute inpatient stay or an ED visit. -Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests. -Reported by or taken by the patient. <p>Blood pressure readings from remote monitoring devices that are digitally stored and transmitted to the provider may be included. There must be documentation in the medical record that clearly states the reading was taken by an electronic device, and results were digitally stored and transmitted to the provider and interpreted by the provider.</p> <p>Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record. If there are multiple blood pressure readings recorded for a single date, use the lowest systolic and lowest diastolic blood pressure</p>	<p>Reported by or taken by the patient.</p> <p>Identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record. If there are multiple BPs recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading when multiple readings are recorded for a single date. The patient is not numerator compliant if the BP does not meet the specified threshold or is missing, or if there is no BP reading during the measurement year or if the reading is incomplete (i.e., the systolic or diastolic level is missing).</p>

	0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)
	<p>on that date as the representative blood pressure. The systolic and diastolic results do not need to be from the same reading when multiple readings are recorded for a single date.</p> <p>The patient is not numerator compliant if the blood pressure does not meet the specified threshold or is missing, or if there is no blood pressure reading during the measurement year or if the reading is incomplete (i.e., the systolic or diastolic level is missing).</p>	
Denominator Statement	Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.	All patients 18-75 years of age as of December 31 of the measurement year with at least one acute inpatient visit or two outpatient visits for schizophrenia or bipolar I disorder, or at least one inpatient visit for major depression during the measurement year AND diabetes (type 1 and type 2) during the measurement year or year prior to the measurement year.
Denominator Details	<p>There are two ways to identify patients with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a patient only needs to be identified by one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.</p> <p>CLAIM/ENCOUNTER DATA</p> <p>Patients who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):</p> <ul style="list-style-type: none"> - At least one acute inpatient encounter with a diagnosis of diabetes without telehealth. - At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. To identify an acute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Exclude nonacute inpatient stays. 3. Identify the discharge date for the stay. 	<p>Age: 18-75 years as of December 31 of the measurement year</p> <p>Benefit: Medical</p> <p>Continuous Enrollment: No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the individual may not have more than a 1-month gap in coverage (i.e., an individual whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).</p> <p>All patients 18-75 years of age as of December 31 of the measurement year with a serious mental illness [see SMI Value Set] and diabetes (type 1 and type 2) [see Diabetes Value Set]</p> <p>The following steps should be followed to identify patients with a serious mental illness and a diagnosis for diabetes:</p> <p>(1) Identify Serious Mental Illness</p> <p>Step 1: Identify Patients with a serious mental illness. They must meet at least one of the following criteria during the measurement year or the year prior:</p> <p>At least one acute inpatient claim/encounter with any diagnosis of schizophrenia, bipolar I disorder, or major depression using any of the following code combinations:</p> <ul style="list-style-type: none"> • BH Stand Alone Acute Inpatient Value Set with one of the following diagnoses:

	0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)
	<p>- At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim. 3. Identify the discharge date for the stay. <p>-- Only include nonacute inpatient encounters without telehealth.</p> <p>-- Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient set.</p> <p>See attached code value sets.</p> <p>PHARMACY DATA</p> <p>Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.</p> <p>PRESCRIPTIONS TO IDENTIFY MEMBERS WITH DIABETES DESCRIPTION / PRESCRIPTION</p> <p>Alpha-glucosidase inhibitors / Acarbose, Miglitol</p> <p>Amylin analogs / Pramlintide</p> <p>Antidiabetic combinations / Alogliptin-metformin, Alogliptin-pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Empagliflozin-linagliptin, Empagliflozin-metformin, Glimepiride-pioglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin</p>	<ul style="list-style-type: none"> o Schizophrenia Value Set o Bipolar Disorder Value Set o Major Depression Value Set • BH Acute Inpatient Value Set with BH Acute Inpatient POS Value Set and one of the following diagnoses: <ul style="list-style-type: none"> o Schizophrenia Value Set o Bipolar Disorder Value Set o Major Depression Value Set <p>At least two visits in an outpatient, intensive outpatient, partial hospitalization, ED or non-acute inpatient setting, on different dates of service, with any diagnosis of schizophrenia or bipolar I disorder. Any two of the following code combinations meet criteria:</p> <ul style="list-style-type: none"> • BH Stand Alone Outpatient/PH/IOP Value Set with one of the following diagnoses: <ul style="list-style-type: none"> o Schizophrenia Value Set o Bipolar Disorder Value Set • BH Outpatient/PH/IOP Value Set with BH Outpatient/PH/IOP POS Value Set and one of the following diagnoses: <ul style="list-style-type: none"> o Schizophrenia Value Set o Bipolar Disorder Value Set • ED Value Set with one of the following diagnoses: <ul style="list-style-type: none"> o Schizophrenia Value Set o Bipolar Disorder Value Set • BH ED Value Set with BH ED POS Value Set and one of the following diagnoses: <ul style="list-style-type: none"> o Schizophrenia Value Set o Bipolar Disorder Value Set • BH Stand Alone Nonacute Inpatient Value Set with one of the following diagnoses: <ul style="list-style-type: none"> o Schizophrenia Value Set o Bipolar Disorder Value Set • BH Nonacute Inpatient Value Set with BH Nonacute Inpatient POS Value Set and one of the following diagnoses: <ul style="list-style-type: none"> o Schizophrenia Value Set

	0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)
	<p>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</p> <p>Meglitinides / Nateglinide, Repaglinide</p> <p>Glucagon-like peptide-1 (GLP1) agonists / Dulaglutide, Exenatide, Albiglutide, Liraglutide</p> <p>Sodium glucose cotransporter 2 (SGLT2) inhibitor / Canagliflozin, Dapagliflozin, Empagliflozin</p> <p>Sulfonylureas / Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide</p> <p>Thiazolidinediones / Pioglitazone, Rosiglitazone</p> <p>Dipeptidyl peptidase-4 (DDP-4) inhibitors / Alogliptin, Linagliptin, Saxagliptin, Sitagliptin</p> <p>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.</p>	<p>o Bipolar Disorder Value Set</p> <p>(2) Identify Diabetes</p> <p>Step 2: Of the patients identified in Step 1, identify patients with diabetes (see Diabetes Value Set) during the measurement year or the year prior using the following data:</p> <p>Claim/encounter data:</p> <ul style="list-style-type: none"> At least two outpatient visits (see Outpatient Value Set), observation visits (see Observation Value Set), ED visits (ED Value Set) or nonacute inpatient encounters (see Nonacute Inpatient Value Set) on different dates of service, with a diagnosis of diabetes (see Diabetes Value Set). Visit type need not be the same for the two visits. At least one acute inpatient encounter (see Acute Inpatient Value Set) with a diagnosis of diabetes (see Diabetes Value Set). <p>Pharmacy data:</p> <ul style="list-style-type: none"> Patients who were dispensed insulin or hypoglycemics/ antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year (see Table 1) <p>Both methods to identify the eligible population should be used, however, an individual need only be identified by one to be included in the measure.</p> <p>TABLE 1. PRESCRIPTIONS TO IDENTIFY PATIENTS WITH DIABETES</p> <p>Alpha-glucosidase inhibitors:</p> <p>Acarbose, Miglitol</p> <p>Amylin analogs:</p> <p>Pramlintide</p> <p>Antidiabetic combinations:</p> <p>Glimepiride-pioglitazone, Glimepiride-rosiglitazone, Glipizide-metformin, Glyburide-metformin, Metformin-pioglitazone, Metformin-rosiglitazone, Metformin-sitagliptin, Saxagliptin, Sitagliptin-simvastatin</p> <p>Insulin:</p> <p>Insulin aspart, Insulin aspart-insulin aspart protamine, Insulin detemir, Insulin glargine, Insulin glulisine, Insulin inhalation, Insulin isophane beef-pork, Insulin isophane human, Insulin isophane-insulin regular, Insulin lispro, Insulin lispro-insulin lispro protamine, Insulin regular human, Insulin zinc human</p> <p>Meglitinides:</p>

	0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)
		<p>Nateglinide, Repaglinide</p> <p>Miscellaneous antidiabetic agents:</p> <p>Exenatide, Liraglutide, Metformin-repaglinide, Sitagliptin</p> <p>Sulfonylureas:</p> <p>Acetohexamide, Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide</p> <p>Thiazolidinediones:</p> <p>Pioglitazone, Rosiglitazone</p>
Exclusions	<p>This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings. Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type 1 or Type II) is found.</p>	<p>Patients who do not have a diagnosis of diabetes and meet one of the following criteria may be excluded from the measure:</p> <ul style="list-style-type: none"> -Patients with a diagnosis of polycystic ovaries. -Patients with gestational or steroid-induced diabetes.
Exclusion Details	<p>ADMINISTRATIVE CLAIMS</p> <p>Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the service began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.</p> <p>Exclude adults who meet any of the following criteria:</p> <ul style="list-style-type: none"> - Medicare adults 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> -- Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. -- Living long-term in an institution any time during the measurement year as identified by the LTI flag in the 	<p>Patients who do not have a diagnosis of diabetes (see Diabetes Value Set), in any setting, during the measurement year or year prior to the measurement year and who meet either of the following criteria:</p> <ul style="list-style-type: none"> -A diagnosis of polycystic ovaries (see Polycystic Ovaries Value Set), in any setting, any time during the person's history through December 31 of the measurement year. -A diagnosis of gestational diabetes or steroid-induced diabetes (see Diabetes Exclusions Value Set), in any setting, during the measurement year or the year prior to the measurement year.

	0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)
	<p>Monthly Membership Detail Data File. Use the run data of the file to determine if a member had an LTI flag during the measurement year.</p> <p>- Adults 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and with advanced illness. Patients must meet BOTH of the following frailty and advanced illness criteria to be excluded:</p> <ol style="list-style-type: none"> 1. At least one claim/encounter for frailty during the measurement year. 2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years): <ul style="list-style-type: none"> -- At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters nonacute inpatient discharges on different dates of services, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim. 3. Identify the discharge date for the stay. -- At least one acute inpatient encounter with an advanced illness diagnosis. -- At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Exclude nonacute inpatient stays. 3. Identify the discharge date for the stay. <p>-- A dispensed dementia medication</p> <p>DEMENTIA MEDICATIONS</p> <p>DESCRIPTION / PRESCRIPTION</p>	

	0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)
	<p>Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine</p> <p>Miscellaneous central nervous system agents / Memantine</p> <p>Exclude patients with gestational diabetes or steroid diabetes. Codes associated with identifying these identifying exclusions are attached in a separate file with code value sets.</p> <p>See attached code value sets.</p> <p>MEDICAL RECORD</p> <p>Exclusionary evidence in the medical record must include a note indicating the patient did NOT have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year AND had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.</p>	
Risk Adjustment	No risk adjustment or risk stratification	No risk adjustment or risk stratification
Stratification	No stratification	Not applicable.
Type Score	Rate/proportion better quality = higher score	Rate/proportion better quality = higher score
Algorithm	<p>STEP 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria.</p> <ul style="list-style-type: none"> - AGES: 18-75 years as of December 31 of the measurement year. - EVENT/DIAGNOSIS: Identify patients with diabetes in two ways: by claim/encounter data and by pharmacy data. SEE S.6 and S.7 for eligible population and denominator criteria and details. <p>STEP 2: Exclude patients who meet the exclusion criteria. SEE S.8 and S.9 for denominator exclusion criteria and details.</p>	<p>Step 1: Identify patients with serious mental illness.</p> <p>Step 2: Identify patients from step 1 who also have a diagnosis of diabetes during the measurement year or the year prior.</p> <p>Step 3: Exclude patients who meet the exclusion criteria as specified in the “Denominator Exclusion Details” section.</p> <p>Step 4: Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record.</p> <p>Step 5. Determine whether the result was <140/90 mm Hg.</p> <p>Step 6: Calculate the rate by dividing the numerator (Step 5) by the denominator (after exclusions) (Step 3).</p>

	0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)
	<p>STEP 3: Determine the number of patients in the eligible population who had a blood pressure reading during the measurement year through the search of administrative data systems or medical record data.</p> <p>STEP 4: Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record.</p> <p>STEP 5. Determine whether the result was <140/90 mm Hg.</p> <p>STEP 6: Calculate the rate by dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).</p>	
Submission items	<p>5.1 Identified measures:</p> <p>5a.1 Are specs completely harmonized? Yes</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact: Measure 0061 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level is <140/90 mm Hg. Measure 0729 is a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult diabetes patients who have optimally managed modifiable risk factors including blood pressure and four other indicators. NCQA's measure 0061 is included with five other NCQA diabetes measures. The five other diabetes measures are individually NQF endorsed (Endocrine Maintenance Phase 1). Together, the six NCQA individual diabetes measures (including measure 0061) make a set of diabetes HEDIS measures but are not considered all or nothing. NCQA uses individual measures to provide health plans and others the opportunity to measure, report and incentivize each aspect of quality care for the diabetes population. HARMONIZED MEASURE ELEMENTS: Measures 0061</p>	<p>5.1 Identified measures: 0061 : Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)</p> <p>5a.1 Are specs completely harmonized? Yes</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact: This measure was adapted from the existing measure (Comprehensive Diabetes Care: Blood Pressure Control <140/90 mm Hg NQF #0061) for the subpopulation of people with serious mental illness who have a higher risk of disease and for whom there is evidence of disparity in treatment compared to the general population. The numerator of this measure is consistent with the measure used for the general population while the denominator has been adapted to focus on individuals with serious mental illness. NCQA is the current owner and steward of the existing NQF-endorsed measure and the specifications are harmonized. Building on this existing measure helps to reduce the burden of implementation for organizations and to align incentives for providers and organizations to focus on key quality of care issues.</p> <p>5b.1 If competing, why superior or rationale for additive value: Not applicable.</p>

	0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)
	<p>and 0729 both focus on an adult patient population 18-75 years of age with diabetes (type 1 and type 2). Both measures assess whether the patient's most recent blood pressure level in the measurement period was <140/90 mm Hg. Both measures also specify denominator visit criteria to include patients with at least two outpatient visits in the last two years with a diagnosis of diabetes. UNHARMONIZED MEASURE ELEMENTS: - Data Source: Measure 0061 is collected through administrative claims and/or medical record. Measure 0729 is collected through medical record abstraction. - Level of Accountability: Measure 0061 is a health plan level measure and is used in NCQA's clinical quality and recognition programs (See 4.1 Usability and Use). Measure 0729 is a physician level measure. - Data Elements: Measure 0061 uses two methods to identify patients in the denominator 1) claims/encounter data with a diagnosis of diabetes and 2) pharmacy data for insulin or hypoglycemic/antihyperglycemics (see S.7 Denominator Details). Measure 0729 uses encounter data with a diagnosis for diabetes to identify patients in the denominator. NCQA uses two identification methods to ensure that only patients with diagnosed diabetes are included in the denominator. - Exclusions: Exclusions for measures 0061 and 0729 are substantially aligned with some variation due to differences in health plan and clinician level reporting. IMPACT ON INTERPRETABILITY AND DATA COLLECTION BURDEN: The differences between these measures do not have an impact on interpretability of publicly reported rates. There is no added burden of data collection because the data for each measure is collected from different data sources by different entities.</p> <p>5b.1 If competing, why superior or rationale for additive value: N/A</p>	

Comparison of NQF #0575 and NQF #0059

	0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
Steward	National Committee for Quality Assurance	National Committee for Quality Assurance
Description	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is <8.0% during the measurement year.	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is >9.0% during the measurement year.
Type	Outcome: Intermediate Clinical Outcome	Outcome: Intermediate Clinical Outcome
Data Source	Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from health plans via NCQA's online data submission system. No data collection instrument provided Attachment 0575_CDC_HbA1c_Good_Control_Value_Sets_Fall_2019-637088131732250530.xlsx	Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from Health Management Organizations and Preferred Provider Organizations via NCQA's online data submission system. No data collection instrument provided Attachment 0059_CDC_HbA1c_Poor_Control_Value_Sets_Fall_2019-637088187123576417.xlsx
Level	Health Plan	Health Plan
Setting	Outpatient Services	Outpatient Services
Numerator Statement	Patients whose most recent HbA1c level is less than 8.0% during the measurement year.	Patients whose most recent HbA1c level is greater than 9.0% or is missing a result, or for whom an HbA1c test was not done during the measurement year.
Numerator Details	There are two data sources and approaches used for collecting data reporting the numerator for this measure: Administrative Claims and Medical Record Review ADMINISTRATIVE CLAIMS Use codes (See code value sets located in question S.2b.) to identify the most recent HbA1c test during the measurement year. The member is not numerator compliant if the result for the most recent HbA1c test is =8.0% or is missing a result, or if an HbA1c test was not done during the measurement year.	There are two data sources and approaches used for collecting data reporting the numerator for this measure: Administrative Claims and Medical Record Review. ADMINISTRATIVE CLAIMS Use codes (See code value sets located in question S.2b.) to identify the most recent HbA1c test during the measurement year. The patient is numerator compliant if the most recent HbA1c level is >9.0% or is missing a result, or if an HbA1c test was not done during the measurement year. The patient is not numerator compliant if the result for the most recent HbA1c test during the measurement year is =9.0%. Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following

	0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
	<p>Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent code during the measurement year to evaluate whether the patient is numerator compliant.</p> <p>VALUE SET / NUMERATOR COMPLIANCE</p> <p>HbA1c Level Less Than 7.0 Value Set / Compliant</p> <p>HbA1c Level 7.0-9.0 Value Set / Not compliant*</p> <p>HbA1c Level Greater Than 9.0 Value Set / Not compliant</p> <p>* The CPT Category II code (3045F) in this value set indicates most recent HbA1c (HbA1c) level 7.0%-9.0% and is not specific enough to denote numerator compliance for this indicator. For patients with this code, the organization must use other sources (laboratory data, hybrid reporting method) to identify the actual value and determine if the HbA1c result was <8%.</p> <p>MEDICAL RECORD REVIEW</p> <p>The most recent HbA1c level (performed during the measurement year) is <8.0% as identified by laboratory data or medical record review.</p> <p>At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result. The member is numerator compliant if the most recent HbA1c level during the measurement year is <8.0%. The member is not numerator compliant if the result for the most recent HbA1c level during the measurement year is >/=8.0% or is missing, or if a HbA1c test was not performed during the measurement year.</p> <p>Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance.</p>	<p>value sets and use the most recent code during the measurement year to evaluate whether the patient is numerator compliant.</p> <p>VALUE SET / NUMERATOR COMPLIANCE</p> <p>HbA1c Level Less Than 7.0 Value Set / Not compliant</p> <p>HbA1c Level 7.0-9.0 Value Set / Not compliant</p> <p>HbA1c Level Greater Than 9.0 Value Set / Compliant</p> <p>MEDICAL RECORD REVIEW</p> <p>The most recent HbA1c level (performed during the measurement year) is >9.0% or is missing, or was not done during the measurement year, as documented through laboratory data or medical record review.</p> <p>At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result. The patient is numerator compliant if the result for the most recent HbA1c level during the measurement year is >9.0% or is missing, or if an HbA1c test was not done during the measurement year. The patient is not numerator compliant if the most recent HbA1c level during the measurement year is =9.0%.</p> <p>Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance.</p> <p>Note: A lower rate indicates better performance for this indicator (i.e., low rates of poor control indicate better care).</p>
Denominator Statement	Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.	Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.

	0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
Denominator Details	<p>There are two ways to identify patients with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a patient only needs to be identified by one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.</p> <p>CLAIM/ENCOUNTER DATA</p> <p>Patients who met any of the following criteria during the measurement year of the year prior to the measurement year (count services that occur over both years):</p> <ul style="list-style-type: none"> - At least one acute inpatient encounter with a diagnosis of diabetes without telehealth. - At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. To identify an acute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Exclude nonacute inpatient stays. 3. Identify the discharge date for the stay. - At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim. 3. Identify the discharge date for the stay. <p>-- Only include nonacute inpatient encounters without telehealth.</p> <p>-- Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of</p>	<p>There are two ways to identify patients with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a patient only needs to be identified by one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.</p> <p>CLAIM/ENCOUNTER DATA</p> <p>Patients who met any of the following criteria during the measurement year of the year prior to the measurement year (count services that occur over both years):</p> <ul style="list-style-type: none"> - At least one acute inpatient encounter with a diagnosis of diabetes without telehealth. - At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. To identify an acute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Exclude nonacute inpatient stays. 3. Identify the discharge date for the stay. - At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim. 3. Identify the discharge date for the stay. <p>-- Only include nonacute inpatient encounters without telehealth.</p> <p>-- Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient set.</p> <p>See attached code value sets.</p> <p>PHARMACY DATA</p>

	0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
	<p>a telehealth modifier or the presence of a telehealth POS code associated with the outpatient set. See attached code value sets.</p> <p>PHARMACY DATA</p> <p>Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.</p> <p>PRESCRIPTIONS TO IDENTIFY MEMBERS WITH DIABETES</p> <p>DESCRIPTION / PRESCRIPTION</p> <p>Alpha-glucosidase inhibitors / Acarbose, Miglitol</p> <p>Amylin analogs / Pramlintide</p> <p>Antidiabetic combinations / Alogliptin-metformin, Alogliptin-pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Empagliflozin-linagliptin, Empagliflozin-metformin, Glimepiride-pioglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin</p> <p>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</p> <p>Meglitinides / Nateglinide, Repaglinide</p> <p>Glucagon-like peptide-1 (GLP1) agonists / Dulaglutide, Exenatide, Albiglutide, Liraglutide</p> <p>Sodium glucose cotransporter 2 (SGLT2) inhibitor / Canagliflozin, Dapagliflozin, Empagliflozin</p> <p>Sulfonylureas / Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide</p> <p>Thiazolidinediones / Pioglitazone, Rosiglitazone</p>	<p>Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.</p> <p>PRESCRIPTIONS TO IDENTIFY MEMBERS WITH DIABETES</p> <p>DESCRIPTION / PRESCRIPTION</p> <p>Alpha-glucosidase inhibitors / Acarbose, Miglitol</p> <p>Amylin analogs / Pramlintide</p> <p>Antidiabetic combinations / Alogliptin-metformin, Alogliptin-pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Empagliflozin-linagliptin, Empagliflozin-metformin, Glimepiride-pioglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin</p> <p>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</p> <p>Meglitinides / Nateglinide, Repaglinide</p> <p>Glucagon-like peptide-1 (GLP1) agonists / Dulaglutide, Exenatide, Albiglutide, Liraglutide</p> <p>Sodium glucose cotransporter 2 (SGLT2) inhibitor / Canagliflozin, Dapagliflozin, Empagliflozin</p> <p>Sulfonylureas / Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide</p> <p>Thiazolidinediones / Pioglitazone, Rosiglitazone</p> <p>Dipeptidyl peptidase-4 (DDP-4) inhibitors / Alogliptin, Linagliptin, Saxagliptin, Sitagliptin</p> <p>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.</p>

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	<p>Dipeptidyl peptidase-4 (DDP-4) inhibitors / Alogliptin, Linagliptin, Saxagliptin, Sitagliptin</p> <p>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.</p>	
Exclusions	<p>This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.</p> <p>Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes, in my setting, during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type I or Type II) is found.</p>	<p>This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.</p> <p>Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type 1 or Type II) is found.</p>
Exclusion Details	<p>ADMINISTRATIVE CLAIMS</p> <p>Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.</p> <p>Exclude adults who meet any of the following criteria:</p> <ul style="list-style-type: none"> - Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> -- Enrolled in an Institutional SNP (I-SNP) any time on or between July 1 of the year prior to the measurement year and the end of the measurement year. -- Living long-term in an institution any time on or between July 1 of the year prior to the measurement year and the end of the measurement year as identified by the LTI flag in the Monthly Membership Detail Data 	<p>ADMINISTRATIVE CLAIMS</p> <p>Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.</p> <p>Exclude adults who meet any of the following criteria:</p> <ul style="list-style-type: none"> - Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> -- Enrolled in an Institutional SNP (I-SNP) any time on or between July 1 of the year prior to the measurement year and the end of the measurement year. -- Living long-term in an institution any time on or between July 1 of the year prior to the measurement year and the end of the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if an adult had an LTI flag any time on or between July 1 of the year prior to the measurement year and the end of the measurement year.

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	<p>File. Use the run date of the file to determine if an adult had an LTI flag any time on or between July 1 of the year prior to the measurement year and the end of the measurement year.</p> <p>- Adults 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Adults must meet BOTH of the following frailty and advanced illness criteria to be excluded:</p> <ol style="list-style-type: none"> 1. At least one claim/encounter for frailty during the measurement year. 2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years): <ul style="list-style-type: none"> -- At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters or nonacute inpatient discharges (instructions below) on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim. 3. Identify the discharge date for the stay. <p>-- At least one acute inpatient encounter with an advanced illness diagnosis.</p> <p>-- At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set). 3. Identify the discharge date for the stay. 	<p>- Adults 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Members must meet BOTH of the following frailty and advanced illness criteria to be excluded:</p> <ol style="list-style-type: none"> 1. At least one claim/encounter for frailty during the measurement year. 2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years): <ul style="list-style-type: none"> -- At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters or nonacute inpatient discharges (instructions below) on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim. 3. Identify the discharge date for the stay. <p>-- At least one acute inpatient encounter with an advanced illness diagnosis.</p> <p>-- At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set). 3. Identify the discharge date for the stay. <p>-- A dispensed dementia medication</p> <p>DEMENTIA MEDICATIONS</p> <p>DESCRIPTION / PRESCRIPTION</p> <p>Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine</p> <p>Miscellaneous central nervous system agents / Memantine</p> <p>Exclude patients with gestational diabetes or steroid diabetes. Codes associated with identifying these identifying exclusions are attached in a separate file with code value sets.</p> <p>See attached code value sets.</p> <p>MEDICAL RECORD</p>

	0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
	<p>-- A dispensed dementia medication</p> <p>DEMENTIA MEDICATIONS</p> <p>DESCRIPTION / PRESCRIPTION</p> <p>Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine</p> <p>Miscellaneous central nervous system agents / Memantine</p> <p>Exclude patients with gestational diabetes or steroid diabetes. Codes associated with identifying these identifying exclusions are attached in a separate file with code value sets.</p> <p>See attached code value sets.</p> <p>MEDICAL RECORD</p> <p>Exclusionary evidence in the medical record must include a note indicating the patient did NOT have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year AND had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.</p>	<p>Exclusionary evidence in the medical record must include a note indicating the patient did NOT have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year AND had a diagnosis of gestational or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.</p>
Risk Adjustment	No risk adjustment or risk stratification	No risk adjustment or risk stratification
Stratification	No stratification	No stratification
Type Score	Rate/proportion better quality = higher score	Rate/proportion better quality = lower score
Algorithm	<p>STEP 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria.</p> <ul style="list-style-type: none"> - AGES: 18-75 years as of December 31 of the measurement year. - EVENT/DIAGNOSIS: Identify patients with diabetes in two ways: by claim/encounter data and by pharmacy data. SEE S.6 and S.7 for eligible population and denominator criteria and details. 	<p>STEP 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria.</p> <ul style="list-style-type: none"> - AGES: 18-75 years as of December 31 of the measurement year. - EVENT/DIAGNOSIS: Identify patients with diabetes in two ways: by claim/encounter data and by pharmacy data. SEE S.6 and S.7 for eligible population and denominator criteria and details. <p>STEP 2: Exclude patients who meet the exclusion criteria. SEE S.8 and S.9 for denominator exclusion criteria and details.</p>

	0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
	<p>STEP 2: Exclude patients who meet the exclusion criteria. SEE S.8 and S.9 for denominator exclusion criteria and details.</p> <p>STEP 3: Determine the number of patients in the eligible population who had a recent HbA1c test during the measurement year through the search of administrative data systems.</p> <p>STEP 4: Identify patients with a most recent HbA1c test performed.</p> <p>STEP 5: Identify the most recent result. If that result has an HbA1c level <8.0%, then that patient is numerator compliant. If the most recent result is instead with an HbA1c level $\geq 8.0\%$ or a missing result or if no HbA1c test was done during the measurement year, then the member is not in the numerator.</p> <p>STEP 6: Calculate the rate dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).</p>	<p>STEP 3: Determine the number of patients in the eligible population who had a recent HbA1c test during the measurement year through the search of administrative data systems.</p> <p>STEP 4: Identify patients with a most recent HbA1c test performed.</p> <p>STEP 5: Identify the most recent result. If that result has an HbA1c level $>9.0\%$, a missing result or if no HbA1c test was done during the measurement year then that patient is numerator compliant. If the most recent result is instead with an HbA1c level $\leq 9.0\%$ then the number is not in the numerator.</p> <p>STEP 6: Calculate the rate by dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).</p>
Submission items	<p>5.1 Identified measures: 2608 : Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)</p> <p>5a.1 Are specs completely harmonized? Yes</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact: There are two related measures that assess HbA1c control of <8% but they are either focused on different population, use different data sources or are specified at different levels of accountability than NQF 0575. Measure 2608 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year is <8.0%. Measure 0729 is a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult diabetes patients, 18-75 years of</p>	<p>5.1 Identified measures: 2607 : Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)</p> <p>5a.1 Are specs completely harmonized? Yes</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact: There is another related measure that assesses poor control of HbA1c (>9%) but it is focused on a different population than NQF 0059. Measure 2607 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year is >9.0%. HARMONIZED MEASURE ELEMENTS: Both measures focus on an HbA1c target of >9% for adults age 18-75 and are collected using administrative claims and/or medical record review using health plan reported data. DIFFERENCES: - Population Focus: NQF 0059 focuses on the general population of people with diabetes while NQF 2607 focuses on people with a serious mental illness and diabetes. IMPACT ON INTERPRETABILITY?AND DATA COLLECTION BURDEN:? The differences between measures 0575 and</p>

	0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
	<p>age, who have optimally managed modifiable risk factors HbA1c control (<8%) and four other indicators.</p> <p>HARMONIZED MEASURE ELEMENTS: All measures focus on an HbA1c target of <8% for adults age 18-75.</p> <p>DIFFERENCES: - Population Focus: While NQF 0575 and 0729 are focused on the general population of people with diabetes, NQF 2608 is focused on people with a serious mental illness and diabetes. - Data Source and Level of Accountability: Measure 00575 is collected through administrative claims and/or medical record review using health plan reported data. Measure 0729 is collected through medical record abstraction and reported at the physician level of accountability. IMPACT ON INTERPRETABILITY?AND DATA COLLECTION BURDEN:? The differences between measures 0575 and 2608 do not have an impact on interpretability of?publicly?reported rates or an impact on data collection burden as the measures are focused on different populations.</p> <p>5b.1 If competing, why superior or rationale for additive value: N/A</p>	<p>2607 do not have an impact on interpretability of?publicly?reported rates or an impact on data collection burden as the measures are focused on different populations.</p> <p>5b.1 If competing, why superior or rationale for additive value: N/A</p>

Comparison of NQF #0575 and NQF #0729

	0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	0729: Optimal Diabetes Care
Steward	National Committee for Quality Assurance	MN Community Measurement
Description	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is <8.0% during the measurement year.	<p>The percentage of patients 18-75 years of age who had a diagnosis of type 1 or type 2 diabetes and whose diabetes was optimally managed during the measurement period as defined by achieving ALL of the following:</p> <ul style="list-style-type: none"> • HbA1c less than 8.0 mg/dL • Blood Pressure less than 140/90 mmHg • On a statin medication, unless allowed contraindications or exceptions are present • Non-tobacco user

	0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	0729: Optimal Diabetes Care
		<ul style="list-style-type: none"> • Patient with ischemic vascular disease is on daily aspirin or anti-platelets, unless allowed contraindications or exceptions are present <p>Please note that while the all-or-none composite measure is considered to be the gold standard, reflecting best patient outcomes, the individual components may be measured as well. This is particularly helpful in quality improvement efforts to better understand where opportunities exist in moving the patients toward achieving all of the desired outcomes. Please refer to the additional numerator logic provided for each component.</p>
Type	Outcome: Intermediate Clinical Outcome	Composite
Data Source	<p>Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from health plans via NCQA's online data submission system.</p> <p>No data collection instrument provided Attachment 0575_CDC_HbA1c_Good_Control_Value_Sets_Fall_2019-637088131732250530.xlsx</p>	<p>Electronic Health Records, Paper Medical Records An excel template with formatted columns for data fields is provided. Almost all medical groups in MN (99.5%) extract the information from their EMR. Paper abstraction forms are provided for those clinics who wish to use them as an interim step to create their data file. All data is uploaded in electronic format (.csv file) to a HIPAA secure, encrypted and password protected data portal. We capture information from the clinics about how their data is obtained. In 2018:</p> <ul style="list-style-type: none"> • 71% (476) clinics had an EMR and pulled all data via query • 26% (176) clinics had an EMR and used a combination of query and manual look up for data collection • 2.2% (15) clinics had an EMR and looked up all data manually • 0.15% (1) clinic had a hybrid EMR and paper record system • 0.15% (1) clinic had paper records only <p>Feasibility Note: 71% of practices can extract all of the information needed via query.</p> <p>Please note that all fields are defined and included in the data dictionary [Tab = Data Field Dictionary] and also included in the data collection guide URL provided in S.1.</p> <p>Available at measure-specific web page URL identified in S.1 Attachment MNCM_Diabetes_Measure_Data_Dictionary_and_Risk_Adj__10-19-2018.xlsx</p>
Level	Health Plan	Clinician : Group/Practice
Setting	Outpatient Services	Outpatient Services

	0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	0729: Optimal Diabetes Care
Numerator Statement	Patients whose most recent HbA1c level is less than 8.0% during the measurement year.	<p>The number of patients in the denominator whose diabetes was optimally managed during the measurement period as defined by achieving ALL of the following:</p> <ul style="list-style-type: none"> • The most recent HbA1c in the measurement period has a value less than 8.0 mg/dL • The most recent Blood Pressure in the measurement period has a systolic value of less than 140 mmHg AND a diastolic value of less than 90 mmHg • On a statin medication, unless allowed contraindications or exceptions are present • Patient is not a tobacco user • Patient with ischemic vascular disease (Ischemic Vascular Disease Value Set) is on daily aspirin or anti-platelets, unless allowed contraindications or exceptions are present
Numerator Details	<p>There are two data sources and approaches used for collecting data reporting the numerator for this measure: Administrative Claims and Medical Record Review</p> <p>ADMINISTRATIVE CLAIMS</p> <p>Use codes (See code value sets located in question S.2b.) to identify the most recent HbA1c test during the measurement year. The member is not numerator compliant if the result for the most recent HbA1c test is =8.0% or is missing a result, or if an HbA1c test was not done during the measurement year.</p> <p>Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent code during the measurement year to evaluate whether the patient is numerator compliant.</p> <p>VALUE SET / NUMERATOR COMPLIANCE</p> <p>HbA1c Level Less Than 7.0 Value Set / Compliant</p> <p>HbA1c Level 7.0-9.0 Value Set / Not compliant*</p> <p>HbA1c Level Greater Than 9.0 Value Set / Not compliant</p>	<p>Please note that while the all-or-none composite measure is considered to be the gold standard, reflecting best patient outcomes, the individual components may be measured as well. This is particularly helpful in quality improvement efforts to better understand where opportunities exist in moving the patients toward achieving all of the desired outcomes. Please refer to the additional numerator logic provided for each component and note that all of the denominator criteria apply to the numerator as well, but are not repeated in the numerator codes/descriptions.</p> <p>HbA1c Date [Date (mm/dd/yyyy)] AND</p> <p>HbA1c Value [Numeric]</p> <p>Numerator component calculation: numerator component compliant is HbA1c during the last 12 months (measurement year) AND most recent HbA1c value is less than 8.0.</p> <p>Enter the date of the most recent HbA1c test during the measurement period.</p> <p>Enter the value of the most recent HbA1c test during the measurement period.</p> <p>Leave BLANK if an HbA1c was never performed.</p> <ul style="list-style-type: none"> • A test result from a provider outside of the reporting medical group is allowed if the result is documented in the reporting medical

	0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	0729: Optimal Diabetes Care
	<p>* The CPT Category II code (3045F) in this value set indicates most recent HbA1c (HbA1c) level 7.0%-9.0% and is not specific enough to denote numerator compliance for this indicator. For patients with this code, the organization must use other sources (laboratory data, hybrid reporting method) to identify the actual value and determine if the HbA1c result was <8%.</p> <p>MEDICAL RECORD REVIEW</p> <p>The most recent HbA1c level (performed during the measurement year) is <8.0% as identified by laboratory data or medical record review.</p> <p>At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result. The member is numerator compliant if the most recent HbA1c level during the measurement year is <8.0%. The member is not numerator compliant if the result for the most recent HbA1c level during the measurement year is >=8.0% or is missing, or if a HbA1c test was not performed during the measurement year.</p> <p>Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance.</p>	<p>group's patient record and is the most recent test result during the measurement period.</p> <ul style="list-style-type: none"> If the HbA1c result is too high to calculate, still enter the HbA1c test date if it is the most recent test result during the measurement period. <p>Blood Pressure Date [Date (mm/dd/yyyy)] AND BP Systolic [Numeric] AND BP Diastolic [Numeric]</p> <p>Numerator component calculation: numerator component compliant is BP during the measurement year AND Systolic < 140 AND Diastolic < 90. Enter the date of the most recent blood pressure result during the measurement period.</p> <p>Leave BLANK if a blood pressure was not obtained during the measurement period.</p> <ul style="list-style-type: none"> A test result from a provider outside of the reporting medical group is allowed if the result is documented in the reporting medical group's patient record and is the most recent test result during the measurement period. Do not include BP readings: <ul style="list-style-type: none"> Taken during an acute inpatient stay or an ED visit. Taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed (e.g., sigmoidoscopy, removal of a mole). Obtained the same day as a major diagnostic or surgical procedure (e.g., EKG/ECG, stress test, administration of IV contrast for a radiology procedure, endoscopy). Reported by or taken by the patient. <p>BP Systolic</p> <p>Enter the value of the most recent systolic blood pressure result during the measurement period.</p> <p>If more than one value is recorded on the most recent date, the lowest systolic value from multiple readings on the same date may be submitted.</p>

	0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	0729: Optimal Diabetes Care
		<p>NOTE: The systolic blood pressure is the upper number in the recorded fraction. For example, the systolic value for a blood pressure of 124/72 mmHg is 124.</p> <p>BP Diastolic</p> <p>Enter the value of the most recent diastolic blood pressure result during the measurement period.</p> <p>If more than one value is recorded on the most recent date, the lowest diastolic value from multiple readings on the same date may be submitted.</p> <ul style="list-style-type: none"> NOTE: The diastolic blood pressure is the lower number in the recorded fraction. For example, the diastolic value for a blood pressure of 124/72 mmHg is 72. <p>LDL Date [Date (mm/dd/yyyy)] AND</p> <p>LDL Value [Numeric]</p> <p>Numerator component calculation: Is used for the cholesterol component for statin use; patients with low untreated LDL values may not be appropriate for the initiation of statin medication.</p> <p>Enter the date of the most recent LDL test on or prior to the end of the measurement period.</p> <p>Leave BLANK if an LDL was never performed.</p> <ul style="list-style-type: none"> A test result from a provider outside of the reporting medical group is allowed if the result is documented in the reporting medical group's patient record and is the most recent test result within the allowable time period. If the LDL result is too high to calculate, still enter the LDL test date if it is the most recent test result within the allowable time period. <p>LDL values within the last five years will be used to calculate potential exceptions to being on a statin medication. Leave BLANK if an LDL test was not performed between 01/01/201x and 12/31/201x (five-year increments).</p> <p>Statin Medication [Numeric] AND</p> <p>Statin Medication Date [Date (mm/dd/yyyy)] AND/OR</p> <p>Station Medication Exception [Numeric] AND</p> <p>Station Medication Exception Date [Date (mm/dd/yyyy)]</p>

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		<p>Numerator component calculation: numerator component compliant if on a statin (prescribed/ ordered) or low LDL value (see above) or documented contraindication/exception is present.</p> <p>Statin Medication:</p> <p>Enter the code that corresponds to whether the patient was prescribed a statin medication or if a statin medication was active on the patient's medication list during the measurement period.</p> <p>Please refer to Appendix C for a list of statin medications.</p> <p>1 = Yes, patient was prescribed a statin medication or a statin medication was indicated as active on the patient's medication list during the measurement period.</p> <p>2 = No, patient was not prescribed a statin medication and a statin medication was not indicated as active on the patient's medication list during the measurement period.</p> <p>The following exceptions to statin medication use will be identified by the Data Portal based on the submitted LDL values:</p> <ul style="list-style-type: none"> • Patients with ischemic vascular disease aged 21 to 75 years and an LDL result less than 40 mg/dL • Patients aged 40 – 75 years with an LDL result less than 70 mg/dL • Patients aged 21 – 39 years with an LDL less than 190 mg/dL <p>Statin Medication Date:</p> <p>Enter the most recent date of a statin prescription, order or review of active medications list during the measurement period.</p> <p>If no statin prescribed, ordered, or reviewed as an active medication during the measurement period, leave blank</p> <p>Statin Medication Exception:</p> <p>If the patient was NOT prescribed or did not have a statin medication active on their medication list during the measurement period, enter the value that corresponds to any of the following contraindications or exceptions:</p> <p>1 = Pregnancy at any time during the measurement period</p> <p>2 = Active liver disease (liver failure, cirrhosis, hepatitis)</p> <p>3 = Rhabdomyolysis</p> <p>4 = End stage renal disease on dialysis</p>

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		<p>5 = Heart failure</p> <p>6 = Other provider documented reason: breastfeeding during the measurement period</p> <p>7 = Other provider documented reason: woman of childbearing age not actively taking birth control during the measurement period</p> <p>8 = Other provider documented reason: allergy to statin</p> <p>9 = Drug interaction with a listed medication taken during the measurement period (valid drug-drug interactions include HIV protease inhibitors, nefazodone, cyclosporine, gemfibrozil, and danazol).</p> <p>10 = Other provider documented reason: intolerance (with supporting documentation of trying a statin at least once within the last five years). Additionally, Myopathy and Myositis (CHOL-05) Value Set may be used to document intolerance to statins.</p> <p>If none of the above contraindications or exceptions are documented, leave BLANK. NOTE: Items 1 – 5 above can be defined by diagnosis codes that may be used in data collection. Value Sets include: Pregnancy V/Z Codes (PREG-01), Pregnancy Diagnosis Codes (PREG-02), Liver Disease (CHOL-01), Rhabdomyolysis (CHOL-02), ESRD on Dialysis (CHOL-03), and Heart Failure (CHOL-04)</p> <p>Statin Medication Exception Date:</p> <p>If the patient has a documented contraindication or exception enter the date of the contraindication or exception. If only the month and year are known, enter the first day of the month.</p> <p>Tobacco Status Documentation Date [Date (mm/dd/yyyy)] AND Tobacco Status [Numeric]</p> <p>Numerator component calculation: numerator component compliant if tobacco status within the last two years and status is tobacco-free.</p> <p>Tobacco Status Documentation Date:</p> <p>Enter the most recent date that the patient's tobacco status was documented during the measurement period or year prior.</p> <ul style="list-style-type: none"> • If the patient's tobacco status is not documented or the date of documentation cannot be determined, leave BLANK <p>Tobacco Status:</p> <p>Enter the code that corresponds to the patient's most recent tobacco status during the measurement period or year prior.</p>

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		<p>1 = Tobacco free (patient does not use tobacco; patient was a former user and is not a current user)</p> <p>2 = No documentation</p> <p>3 = Current tobacco user (tobacco includes any amount of cigarettes, cigars, pipes or smokeless tobacco)</p> <ul style="list-style-type: none"> • If the date of the tobacco status documentation is not documented in the patient record, enter 2 • E-cigarettes are not considered tobacco products. <p>Aspirin or Anti-platelet Medication [Numeric] AND Aspirin or Anti-platelet Date [Date (mm/dd/yyyy)] AND/OR Aspirin or Anti-platelet Exception [Numeric] AND Aspirin or Anti-platelet Exception Date [Date (mm/dd/yyyy)]</p> <p>Numerator component calculation: Calculation applied only if patient has ischemic vascular disease (IVD); if no IVD indicated, is a numerator component “free-pass”. For patients with IVD, numerator component compliant if indicated on daily aspirin or anti-platelet medication (prescribed/ ordered) or documented contraindication/exception is present.</p> <p>Aspirin or Anti-platelet Medication: For patients with Ischemic Vascular Disease (IVD), enter the code that corresponds to whether the patient is prescribed a daily aspirin product or antiplatelet medication or if an aspirin product or anti-platelet medication was active on the patient’s medication list during the measurement period.</p> <p>Please see Appendix D for methods to identify appropriate aspirin products or antiplatelet medications.</p> <p>1 = Yes, patient was prescribed a daily aspirin product or antiplatelet medication, or one was indicated as active on the patient’s medication list during the measurement period.</p> <p>2 = No, patient was not prescribed a daily aspirin product or antiplatelet medication and one was not indicated as active on the patient’s medication list during the measurement period.</p> <p>Aspirin/narcotic combination medications do not qualify as a daily aspirin product.</p> <p>Aspirin or Anti-platelet Date:</p>

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		<p>For patients with IVD, enter the date of the most recent daily aspirin product or anti-platelet medication prescription, order or review of an active medication list that included a daily aspirin product or anti-platelet medication during the measurement period.</p> <p>If a daily aspirin product or anti-platelet medication was not prescribed, ordered or reviewed as an active medication during the measurement period leave blank</p> <p>Aspirin or Anti-platelet Medication Exception:</p> <p>For patients with IVD who were not prescribed or taking a daily aspirin product or anti-platelet medication during the measurement period, enter the code that corresponds to any of the following contraindications or exceptions:</p> <p>1 = Prescribed anti-coagulant medication during the measurement period</p> <p>2 = History of gastrointestinal bleeding</p> <p>3 = History of intracranial bleeding</p> <p>4 = Bleeding disorder</p> <p>5 = Other provider documented reason: allergy to aspirin or anti-platelets</p> <p>6 = Other provider documented reason: use of non-steroidal anti-inflammatory agents</p> <p>7 = Other provider documented reason: documented risk for drug interaction with a medication taken during the measurement period.</p> <p>8 = Other provider documented reason: uncontrolled hypertension (systolic blood pressure greater than 180 mmHg and/or diastolic blood pressure greater than 110 mmHg)</p> <p>9 = Other provider documented reason: gastroesophageal reflux disease (GERD)</p> <p>If none of the above contraindications or exceptions are documented, leave BLANK.</p> <p>NOTE: Items 2 and 3 above can be defined by diagnosis codes that may be used in data collection. Value Sets include: GI Bleed (ASA-01) and Intracranial Bleed (ASA-02).</p> <p>Aspirin or Anti-platelet Medication Exception Date:</p> <p>If the patient has a documented aspirin product or anti-platelet medication exception enter the date of the contraindication or exception.</p>

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Denominator Statement	Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.	Patients ages 18 to 75 with a diagnosis of diabetes (Diabetes Value Set) with any contact during the current or prior measurement period OR had diabetes (Diabetes Value Set) present on an active problem list at any time during the measurement period. Both contacts AND problem list must be queried for diagnosis (Diabetes Value Set). AND patient has at least one established patient office visit (Established Pt Diabetes & Vasc Value Set) performed or supervised by an eligible provider in an eligible specialty for any reason during the measurement period.
Denominator Details	<p>There are two ways to identify patients with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a patient only needs to be identified by one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.</p> <p>CLAIM/ENCOUNTER DATA</p> <p>Patients who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):</p> <ul style="list-style-type: none"> - At least one acute inpatient encounter with a diagnosis of diabetes without telehealth. - At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. To identify an acute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Exclude nonacute inpatient stays. 3. Identify the discharge date for the stay. - At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 	<p>Please also refer to all code lists included in the data dictionary attached in S.2b.</p> <ul style="list-style-type: none"> • 18 years or older at the start of the measurement period AND less than 76 years at the end of the measurement period • Patient had a diagnosis of diabetes (Diabetes Value Set) with any contact during the current or prior measurement period OR had diabetes (Diabetes Value Set) present on an active problem list at any time during the measurement period. Both contacts AND the active problem list must be queried for diagnosis (Diabetes Value Set). • At least one established patient office visit (Established Pt Diabetes & Vasc Value Set) performed or supervised by an eligible provider in an eligible specialty for any reason during the measurement period <p>Eligible specialties: Family Medicine, Internal Medicine, Geriatric Medicine, Endocrinology</p> <p>Eligible providers: Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Advanced Practice Registered Nurses (APRN)</p>

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	<p>2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.</p> <p>3. Identify the discharge date for the stay.</p> <p>-- Only include nonacute inpatient encounters without telehealth.</p> <p>-- Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient set.</p> <p>See attached code value sets.</p> <p>PHARMACY DATA</p> <p>Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.</p> <p>PRESCRIPTIONS TO IDENTIFY MEMBERS WITH DIABETES</p> <p>DESCRIPTION / PRESCRIPTION</p> <p>Alpha-glucosidase inhibitors / Acarbose, Miglitol</p> <p>Amylin analogs / Pramlintide</p> <p>Antidiabetic combinations / Alogliptin-metformin, Alogliptin-pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Empagliflozin-linagliptin, Empagliflozin-metformin, Glimepiride-pioglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin</p> <p>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</p> <p>Meglitinides / Nateglinide, Repaglinide</p>	

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	<p>Glucagon-like peptide-1 (GLP1) agonists / Dulaglutide, Exenatide, Albiglutide, Liraglutide</p> <p>Sodium glucose cotransporter 2 (SGLT2) inhibitor / Canagliflozin, Dapagliflozin, Empagliflozin</p> <p>Sulfonylureas / Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide</p> <p>Thiazolidinediones / Pioglitazone, Rosiglitazone</p> <p>Dipeptidyl peptidase-4 (DDP-4) inhibitors / Alogliptin, Linagliptin, Saxagliptin, Sitagliptin</p> <p>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.</p>	
Exclusions	<p>This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.</p> <p>Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes, in my setting, during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type I or Type II) is found.</p>	Valid allowable exclusions include patients who were a permanent resident of a nursing home, pregnant, died or were in hospice or palliative care during the measurement year.
Exclusion Details	<p>ADMINISTRATIVE CLAIMS</p> <p>Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.</p> <p>Exclude adults who meet any of the following criteria:</p> <ul style="list-style-type: none"> - Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: 	<ul style="list-style-type: none"> • Patient was pregnant during measurement period (ICD-10 O24.011, O24.012, O24.013, O24.019, O24.02, O24.03, O24.111, O24.112, O24.113, O24.119, O24.12, O24.13, O24.311, O24.312, O24.313, O24.319, O24.32, O24.33, O24.811, O24.812, O24.813, O24.819, O24.82, O24.83, O24.911, O24.912, O24.913, O24.919, O24.92, O24.93) • Patient was a permanent nursing home resident during the measurement period • Patient was in hospice or palliative care at any time during the measurement period, • Patient died prior to the end of the measurement period

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	<p>-- Enrolled in an Institutional SNP (I-SNP) any time on or between July 1 of the year prior to the measurement year and the end of the measurement year.</p> <p>-- Living long-term in an institution any time on or between July 1 of the year prior to the measurement year and the end of the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if an adult had an LTI flag any time on or between July 1 of the year prior to the measurement year and the end of the measurement year.</p> <p>- Adults 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Adults must meet BOTH of the following frailty and advanced illness criteria to be excluded:</p> <ol style="list-style-type: none"> 1. At least one claim/encounter for frailty during the measurement year. 2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years): <ul style="list-style-type: none"> -- At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters or nonacute inpatient discharges (instructions below) on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim. 3. Identify the discharge date for the stay. <p>-- At least one acute inpatient encounter with an advanced illness diagnosis.</p>	

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	<p>-- At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set). 3. Identify the discharge date for the stay. <p>-- A dispensed dementia medication</p> <p>DEMENTIA MEDICATIONS</p> <p>DESCRIPTION / PRESCRIPTION</p> <p>Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine</p> <p>Miscellaneous central nervous system agents / Memantine</p> <p>Exclude patients with gestational diabetes or steroid diabetes. Codes associated with identifying these identifying exclusions are attached in a separate file with code value sets.</p> <p>See attached code value sets.</p> <p>MEDICAL RECORD</p> <p>Exclusionary evidence in the medical record must include a note indicating the patient did NOT have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year AND had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.</p>	
Risk Adjustment	No risk adjustment or risk stratification	Statistical risk model
Stratification	No stratification	The diabetes population is not currently stratified when publicly reported on our consumer website, MN HealthScores. The data is, however, stratified by public (MN Health Care Programs- Prepaid Medical Assistance including dual eligibles, MinnesotaCare, and General

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		Assistance Medical Care) and private purchasers for our 2017 Health Care Disparities Report. This report notes a gap in outcomes of fifteen percentage points between diabetic patients in public programs and other purchasers. http://mncm.org/wp-content/uploads/2018/03/2017-Disparities-Report-FINAL-3.26.2018.pdf
Type Score	Rate/proportion better quality = higher score	Rate/proportion better quality = higher score
Algorithm	<p>STEP 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria.</p> <ul style="list-style-type: none"> - AGES: 18-75 years as of December 31 of the measurement year. - EVENT/DIAGNOSIS: Identify patients with diabetes in two ways: by claim/encounter data and by pharmacy data. SEE S.6 and S.7 for eligible population and denominator criteria and details. <p>STEP 2: Exclude patients who meet the exclusion criteria. SEE S.8 and S.9 for denominator exclusion criteria and details.</p> <p>STEP 3: Determine the number of patients in the eligible population who had a recent HbA1c test during the measurement year through the search of administrative data systems.</p> <p>STEP 4: Identify patients with a most recent HbA1c test performed.</p> <p>STEP 5: Identify the most recent result. If that result has an HbA1c level <8.0%, then that patient is numerator compliant. If the most recent result is instead with an HbA1c level $\geq 8.0\%$ or a missing result or if no HbA1c test was done during the measurement year, then the member is not in the numerator.</p> <p>STEP 6: Calculate the rate dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).</p>	<p>This measure is calculated by submitting a file of individual patient values (e.g. blood pressure, A1c value, etc.) to a HIPAA secure data portal. Programming within the data portal determines if each patient is a numerator case and then a rate is calculated for each clinic site. Please also refer to the measure calculation algorithms submitted within the data dictionary for this measure.</p> <p>If any component of the numerator is noncompliant for any one of the five components, then the patient is numerator noncompliant for the composite patient level all-or none optimal diabetes care measure.</p> <p>Numerator logic is as follows:</p> <p>A1c Component:</p> <p>Is the HbA1c date in the measurement period? If no, is numerator noncompliant for this component. If yes, assess next variable.</p> <p>Is the HbA1c value less than 8.0? If yes, is numerator compliant for this component. If no, is numerator noncompliant for this component.</p> <p>Note: A1c needs to occur during the measurement year AND most recent value less than 8.0</p> <p>Assess next component.</p> <p>Blood Pressure Component:</p> <p>Is Blood Pressure date in the measurement period? If no, is numerator noncompliant for this component. If yes, assess next variable.</p> <p>BP Systolic < 140? If no, is numerator noncompliant for this component. If yes, assess next variable.</p> <p>BP Diastolic < 90? If yes, is numerator compliant for this component. If no, is numerator noncompliant for this component.</p> <p>Note: BP needs to occur during the measurement year AND most recent BP systolic less than 140 AND BP diastolic less than 90</p> <p>Assess next component.</p> <p>Cholesterol Statin Use Component:</p>

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		<p>Is the patient on a statin medication? If yes, and most recent date is in the measurement year, is numerator compliant for this component. If no, assess next variable.</p> <p>For patients not on a statin the following variables are used to assess numerator compliance related to contraindications or exceptions to statin use:</p> <p>Is the patient age 18 to 20? If yes, numerator compliant (free-pass), if no, assess next variable.</p> <p>Is the patient age 21 to 75? Do they have ischemic vascular disease (IVD)? If Yes IVD, is their most recent LDL in the last five years less than 40? If Yes, numerator compliant (free-pass), if no, assess next variable.</p> <p>Does the patient have a valid contraindication/ exception to statin use defined as one of the following: pregnancy, active liver disease, rhabdomyolysis, ends stage renal disease on dialysis, heart failure, breastfeeding, allergy to statin, drug-drug interaction with statin, or intolerance with documentation of trying a statin at least once in the last 5 years)? If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.</p> <p>If No IVD, is the patient age 21 to 39 and is their most recent LDL in the last 5 years greater than or equal to 190? If No, numerator compliant (free-pass).</p> <p>If Yes LDL greater than or equal to 190, does the patient have a valid contraindication/ exception to statin use defined as one of the following: pregnancy, active liver disease, rhabdomyolysis, ends stage renal disease on dialysis, heart failure, breastfeeding, allergy to statin, drug-drug interaction with statin, or intolerance with documentation of trying a statin at least once in the last 5 years)? If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.</p> <p>If No IVD, no LDL greater than or equal to 190 for patients ages 40 to 70, is their most recent LDL in the last five years less than 70? If Yes, numerator compliant (free-pass), if no, assess next variable.</p> <p>Does the patient have a valid contraindication/ exception to statin use defined as one of the following: pregnancy, active liver disease, rhabdomyolysis, ends stage renal disease on dialysis, heart failure, breastfeeding, allergy to statin, drug-drug interaction with statin, or</p>

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		<p>intolerance with documentation of trying a statin at least once in the last 5 years)? If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.</p> <p>Note: Patient is either on a statin (prescribed/ ordered) during the measurement year or has a valid exception either by age, presence or absence of ischemic vascular disease, low untreated LDL or valid contraindication/ exception.</p> <p>Assess next component.</p> <p>Tobacco-Free Component:</p> <p>Is Tobacco Status = 1 (Tobacco Free) and Tobacco Assessment Date a valid date? If yes, is numerator compliant for this component. If no, is numerator noncompliant for this component. Assess next component.</p> <p>Daily Aspirin/ Anti-platelet Component:</p> <p>Does the patient have cardiovascular/ ischemic vascular disease? If no, is numerator compliant (free-pass), if yes assess next variable.</p> <p>Is the patient on daily aspirin or an antiplatelet? If yes, and date of most recent aspirin/ anti-platelet is in the measurement year is numerator compliant, if no, assess next variable.</p> <p>Does the patient have a valid contraindication/ exception to aspirin anti-platelet use defined as one of the following: anti-coagulant medication, history of gastrointestinal bleed, history of intracranial bleed, allergy, or physician documented reasons related to: risk of drug interaction, use of NSAIDS, uncontrolled HTN or gastro-intestinal reflux disease. If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.</p> <p>Note: Patients with ischemic vascular disease are either on daily aspirin (indicated/ prescribed/ ordered) or an anti-platelet prescribed/ ordered) during the measurement year or has a valid contraindication/ exception.</p> <p>If all of the above numerator components are in compliance, then the patient calculated as a numerator case for the optimal diabetes care measure.</p>
Submission items	<p>5.1 Identified measures: 2608 : Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)</p> <p>5a.1 Are specs completely harmonized? Yes</p>	<p>5.1 Identified measures: 0061 : Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)</p> <p>0545 : Adherence to Statins for Individuals with Diabetes Mellitus</p> <p>0575 : Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)</p>

	0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	0729: Optimal Diabetes Care
	<p>5a.2 If not completely harmonized, identify difference, rationale, impact: There are two related measures that assess HbA1c control of <8% but they are either focused on different population, use different data sources or are specified at different levels of accountability than NQF 0575. Measure 2608 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year is <8.0%. Measure 0729 is a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult diabetes patients, 18-75 years of age, who have optimally managed modifiable risk factors HbA1c control (<8%) and four other indicators.</p> <p>HARMONIZED MEASURE ELEMENTS: All measures focus on an HbA1c target of <8% for adults age 18-75.</p> <p>DIFFERENCES: - Population Focus: While NQF 0575 and 0729 are focused on the general population of people with diabetes, NQF 2608 is focused on people with a serious mental illness and diabetes. - Data Source and Level of Accountability: Measure 00575 is collected through administrative claims and/or medical record review using health plan reported data. Measure 0729 is collected through medical record abstraction and reported at the physician level of accountability. IMPACT ON INTERPRETABILITY?AND DATA COLLECTION BURDEN:? The differences between measures 0575 and 2608 do not have an impact on interpretability of?publicly?reported rates or an impact on data collection burden as the measures are focused on different populations.</p> <p>5b.1 If competing, why superior or rationale for additive value: N/A</p>	<p>2712 : Statin Use in Persons with Diabetes</p> <p>5a.1 Are specs completely harmonized? No</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact: Denominator differences due to data source, different composite measure construct and philosophical beliefs of our measure development work group. Please see 5b.1.</p> <p>5b.1 If competing, why superior or rationale for additive value: 2 measures are part of a composite measure that is stewarded by NCQA.</p> <p># 0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)</p> <p># 0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)</p> <p>NCQA's composite is a different measure construct; it is calculated at the physician panel level (what percentage of my patients have an A1c < 8.0, what percentage had BP < 140/90) but is not a patient level composite. MNQM believes that its patient level all-or-none composite is superior, patient-centric (not provider centric) and individual patients achieving as many health targets as possible only increases their likelihood of reducing long term microvascular and macrovascular complication of diabetes.</p> <p>These two measure's numerators are harmonized.</p> <p>We have philosophical differences in the denominator definitions and this is due in part to the data source. NCQA uses claims data to identify diabetic patients, MNQM used EMR based data. NCQA's methodology looks for diabetes diagnosis codes but additionally will include patients on oral medications and insulin who do not have the diagnosis. We also believe that is important to exclude diabetic women who are currently pregnant during the measurement year, related to cholesterol management. NCQA's denominator value sets intentionally include these patients.</p> <p>This measure is related (but not exactly the same)</p> <p>0545: Adherence to Statins for Individuals with Diabetes Mellitus (CMS)</p>

	0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	0729: Optimal Diabetes Care
		<p>Uses the same denominator definition as the NCQA composite. From information available in QPS, it does not appear that there are exceptions to this measure related to liver disease, rhabdomyolysis, pregnancy, etc. This is different from our planned cholesterol component for statin use. We believe our cholesterol component is superior in that it takes into account patient safety.</p> <p>This measure is related (but not exactly the same)</p> <p>2712: Statin Use in Persons with Diabetes (PQA)</p> <p>This measure uses a different data source; pharmacy claims. Because the data source relies on filled prescriptions, the only way to identify the denominator is if the patient is on a diabetes drug, which does not encompass all diabetic patients that should be on a statin. Exclusions for this measure do not take into account the exceptions and contraindications for use of statins. We believe our cholesterol component is superior.</p>

Comparison of NQF #0575 and NQF #2608

	0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	2608: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)
Steward	National Committee for Quality Assurance	National Committee for Quality Assurance
Description	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is <8.0% during the measurement year.	<p>The percentage of patients 18-75 years of age with a serious mental and diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year is <8.0%.</p> <p>Note: This measure is adapted from an existing health plan measure used in a variety of reporting programs for the general population (NQF #0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control <8.0). This measure is endorsed by NQF and is currently stewarded by NCQA.</p>
Type	Outcome: Intermediate Clinical Outcome	Outcome
Data Source	Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for	Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records The denominator for this measure is based on claim/encounter and pharmacy data. The numerator for this measure is based on claim/encounter data and medical record documentation collected in the course of providing care to health plan patients.

	0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	2608: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)
	<p>this measure directly from health plans via NCQA's online data submission system.</p> <p>No data collection instrument provided Attachment 0575_CDC_HbA1c_Good_Control_Value_Sets_Fall_2019-637088131732250530.xlsx</p>	<p>No data collection instrument provided Attachment 2608_Diabetes_SMI_HbA1c_8.0_Value_Sets.xlsx</p>
Level	Health Plan	Health Plan
Setting	Outpatient Services	Outpatient Services
Numerator Statement	Patients whose most recent HbA1c level is less than 8.0% during the measurement year.	<p>Patients whose most recent HbA1c level was less than 8.0% during the measurement year.</p> <p>The outcome is an out of range result of an HbA1c test, indicating good control of diabetes. Good control reduces the risk for complications including renal failure, blindness, and neurologic damage. There is no need for risk adjustment for this intermediate outcome measure.</p>
Numerator Details	<p>There are two data sources and approaches used for collecting data reporting the numerator for this measure: Administrative Claims and Medical Record Review</p> <p>ADMINISTRATIVE CLAIMS</p> <p>Use codes (See code value sets located in question S.2b.) to identify the most recent HbA1c test during the measurement year. The member is not numerator compliant if the result for the most recent HbA1c test is =8.0% or is missing a result, or if an HbA1c test was not done during the measurement year.</p> <p>Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent code during the measurement year to evaluate whether the patient is numerator compliant.</p> <p>VALUE SET / NUMERATOR COMPLIANCE</p> <p>HbA1c Level Less Than 7.0 Value Set / Compliant</p> <p>HbA1c Level 7.0-9.0 Value Set / Not compliant*</p> <p>HbA1c Level Greater Than 9.0 Value Set / Not compliant</p> <p>* The CPT Category II code (3045F) in this value set indicates most recent HbA1c (HbA1c) level 7.0%-9.0%</p>	<p>ADMINISTRATIVE CLAIMS: Use codes (HbA1c Tests Value Set) to identify the most recent HbA1c test during the measurement year. The patient is numerator compliant if the most recent HbA1c level is <8.0%. The patient is not numerator compliant if the result for the most recent HbA1c test is =8.0% or is missing a result, or if an HbA1c test was not done during the measurement year.</p> <p>Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent code during the measurement year to evaluate whether the patient is numerator compliant.</p> <p>VALUE SET / NUMERATOR COMPLIANCE</p> <p>HbA1c Level Less Than 7.0 Value Set / Compliant</p> <p>HbA1c Level 7.0-9.0 Value Set / Not compliant</p> <p>HbA1c Level Greater Than 9.0 Value Set / Not compliant</p> <p>MEDICAL RECORD: At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result. The patient is numerator compliant if the result for the most recent HbA1c level during the measurement year is <8.0%. The patient is not numerator compliant if the result for the most recent HbA1c test is =8.0% or is missing a result, or if an HbA1c test was not done during the measurement year.</p>

	0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	2608: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)
	<p>and is not specific enough to denote numerator compliance for this indicator. For patients with this code, the organization must use other sources (laboratory data, hybrid reporting method) to identify the actual value and determine if the HbA1c result was <8%.</p> <p>MEDICAL RECORD REVIEW</p> <p>The most recent HbA1c level (performed during the measurement year) is <8.0% as identified by laboratory data or medical record review.</p> <p>At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result. The member is numerator compliant if the most recent HbA1c level during the measurement year is <8.0%. The member is not numerator compliant if the result for the most recent HbA1c level during the measurement year is $\geq 8.0\%$ or is missing, or if a HbA1c test was not performed during the measurement year.</p> <p>Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance.</p>	<p>Ranges and thresholds do not meet criteria for this measure. A distinct numeric result is required for numerator compliance.</p>
Denominator Statement	Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.	Patients 18-75 years as of December 31st of the measurement year with at least one acute inpatient visit or two outpatient visits for schizophrenia or bipolar I disorder, or at least one inpatient visit for major depression during the measurement year AND diagnosis of diabetes (type 1 and type 2) during the measurement year or the year before.
Denominator Details	<p>There are two ways to identify patients with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a patient only needs to be identified by one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.</p> <p>CLAIM/ENCOUNTER DATA</p>	<p>Age: 18-75 years as of December 31 of the measurement year</p> <p>Benefit: Medical</p> <p>Continuous Enrollment: No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the individual may not have more than a 1-month gap in coverage (i.e., an individual whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).</p>

	0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	2608: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)
	<p>Patients who met any of the following criteria during the measurement year of the year prior to the measurement year (count services that occur over both years):</p> <ul style="list-style-type: none"> - At least one acute inpatient encounter with a diagnosis of diabetes without telehealth. - At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. To identify an acute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Exclude nonacute inpatient stays. 3. Identify the discharge date for the stay. - At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim. 3. Identify the discharge date for the stay. <p>-- Only include nonacute inpatient encounters without telehealth.</p> <p>-- Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient set.</p> <p>See attached code value sets.</p> <p>PHARMACY DATA</p> <p>Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.</p> <p>PRESCRIPTIONS TO IDENTIFY MEMBERS WITH DIABETES</p>	<p>All patients 18-75 years of age as of December 31 of the measurement year with a serious mental illness [see SMI Value Set] and diabetes (type 1 and type 2) [see Diabetes Value Set]</p> <p>The following steps should be followed to identify adults with a serious mental illness and a diagnosis for diabetes:</p> <p>(1) Identify Serious Mental Illness</p> <p>Step 1: Identify adults with a serious mental illness. They must meet at least one of the following criteria during the measurement year or the year prior:</p> <p>At least one acute inpatient claim/encounter with any diagnosis of schizophrenia, bipolar I disorder, or major depression using any of the following code combinations:</p> <p>BH Stand Alone Acute Inpatient Value Set with one of the following diagnoses:</p> <ul style="list-style-type: none"> - Schizophrenia Value Set - Bipolar Disorder Value Set - Major Depression Value Set <p>BH Acute Inpatient Value Set with BH Acute Inpatient POS Value Set and one of the following diagnoses:</p> <ul style="list-style-type: none"> - Schizophrenia Value Set - Bipolar Disorder Value Set - Major Depression Value Set <p>At least two visits in an outpatient, intensive outpatient, partial hospitalization, ED or non-acute inpatient setting, on different dates of service, with any diagnosis of schizophrenia or bipolar I disorder. Any two of the following code combinations meet criteria:</p> <p>BH Stand Alone Outpatient/PH/IOP Value Set with one of the following diagnoses:</p> <ul style="list-style-type: none"> - Schizophrenia Value Set - Bipolar Disorder Value Set <p>BH Outpatient/PH/IOP Value Set with BH Outpatient/PH/IOP POS Value Set and one of the following diagnoses:</p> <ul style="list-style-type: none"> - Schizophrenia Value Set - Bipolar Disorder Value Set

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	<p>DESCRIPTION / PRESCRIPTION</p> <p>Alpha-glucosidase inhibitors / Acarbose, Miglitol</p> <p>Amylin analogs / Pramlintide</p> <p>Antidiabetic combinations / Alogliptin-metformin, Alogliptin-pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Empagliflozin-linagliptin, Empagliflozin-metformin, Glimepiride-pioglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin</p> <p>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</p> <p>Meglitinides / Nateglinide, Repaglinide</p> <p>Glucagon-like peptide-1 (GLP1) agonists / Dulaglutide, Exenatide, Albiglutide, Liraglutide</p> <p>Sodium glucose cotransporter 2 (SGLT2) inhibitor / Canagliflozin, Dapagliflozin, Empagliflozin</p> <p>Sulfonylureas / Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide</p> <p>Thiazolidinediones / Pioglitazone, Rosiglitazone</p> <p>Dipeptidyl peptidase-4 (DDP-4) inhibitors / Alogliptin, Linagliptin, Saxagliptin, Sitagliptin</p> <p>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.</p>	<p>ED Value Set with one of the following diagnoses:</p> <ul style="list-style-type: none"> - Schizophrenia Value Set - Bipolar Disorder Value Set <p>BH ED Value Set with BH ED POS Value Set and one of the following diagnoses:</p> <ul style="list-style-type: none"> - Schizophrenia Value Set - Bipolar Disorder Value Set <p>BH Stand Alone Nonacute Inpatient Value Set with one of the following diagnoses:</p> <ul style="list-style-type: none"> - Schizophrenia Value Set - Bipolar Disorder Value Set <p>BH Nonacute Inpatient Value Set with BH Nonacute Inpatient POS Value Set and one of the following diagnoses:</p> <ul style="list-style-type: none"> - Schizophrenia Value Set - Bipolar Disorder Value Set <p>(2) Identify Diabetes</p> <p>Step 2: Of the adults identified in Step 1, identify adults with diabetes (see Diabetes Value Set) during the measurement year or the year prior using the following data:</p> <ul style="list-style-type: none"> • 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). • 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 encounters. <p>Only include nonacute inpatient encounters (Nonacute Inpatient Value Set) without telehealth (Telehealth Modifier Value Set; Telehealth POS Value Set).</p> <p>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</p>

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		<p>outpatient visit. Use the code combinations below to identify telephone visits and online assessments:</p> <ul style="list-style-type: none"> • 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). <p>Pharmacy data:</p> <ul style="list-style-type: none"> • Patients who were dispensed insulin or hypoglycemics/ antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year (see Table 1) <p>Both methods to identify the eligible population should be used, however, an individual need only be identified by one to be included in the measure.</p> <p>TABLE 1. PRESCRIPTIONS TO IDENTIFY PATIENTS WITH DIABETES</p> <p>Alpha-glucosidase inhibitors:</p> <p>Acarbose, Miglitol</p> <p>Amylin analogs:</p> <p>Pramlintide</p> <p>Antidiabetic combinations:</p> <ul style="list-style-type: none"> • 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

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		<ul style="list-style-type: none"> • Metformin-saxagliptin • Metformin-sitagliptin • Sitagliptin-simvastatin <p>Insulin:</p> <ul style="list-style-type: none"> • 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 <p>Meglitinides:</p> <p>Nateglinide, Repaglinide</p> <p>Glucagon-like peptide-1 (GLP1) agonists</p> <p>Dulaglutide, Exenatide, Liraglutide, Albiglutide</p> <p>Sodium glucose cotransporter 2 (SGLT2) inhibitors:</p> <p>Canagliflozin, Dapagliflozin, Empagliflozin</p> <p>Sulfonylureas:</p> <ul style="list-style-type: none"> • Chlorpropamide • Glimepiride • Glipizide • Glyburide • Tolazamide • Tolbutamide <p>Thiazolidinediones:</p> <p>Pioglitazone, Rosiglitazone</p> <p>Dipeptidyl peptidase-4 (DDP-4) inhibitors:</p>

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		Alogliptin, Linagliptin, Saxagliptin, Sitagliptin
Exclusions	<p>This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.</p> <p>Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes, in my setting, during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type I or Type II) is found.</p>	<p>Patients who do not have a diagnosis of diabetes and who had a diagnosis of gestational or steroid-induced diabetes.</p>
Exclusion Details	<p>ADMINISTRATIVE CLAIMS</p> <p>Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.</p> <p>Exclude adults who meet any of the following criteria:</p> <ul style="list-style-type: none"> - Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> -- Enrolled in an Institutional SNP (I-SNP) any time on or between July 1 of the year prior to the measurement year and the end of the measurement year. -- Living long-term in an institution any time on or between July 1 of the year prior to the measurement year and the end of the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if an adult had an LTI flag any time on or between July 1 of the year prior to the measurement year and the end of the measurement year. 	<p>Patients who do not have a diagnosis of diabetes (see Diabetes Value Set), in any setting, during the measurement year or year prior to the measurement year and who had a diagnosis of gestational diabetes or steroid-induced diabetes (see Diabetes Exclusions Value Set), in any setting, during the measurement year or the year prior to the measurement year.</p>

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	<p>- Adults 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Adults must meet BOTH of the following frailty and advanced illness criteria to be excluded:</p> <ol style="list-style-type: none"> 1. At least one claim/encounter for frailty during the measurement year. 2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years): <ul style="list-style-type: none"> -- At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters or nonacute inpatient discharges (instructions below) on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim. 3. Identify the discharge date for the stay. -- At least one acute inpatient encounter with an advanced illness diagnosis. -- At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set). 3. Identify the discharge date for the stay. <p>-- A dispensed dementia medication</p> <p>DEMENTIA MEDICATIONS</p> <p>DESCRIPTION / PRESCRIPTION</p>	

	0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	2608: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)
	<p>Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine</p> <p>Miscellaneous central nervous system agents / Memantine</p> <p>Exclude patients with gestational diabetes or steroid diabetes. Codes associated with identifying these identifying exclusions are attached in a separate file with code value sets.</p> <p>See attached code value sets.</p> <p>MEDICAL RECORD</p> <p>Exclusionary evidence in the medical record must include a note indicating the patient did NOT have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year AND had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.</p>	
Risk Adjustment	No risk adjustment or risk stratification	No risk adjustment or risk stratification
Stratification	No stratification	Not applicable
Type Score	Rate/proportion better quality = higher score	Rate/proportion better quality = higher score
Algorithm	<p>STEP 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria.</p> <ul style="list-style-type: none"> - AGES: 18-75 years as of December 31 of the measurement year. - EVENT/DIAGNOSIS: Identify patients with diabetes in two ways: by claim/encounter data and by pharmacy data. SEE S.6 and S.7 for eligible population and denominator criteria and details. <p>STEP 2: Exclude patients who meet the exclusion criteria. SEE S.8 and S.9 for denominator exclusion criteria and details.</p> <p>STEP 3: Determine the number of patients in the eligible population who had a recent HbA1c test during the</p>	<p>Step 1: Identify patients with serious mental illness.</p> <p>Step 2: Identify patients from step 1 who also have a diagnosis of diabetes during the measurement year or the year prior.</p> <p>Step 3: Exclude patients who meet the exclusion criteria as specified in the “Denominator Exclusion Details” section. This is the denominator.</p> <p>Step 4: Identify patients with a most recent HbA1c test performed.</p> <p>Step 5: Identify patients whose result was <8.0%. This is the numerator.</p> <p>Step 6: Calculate the rate by dividing the numerator (step 5) by the denominator (Step 3 after exclusion).</p>

	0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	2608: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)
	<p>measurement year through the search of administrative data systems.</p> <p>STEP 4: Identify patients with a most recent HbA1c test performed.</p> <p>STEP 5: Identify the most recent result. If that result has an HbA1c level <8.0%, then that patient is numerator compliant. If the most recent result is instead with an HbA1c level \geq8.0% or a missing result or if no HbA1c test was done during the measurement year, then the member is not in the numerator.</p> <p>STEP 6: Calculate the rate dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).</p>	
Submission items	<p>5.1 Identified measures: 2608 : Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)</p> <p>5a.1 Are specs completely harmonized? Yes</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact: There are two related measures that assess HbA1c control of <8% but they are either focused on different population, use different data sources or are specified at different levels of accountability than NQF 0575. Measure 2608 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year is <8.0%. Measure 0729 is a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult diabetes patients, 18-75 years of age, who have optimally managed modifiable risk factors HbA1c control (<8%) and four other indicators. HARMONIZED MEASURE ELEMENTS: All measures focus on an HbA1c target of <8% for adults age 18-75. DIFFERENCES: - Population Focus: While NQF 0575 and</p>	<p>5.1 Identified measures: 0575 : Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)</p> <p>5a.1 Are specs completely harmonized? Yes</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact: This measure was adapted from the existing measure (Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%):NQF #0575) for the subpopulation of people with serious mental illness who have a higher risk of disease and for whom there is evidence of disparity in treatment compared to the general population. The numerator of this measure is consistent with the measure used for the general population while the denominator has been adapted to focus on individuals with serious mental illness. NCQA is the current owner and steward of the existing NQF-endorsed measure and the specifications are harmonized. Building on this existing measure helps to reduce the burden of implementation for organizations and to align incentives for providers and organizations to focus on key quality of care issues.</p> <p>5b.1 If competing, why superior or rationale for additive value: Not applicable.</p>

	0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	2608: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)
	<p>0729 are focused on the general population of people with diabetes, NQF 2608 is focused on people with a serious mental illness and diabetes. - Data Source and Level of Accountability: Measure 00575 is collected through administrative claims and/or medical record review using health plan reported data. Measure 0729 is collected through medical record abstraction and reported at the physician level of accountability. IMPACT ON INTERPRETABILITY?AND DATA COLLECTION BURDEN:? The differences between measures 0575 and 2608 do not have an impact on interpretability of?publicly?reported rates or an impact on data collection burden as the measures are focused on different populations.</p> <p>5b.1 If competing, why superior or rationale for additive value: N/A</p>	

Appendix E2: Related and Competing Measures (narrative format)

Comparison of NQF #0059 and NQF #2607

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Steward

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

National Committee for Quality Assurance

2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

National Committee for Quality Assurance

Description

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is >9.0% during the measurement year.

2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

The percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year is >9.0%.

Note: This measure is adapted from an existing health plan measure used in a variety of reporting programs for the general population (NQF #0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control >9.0%). This measure is endorsed by NQF and is stewarded by NCQA.

Type

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Outcome: Intermediate Clinical Outcome

2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Outcome

Data Source

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from Health Management Organizations and Preferred Provider Organizations via NCQA's online data submission system.

No data collection instrument provided Attachment 0059_CDC_HbA1c_Poor_Control_Value_Sets_Fall_2019-637088187123576417.xlsx

2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records The denominator for this measure is based on claim/encounter and pharmacy data. The numerator for this measure is based on claim/encounter data and medical record documentation collected in the course of providing care to health plan patients.

No data collection instrument provided Attachment 2607_HbA1c_Poor_Control_for_People_With_Mental_Illness_Value_Sets-636263986029656966.xlsx

Level

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Health Plan

2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Health Plan

Setting

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Outpatient Services

2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Outpatient Services

Numerator Statement

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Patients whose most recent HbA1c level is greater than 9.0% or is missing a result, or for whom an HbA1c test was not done during the measurement year.

2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Patients whose most recent HbA1c level is greater than 9.0% (poor control) during the measurement year.

The intermediate outcome is an out of range result of an HbA1c test, indicating poor control of diabetes. Poor control puts the individual at risk for complications including renal failure, blindness, and neurologic damage. There is no need for risk adjustment for this intermediate outcome measure.

*Numerator Details***0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)**

There are two data sources and approaches used for collecting data reporting the numerator for this measure: Administrative Claims and Medical Record Review.

ADMINISTRATIVE CLAIMS

Use codes (See code value sets located in question S.2b.) to identify the most recent HbA1c test during the measurement year. The patient is numerator compliant if the most recent HbA1c level is >9.0% or is missing a result, or if an HbA1c test was not done during the measurement year. The patient is not numerator compliant if the result for the most recent HbA1c test during the measurement year is =9.0%.

Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent code during the measurement year to evaluate whether the patient is numerator compliant.

VALUE SET / NUMERATOR COMPLIANCE

HbA1c Level Less Than 7.0 Value Set / Not compliant

HbA1c Level 7.0-9.0 Value Set / Not compliant

HbA1c Level Greater Than 9.0 Value Set / Compliant

MEDICAL RECORD REVIEW

The most recent HbA1c level (performed during the measurement year) is >9.0% or is missing, or was not done during the measurement year, as documented through laboratory data or medical record review.

At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result. The patient is numerator compliant if the result for the most recent HbA1c level during the measurement year is >9.0% or is missing, or if an HbA1c test was not done during the measurement year. The patient is not numerator compliant if the most recent HbA1c level during the measurement year is =9.0%.

Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance.

Note: A lower rate indicates better performance for this indicator (i.e., low rates of poor control indicate better care).

2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)**ADMINISTRATIVE:**

Use codes (see HbA1c Tests Value Set) to identify the most recent HbA1c test during the measurement year. The patient is numerator compliant if the most recent HbA1c level is >9.0% or is missing a result, or if an HbA1c test was not done during the measurement year. The patient is not numerator compliant if the result for the most recent HbA1c test during the measurement year is =9.0%.

Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent code during the measurement year to evaluate whether the patient is numerator compliant.

VALUE SET / NUMERATOR COMPLIANCE

HbA1c Level Less Than 7.0 Value Set / Not compliant

HbA1c Level 7.0–9.0 Value Set / Not compliant

HbA1c Level Greater Than 9.0 Value Set / Compliant

MEDICAL RECORD:

At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result. The patient is numerator compliant if the result for the most recent HbA1c level during the measurement year is >9.0% or is missing, or if an HbA1c test was not done during the measurement year. The patient is not numerator compliant if the most recent HbA1c level during the measurement year is =9.0%.

Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance.

*Denominator Statement***0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)**

Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.

2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Patients 18-75 years of age as of December 31 of the measurement year with at least one acute inpatient visit or two outpatient visits for schizophrenia or bipolar I disorder, or at least one inpatient visit for major depression during the measurement year AND diabetes (type 1 and type 2) during the measurement year or the year before.

*Denominator Details***0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)**

There are two ways to identify patients with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a patient only needs to be identified by one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.

CLAIM/ENCOUNTER DATA

Patients who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):

- At least one acute inpatient encounter with a diagnosis of diabetes without telehealth.
- At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. To identify an acute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays.
 2. Exclude nonacute inpatient stays.
 3. Identify the discharge date for the stay.
- At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays.
 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.
 3. Identify the discharge date for the stay.
- Only include nonacute inpatient encounters without telehealth.
- Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient set.

See attached code value sets.

PHARMACY DATA

Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.

PRESCRIPTIONS TO IDENTIFY MEMBERS WITH DIABETES**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, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin

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, Albiglutide, Liraglutide

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.

2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Age: 18-75 years as of December 31 of the measurement year

Benefit: Medical

Continuous Enrollment: No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the individual may not have more than a 1-month gap in coverage (i.e., an individual whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

All patients 18-75 years of age as of December 31 of the measurement year with a serious mental illness [see SMI Value Set] and diabetes (type 1 and type 2) [see Diabetes Value Set]

The following steps should be followed to identify patients with a serious mental illness and a diagnosis for diabetes:

(1) Identify Serious Mental Illness

Step 1: Identify patients with a serious mental illness. They must meet at least one of the following criteria during the measurement year:

At least one acute inpatient claim/encounter with any diagnosis of schizophrenia, bipolar I disorder, or major depression using any of the following code combinations:

BH Stand Alone Acute Inpatient Value Set with one of the following diagnoses:

- Schizophrenia Value Set
- Bipolar Disorder Value Set
- Major Depression Value Set

BH Acute Inpatient Value Set with BH Acute Inpatient POS Value Set and one of the following diagnoses:

- Schizophrenia Value Set
- Bipolar Disorder Value Set
- Major Depression Value Set

At least two visits in an outpatient, intensive outpatient, partial hospitalization, ED or non-acute inpatient setting, on different dates of service, with any diagnosis of schizophrenia or bipolar I disorder. Any two of the following code combinations meet criteria:

BH Stand Alone Outpatient/PH/IOP Value Set with one of the following diagnoses:

- Schizophrenia Value Set
- Bipolar Disorder Value Set

BH Outpatient/PH/IOP Value Set with BH Outpatient/PH/IOP POS Value Set and one of the following diagnoses:

- Schizophrenia Value Set
- Bipolar Disorder Value Set

ED Value Set with one of the following diagnoses:

- Schizophrenia Value Set
- Bipolar Disorder Value Set

BH ED Value Set with BH ED POS Value Set and one of the following diagnoses:

- Schizophrenia Value Set
- Bipolar Disorder Value Set

BH Stand Alone Nonacute Inpatient Value Set with one of the following diagnoses:

- Schizophrenia Value Set
- Bipolar Disorder Value Set

BH Nonacute Inpatient Value Set with BH Nonacute Inpatient POS Value Set and one of the following diagnoses:

- Schizophrenia Value Set
- Bipolar Disorder Value Set

(2) Identify Diabetes

Step 2: Of the patients in Step 1, identify patients with diabetes (see Diabetes Value Set) during the measurement year or the year prior using the following data:

Claim/encounter data:

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

Pharmacy data:

- Patients who were dispensed insulin or hypoglycemics/ antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year (see Table 1)

Both methods to identify the eligible population should be used, however, an individual need only be identified by one to be included in the measure.

TABLE 1. PRESCRIPTIONS TO IDENTIFY PATIENTS WITH DIABETES

Alpha-glucosidase inhibitors:

Acarbose, Miglitol

Amylin analogs:

Pramlintide

Antidiabetic combinations:

Glimepiride-pioglitazone, Glimepiride-rosiglitazone, Glipizide-metformin, Glyburide-metformin, Metformin-pioglitazone, Metformin-rosiglitazone, Metformin-sitagliptin, Saxagliptin, Sitagliptin-simvastatin

Insulin:

Insulin aspart, Insulin aspart-insulin aspart protamine, Insulin detemir, Insulin glargine, Insulin glulisine, Insulin inhalation, Insulin isophane beef-pork, Insulin isophane human, Insulin isophane-insulin regular, Insulin lispro, Insulin lispro-insulin lispro protamine, Insulin regular human, Insulin zinc human

Meglitinides:

Nateglinide, Repaglinide

Miscellaneous antidiabetic agents:

Exenatide, Liraglutide, Metformin-repaglinide, Sitagliptin

Sulfonylureas:

Acetohexamide, Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide

Thiazolidinediones:

Pioglitazone, Rosiglitazone

Exclusions

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.

Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type 1 or Type II) is found.

2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Patients who do not have a diagnosis of diabetes and meet one of the following criteria are excluded from the measure:

- Patients with a diagnosis of polycystic ovaries.
- Patients with gestational or steroid-induced diabetes.

Exclusion Details

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

ADMINISTRATIVE CLAIMS

Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.

Exclude adults who meet any of the following criteria:

- Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
 - Enrolled in an Institutional SNP (I-SNP) any time on or between July 1 of the year prior to the measurement year and the end of the measurement year.
 - Living long-term in an institution any time on or between July 1 of the year prior to the measurement year and the end of the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if an adult had an LTI flag any time on or between July 1 of the year prior to the measurement year and the end of the measurement year.
- Adults 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Members must meet BOTH of the following frailty and advanced illness criteria to be excluded:
 1. At least one claim/encounter for frailty during the measurement year.

2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):

-- At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters or nonacute inpatient discharges (instructions below) on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:

1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim.
3. Identify the discharge date for the stay.

-- At least one acute inpatient encounter with an advanced illness diagnosis.

-- At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge:

1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).
3. Identify the discharge date for the stay.

-- A dispensed dementia medication

DEMENTIA MEDICATIONS

DESCRIPTION / PRESCRIPTION

Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine

Miscellaneous central nervous system agents / Memantine

Exclude patients with gestational diabetes or steroid diabetes. Codes associated with identifying these identifying exclusions are attached in a separate file with code value sets.

See attached code value sets.

MEDICAL RECORD

Exclusionary evidence in the medical record must include a note indicating the patient did NOT have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year AND had a diagnosis of gestational or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.

2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Patients who do not have a diagnosis of diabetes (see Diabetes Value Set), in any setting, during the measurement year or year prior to the measurement year and who meet either of the following criteria:

-A diagnosis of polycystic ovaries (see Polycystic Ovaries Value Set), in any setting, any time during the person's history through December 31 of the measurement year.

-A diagnosis of gestational diabetes or steroid-induced diabetes (see Diabetes Exclusions Value Set), in any setting, during the measurement year or the year prior to the measurement year.

Risk Adjustment

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

No risk adjustment or risk stratification

2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

No risk adjustment or risk stratification

Stratification

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

No stratification

2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Not applicable.

Type Score

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Rate/proportion better quality = lower score

2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Rate/proportion better quality = lower score

Algorithm

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

STEP 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria.

- AGES: 18-75 years as of December 31 of the measurement year.

- EVENT/DIAGNOSIS: Identify patients with diabetes in two ways: by claim/encounter data and by pharmacy data. SEE S.6 and S.7 for eligible population and denominator criteria and details.

STEP 2: Exclude patients who meet the exclusion criteria. SEE S.8 and S.9 for denominator exclusion criteria and details.

STEP 3: Determine the number of patients in the eligible population who had a recent HbA1c test during the measurement year through the search of administrative data systems.

STEP 4: Identify patients with a most recent HbA1c test performed.

STEP 5: Identify the most recent result. If that result has an HbA1c level >9.0%, a missing result or if no HbA1c test was done during the measurement year then that patient is numerator compliant. If the most recent result is instead with an HbA1c level <=9.0% then the number is not in the numerator.

STEP 6: Calculate the rate by dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).

2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Step 1: Identify patients with serious mental illness.

Step 2: Identify patients from step 1 who also have a diagnosis of diabetes during the measurement year or the year prior.

Step 3: Exclude patients who meet the exclusion criteria as specified in the “Denominator Exclusion Details” section. This is the denominator.

Step 4: Identify patients with a most recent HbA1c test performed.

Step 5: Identify patients whose most recent HbA1c level is >9.0% or is missing a result or if an HbA1c test was not done during the measurement year. This is the numerator.

Step 6: Calculate the rate by dividing the numerator (step 5) by the denominator (after exclusions) (Step 3).

Submission items

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

5.1 Identified measures: 2607 : Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact: There is another related measure that assesses poor control of HbA1c (>9%) but it is focused on a different population than NQF 0059. Measure 2607 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year is >9.0%. HARMONIZED MEASURE ELEMENTS: Both measures focus on an HbA1c target of >9% for adults age 18-75 and are collected using administrative claims and/or medical record review using health plan reported data. DIFFERENCES: - Population Focus: NQF 0059 focuses on the general population of people with diabetes while NQF 2607 focuses on people with a serious mental illness and diabetes. IMPACT ON INTERPRETABILITY?AND DATA COLLECTION BURDEN:? The differences between measures 0575 and 2607 do not have an impact on interpretability of?publicly?reported rates or an impact on data collection burden as the measures are focused on different populations.

5b.1 If competing, why superior or rationale for additive value: N/A

2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

5.1 Identified measures: 0059 : Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact: This measure was adapted from the existing measure (Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) NQF #0059) for the high risk subpopulation of people with serious mental illness who have a higher risk of disease and for whom there is evidence of disparity in treatment compared to the general population. The numerator of this measure is consistent with the measure used for the general population while the denominator has been adapted to focus on individuals with serious mental illness. NCQA is the owner and steward of the existing NQF-endorsed measure and the specifications are harmonized. Building on this existing measure helps to reduce the burden of implementation for organizations and to align incentives for providers and organizations to focus on key quality of care issues.

5b.1 If competing, why superior or rationale for additive value: Not applicable.

Comparison of NQF #0059 and NQF #0575

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

Steward

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

National Committee for Quality Assurance

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

National Committee for Quality Assurance

Description

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is >9.0% during the measurement year.

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is <8.0% during the measurement year.

Type

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Outcome: Intermediate Clinical Outcome

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

Outcome: Intermediate Clinical Outcome

Data Source

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from Health Management Organizations and Preferred Provider Organizations via NCQA's online data submission system.

No data collection instrument provided Attachment 0059_CDC_HbA1c_Poor_Control_Value_Sets_Fall_2019-637088187123576417.xlsx

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from health plans via NCQA's online data submission system.

No data collection instrument provided Attachment 0575_CDC_HbA1c_Good_Control_Value_Sets_Fall_2019-637088131732250530.xlsx

Level

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Health Plan

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

Health Plan

Setting

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Outpatient Services

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

Outpatient Services

Numerator Statement

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Patients whose most recent HbA1c level is greater than 9.0% or is missing a result, or for whom an HbA1c test was not done during the measurement year.

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

Patients whose most recent HbA1c level is less than 8.0% during the measurement year.

Numerator Details

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

There are two data sources and approaches used for collecting data reporting the numerator for this measure: Administrative Claims and Medical Record Review.

ADMINISTRATIVE CLAIMS

Use codes (See code value sets located in question S.2b.) to identify the most recent HbA1c test during the measurement year. The patient is numerator compliant if the most recent HbA1c level is >9.0% or is missing a result, or if an HbA1c test was not done during the measurement year. The patient is not numerator compliant if the result for the most recent HbA1c test during the measurement year is =9.0%.

Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent code during the measurement year to evaluate whether the patient is numerator compliant.

VALUE SET / NUMERATOR COMPLIANCE

HbA1c Level Less Than 7.0 Value Set / Not compliant

HbA1c Level 7.0-9.0 Value Set / Not compliant

HbA1c Level Greater Than 9.0 Value Set / Compliant

MEDICAL RECORD REVIEW

The most recent HbA1c level (performed during the measurement year) is >9.0% or is missing, or was not done during the measurement year, as documented through laboratory data or medical record review.

At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result. The patient is numerator compliant if the result for the most recent HbA1c level during the measurement year is >9.0% or is missing, or if an HbA1c test was not done during the measurement year. The patient is not numerator compliant if the most recent HbA1c level during the measurement year is =9.0%.

Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance.

Note: A lower rate indicates better performance for this indicator (i.e., low rates of poor control indicate better care).

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

There are two data sources and approaches used for collecting data reporting the numerator for this measure: Administrative Claims and Medical Record Review

ADMINISTRATIVE CLAIMS

Use codes (See code value sets located in question S.2b.) to identify the most recent HbA1c test during the measurement year. The member is not numerator compliant if the result for the most recent HbA1c test is =8.0% or is missing a result, or if an HbA1c test was not done during the measurement year.

Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent code during the measurement year to evaluate whether the patient is numerator compliant.

VALUE SET / NUMERATOR COMPLIANCE

HbA1c Level Less Than 7.0 Value Set / Compliant

HbA1c Level 7.0-9.0 Value Set / Not compliant*

HbA1c Level Greater Than 9.0 Value Set / Not compliant

* The CPT Category II code (3045F) in this value set indicates most recent HbA1c (HbA1c) level 7.0%-9.0% and is not specific enough to denote numerator compliance for this indicator. For patients with this code, the organization must use other sources (laboratory data, hybrid reporting method) to identify the actual value and determine if the HbA1c result was <8%.

MEDICAL RECORD REVIEW

The most recent HbA1c level (performed during the measurement year) is <8.0% as identified by laboratory data or medical record review.

At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result. The member is numerator compliant if the most recent HbA1c level during the measurement year is <8.0%. The member is not numerator compliant if the result for the most recent HbA1c level during the measurement year is ≥8.0% or is missing, or if a HbA1c test was not performed during the measurement year.

Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance.

Denominator Statement

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.

Denominator Details

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

There are two ways to identify patients with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a patient only needs to be identified by one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.

CLAIM/ENCOUNTER DATA

Patients who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):

- At least one acute inpatient encounter with a diagnosis of diabetes without telehealth.
- At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. To identify an acute inpatient discharge:

1. Identify all acute and nonacute inpatient stays.

2. Exclude nonacute inpatient stays.

3. Identify the discharge date for the stay.

- At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:

1. Identify all acute and nonacute inpatient stays.

2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.

3. Identify the discharge date for the stay.

-- Only include nonacute inpatient encounters without telehealth.

-- Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient set.

See attached code value sets.

PHARMACY DATA

Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.

PRESCRIPTIONS TO IDENTIFY MEMBERS WITH DIABETES

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, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin

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, Albiglutide, Liraglutide

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.

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

There are two ways to identify patients with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a patient only needs to be identified by one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.

CLAIM/ENCOUNTER DATA

Patients who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):

- At least one acute inpatient encounter with a diagnosis of diabetes without telehealth.

- At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. To identify an acute inpatient discharge:

1. Identify all acute and nonacute inpatient stays.

2. Exclude nonacute inpatient stays.

3. Identify the discharge date for the stay.

- At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:

1. Identify all acute and nonacute inpatient stays.

2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.

3. Identify the discharge date for the stay.

- Only include nonacute inpatient encounters without telehealth.

- Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient set.

See attached code value sets.

PHARMACY DATA

Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.

PRESCRIPTIONS TO IDENTIFY MEMBERS WITH DIABETES

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, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin

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, Albiglutide, Liraglutide

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.

Exclusions

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.

Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type 1 or Type II) is found.

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.

Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes, in my setting, during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are

sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type I or Type II) is found.

Exclusion Details

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

ADMINISTRATIVE CLAIMS

Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.

Exclude adults who meet any of the following criteria:

- Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
 - Enrolled in an Institutional SNP (I-SNP) any time on or between July 1 of the year prior to the measurement year and the end of the measurement year.
 - Living long-term in an institution any time on or between July 1 of the year prior to the measurement year and the end of the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if an adult had an LTI flag any time on or between July 1 of the year prior to the measurement year and the end of the measurement year.
- Adults 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Members must meet BOTH of the following frailty and advanced illness criteria to be excluded:
 1. At least one claim/encounter for frailty during the measurement year.
 2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):
 - At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters or nonacute inpatient discharges (instructions below) on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
 2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim.
 3. Identify the discharge date for the stay.
 - At least one acute inpatient encounter with an advanced illness diagnosis.
 - At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).

2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).

3. Identify the discharge date for the stay.

-- A dispensed dementia medication

DEMENTIA MEDICATIONS

DESCRIPTION / PRESCRIPTION

Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine

Miscellaneous central nervous system agents / Memantine

Exclude patients with gestational diabetes or steroid diabetes. Codes associated with identifying these identifying exclusions are attached in a separate file with code value sets.

See attached code value sets.

MEDICAL RECORD

Exclusionary evidence in the medical record must include a note indicating the patient did NOT have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year AND had a diagnosis of gestational or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

ADMINISTRATIVE CLAIMS

Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.

Exclude adults who meet any of the following criteria:

- Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:

-- Enrolled in an Institutional SNP (I-SNP) any time on or between July 1 of the year prior to the measurement year and the end of the measurement year.

-- Living long-term in an institution any time on or between July 1 of the year prior to the measurement year and the end of the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if an adult had an LTI flag any time on or between July 1 of the year prior to the measurement year and the end of the measurement year.

- Adults 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness.

Adults must meet BOTH of the following frailty and advanced illness criteria to be excluded:

1. At least one claim/encounter for frailty during the measurement year.

2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):

-- At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters or nonacute inpatient discharges (instructions below) on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:

1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim.
3. Identify the discharge date for the stay.

-- At least one acute inpatient encounter with an advanced illness diagnosis.

-- At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge:

1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).
3. Identify the discharge date for the stay.

-- A dispensed dementia medication

DEMENTIA MEDICATIONS

DESCRIPTION / PRESCRIPTION

Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine

Miscellaneous central nervous system agents / Memantine

Exclude patients with gestational diabetes or steroid diabetes. Codes associated with identifying these identifying exclusions are attached in a separate file with code value sets.

See attached code value sets.

MEDICAL RECORD

Exclusionary evidence in the medical record must include a note indicating the patient did NOT have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year AND had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.

Risk Adjustment

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

No risk adjustment or risk stratification

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

No risk adjustment or risk stratification

Stratification

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

No stratification

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

No stratification

Type Score

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Rate/proportion better quality = lower score

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

Rate/proportion better quality = higher score

Algorithm

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

STEP 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria.

- AGES: 18-75 years as of December 31 of the measurement year.

- EVENT/DIAGNOSIS: Identify patients with diabetes in two ways: by claim/encounter data and by pharmacy data. SEE S.6 and S.7 for eligible population and denominator criteria and details.

STEP 2: Exclude patients who meet the exclusion criteria. SEE S.8 and S.9 for denominator exclusion criteria and details.

STEP 3: Determine the number of patients in the eligible population who had a recent HbA1c test during the measurement year through the search of administrative data systems.

STEP 4: Identify patients with a most recent HbA1c test performed.

STEP 5: Identify the most recent result. If that result has an HbA1c level >9.0%, a missing result or if no HbA1c test was done during the measurement year then that patient is numerator compliant. If the most recent result is instead with an HbA1c level ≤9.0% then the number is not in the numerator.

STEP 6: Calculate the rate by dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

STEP 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria.

- AGES: 18-75 years as of December 31 of the measurement year.
- EVENT/DIAGNOSIS: Identify patients with diabetes in two ways: by claim/encounter data and by pharmacy data. SEE S.6 and S.7 for eligible population and denominator criteria and details.
- STEP 2: Exclude patients who meet the exclusion criteria. SEE S.8 and S.9 for denominator exclusion criteria and details.
- STEP 3: Determine the number of patients in the eligible population who had a recent HbA1c test during the measurement year through the search of administrative data systems.
- STEP 4: Identify patients with a most recent HbA1c test performed.
- STEP 5: Identify the most recent result. If that result has an HbA1c level <8.0%, then that patient is numerator compliant. If the most recent result is instead with an HbA1c level >=8.0% or a missing result or if no HbA1c test was done during the measurement year, then the member is not in the numerator.
- STEP 6: Calculate the rate dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).

Submission items

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

5.1 Identified measures: 2607 : Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact: There is another related measure that assesses poor control of HbA1c (>9%) but it is focused on a different population than NQF 0059. Measure 2607 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year is >9.0%. HARMONIZED MEASURE ELEMENTS: Both measures focus on an HbA1c target of >9% for adults age 18-75 and are collected using administrative claims and/or medical record review using health plan reported data. DIFFERENCES: - Population Focus: NQF 0059 focuses on the general population of people with diabetes while NQF 2607 focuses on people with a serious mental illness and diabetes. IMPACT ON INTERPRETABILITY?AND DATA COLLECTION BURDEN:? The differences between measures 0575 and 2607 do not have an impact on interpretability of?publicly?reported rates or an impact on data collection burden as the measures are focused on different populations.

5b.1 If competing, why superior or rationale for additive value: N/A

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

5.1 Identified measures: 2608 : Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact: There are two related measures that assess HbA1c control of <8% but they are either focused on different population, use different data sources or are specified at different levels of accountability than NQF 0575. Measure 2608 is NQF endorsed as a single measure that uses health plan reported data to assess

the percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year is <8.0%. Measure 0729 is a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult diabetes patients, 18-75 years of age, who have optimally managed modifiable risk factors HbA1c control (<8%) and four other indicators. HARMONIZED MEASURE ELEMENTS: All measures focus on an HbA1c target of <8% for adults age 18-75. DIFFERENCES: - Population Focus: While NQF 0575 and 0729 are focused on the general population of people with diabetes, NQF 2608 is focused on people with a serious mental illness and diabetes. - Data Source and Level of Accountability: Measure 00575 is collected through administrative claims and/or medical record review using health plan reported data. Measure 0729 is collected through medical record abstraction and reported at the physician level of accountability. IMPACT ON INTERPRETABILITY?AND DATA COLLECTION BURDEN:? The differences between measures 0575 and 2608 do not have an impact on interpretability of?publicly?reported rates or an impact on data collection burden as the measures are focused on different populations.

5b.1 If competing, why superior or rationale for additive value: N/A

Comparison of NQF #0061 and NQF #0018

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

0018: Controlling High Blood Pressure

Steward

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

National Committee for Quality Assurance

0018: Controlling High Blood Pressure

National Committee for Quality Assurance

Description

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level taken during the measurement year is <140/90 mm Hg.

0018: Controlling High Blood Pressure

The percentage of adults 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.

Type

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Outcome: Intermediate Clinical Outcome

0018: Controlling High Blood Pressure

Outcome: Intermediate Clinical Outcome

Data Source

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from health plans via NCQA's online data submission system.

No data collection instrument provided Attachment 0061_CDC_BP_Control_Value_Sets_Fall_2019-637088223907626862.xlsx

0018: Controlling High Blood Pressure

Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from health plans via NCQA's online data submission system.

No data collection instrument provided Attachment 0018_CBP_Value_Sets_Fall_2019-637002741932672877.xlsx

Level

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Health Plan

0018: Controlling High Blood Pressure

Health Plan

Setting

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Outpatient Services

0018: Controlling High Blood Pressure

Outpatient Services

Numerator Statement

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Patients whose most recent blood pressure level was <140/90 mm Hg during the measurement year.

0018: Controlling High Blood Pressure

Patients whose most recent blood pressure level was <140/90 mm Hg during the measurement year.

Numerator Details

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

There are two data sources and approaches used for collecting data and reporting the numerator for this measure: Administrative Claims and Medical Record Review.

ADMINISTRATIVE CLAIMS

Use codes (See code value sets located in question S.2b.) to identify the most recent blood pressure reading taken during an outpatient visit or a nonacute inpatient encounter or remote monitoring event during the measurement year.

The patient is numerator compliant if the blood pressure is <140/90 mm Hg. The patient is not compliant if the blood pressure is ≥140/90 mm Hg, if there is no blood pressure reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are multiple blood pressure readings on the same date of service, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure.

Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels.

VALUE SET / NUMERATOR COMPLIANCE

Systolic Less Than 140 Value Set / Systolic compliant

Systolic Greater Than or Equal to 140 Value Set / Systolic noncompliant

Diastolic Less Than 80 Value Set / Diastolic compliant

Diastolic 80-89 Value Set / Diastolic compliant

Diastolic Greater Than or Equal to 90 Value Set / Diastolic not compliant

See attached code value sets.

MEDICAL RECORD REVIEW

The most recent BP level (taken during the measurement year) is <140/90 mm Hg, as documented through administrative data or medical record review.

The organization should use the medical record from which it abstracts data for the other measures in the Comprehensive Diabetes Care set. If the organization does not abstract for other measures, it should use the medical record of the provider that manages the patient's diabetes. If that medical record does not contain a BP, the organization may use the medical record of another PCP or specialist from whom the patient receives care.

Identify the most recent blood pressure reading noted during the measurement year. Do not include blood pressure readings that meet the following criteria:

- Taken during an acute inpatient stay or an ED visit.
- Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.
- Reported by or taken by the patient.

Blood pressure readings from remote monitoring devices that are digitally stored and transmitted to the provider may be included. There must be documentation in the medical record that clearly states the reading was taken by an electronic device, and results were digitally stored and transmitted to the provider and interpreted by the provider.

Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record. If there are multiple blood pressure readings recorded for a single date, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure. The systolic and diastolic results do not need to be from the same reading when multiple readings are recorded for a single date.

The patient is not numerator compliant if the blood pressure does not meet the specified threshold or is missing, or if there is no blood pressure reading during the measurement year or if the reading is incomplete (i.e., the systolic or diastolic level is missing).

0018: Controlling High Blood Pressure

There are two data sources and approaches used for collecting data reporting the numerator for this measure: Administrative Claims and Medical Record Review

ADMINISTRATIVE CLAIMS

Use codes (See code value sets located in question S.2b.) to identify the most recent BP reading taken during an outpatient visit, a nonacute inpatient encounter, or remote monitoring event during the measurement year.

The blood pressure reading must occur on or after the date when the second diagnosis of hypertension (identified using the event/diagnosis criteria).

The patient is numerator compliant if the blood pressure is <140/90 mm Hg. The patient is not compliant if the blood pressure is \geq 140/90 mm Hg, if there is no blood pressure reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are multiple blood pressure readings on the same date of service, use the lowest systolic and lowest diastolic blood pressure on that date as the presentative blood pressure.

Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels.

VALUE SET / NUMERATOR COMPLIANCE

Systolic Less Than 140 Value Set / Systolic compliant

Systolic Greater Than or Equal to 140 Value Set / Systolic not compliant

Diastolic Less Than 80 Value Set / Diastolic compliant

Diastolic 80-89 Value Set / Diastolic compliant

Diastolic Greater Than or Equal to 90 Value Set / Diastolic not compliant

See attached code value sets.

MEDICAL RECORD REVIEW

The number of patients in the denominator whose most recent blood pressure (both systolic and diastolic) is adequately controlled during the measurement year. For a patient's blood pressure to be controlled the systolic and diastolic blood pressure must be <140/90 mm hg (adequate control). To determine if a member's blood pressure is adequately controlled, the representative blood pressure must be identified.

All eligible blood pressure measurements recorded in the record must be considered. If an organization cannot find the medical record, the patient remains in the measure denominator and is considered noncompliant for the numerator.

Use the following guidance to find the appropriate medical record to review.

- Identify the patient's PCP.
- If the patient had more than one PCP for the time-period, identify the PCP who most recently provided care to the patient.
- If the patient did not visit a PCP for the time-period or does not have a PCP, identify the practitioner who most recently provided care to the patient.
- If a practitioner other than the patient's PCP manages the hypertension, the organization may use the medical record of that practitioner.

Identify the most recent blood pressure reading noted during the measurement year.

The blood pressure reading must occur on or after the date when the second diagnosis of hypertension (identified using the event/diagnosis criteria) occurred.

Do not include BP readings:

- Taken during an acute inpatient stay or an ED visit.
- Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.

- Reported by or taken by the patient.

BP readings from remote monitoring devices that are digitally stored and transmitted to the provider may be included. There must be documentation in the medical record that clearly states the reading was taken by an electronic device, and results were digitally stored and transmitted to the provider and interpreted by the provider.

Identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record. If multiple readings were recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading.

The patient is not compliant if the BP reading is $\geq 140/90$ mm Hg or is missing, or if there is no BP reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing).

Denominator Statement

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.

0018: Controlling High Blood Pressure

Patients 18-85 years of age who had at least two visits on different dates of service with a diagnosis of hypertension during the measurement year or the year prior to the measurement year.

Denominator Details

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

There are two ways to identify patients with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a patient only needs to be identified by one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.

CLAIM/ENCOUNTER DATA

Patients who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):

- At least one acute inpatient encounter with a diagnosis of diabetes without telehealth.
- At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. To identify an acute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays.
 2. Exclude nonacute inpatient stays.
 3. Identify the discharge date for the stay.

- At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:

1. Identify all acute and nonacute inpatient stays.
2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.
3. Identify the discharge date for the stay.

-- Only include nonacute inpatient encounters without telehealth.

-- Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient set.

See attached code value sets.

PHARMACY DATA

Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.

PRESCRIPTIONS TO IDENTIFY MEMBERS WITH DIABETES

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, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin

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, Albiglutide, Liraglutide

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.

0018: Controlling High Blood Pressure

Patients who had continuous enrollment in the measurement year. No more than one gap in continuous enrollment of up to 45 days during the measurement year. If the patient has Medicaid, then no more than a 1-month gap in coverage.

Patients are identified for the denominator using claim/encounter data.

Patients who had at least two visits on different dates of service with a diagnosis of hypertension during the measurement year or the year prior to the measurement year. Visit type need not be the same for the two visits.

Any of the following combinations meet criteria:

- Outpatient visit with any diagnosis of hypertension
- A telephone visit with any diagnosis of hypertension
- An online assessment with any diagnosis of hypertension

Only one of the two visits may be a telephone visit, an online assessment or an outpatient telehealth visit. Identify outpatient telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient visit.

See attached code value sets.

Exclusions

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.

Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type 1 or Type II) is found.

0018: Controlling High Blood Pressure

This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.

Additionally, this measure excludes patients with evidence of end-stage renal disease, dialysis, nephrectomy, or kidney transplant on or prior to the December 31 of the measurement year. It also excludes female patients with a diagnosis of pregnancy during the measurement year, and patients who had a nonacute inpatient admission during the measurement year.

Exclusion Details

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

ADMINISTRATIVE CLAIMS

Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the service began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.

Exclude adults who meet any of the following criteria:

- Medicare adults 66 years of age and older as of December 31 of the measurement year who meet either of the following:
 - Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.
 - Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run data of the file to determine if a member had an LTI flag during the measurement year.
- Adults 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and with advanced illness. Patients must meet BOTH of the following frailty and advanced illness criteria to be excluded:
 1. At least one claim/encounter for frailty during the measurement year.
 2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):
 - At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters nonacute inpatient discharges on different dates of services, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays.
 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.
 3. Identify the discharge date for the stay.
 - At least one acute inpatient encounter with an advanced illness diagnosis.
 - At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays.
 2. Exclude nonacute inpatient stays.
 3. Identify the discharge date for the stay.
 - A dispensed dementia medication

DEMENTIA MEDICATIONS

DESCRIPTION / PRESCRIPTION

Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine

Miscellaneous central nervous system agents / Memantine

Exclude patients with gestational diabetes or steroid diabetes. Codes associated with identifying these identifying exclusions are attached in a separate file with code value sets.

See attached code value sets.

MEDICAL RECORD

Exclusionary evidence in the medical record must include a note indicating the patient did NOT have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year AND had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.

0018: Controlling High Blood Pressure

ADMINISTRATIVE CLAIMS

Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the service began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.

Exclude adults who meet any of the following criteria:

- Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
 - Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.
 - Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run data of the file to determine if a patient had an LTI flag during the measurement year.
- Members 66-80 years of age as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Patients must meet BOTH of the following frailty and advanced illness criteria to be excluded:
 1. At least one claim/encounter for frailty during the measurement year.
 2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):
 - At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters or nonacute inpatient discharges (instructions below) on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays.
 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.
 3. Identify the discharge date for the stay.
 - At least one acute inpatient encounter with an advanced illness diagnosis.

-- At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge:

1. Identify all acute and nonacute inpatient stays.
2. Exclude nonacute inpatient stays.
3. Identify the discharge date for the stay.

-- A dispensed dementia medication.

DEMENTIA MEDICATIONS

DESCRIPTION / PRESCRIPTION

Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine

Miscellaneous central nervous system agents / Memantine

- Members 81 years of age and older as of December 31 of the measurement year (all product lines) with frailty during the measurement year.

Exclude patients with evidence of end-stage renal disease, dialysis, nephrectomy, or kidney transplant on or prior to December 31 of the measurement year, female patients with a diagnosis of pregnancy during the measurement year, and patients who had a nonacute inpatient admission during the measurement year. To identify nonacute inpatient admissions:

1. Identify all acute and nonacute inpatient stays.
2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.
3. Identify the admission date for the stay.

See attached code value sets.

MEDICAL RECORD REVIEW

Exclusionary evidence in the medical record must include a note indicating diagnosis of pregnancy or evidence of a nonacute inpatient admission during the measurement year, or evidence of ESRD, dialysis, nephrectomy or kidney transplant any time during the patient's history through December 31 of the measurement year.

Risk Adjustment

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

No risk adjustment or risk stratification

0018: Controlling High Blood Pressure

No risk adjustment or risk stratification

Stratification

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

No stratification

0018: Controlling High Blood Pressure

N/A

Type Score

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Rate/proportion better quality = higher score

0018: Controlling High Blood Pressure

Rate/proportion better quality = higher score

Algorithm

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

STEP 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria.

- AGES: 18-75 years as of December 31 of the measurement year.

- EVENT/DIAGNOSIS: Identify patients with diabetes in two ways: by claim/encounter data and by pharmacy data. SEE S.6 and S.7 for eligible population and denominator criteria and details.

STEP 2: Exclude patients who meet the exclusion criteria. SEE S.8 and S.9 for denominator exclusion criteria and details.

STEP 3: Determine the number of patients in the eligible population who had a blood pressure reading during the measurement year through the search of administrative data systems or medical record data.

STEP 4: Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record.

STEP 5: Determine whether the result was <140/90 mm Hg.

STEP 6: Calculate the rate by dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).

0018: Controlling High Blood Pressure

STEP 1: Determine the eligible population. To do so, identify adults who meet all specified criteria.

- AGES: 18-75 years as of December 31 of the measurement year.

- EVENT/DIAGNOSIS: Identify patients with hypertension in two ways: by claim/encounter data and by medical record data. SEE responses in S.6 and S.7 for eligible population and denominator criteria and details.

STEP 2: Exclude patients who meet the exclusion criteria. SEE responses in S.8 and S.9 for denominator exclusion criteria and details.

STEP 3: Determine the number of patients in the eligible population who had a blood pressure reading during the measurement year through the search of administrative data systems or medical record data.

STEP 4: Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record.

STEP 5: Determine whether the result was <140/90 mm Hg.

STEP 6: Calculate the rate by dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).

Submission items

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

5.1 Identified measures:

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact: Measure 0061 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level is <140/90 mm Hg. Measure 0729 is a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult diabetes patients who have optimally managed modifiable risk factors including blood pressure and four other indicators. NCQA's measure 0061 is included with five other NCQA diabetes measures. The five other diabetes measures are individually NQF endorsed (Endocrine Maintenance Phase 1). Together, the six NCQA individual diabetes measures (including measure 0061) make a set of diabetes HEDIS measures but are not considered all or nothing. NCQA uses individual measures to provide health plans and others the opportunity to measure, report and incentivize each aspect of quality care for the diabetes population. HARMONIZED MEASURE ELEMENTS: Measures 0061 and 0729 both focus on an adult patient population 18-75 years of age with diabetes (type 1 and type 2). Both measures assess whether the patient's most recent blood pressure level in the measurement period was <140/90 mm Hg. Both measures also specify denominator visit criteria to include patients with at least two outpatient visits in the last two years with a diagnosis of diabetes. UNHARMONIZED MEASURE ELEMENTS: - Data Source: Measure 0061 is collected through administrative claims and/or medical record. Measure 0729 is collected through medical record abstraction. - Level of Accountability: Measure 0061 is a health plan level measure and is used in NCQA's clinical quality and recognition programs (See 4.1 Usability and Use). Measure 0729 is a physician level measure. - Data Elements: Measure 0061 uses two methods to identify patients in the denominator 1) claims/encounter data with a diagnosis of diabetes and 2) pharmacy data for insulin or hypoglycemic/antihyperglycemics (see S.7 Denominator Details). Measure 0729 uses encounter data with a diagnosis for diabetes to identify patients in the denominator. NCQA uses two identification methods to ensure that only patients with diagnosed diabetes are included in the denominator. - Exclusions: Exclusions for measures 0061 and 0729 are substantially aligned with some variation due to differences in health plan and clinician level reporting. IMPACT ON INTERPRETABILITY AND DATA COLLECTION BURDEN: The differences between these measures do not have an impact on

interpretability of publicly reported rates. There is no added burden of data collection because the data for each measure is collected from different data sources by different entities.

5b.1 If competing, why superior or rationale for additive value: N/A

0018: Controlling High Blood Pressure

5.1 Identified measures: 0061 : Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

2602 : Controlling High Blood Pressure for People with Serious Mental Illness

2606 : Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact: There are several related measures that assess blood pressure control but are either focused on different population, use different data sources or are specified at different levels of accountability than NQF 0018. Measure 0061 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level is <140/90 mm Hg. Measure 2602 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-85 years of age with serious mental illness who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year. Measure 2606 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent blood pressure reading during the measurement year is <140/90 mm Hg. Measure 0076 is NQF endorsed as a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult ischemic vascular disease patients, 18-75 years of age, who have optimally managed modifiable risk factors including blood pressure and three other indicators. Measure 0729 is NQF endorsed as a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult diabetes patients, 18-75 years of age, who have optimally managed modifiable risk factors including blood pressure and four other indicators. HARMONIZED MEASURE ELEMENTS: All measures described above focus on a blood pressure target of <140/90 mm Hg. UNHARMONIZED MEASURE ELEMENTS: - Data Source and Level of Accountability: Measures 0018, 0061, 2602, and 2606 are collected through administrative claims and/or medical record review using health plan reported data. Measures 0076 and 0729 are collected through medical record abstraction and reported at the physician level of accountability. - Population Focus: Measure 0018 is focused on the general population of people with hypertension while the other measures focus on either diabetes, serious mental illness with diabetes, or serious mental illness with hypertension. - Age Range: Measures 0018 and 2602 focus on adults 18-85 while the other measures focus on adults 18-75. IMPACT ON INTERPRETABILITY?AND DATA COLLECTION BURDEN:? The differences between measures 0018, 0061, 2602, and 2606 do not have an impact on interpretability of publicly reported rates or an impact on data collection burden as the measures are focused on different populations. The differences between 0018, 0076, and 0729 also do not have an impact on interpretability of publicly reported rates or an impact on data collection burden because the data for each measure is collected from different data sources by different entities.

5b.1 If competing, why superior or rationale for additive value: NA

Comparison of NQF #0061 and NQF #0073

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

0073: Ischemic Vascular Disease (IVD): Blood Pressure Control

Steward

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

National Committee for Quality Assurance

0073: Ischemic Vascular Disease (IVD): Blood Pressure Control

National Committee for Quality Assurance

Description

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level taken during the measurement year is <140/90 mm Hg.

0073: Ischemic Vascular Disease (IVD): Blood Pressure Control

The percentage of patients 18 to 75 years of age who were discharged alive with acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) during the 12 months prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had the following during the measurement year:

- Blood pressure control (BP): reported as under control <140/90 mm Hg.

Type

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Outcome: Intermediate Clinical Outcome

0073: Ischemic Vascular Disease (IVD): Blood Pressure Control

Outcome

Data Source

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects the Healthcare

Effectiveness Data and Information Set (HEDIS) data for this measure directly from health plans via NCQA's online data submission system.

No data collection instrument provided Attachment 0061_CDC_BP_Control_Value_Sets_Fall_2019-637088223907626862.xlsx

0073: Ischemic Vascular Disease (IVD): Blood Pressure Control

Claims, Electronic Health Records, Paper Medical Records NA

Attachment 0073_IVD_Blood_Pressure_Control_Value_Sets-635634189557555751.xlsx

Level

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Health Plan

0073: Ischemic Vascular Disease (IVD): Blood Pressure Control

Clinician : Group/Practice, Clinician : Individual

Setting

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Outpatient Services

0073: Ischemic Vascular Disease (IVD): Blood Pressure Control

Outpatient Services

Numerator Statement

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Patients whose most recent blood pressure level was <140/90 mm Hg during the measurement year.

0073: Ischemic Vascular Disease (IVD): Blood Pressure Control

Patients whose most recent blood pressure is adequately controlled during the measurement year. For a patient's BP to be adequately controlled, both the systolic and the diastolic BP must meet the desired threshold of <140/90 mm Hg.

Numerator Details

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

There are two data sources and approaches used for collecting data and reporting the numerator for this measure: Administrative Claims and Medical Record Review.

ADMINISTRATIVE CLAIMS

Use codes (See code value sets located in question S.2b.) to identify the most recent blood pressure reading taken during an outpatient visit or a nonacute inpatient encounter or remote monitoring event during the measurement year.

The patient is numerator compliant if the blood pressure is <140/90 mm Hg. The patient is not compliant if the blood pressure is ≥140/90 mm Hg, if there is no blood pressure reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are multiple blood pressure readings on the same date of service, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure.

Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels.

VALUE SET / NUMERATOR COMPLIANCE

Systolic Less Than 140 Value Set / Systolic compliant

Systolic Greater Than or Equal to 140 Value Set / Systolic noncompliant

Diastolic Less Than 80 Value Set / Diastolic compliant

Diastolic 80-89 Value Set / Diastolic compliant

Diastolic Greater Than or Equal to 90 Value Set / Diastolic not compliant

See attached code value sets.

MEDICAL RECORD REVIEW

The most recent BP level (taken during the measurement year) is <140/90 mm Hg, as documented through administrative data or medical record review.

The organization should use the medical record from which it abstracts data for the other measures in the Comprehensive Diabetes Care set. If the organization does not abstract for other measures, it should use the medical record of the provider that manages the patient's diabetes. If that medical record does not contain a BP, the organization may use the medical record of another PCP or specialist from whom the patient receives care.

Identify the most recent blood pressure reading noted during the measurement year. Do not include blood pressure readings that meet the following criteria:

- Taken during an acute inpatient stay or an ED visit.

- Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.

- Reported by or taken by the patient.

Blood pressure readings from remote monitoring devices that are digitally stored and transmitted to the provider may be included. There must be documentation in the medical record that clearly states the reading was taken by an electronic device, and results were digitally stored and transmitted to the provider and interpreted by the provider.

Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record. If there are multiple blood pressure readings recorded for a single date, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure. The systolic and diastolic results do not need to be from the same reading when multiple readings are recorded for a single date.

The patient is not numerator compliant if the blood pressure does not meet the specified threshold or is missing, or if there is no blood pressure reading during the measurement year or if the reading is incomplete (i.e., the systolic or diastolic level is missing).

0073: Ischemic Vascular Disease (IVD): Blood Pressure Control

ADMINISTRATIVE CLAIMS

Use automated data to identify the most recent BP reading taken during an outpatient visit (Outpatient Value Set) or a nonacute inpatient encounter (Nonacute Inpatient Value Set) during the measurement year.

The patient is numerator compliant if the BP is <140/90 mm Hg. The patient is not compliant if the BP is > or = 140/90 mm Hg, if there is no BP reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP.

Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels.

See the corresponding excel document for the following value sets:

- Systolic Less Than 140 Value Set
- Systolic Greater Than/Equal To 140 Value Set
- Diastolic Less Than 80 Value Set
- Diastolic 80–89 Value Set
- Diastolic Greater Than/Equal To 90 Value Set
- Outpatient Value Set
- Nonacute Inpatient Value Set

MEDICAL RECORD

To determine if a patient is adequately controlled, the representative blood pressure must be identified. Follow the steps below.

Step 1

- Identify the most recent blood pressure reading noted during the measurement year.

Do not include readings that meet the following criteria:

- Taken during an acute inpatient stay or an ED visit.
- Taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed (e.g., sigmoidoscopy, removal of a mole).
- Taken the same day as major diagnostic or surgical procedure (e.g., stress test, administration of IV contrast for a radiology procedure, endoscopy).
- Reported by or taken by the patient
- Documentation of "VS within normal limits" or "vital signs normal".

Step 2

- Identify the lowest systolic and lowest diastolic reading from the most recent blood pressure notation in the medical record. If there are multiple readings for a single date, use the lowest systolic and the lowest diastolic reading on that date as the representative blood pressure. The systolic and diastolic results do not need to be from the same reading.

The patient is not numerator compliant if the BP does not meet the specified threshold or is missing, or if there is no BP reading during the measurement year or if the reading is incomplete (i.e., the systolic or diastolic level is missing).

Denominator Statement

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.

0073: Ischemic Vascular Disease (IVD): Blood Pressure Control

Patients 18 to 75 years of age by the end of the measurement year who were discharged alive for AMI, CABG or PCI during the 12 months prior to the measurement year or who had a diagnosis of IVD during both the measurement year and the year prior to the measurement year.

Denominator Details

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

There are two ways to identify patients with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a patient only needs to be identified by one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.

CLAIM/ENCOUNTER DATA

Patients who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):

- At least one acute inpatient encounter with a diagnosis of diabetes without telehealth.

- At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. To identify an acute inpatient discharge:

1. Identify all acute and nonacute inpatient stays.
2. Exclude nonacute inpatient stays.
3. Identify the discharge date for the stay.

- At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:

1. Identify all acute and nonacute inpatient stays.
2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.
3. Identify the discharge date for the stay.

-- Only include nonacute inpatient encounters without telehealth.

-- Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient set.

See attached code value sets.

PHARMACY DATA

Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.

PRESCRIPTIONS TO IDENTIFY MEMBERS WITH DIABETES

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, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin

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, Albiglutide, Liraglutide

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.

0073: Ischemic Vascular Disease (IVD): Blood Pressure Control

Use the codes listed in the AMI Value Set, CABG Value Set or PCI Value Set to identify AMI, PCI and CABG. AMI and CABG cases should be from inpatient claims only. All cases of PCI should be included, regardless of setting (e.g., inpatient, outpatient, ED).

Identify patients as having IVD who met at least one of the two criteria below, during both the measurement year and the year prior to the measurement year. Criteria need not be the same across both years.

- At least one outpatient visit (Outpatient Value Set) with an IVD diagnosis (IVD Value Set),

OR

- At least one acute inpatient visit (Acute Inpatient Value Set) with an IVD diagnosis (IVD Value Set)

See the corresponding excel document for the following value sets:

- Acute Inpatient Value Set
- Outpatient Value Set
- IVD Value Set
- AMI Value Set
- CABG Value Set
- PCI Value Set

MEDICAL RECORD

Documentation of IVD in the medical record includes:

- IVD
- Ischemic heart disease
- Angina
- Coronary atherosclerosis
- Coronary artery occlusion
- Cardiovascular disease

- Occlusion or stenosis of precerebral arteries (including basilar, carotid and vertebral arteries)
- Atherosclerosis of renal artery
- Atherosclerosis of native arteries of the extremities
- Chronic total occlusion of artery of the extremities
- Arterial embolism and thrombosis
- Atheroembolism.

Exclusions

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.

Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type 1 or Type II) is found.

0073: Ischemic Vascular Disease (IVD): Blood Pressure Control

None

Exclusion Details

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

ADMINISTRATIVE CLAIMS

Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the service began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.

Exclude adults who meet any of the following criteria:

- Medicare adults 66 years of age and older as of December 31 of the measurement year who meet either of the following:
 - Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.
 - Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run data of the file to determine if a member had an LTI flag during the measurement year.
- Adults 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and with advanced illness. Patients must meet BOTH of the following frailty and advanced illness criteria to be excluded:
 1. At least one claim/encounter for frailty during the measurement year.

2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):

-- At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters nonacute inpatient discharges on different dates of services, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:

1. Identify all acute and nonacute inpatient stays.
2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.
3. Identify the discharge date for the stay.

-- At least one acute inpatient encounter with an advanced illness diagnosis.

-- At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge:

1. Identify all acute and nonacute inpatient stays.
2. Exclude nonacute inpatient stays.
3. Identify the discharge date for the stay.

-- A dispensed dementia medication

DEMENTIA MEDICATIONS

DESCRIPTION / PRESCRIPTION

Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine

Miscellaneous central nervous system agents / Memantine

Exclude patients with gestational diabetes or steroid diabetes. Codes associated with identifying these identifying exclusions are attached in a separate file with code value sets.

See attached code value sets.

MEDICAL RECORD

Exclusionary evidence in the medical record must include a note indicating the patient did NOT have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year AND had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.

0073: Ischemic Vascular Disease (IVD): Blood Pressure Control

N/A

Risk Adjustment

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

No risk adjustment or risk stratification

0073: Ischemic Vascular Disease (IVD): Blood Pressure Control

No risk adjustment or risk stratification

Stratification

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

No stratification

0073: Ischemic Vascular Disease (IVD): Blood Pressure Control

NA

Type Score

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Rate/proportion better quality = higher score

0073: Ischemic Vascular Disease (IVD): Blood Pressure Control

Rate/proportion better quality = higher score

Algorithm

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

STEP 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria.

- AGES: 18-75 years as of December 31 of the measurement year.

- EVENT/DIAGNOSIS: Identify patients with diabetes in two ways: by claim/encounter data and by pharmacy data. SEE S.6 and S.7 for eligible population and denominator criteria and details.

STEP 2: Exclude patients who meet the exclusion criteria. SEE S.8 and S.9 for denominator exclusion criteria and details.

STEP 3: Determine the number of patients in the eligible population who had a blood pressure reading during the measurement year through the search of administrative data systems or medical record data.

STEP 4: Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record.

STEP 5: Determine whether the result was <140/90 mm Hg.

STEP 6: Calculate the rate by dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).

0073: Ischemic Vascular Disease (IVD): Blood Pressure Control

Step 1: Determine the denominator

Patients 18 to 75 years of age by the end of the measurement year AND who were discharged alive for AMI, CABG or PCI during the 12 months prior to the measurement year or who had a diagnosis of IVD during both the measurement year and the year prior to the measurement year.

Step 2: Determine the numerator

Patients whose most recent blood pressure is adequately controlled (<140/90 mm Hg) during the measurement year.

Submission items

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

5.1 Identified measures:

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact: Measure 0061 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level is <140/90 mm Hg. Measure 0729 is a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult diabetes patients who have optimally managed modifiable risk factors including blood pressure and four other indicators. NCQA's measure 0061 is included with five other NCQA diabetes measures. The five other diabetes measures are individually NQF endorsed (Endocrine Maintenance Phase 1). Together, the six NCQA individual diabetes measures (including measure 0061) make a set of diabetes HEDIS measures but are not considered all or nothing. NCQA uses individual measures to provide health plans and others the opportunity to measure, report and incentivize each aspect of quality care for the diabetes population. HARMONIZED MEASURE ELEMENTS: Measures 0061 and 0729 both focus on an adult patient population 18-75 years of age with diabetes (type 1 and type 2). Both measures assess whether the patient's most recent blood pressure level in the measurement period was <140/90 mm Hg. Both measures also specify denominator visit criteria to include patients with at least two outpatient visits in the last two years with a diagnosis of diabetes. UNHARMONIZED MEASURE ELEMENTS: - Data Source: Measure 0061 is collected through administrative claims and/or medical record. Measure 0729 is collected through medical record abstraction. - Level of Accountability: Measure 0061 is a health plan level measure and is used in NCQA's clinical quality and recognition programs (See 4.1 Usability and Use). Measure 0729 is a physician level measure. - Data Elements: Measure 0061 uses two methods to identify patients in the denominator 1) claims/encounter data with a diagnosis of diabetes and 2) pharmacy data for insulin or hypoglycemic/antihyperglycemics (see S.7 Denominator Details). Measure 0729 uses encounter data with a diagnosis for diabetes to identify patients in the denominator. NCQA uses two identification methods to ensure that only patients with diagnosed diabetes are included in the denominator. - Exclusions: Exclusions for measures 0061 and 0729 are substantially aligned with some variation due to differences in health plan and clinician level reporting. IMPACT ON INTERPRETABILITY AND DATA COLLECTION BURDEN: The differences between these measures do not have an impact on interpretability of publicly reported rates. There is no added burden of data collection because the data for each measure is collected from different data sources by different entities.

5b.1 If competing, why superior or rationale for additive value: N/A

0073: Ischemic Vascular Disease (IVD): Blood Pressure Control

5.1 Identified measures:

5a.1 Are specs completely harmonized?

5a.2 If not completely harmonized, identify difference, rationale, impact:

5b.1 If competing, why superior or rationale for additive value: NA

Related Measures: None

Comparison of NQF #0061 and NQF #0076

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

0076: Optimal Vascular Care

Steward

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

National Committee for Quality Assurance

0076: Optimal Vascular Care

MN Community Measurement

Description

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level taken during the measurement year is <140/90 mm Hg.

0076: Optimal Vascular Care

The percentage of patients 18-75 years of age who had a diagnosis of ischemic vascular disease (IVD) and whose IVD was optimally managed during the measurement period as defined by achieving ALL of the following:

- Blood pressure less than 140/90 mmHg
- On a statin medication, unless allowed contraindications or exceptions are present
- Non-tobacco user
- On daily aspirin or anti-platelet medication, unless allowed contraindications or exceptions are present

Type

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Outcome: Intermediate Clinical Outcome

0076: Optimal Vascular Care

Composite

Data Source

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from health plans via NCQA's online data submission system.

No data collection instrument provided Attachment 0061_CDC_BP_Control_Value_Sets_Fall_2019-637088223907626862.xlsx

0076: Optimal Vascular Care

Electronic Health Records, Paper Medical Records AAn excel template with formatted columns for data fields is provided. Almost all the medical groups in MN (99.9%) extract the information from their EMR. Other options have been historically available: Registries can be used as a source of information to create the data file; however groups must ensure that all of their eligible patients are included. Paper abstraction forms are provided for those clinics who wish to use them as an interim step to creating their data file.

All data is uploaded in electronic format (.csv file) to a HIPAA secure, encrypted and password protected data portal.

Available at measure-specific web page URL identified in S.1 Attachment MNMCM_-0076_Optimal_Vascular_Care_Specs_Fields_12-2019.xlsx

Level

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Health Plan

0076: Optimal Vascular Care

Clinician : Group/Practice

Setting

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Outpatient Services

0076: Optimal Vascular Care

Outpatient Services

Numerator Statement

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Patients whose most recent blood pressure level was <140/90 mm Hg during the measurement year.

0076: Optimal Vascular Care

The number of patients in the denominator whose IVD was optimally managed during the measurement period as defined by achieving ALL of the following:

- The most recent blood pressure in the measurement period has a systolic value of less than 140 mmHg AND a diastolic value of less than 90 mmHg
- On a statin medication, unless allowed contraindications or exceptions are present
- Patient is not a tobacco user
- On daily aspirin or anti-platelet medication, unless allowed contraindications or exceptions are present

Numerator Details

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

There are two data sources and approaches used for collecting data and reporting the numerator for this measure: Administrative Claims and Medical Record Review.

ADMINISTRATIVE CLAIMS

Use codes (See code value sets located in question S.2b.) to identify the most recent blood pressure reading taken during an outpatient visit or a nonacute inpatient encounter or remote monitoring event during the measurement year.

The patient is numerator compliant if the blood pressure is <140/90 mm Hg. The patient is not compliant if the blood pressure is ≥140/90 mm Hg, if there is no blood pressure reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are multiple blood pressure readings on the same date of service, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure.

Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels.

VALUE SET / NUMERATOR COMPLIANCE

Systolic Less Than 140 Value Set / Systolic compliant

Systolic Greater Than or Equal to 140 Value Set / Systolic noncompliant

Diastolic Less Than 80 Value Set / Diastolic compliant

Diastolic 80-89 Value Set / Diastolic compliant

Diastolic Greater Than or Equal to 90 Value Set / Diastolic not compliant

See attached code value sets.

MEDICAL RECORD REVIEW

The most recent BP level (taken during the measurement year) is <140/90 mm Hg, as documented through administrative data or medical record review.

The organization should use the medical record from which it abstracts data for the other measures in the Comprehensive Diabetes Care set. If the organization does not abstract for other measures, it should use the medical record of the provider that manages the patient's diabetes. If that medical record does not contain a BP, the organization may use the medical record of another PCP or specialist from whom the patient receives care.

Identify the most recent blood pressure reading noted during the measurement year. Do not include blood pressure readings that meet the following criteria:

- Taken during an acute inpatient stay or an ED visit.

- Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.

- Reported by or taken by the patient.

Blood pressure readings from remote monitoring devices that are digitally stored and transmitted to the provider may be included. There must be documentation in the medical record that clearly states the reading was taken by an electronic device, and results were digitally stored and transmitted to the provider and interpreted by the provider.

Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record. If there are multiple blood pressure readings recorded for a single date, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure. The systolic and diastolic results do not need to be from the same reading when multiple readings are recorded for a single date.

The patient is not numerator compliant if the blood pressure does not meet the specified threshold or is missing, or if there is no blood pressure reading during the measurement year or if the reading is incomplete (i.e., the systolic or diastolic level is missing).

0076: Optimal Vascular Care

In order to be numerator compliant all four components must be met

- * Blood pressure less than 140/90 mmHg AND

- * On a statin medication, unless allowed contraindications or exceptions are present AND

- * Non-tobacco user AND

* On daily aspirin or anti-platelet medication, unless allowed contraindications or exceptions are present

BLOOD PRESSURE COMPONENT

Blood Pressure Date [Date (mm/dd/yyyy)] AND

BP Systolic [Numeric] AND

BP Diastolic [Numeric]

Numerator component calculation: numerator component compliant is BP during the measurement year AND Systolic < 140 AND Diastolic < 90.

BP Date

Enter the date of the most recent blood pressure result during the measurement period.

- A test result from a provider outside of the reporting medical group is allowed if the result is documented in the reporting medical group's patient record and is the most recent test result during the measurement period.
- Do not include BP readings:
 - o Taken during an acute inpatient stay or an ED visit.
 - o Taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed (e.g., sigmoidoscopy, removal of a mole).
 - o Obtained the same day as a major diagnostic or surgical procedure (e.g., EKG/ECG, stress test, administration of IV contrast for a radiology procedure, endoscopy).
 - o Reported by or taken by the patient.
- Leave BLANK if a blood pressure was not obtained during the measurement period.

BP Systolic

Enter the value of the most recent systolic blood pressure result during the measurement period.

- If more than one value is recorded on the most recent date, the lowest value may be submitted. It does NOT need to be from the same reading submitted in Column Z (BP Diastolic).
- NOTE: The systolic blood pressure is the upper number in the recorded fraction. For example, the systolic value for a blood pressure of 124/72 mmHg is 124.
- Leave BLANK if a blood pressure was not obtained during the measurement period.

BP Diastolic

Enter the value of the most recent diastolic blood pressure result during the measurement period.

- If more than one value is recorded on the most recent date, the lowest value may be submitted. It does NOT need to be from the same reading as submitted in (BP Systolic).

- NOTE: The diastolic blood pressure is the lower number in the recorded fraction. For example, the diastolic value for a blood pressure of 124/72 mmHg is 72.

- Leave BLANK if a blood pressure was not obtained during the measurement period.

CHOLESTEROL MANAGEMENT STATIN COMPONENT

LDL Date [Date (mm/dd/yyyy)] AND

LDL Value [Numeric]

For calculating exceptions to statin use based on very low LDL (< 40 for cardiovascular disease and < 70 for patients with diabetes)

Enter the date of the most recent LDL test result between 01/01/2015 and 12/31/2019.

- A test result from a provider outside of the reporting medical group is allowed if the result is documented in the reporting medical group's patient record and is the most recent test result within the allowable time period.

- If the LDL result is too high to calculate, still enter the LDL test date if it is the most recent test result within the allowable time period.

- LDL values within the last five years will be used to calculate potential exceptions to being on a statin medication.

- Leave BLANK if an LDL test was not performed between 01/01/2015 and 12/31/2019.

Enter the value of the most recent LDL test result between 01/01/2015 and 12/31/2019.

- Leave BLANK if an LDL test was not performed during the allowable time period, or if the most recent test result was too high to calculate.

Statin Medication [Numeric] AND

Statin Medication Date [Date (mm/dd/yyyy)] AND/OR

Station Medication Exception [Numeric] AND

Station Medication Exception Date [Date (mm/dd/yyyy)]

Numerator component calculation: numerator component compliant if on a statin (prescribed/ ordered) or low LDL value (see above) or documented contraindication/exception is present.

Statin Medication:

Enter the code that corresponds to whether the patient was prescribed a statin medication or if a statin medication was active on the patient's medication list during the measurement period.

Please see Appendix A for a list of statin medications.

1 = Yes, patient was prescribed a statin medication, or a statin medication was indicated as active on the patient's medication list during the measurement period.

2 = No, patient was not prescribed a statin medication and a statin medication was not indicated as active on the patient's medication list during the measurement period.

- The following exceptions to statin medication use will be identified by the Data Portal based on the submitted LDL values:

- o Patients with ischemic vascular disease aged 21 to 75 years and an LDL result less than 40 mg/dL
- o Patients aged 40 – 75 years with an LDL result less than 70 mg/dL
- o Patients aged 21 – 39 years with an LDL less than 190 mg/dL

Statin Medication Date

Enter the date of the most recent statin prescription, order or review on an active medications list that included a statin during the measurement period.

- If a statin was not prescribed, ordered, or reviewed as an active medication during the measurement period, leave BLANK.

Station Medication Exception

If the patient was NOT prescribed or did not have a statin medication active on their medication list during the measurement period (Column AA = 2), enter the value that corresponds to any of the following contraindications or exceptions:

- 1 = Pregnancy at any time during the measurement period
- 2 = Active liver disease (liver failure, cirrhosis, hepatitis)
- 3 = Rhabdomyolysis
- 4 = End stage renal disease on dialysis
- 5 = Heart failure
- 6 = Other provider documented reason: breastfeeding during the measurement period
- 7 = Other provider documented reason: woman of childbearing age not actively taking birth control during the measurement period
- 8 = Other provider documented reason: allergy to statin
- 9 = Drug interaction with a listed medication taken during the measurement period (valid drug-drug interactions include HIV protease inhibitors, nefazodone, cyclosporine, gemfibrozil, and danazol).
- 10 = Other provider documented reason: intolerance (with supporting documentation of trying a statin at least once within the last five years). Additionally, Myopathy and Myositis (CHOL-05) Value Set may be used to document intolerance to statins.

- If none of the above contraindications or exceptions are documented, leave BLANK.
- NOTE: Items 1 – 5 above can be defined by diagnosis codes that may be used in data collection. Value Sets include: Pregnancy V/Z Codes (PREG-01), Pregnancy Diagnosis Codes (PREG-02), Liver Disease (CHOL-01), Rhabdomyolysis (CHOL-02), ESRD on Dialysis (CHOL-03), and Heart Failure (CHOL-04)

Statin Medication Exception Date:

If the patient has a documented contraindication or exception enter the date of the contraindication or exception.

- If only the month and year are known, enter the first day of the month.

ASPIRIN/ANTIPLATELET COMPONENT

Aspirin or Anti-platelet Medication [Numeric] AND

Aspirin or Anti-platelet Date [Date (mm/dd/yyyy)] AND/OR

Aspirin or Anti-platelet Exception [Numeric] AND

Aspirin or Anti-platelet Exception Date [Date (mm/dd/yyyy)]

Numerator component calculation: numerator component compliant if indicated on daily aspirin or anti-platelet medication (prescribed/ ordered) or documented contraindication/exception is present.

Aspirin or Anti-platelet Medication

Enter the code that corresponds to whether the patient is prescribed a daily aspirin product or antiplatelet medication or if an aspirin product or anti-platelet medication was active on the patient's medication list at any time during the measurement period.

Please see Appendix B for methods to identify appropriate aspirin products or antiplatelet medications.

1 = Yes, patient was prescribed a daily aspirin product or antiplatelet medication, or one was indicated as active on the patient's medication list during the measurement period.

2 = No, patient was not prescribed a daily aspirin product or antiplatelet medication and one was not indicated as active on the patient's medication list during the measurement period.

- Aspirin/narcotic combination medications do not qualify as a daily aspirin product.

Aspirin or Anti-platelet Medication Date

Enter the date of the most recent daily aspirin product or anti-platelet medication prescription, order or review of an active medication list that included a daily aspirin product or anti-platelet medication during the measurement period.

* If a daily aspirin product or anti-platelet medication was not prescribed, ordered or reviewed as an active medication during the measurement period, leave blank.

Aspirin or Anti-platelet Medication Exception

For patients who were not prescribed or taking a daily aspirin product or anti-platelet medication during the measurement period, enter the code that corresponds to any of the following contraindications or exceptions:

1 = Prescribed anti-coagulant medication during the measurement period

2 = History of gastrointestinal bleeding

3 = History of intracranial bleeding

4 = Bleeding disorder

5 = Other provider documented reason: allergy to aspirin or anti-platelets

6 = Other provider documented reason: use of non-steroidal anti-inflammatory agents

7 = Other provider documented reason: documented risk for drug interaction

8 = Other provider documented reason: uncontrolled hypertension (systolic blood pressure greater than 180 mmHg and/or diastolic blood pressure greater than 110 mmHg)

9 = Other provider documented reason: gastroesophageal reflux disease (GERD)

If none of the above contraindications or exceptions are documented, leave BLANK.

NOTE: Items 1 and 2 above can be defined by diagnosis codes that may be used in data collection. Value Sets include: GI Bleed (ASA-01) and Intracranial Bleed (ASA-02).

Aspirin or Anti-platelet Exception Date

If the patient has a documented contraindication or exception enter the date of the contraindication or exception. If only the month and year are known, enter the first day of the month.

TOBACCO COMPONENT

Tobacco Status Documentation Date [Date (mm/dd/yyyy)] AND

Tobacco Status [Numeric]

Numerator component calculation: numerator component compliant if tobacco status within the last two years and status is tobacco-free.

Tobacco Status Documentation Date:

Enter the most recent date that the patient's tobacco status was documented during the measurement period or year prior.

If the patient's tobacco status is not documented or the date of the documentation cannot be determined, leave BLANK.

Tobacco Status:

Enter the code that corresponds to the patient's most recent tobacco status during the measurement period or year prior.

1 = Tobacco free (patient does not use tobacco; patient was a former user and is not a current user)

2 = No documentation

3 = Current tobacco user (tobacco includes any amount of cigarettes, cigars, pipes or smokeless tobacco)

* If the date of the tobacco status documentation is not documented in the patient record, enter 2.

* E-cigarettes are not considered tobacco products.

A blank field will create an ERROR upon submission.

Denominator Statement

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.

0076: Optimal Vascular Care

Patients ages 18 years or older at the start of the measurement period AND less than 76 years at the end of the measurement period who have a diagnosis of ischemic vascular disease (Ischemic Vascular Disease Value Set) with any contact during the current or prior measurement period OR had ischemic vascular disease (Ischemic Vascular Disease Value Set) present on an active problem list at any time during the measurement period.

Both contacts AND the active problem list must be queried for diagnosis (Ischemic Vascular Disease)

AND

At least one established patient office visit (Established Pt Diabetes & Vasc Value Set) performed or supervised by an eligible provider in an eligible specialty for any reason during the measurement period.

*Denominator Details***0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)**

There are two ways to identify patients with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a patient only needs to be identified by one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.

CLAIM/ENCOUNTER DATA

Patients who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):

- At least one acute inpatient encounter with a diagnosis of diabetes without telehealth.
- At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. To identify an acute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays.
 2. Exclude nonacute inpatient stays.
 3. Identify the discharge date for the stay.
- At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays.
 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.
 3. Identify the discharge date for the stay.
- Only include nonacute inpatient encounters without telehealth.

-- Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient set.

See attached code value sets.

PHARMACY DATA

Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.

PRESCRIPTIONS TO IDENTIFY MEMBERS WITH DIABETES

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, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin

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, Albiglutide, Liraglutide

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.

0076: Optimal Vascular Care

Please also refer to all code lists included in the data dictionary attached in S.2b.

Patients ages 18 years or older at the start of the measurement period AND less than 76 years at the end of the measurement period who have a diagnosis of ischemic vascular disease (Ischemic Vascular Disease Value Set) with any contact during the current or prior measurement period OR had ischemic vascular disease (Ischemic Vascular Disease Value Set) present on an active problem list at any time during the measurement period.

Both contacts AND the active problem list must be queried for diagnosis (Ischemic Vascular Disease)

AND

At least one established patient office visit (Established Pt Diabetes & Vasc Value Set) performed or supervised by an eligible provider in an eligible specialty for any reason during the measurement period.

Eligible Specialties:

Family Medicine, Internal Medicine, Geriatric Medicine, Cardiology

Eligible Providers:

Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Advanced Practice Registered Nurses (APRN)

Exclusions

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.

Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type 1 or Type II) is found.

0076: Optimal Vascular Care

The following exclusions are allowed to be applied to the eligible population: permanent nursing home residents, receiving hospice or palliative care services, or died prior to the end of the measurement period.

Exclusion Details

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

ADMINISTRATIVE CLAIMS

Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the service began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.

Exclude adults who meet any of the following criteria:

- Medicare adults 66 years of age and older as of December 31 of the measurement year who meet either of the following:
 - Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.
 - Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run data of the file to determine if a member had an LTI flag during the measurement year.

- Adults 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and with advanced illness. Patients must meet BOTH of the following frailty and advanced illness criteria to be excluded:

1. At least one claim/encounter for frailty during the measurement year.
2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):

-- At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters nonacute inpatient discharges on different dates of services, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:

1. Identify all acute and nonacute inpatient stays.
2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.
3. Identify the discharge date for the stay.

-- At least one acute inpatient encounter with an advanced illness diagnosis.

-- At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge:

1. Identify all acute and nonacute inpatient stays.
2. Exclude nonacute inpatient stays.
3. Identify the discharge date for the stay.

-- A dispensed dementia medication

DEMENTIA MEDICATIONS

DESCRIPTION / PRESCRIPTION

Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine

Miscellaneous central nervous system agents / Memantine

Exclude patients with gestational diabetes or steroid diabetes. Codes associated with identifying these identifying exclusions are attached in a separate file with code value sets.

See attached code value sets.

MEDICAL RECORD

Exclusionary evidence in the medical record must include a note indicating the patient did NOT have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year AND had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.

0076: Optimal Vascular Care

- * Patient was a permanent nursing home resident at any time during the measurement period
- * Patient was in hospice or receiving palliative care at any time during the measurement period

* Patient died prior to the end of the measurement period

Risk Adjustment

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

No risk adjustment or risk stratification

0076: Optimal Vascular Care

Statistical risk model

Stratification

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

No stratification

0076: Optimal Vascular Care

The measure for the ischemic vascular disease population is not currently stratified when publicly reported on our consumer website, MN HealthScores. The data is, however, stratified by insurance product in our 2019 Health Care Disparities Reports by insurance type and race/ethnicity/language and country of origin.

<https://mncm.org/wp-content/uploads/2019/04/mncm-disparities-report-by-insurance-2019.pdf>

<https://mncm.org/reports-and-websites/reports-and-data/health-equity-of-care-report/>

These reports note gaps in outcomes for ischemic vascular disease patients in public programs versus other purchasers (6.6%) and disparities by race and ethnicity (as much as 12% for Black or African American and American Indian or Alaskan Natives)

Type Score

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Rate/proportion better quality = higher score

0076: Optimal Vascular Care

Ratio better quality = higher score

Algorithm

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

STEP 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria.

- AGES: 18-75 years as of December 31 of the measurement year.

- EVENT/DIAGNOSIS: Identify patients with diabetes in two ways: by claim/encounter data and by pharmacy data. SEE S.6 and S.7 for eligible population and denominator criteria and details.

STEP 2: Exclude patients who meet the exclusion criteria. SEE S.8 and S.9 for denominator exclusion criteria and details.

STEP 3: Determine the number of patients in the eligible population who had a blood pressure reading during the measurement year through the search of administrative data systems or medical record data.

STEP 4: Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record.

STEP 5. Determine whether the result was <140/90 mm Hg.

STEP 6: Calculate the rate by dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).

0076: Optimal Vascular Care

This measure is calculated by submitting a file of individual patient values (e.g. blood pressure, tobacco status, etc) to a HIPAA secure data portal. Programming within the data portal determines if each patient is a numerator case and then a rate is calculated for each clinic site. Please also refer to the measure calculation algorithms submitted within the data dictionary for this measure.

If any component of the numerator is noncompliant for any one of the four components, then the patient is numerator noncompliant for the composite patient level all-or none optimal vascular care measure.

Numerator logic is as follows:

Blood Pressure Component:

Is Blood Pressure date in the measurement year? If no, is numerator noncompliant for this component. If yes, assess next variable.

BP Systolic < 140? If no, is numerator noncompliant for this component. If yes, assess next variable.

BP Diastolic < 90? If yes, is numerator compliant for this component. If no, is numerator noncompliant for this component.

Note: BP needs to occur during the measurement year AND most recent BP systolic less than 140 AND BP diastolic less than 90
Assess next component.

Cholesterol Statin Use Component:

Is the patient on a statin medication? If yes, and most recent date is in the measurement year, is numerator compliant for this component. If no, assess next variable.

For patients not on a statin the following variables are used to assess numerator compliance related to contraindications or exceptions to statin use:

Is the patient age 18 to 20? If yes, numerator compliant (free-pass), if no, assess next variable.

Patients age 21 to 75. Is their most recent LDL in the last five years less than 40? If Yes, numerator compliant (free-pass), if no, assess next variable.

Does the patient have a valid contraindication/ exception to statin use defined as one of the following: pregnancy, active liver disease, rhabdomyolysis, ends stage renal disease on dialysis, heart failure, breastfeeding, allergy to statin, drug-drug interaction

with statin, or intolerance with documentation of trying a statin at least once in the last 5 years)? If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.

Note: Patient is either on a statin (prescribed/ ordered) during the measurement year or has a valid exception either by age, presence or absence of ischemic vascular disease, low untreated LDL or valid contraindication/ exception.

Assess next component.

Tobacco-Free Component:

Is Tobacco Status = 1 (Tobacco Free) and Tobacco Assessment Date a valid date? If yes, is numerator compliant for this component. If no, is numerator noncompliant for this component. Assess next component.

Daily Aspirin/ Anti-platelet Component:

Is the patient on daily aspirin or an antiplatelet? If yes, and date of most recent aspirin/ anti-platelet is in the measurement year is numerator compliant, if no, assess next variable.

Does the patient have a valid contraindication/ exception to aspirin anti-platelet use defined as one of the following: anti-coagulant medication, history of gastrointestinal bleed, history of intracranial bleed, allergy, or physician documented reasons related to: risk of drug interaction, use of NSAIDS, uncontrolled HTN or gastro-intestinal reflux disease. If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.

Note: Patients are either on daily aspirin (indicated/ prescribed/ ordered) or an anti-platelet prescribed/ ordered) during the measurement year or has a valid contraindication/ exception.

If all of the above numerator components are in compliance, then the patient calculated as a numerator case for the optimal vascular care measure.

Submission items

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

5.1 Identified measures:

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact: Measure 0061 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level is <140/90 mm Hg. Measure 0729 is a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult diabetes patients who have optimally managed modifiable risk factors including blood pressure and four other indicators. NCQA's measure 0061 is included with five other NCQA diabetes measures. The five other diabetes measures are individually NQF endorsed (Endocrine Maintenance Phase 1). Together, the six NCQA individual diabetes measures (including measure 0061) make a set of diabetes HEDIS measures but are not considered all or nothing. NCQA uses individual measures to provide health plans and others the opportunity to measure, report and incentivize each aspect of quality care for the diabetes population. HARMONIZED MEASURE ELEMENTS: Measures 0061 and 0729 both focus on an adult

patient population 18-75 years of age with diabetes (type 1 and type 2). Both measures assess whether the patient's most recent blood pressure level in the measurement period was <140/90 mm Hg. Both measures also specify denominator visit criteria to include patients with at least two outpatient visits in the last two years with a diagnosis of diabetes. UNHARMONIZED MEASURE ELEMENTS: - Data Source: Measure 0061 is collected through administrative claims and/or medical record. Measure 0729 is collected through medical record abstraction. - Level of Accountability: Measure 0061 is a health plan level measure and is used in NCQA's clinical quality and recognition programs (See 4.1 Usability and Use). Measure 0729 is a physician level measure. - Data Elements: Measure 0061 uses two methods to identify patients in the denominator 1) claims/encounter data with a diagnosis of diabetes and 2) pharmacy data for insulin or hypoglycemic/antihyperglycemics (see S.7 Denominator Details). Measure 0729 uses encounter data with a diagnosis for diabetes to identify patients in the denominator. NCQA uses two identification methods to ensure that only patients with diagnosed diabetes are included in the denominator. - Exclusions: Exclusions for measures 0061 and 0729 are substantially aligned with some variation due to differences in health plan and clinician level reporting. IMPACT ON INTERPRETABILITY AND DATA COLLECTION BURDEN: The differences between these measures do not have an impact on interpretability of publicly reported rates. There is no added burden of data collection because the data for each measure is collected from different data sources by different entities.

5b.1 If competing, why superior or rationale for additive value: N/A

0076: Optimal Vascular Care

5.1 Identified measures: 0067 : Chronic Stable Coronary Artery Disease: Antiplatelet Therapy

0543 : Adherence to Statin Therapy for Individuals with Cardiovascular Disease

0068 : Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet

0073 : Ischemic Vascular Disease (IVD): Blood Pressure Control

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: There are some differences noted in the denominator definitions, source data and settings of care. #0068 Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet AND #0073 Ischemic Vascular Disease (IVD): Blood Pressure Control are most closely related to the components of our measure, however this measure focuses on the inpatient setting and only patients discharged with acute myocardial infarction, coronary bypass graft or percutaneous coronary interventions. #0067 Chronic Stable Coronary Artery Disease: Antiplatelet Therapy focuses only on patients with coronary artery disease; however from specifications available through QPS not able to compare diagnosis code definitions. This measure, #0076 Optimal Vascular Care is more inclusive with a denominator definition of ischemic vascular disease (atherosclerosis of coronary and peripheral arteries) #0543 Adherence to statin therapy for individuals with cardiovascular disease. This medication claims based measure's denominator is more aligned with our intent (coronary, cerebrovascular and peripheral artery disease), however endorsement was removed in 2015.

5b.1 If competing, why superior or rationale for additive value: There are other similar measures that address three of the four components separately, but no currently endorsed measure exists that is a patient level all-or-none composite measure.

0076 Optimal Vascular Care is superior to the newly submitted measure for consideration because its measure construct additionally includes:

- * contraindications and exceptions to statin use
- * risk adjustment; actual and expected rates reported
- * allowable exclusions for potentially frail older adults age 65 to 75 (hospice or palliative services, nursing home, death)

Comparison of NQF #0061 and NQF #0729

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

0729: Optimal Diabetes Care

Steward

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

National Committee for Quality Assurance

0729: Optimal Diabetes Care

MN Community Measurement

Description

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level taken during the measurement year is <140/90 mm Hg.

0729: Optimal Diabetes Care

The percentage of patients 18-75 years of age who had a diagnosis of type 1 or type 2 diabetes and whose diabetes was optimally managed during the measurement period as defined by achieving ALL of the following:

- HbA1c less than 8.0 mg/dL
- Blood Pressure less than 140/90 mmHg
- On a statin medication, unless allowed contraindications or exceptions are present
- Non-tobacco user
- Patient with ischemic vascular disease is on daily aspirin or anti-platelets, unless allowed contraindications or exceptions are present

Please note that while the all-or-none composite measure is considered to be the gold standard, reflecting best patient outcomes, the individual components may be measured as well. This is particularly helpful in quality improvement efforts to better understand where opportunities exist in moving the patients toward achieving all of the desired outcomes. Please refer to the additional numerator logic provided for each component.

Type

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Outcome: Intermediate Clinical Outcome

0729: Optimal Diabetes Care

Composite

Data Source

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from health plans via NCQA's online data submission system.

No data collection instrument provided Attachment 0061_CDC_BP_Control_Value_Sets_Fall_2019-637088223907626862.xlsx

0729: Optimal Diabetes Care

Electronic Health Records, Paper Medical Records An excel template with formatted columns for data fields is provided. Almost all medical groups in MN (99.5%) extract the information from their EMR. Paper abstraction forms are provided for those clinics who wish to use them as an interim step to create their data file. All data is uploaded in electronic format (.csv file) to a HIPAA secure, encrypted and password protected data portal. We capture information from the clinics about how their data is obtained. In 2018:

- 71% (476) clinics had an EMR and pulled all data via query
- 26% (176) clinics had an EMR and used a combination of query and manual look up for data collection
- 2.2% (15) clinics had an EMR and looked up all data manually
- 0.15% (1) clinic had a hybrid EMR and paper record system
- 0.15% (1) clinic had paper records only

Feasibility Note: 71% of practices can extract all of the information needed via query.

Please note that all fields are defined and included in the data dictionary [Tab = Data Field Dictionary] and also included in the data collection guide URL provided in S.1.

Available at measure-specific web page URL identified in S.1 Attachment
MNCM_Diabetes_Measure_Data_Dictionary_and_Risk_Adj__10-19-2018.xlsx

Level

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Health Plan

0729: Optimal Diabetes Care

Clinician : Group/Practice

Setting

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Outpatient Services

0729: Optimal Diabetes Care

Outpatient Services

Numerator Statement

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Patients whose most recent blood pressure level was <140/90 mm Hg during the measurement year.

0729: Optimal Diabetes Care

The number of patients in the denominator whose diabetes was optimally managed during the measurement period as defined by achieving ALL of the following:

- The most recent HbA1c in the measurement period has a value less than 8.0 mg/dL
- The most recent Blood Pressure in the measurement period has a systolic value of less than 140 mmHg AND a diastolic value of less than 90 mmHg
- On a statin medication, unless allowed contraindications or exceptions are present
- Patient is not a tobacco user
- Patient with ischemic vascular disease (Ischemic Vascular Disease Value Set) is on daily aspirin or anti-platelets, unless allowed contraindications or exceptions are present

*Numerator Details***0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)**

There are two data sources and approaches used for collecting data and reporting the numerator for this measure: Administrative Claims and Medical Record Review.

ADMINISTRATIVE CLAIMS

Use codes (See code value sets located in question S.2b.) to identify the most recent blood pressure reading taken during an outpatient visit or a nonacute inpatient encounter or remote monitoring event during the measurement year.

The patient is numerator compliant if the blood pressure is <140/90 mm Hg. The patient is not compliant if the blood pressure is ≥140/90 mm Hg, if there is no blood pressure reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are multiple blood pressure readings on the same date of service, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure.

Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels.

VALUE SET / NUMERATOR COMPLIANCE

Systolic Less Than 140 Value Set / Systolic compliant

Systolic Greater Than or Equal to 140 Value Set / Systolic noncompliant

Diastolic Less Than 80 Value Set / Diastolic compliant

Diastolic 80-89 Value Set / Diastolic compliant

Diastolic Greater Than or Equal to 90 Value Set / Diastolic not compliant

See attached code value sets.

MEDICAL RECORD REVIEW

The most recent BP level (taken during the measurement year) is <140/90 mm Hg, as documented through administrative data or medical record review.

The organization should use the medical record from which it abstracts data for the other measures in the Comprehensive Diabetes Care set. If the organization does not abstract for other measures, it should use the medical record of the provider that manages the patient's diabetes. If that medical record does not contain a BP, the organization may use the medical record of another PCP or specialist from whom the patient receives care.

Identify the most recent blood pressure reading noted during the measurement year. Do not include blood pressure readings that meet the following criteria:

- Taken during an acute inpatient stay or an ED visit.

-Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.

-Reported by or taken by the patient.

Blood pressure readings from remote monitoring devices that are digitally stored and transmitted to the provider may be included. There must be documentation in the medical record that clearly states the reading was taken by an electronic device, and results were digitally stored and transmitted to the provider and interpreted by the provider.

Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record. If there are multiple blood pressure readings recorded for a single date, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure. The systolic and diastolic results do not need to be from the same reading when multiple readings are recorded for a single date.

The patient is not numerator compliant if the blood pressure does not meet the specified threshold or is missing, or if there is no blood pressure reading during the measurement year or if the reading is incomplete (i.e., the systolic or diastolic level is missing).

0729: Optimal Diabetes Care

Please note that while the all-or-none composite measure is considered to be the gold standard, reflecting best patient outcomes, the individual components may be measured as well. This is particularly helpful in quality improvement efforts to better understand where opportunities exist in moving the patients toward achieving all of the desired outcomes. Please refer to the additional numerator logic provided for each component and note that all of the denominator criteria apply to the numerator as well, but are not repeated in the numerator codes/ descriptions.

HbA1c Date [Date (mm/dd/yyyy)] AND

HbA1c Value [Numeric]

Numerator component calculation: numerator component compliant is HbA1c during the last 12 months (measurement year) AND most recent HbA1c value is less than 8.0.

Enter the date of the most recent HbA1c test during the measurement period.

Enter the value of the most recent HbA1c test during the measurement period.

Leave BLANK if an HbA1c was never performed.

- A test result from a provider outside of the reporting medical group is allowed if the result is documented in the reporting medical group's patient record and is the most recent test result during the measurement period.
- If the HbA1c result is too high to calculate, still enter the HbA1c test date if it is the most recent test result during the measurement period.

Blood Pressure Date [Date (mm/dd/yyyy)] AND

BP Systolic [Numeric] AND

BP Diastolic [Numeric]

Numerator component calculation: numerator component compliant is BP during the measurement year AND Systolic < 140 AND Diastolic < 90.

Enter the date of the most recent blood pressure result during the measurement period.

Leave BLANK if a blood pressure was not obtained during the measurement period.

- A test result from a provider outside of the reporting medical group is allowed if the result is documented in the reporting medical group's patient record and is the most recent test result during the measurement period.
- Do not include BP readings:
 - o Taken during an acute inpatient stay or an ED visit.
 - o Taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed (e.g., sigmoidoscopy, removal of a mole).
 - o Obtained the same day as a major diagnostic or surgical procedure (e.g., EKG/ECG, stress test, administration of IV contrast for a radiology procedure, endoscopy).
 - o Reported by or taken by the patient.

BP Systolic

Enter the value of the most recent systolic blood pressure result during the measurement period.

If more than one value is recorded on the most recent date, the lowest systolic value from multiple readings on the same date may be submitted.

NOTE: The systolic blood pressure is the upper number in the recorded fraction. For example, the systolic value for a blood pressure of 124/72 mmHg is 124.

BP Diastolic

Enter the value of the most recent diastolic blood pressure result during the measurement period.

If more than one value is recorded on the most recent date, the lowest diastolic value from multiple readings on the same date may be submitted.

- NOTE: The diastolic blood pressure is the lower number in the recorded fraction. For example, the diastolic value for a blood pressure of 124/72 mmHg is 72.

LDL Date [Date (mm/dd/yyyy)] AND

LDL Value [Numeric]

Numerator component calculation: Is used for the cholesterol component for statin use; patients with low untreated LDL values may not be appropriate for the initiation of statin medication.

Enter the date of the most recent LDL test on or prior to the end of the measurement period.

Leave BLANK if an LDL was never performed.

- A test result from a provider outside of the reporting medical group is allowed if the result is documented in the reporting medical group's patient record and is the most recent test result within the allowable time period.
- If the LDL result is too high to calculate, still enter the LDL test date if it is the most recent test result within the allowable time period.

LDL values within the last five years will be used to calculate potential exceptions to being on a statin medication. Leave BLANK if an LDL test was not performed between 01/01/201x and 12/31/201x (five-year increments).

Statin Medication [Numeric] AND

Statin Medication Date [Date (mm/dd/yyyy)] AND/OR

Station Medication Exception [Numeric] AND

Station Medication Exception Date [Date (mm/dd/yyyy)]

Numerator component calculation: numerator component compliant if on a statin (prescribed/ ordered) or low LDL value (see above) or documented contraindication/exception is present.

Statin Medication:

Enter the code that corresponds to whether the patient was prescribed a statin medication or if a statin medication was active on the patient's medication list during the measurement period.

Please refer to Appendix C for a list of statin medications.

1 = Yes, patient was prescribed a statin medication or a statin medication was indicated as active on the patient's medication list during the measurement period.

2 = No, patient was not prescribed a statin medication and a statin medication was not indicated as active on the patient's medication list during the measurement period.

The following exceptions to statin medication use will be identified by the Data Portal based on the submitted LDL values:

- Patients with ischemic vascular disease aged 21 to 75 years and an LDL result less than 40 mg/dL
- Patients aged 40 – 75 years with an LDL result less than 70 mg/dL
- Patients aged 21 – 39 years with an LDL less than 190 mg/dL

Statin Medication Date:

Enter the most recent date of a statin prescription, order or review of active medications list during the measurement period.

If no statin prescribed, ordered, or reviewed as an active medication during the measurement period, leave blank

Statin Medication Exception:

If the patient was NOT prescribed or did not have a statin medication active on their medication list during the measurement period, enter the value that corresponds to any of the following contraindications or exceptions:

1 = Pregnancy at any time during the measurement period

2 = Active liver disease (liver failure, cirrhosis, hepatitis)

3 = Rhabdomyolysis

4 = End stage renal disease on dialysis

5 = Heart failure

6 = Other provider documented reason: breastfeeding during the measurement period

7 = Other provider documented reason: woman of childbearing age not actively taking birth control during the measurement period

8 = Other provider documented reason: allergy to statin

9 = Drug interaction with a listed medication taken during the measurement period (valid drug-drug interactions include HIV protease inhibitors, nefazodone, cyclosporine, gemfibrozil, and danazol).

10 = Other provider documented reason: intolerance (with supporting documentation of trying a statin at least once within the last five years). Additionally, Myopathy and Myositis (CHOL-05) Value Set may be used to document intolerance to statins.

If none of the above contraindications or exceptions are documented, leave BLANK. NOTE: Items 1 – 5 above can be defined by diagnosis codes that may be used in data collection. Value Sets include: Pregnancy V/Z Codes (PREG-01), Pregnancy Diagnosis Codes (PREG-02), Liver Disease (CHOL-01), Rhabdomyolysis (CHOL-02), ESRD on Dialysis (CHOL-03), and Heart Failure (CHOL-04)

Statin Medication Exception Date:

If the patient has a documented contraindication or exception enter the date of the contraindication or exception. If only the month and year are known, enter the first day of the month.

Tobacco Status Documentation Date [Date (mm/dd/yyyy)] AND

Tobacco Status [Numeric]

Numerator component calculation: numerator component compliant if tobacco status within the last two years and status is tobacco-free.

Tobacco Status Documentation Date:

Enter the most recent date that the patient's tobacco status was documented during the measurement period or year prior.

- If the patient's tobacco status is not documented or the date of documentation cannot be determined, leave BLANK

Tobacco Status:

Enter the code that corresponds to the patient's most recent tobacco status during the measurement period or year prior.

1 = Tobacco free (patient does not use tobacco; patient was a former user and is not a current user)

2 = No documentation

3 = Current tobacco user (tobacco includes any amount of cigarettes, cigars, pipes or smokeless tobacco)

- If the date of the tobacco status documentation is not documented in the patient record, enter 2

- E-cigarettes are not considered tobacco products.

Aspirin or Anti-platelet Medication [Numeric] AND

Aspirin or Anti-platelet Date [Date (mm/dd/yyyy)] AND/OR

Aspirin or Anti-platelet Exception [Numeric] AND

Aspirin or Anti-platelet Exception Date [Date (mm/dd/yyyy)]

Numerator component calculation: Calculation applied only if patient has ischemic vascular disease (IVD); if no IVD indicated, is a numerator component “free-pass”. For patients with IVD, numerator component compliant if indicated on daily aspirin or anti-platelet medication (prescribed/ ordered) or documented contraindication/exception is present.

Aspirin or Anti-platelet Medication:

For patients with Ischemic Vascular Disease (IVD), enter the code that corresponds to whether the patient is prescribed a daily aspirin product or antiplatelet medication or if an aspirin product or anti-platelet medication was active on the patient’s medication list during the measurement period.

Please see Appendix D for methods to identify appropriate aspirin products or antiplatelet medications.

1 = Yes, patient was prescribed a daily aspirin product or antiplatelet medication, or one was indicated as active on the patient’s medication list during the measurement period.

2 = No, patient was not prescribed a daily aspirin product or antiplatelet medication and one was not indicated as active on the patient’s medication list during the measurement period.

Aspirin/narcotic combination medications do not qualify as a daily aspirin product.

Aspirin or Anti-platelet Date:

For patients with IVD, enter the date of the most recent daily aspirin product or anti-platelet medication prescription, order or review of an active medication list that included a daily aspirin product or anti-platelet medication during the measurement period.

If a daily aspirin product or anti-platelet medication was not prescribed, ordered or reviewed as an active medication during the measurement period leave blank

Aspirin or Anti-platelet Medication Exception:

For patients with IVD who were not prescribed or taking a daily aspirin product or anti-platelet medication during the measurement period, enter the code that corresponds to any of the following contraindications or exceptions:

1 = Prescribed anti-coagulant medication during the measurement period

2 = History of gastrointestinal bleeding

3 = History of intracranial bleeding

4 = Bleeding disorder

5 = Other provider documented reason: allergy to aspirin or anti-platelets

6 = Other provider documented reason: use of non-steroidal anti-inflammatory agents

7 = Other provider documented reason: documented risk for drug interaction with a medication taken during the measurement period.

8 = Other provider documented reason: uncontrolled hypertension (systolic blood pressure greater than 180 mmHg and/or diastolic blood pressure greater than 110 mmHg)

9 = Other provider documented reason: gastroesophageal reflux disease (GERD)

If none of the above contraindications or exceptions are documented, leave BLANK.

NOTE: Items 2 and 3 above can be defined by diagnosis codes that may be used in data collection. Value Sets include: GI Bleed (ASA-01) and Intracranial Bleed (ASA-02).

Aspirin or Anti-platelet Medication Exception Date:

If the patient has a documented aspirin product or anti-platelet medication exception enter the date of the contraindication or exception.

Denominator Statement

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.

0729: Optimal Diabetes Care

Patients ages 18 to 75 with a diagnosis of diabetes (Diabetes Value Set) with any contact during the current or prior measurement period OR had diabetes (Diabetes Value Set) present on an active problem list at any time during the measurement period. Both contacts AND problem list must be queried for diagnosis (Diabetes Value Set).

AND patient has at least one established patient office visit (Established Pt Diabetes & Vasc Value Set) performed or supervised by an eligible provider in an eligible specialty for any reason during the measurement period.

Denominator Details

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

There are two ways to identify patients with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a patient only needs to be identified by one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.

CLAIM/ENCOUNTER DATA

Patients who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):

- At least one acute inpatient encounter with a diagnosis of diabetes without telehealth.
 - At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. To identify an acute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays.
 2. Exclude nonacute inpatient stays.
 3. Identify the discharge date for the stay.
 - At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays.
 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.
 3. Identify the discharge date for the stay.
 - Only include nonacute inpatient encounters without telehealth.
 - Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient set.
- See attached code value sets.

PHARMACY DATA

Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.

PRESCRIPTIONS TO IDENTIFY MEMBERS WITH DIABETES

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, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin

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, Albiglutide, Liraglutide

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.

0729: Optimal Diabetes Care

Please also refer to all code lists included in the data dictionary attached in S.2b.

- 18 years or older at the start of the measurement period AND less than 76 years at the end of the measurement period
- Patient had a diagnosis of diabetes (Diabetes Value Set) with any contact during the current or prior measurement period OR had diabetes (Diabetes Value Set) present on an active problem list at any time during the measurement period. Both contacts AND the active problem list must be queried for diagnosis (Diabetes Value Set).
- At least one established patient office visit (Established Pt Diabetes & Vasc Value Set) performed or supervised by an eligible provider in an eligible specialty for any reason during the measurement period

Eligible specialties: Family Medicine, Internal Medicine, Geriatric Medicine, Endocrinology

Eligible providers: Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Advanced Practice Registered Nurses (APRN)

Exclusions

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.

Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type 1 or Type II) is found.

0729: Optimal Diabetes Care

Valid allowable exclusions include patients who were a permanent resident of a nursing home, pregnant, died or were in hospice or palliative care during the measurement year.

Exclusion Details

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

ADMINISTRATIVE CLAIMS

Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the service began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.

Exclude adults who meet any of the following criteria:

- Medicare adults 66 years of age and older as of December 31 of the measurement year who meet either of the following:
 - Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.
 - Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run data of the file to determine if a member had an LTI flag during the measurement year.
- Adults 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and with advanced illness. Patients must meet BOTH of the following frailty and advanced illness criteria to be excluded:
 1. At least one claim/encounter for frailty during the measurement year.
 2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):
 - At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters nonacute inpatient discharges on different dates of services, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays.
 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.
 3. Identify the discharge date for the stay.
 - At least one acute inpatient encounter with an advanced illness diagnosis.
 - At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays.
 2. Exclude nonacute inpatient stays.
 3. Identify the discharge date for the stay.
 - A dispensed dementia medication

DEMENTIA MEDICATIONS

DESCRIPTION / PRESCRIPTION

Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine

Miscellaneous central nervous system agents / Memantine

Exclude patients with gestational diabetes or steroid diabetes. Codes associated with identifying these identifying exclusions are attached in a separate file with code value sets.

See attached code value sets.

MEDICAL RECORD

Exclusionary evidence in the medical record must include a note indicating the patient did NOT have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year AND had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.

0729: Optimal Diabetes Care

- Patient was pregnant during measurement period (ICD-10 O24.011, O24.012, O24.013, O24.019, O24.02, O24.03, O24.111, O24.112, O24.113, O24.119, O24.12, O24.13, O24.311, O24.312, O24.313, O24.319, O24.32, O24.33, O24.811, O24.812, O24.813, O24.819, O24.82, O24.83, O24.911, O24.912, O24.913, O24.919, O24.92, O24.93)
- Patient was a permanent nursing home resident during the measurement period
- Patient was in hospice or palliative care at any time during the measurement period,
- Patient died prior to the end of the measurement period

Risk Adjustment

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

No risk adjustment or risk stratification

0729: Optimal Diabetes Care

Statistical risk model

Stratification

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

No stratification

0729: Optimal Diabetes Care

The diabetes population is not currently stratified when publicly reported on our consumer website, MN HealthScores. The data is, however, stratified by public (MN Health Care Programs- Prepaid Medical Assistance including dual eligibles, MinnesotaCare, and General Assistance Medical Care) and private purchasers for our 2017 Health Care Disparities Report. This report notes a gap in outcomes of fifteen percentage points between diabetic patients in public programs and other purchasers. <http://mncm.org/wp-content/uploads/2018/03/2017-Disparities-Report-FINAL-3.26.2018.pdf>

Type Score

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Rate/proportion better quality = higher score

0729: Optimal Diabetes Care

Rate/proportion better quality = higher score

Algorithm

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

STEP 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria.

- AGES: 18-75 years as of December 31 of the measurement year.

- EVENT/DIAGNOSIS: Identify patients with diabetes in two ways: by claim/encounter data and by pharmacy data. SEE S.6 and S.7 for eligible population and denominator criteria and details.

STEP 2: Exclude patients who meet the exclusion criteria. SEE S.8 and S.9 for denominator exclusion criteria and details.

STEP 3: Determine the number of patients in the eligible population who had a blood pressure reading during the measurement year through the search of administrative data systems or medical record data.

STEP 4: Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record.

STEP 5: Determine whether the result was <140/90 mm Hg.

STEP 6: Calculate the rate by dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).

0729: Optimal Diabetes Care

This measure is calculated by submitting a file of individual patient values (e.g. blood pressure, A1c value, etc.) to a HIPAA secure data portal. Programming within the data portal determines if each patient is a numerator case and then a rate is calculated for each clinic site. Please also refer to the measure calculation algorithms submitted within the data dictionary for this measure.

If any component of the numerator is noncompliant for any one of the five components, then the patient is numerator noncompliant for the composite patient level all-or none optimal diabetes care measure.

Numerator logic is as follows:

A1c Component:

Is the HbA1c date in the measurement period? If no, is numerator noncompliant for this component. If yes, assess next variable.

Is the HbA1c value less than 8.0? If yes, is numerator compliant for this component. If no, is numerator noncompliant for this component.

Note: A1c needs to occur during the measurement year AND most recent value less than 8.0

Assess next component.

Blood Pressure Component:

Is Blood Pressure date in the measurement period? If no, is numerator noncompliant for this component. If yes, assess next variable.

BP Systolic < 140? If no, is numerator noncompliant for this component. If yes, assess next variable.

BP Diastolic < 90? If yes, is numerator compliant for this component. If no, is numerator noncompliant for this component.

Note: BP needs to occur during the measurement year AND most recent BP systolic less than 140 AND BP diastolic less than 90

Assess next component.

Cholesterol Statin Use Component:

Is the patient on a statin medication? If yes, and most recent date is in the measurement year, is numerator compliant for this component. If no, assess next variable.

For patients not on a statin the following variables are used to assess numerator compliance related to contraindications or exceptions to statin use:

Is the patient age 18 to 20? If yes, numerator compliant (free-pass), if no, assess next variable.

Is the patient age 21 to 75? Do they have ischemic vascular disease (IVD)?

If Yes IVD, is their most recent LDL in the last five years less than 40? If Yes, numerator compliant (free-pass), if no, assess next variable.

Does the patient have a valid contraindication/ exception to statin use defined as one of the following: pregnancy, active liver disease, rhabdomyolysis, ends stage renal disease on dialysis, heart failure, breastfeeding, allergy to statin, drug-drug interaction with statin, or intolerance with documentation of trying a statin at least once in the last 5 years)? If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.

If No IVD, is the patient age 21 to 39 and is their most recent LDL in the last 5 years greater than or equal to 190? If No, numerator compliant (free-pass).

If Yes LDL greater than or equal to 190, does the patient have a valid contraindication/ exception to statin use defined as one of the following: pregnancy, active liver disease, rhabdomyolysis, ends stage renal disease on dialysis, heart failure, breastfeeding, allergy to statin, drug-drug interaction with statin, or intolerance with documentation of trying a statin at least once in the last 5 years)? If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.

If No IVD, no LDL greater than or equal to 190 for patients ages 40 to 70, is their most recent LDL in the last five years less than 70? If Yes, numerator compliant (free-pass), if no, assess next variable.

Does the patient have a valid contraindication/ exception to statin use defined as one of the following: pregnancy, active liver disease, rhabdomyolysis, ends stage renal disease on dialysis, heart failure, breastfeeding, allergy to statin, drug-drug interaction

with statin, or intolerance with documentation of trying a statin at least once in the last 5 years)? If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.

Note: Patient is either on a statin (prescribed/ ordered) during the measurement year or has a valid exception either by age, presence or absence of ischemic vascular disease, low untreated LDL or valid contraindication/ exception.

Assess next component.

Tobacco-Free Component:

Is Tobacco Status = 1 (Tobacco Free) and Tobacco Assessment Date a valid date? If yes, is numerator compliant for this component. If no, is numerator noncompliant for this component. Assess next component.

Daily Aspirin/ Anti-platelet Component:

Does the patient have cardiovascular/ ischemic vascular disease? If no, is numerator compliant (free-pass), if yes assess next variable.

Is the patient on daily aspirin or an antiplatelet? If yes, and date of most recent aspirin/ anti-platelet is in the measurement year is numerator compliant, if no, assess next variable.

Does the patient have a valid contraindication/ exception to aspirin anti-platelet use defined as one of the following: anti-coagulant medication, history of gastrointestinal bleed, history of intracranial bleed, allergy, or physician documented reasons related to: risk of drug interaction, use of NSAIDS, uncontrolled HTN or gastro-intestinal reflux disease. If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.

Note: Patients with ischemic vascular disease are either on daily aspirin (indicated/ prescribed/ ordered) or an anti-platelet prescribed/ ordered) during the measurement year or has a valid contraindication/ exception.

If all of the above numerator components are in compliance, then the patient calculated as a numerator case for the optimal diabetes care measure.

Submission items

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

5.1 Identified measures:

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact: Measure 0061 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level is <140/90 mm Hg. Measure 0729 is a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult diabetes patients who have optimally managed modifiable risk factors including blood pressure and four other indicators. NCQA's measure 0061 is included with five other NCQA diabetes measures. The five other diabetes measures are individually NQF endorsed (Endocrine Maintenance Phase 1). Together, the six NCQA individual diabetes measures (including measure 0061) make a set of diabetes HEDIS measures but are not considered all or nothing. NCQA

uses individual measures to provide health plans and others the opportunity to measure, report and incentivize each aspect of quality care for the diabetes population. HARMONIZED MEASURE ELEMENTS: Measures 0061 and 0729 both focus on an adult patient population 18-75 years of age with diabetes (type 1 and type 2). Both measures assess whether the patient's most recent blood pressure level in the measurement period was <140/90 mm Hg. Both measures also specify denominator visit criteria to include patients with at least two outpatient visits in the last two years with a diagnosis of diabetes. UNHARMONIZED MEASURE ELEMENTS: - Data Source: Measure 0061 is collected through administrative claims and/or medical record. Measure 0729 is collected through medical record abstraction. - Level of Accountability: Measure 0061 is a health plan level measure and is used in NCQA's clinical quality and recognition programs (See 4.1 Usability and Use). Measure 0729 is a physician level measure. - Data Elements: Measure 0061 uses two methods to identify patients in the denominator 1) claims/encounter data with a diagnosis of diabetes and 2) pharmacy data for insulin or hypoglycemic/antihyperglycemics (see 5.7 Denominator Details). Measure 0729 uses encounter data with a diagnosis for diabetes to identify patients in the denominator. NCQA uses two identification methods to ensure that only patients with diagnosed diabetes are included in the denominator. - Exclusions: Exclusions for measures 0061 and 0729 are substantially aligned with some variation due to differences in health plan and clinician level reporting. IMPACT ON INTERPRETABILITY AND DATA COLLECTION BURDEN: The differences between these measures do not have an impact on interpretability of publicly reported rates. There is no added burden of data collection because the data for each measure is collected from different data sources by different entities.

5b.1 If competing, why superior or rationale for additive value: N/A

0729: Optimal Diabetes Care

5.1 Identified measures: 0061 : Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

0545 : Adherence to Statins for Individuals with Diabetes Mellitus

0575 : Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

2712 : Statin Use in Persons with Diabetes

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: Denominator differences due to data source, different composite measure construct and philosophical beliefs of our measure development work group. Please see 5b.1.

5b.1 If competing, why superior or rationale for additive value: 2 measures are part of a composite measure that is stewarded by NCQA.

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

NCQA's composite is a different measure construct; it is calculated at the physician panel level (what percentage of my patients have an A1c < 8.0, what percentage had BP < 140/90) but is not a patient level composite. MNM believes that its patient level all-or-none composite is superior, patient-centric (not provider centric) and individual patients achieving as many health targets as possible only increases their likelihood of reducing long term microvascular and macrovascular complication of diabetes.

These two measure's numerators are harmonized.

We have philosophical differences in the denominator definitions and this is due in part to the data source. NCQA uses claims data to identify diabetic patients, MNMCM used EMR based data. NCQA's methodology looks for diabetes diagnosis codes but additionally will include patients on oral medications and insulin who do not have the diagnosis. We also believe that is important to exclude diabetic women who are currently pregnant during the measurement year, related to cholesterol management. NCQA's denominator value sets intentionally include these patients.

This measure is related (but not exactly the same)

0545: Adherence to Statins for Individuals with Diabetes Mellitus (CMS)

Uses the same denominator definition as the NCQA composite. From information available in QPS, it does not appear that there are exceptions to this measure related to liver disease, rhabdomyolysis, pregnancy, etc. This is different from our planned cholesterol component for statin use. We believe our cholesterol component is superior in that it takes into account patient safety.

This measure is related (but not exactly the same)

2712: Statin Use in Persons with Diabetes (PQA)

This measure uses a different data source; pharmacy claims. Because the data source relies on filled prescriptions, the only way to identify the denominator is if the patient is on a diabetes drug, which does not encompass all diabetic patients that should be on a statin. Exclusions for this measure do not take into account the exceptions and contraindications for use of statins. We believe our cholesterol component is superior.

Comparison of NQF #0061 and NQF #2602

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

2602: Controlling High Blood Pressure for People with Serious Mental Illness

Steward

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

National Committee for Quality Assurance

2602: Controlling High Blood Pressure for People with Serious Mental Illness

National Committee for Quality Assurance

*Description***0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)**

The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level taken during the measurement year is <140/90 mm Hg.

2602: Controlling High Blood Pressure for People with Serious Mental Illness

The percentage of patients 18-85 years of age with serious mental illness who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled during the measurement year.

Note: This measure is adapted from an existing health plan measure used in a variety of reporting programs for the general population (NQF #0018: Controlling High Blood Pressure). It was originally endorsed in 2009 and is owned and stewarded by NCQA. The specifications for the existing measure (Controlling High Blood Pressure NQF #0018) have been updated based on 2013 JNC-8 guideline. NCQA will submit the revised specification for Controlling High Blood Pressure NQF #0018 in the 4th quarter 2014 during NQF's scheduled measure update period. This measure uses the new specification to be consistent with the current guideline.

*Type***0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)**

Outcome: Intermediate Clinical Outcome

2602: Controlling High Blood Pressure for People with Serious Mental Illness

Outcome

*Data Source***0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)**

Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from health plans via NCQA's online data submission system.

No data collection instrument provided Attachment 0061_CDC_BP_Control_Value_Sets_Fall_2019-637088223907626862.xlsx

2602: Controlling High Blood Pressure for People with Serious Mental Illness

Claims, Electronic Health Records, Paper Medical Records The denominator for this measure is based on administrative claims and medical record documentation (this is used to confirm the diagnosis of hypertension identified in claims/encounter data). The numerator for this measure is based on medical record documentation collected in the course of providing care to health plan patients.

No data collection instrument provided Attachment 2602_CBP_for_People_With_Mental_Illness_Value_Set-636583543692086216.xlsx

Level

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Health Plan

2602: Controlling High Blood Pressure for People with Serious Mental Illness

Health Plan

Setting

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Outpatient Services

2602: Controlling High Blood Pressure for People with Serious Mental Illness

Outpatient Services

Numerator Statement

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Patients whose most recent blood pressure level was <140/90 mm Hg during the measurement year.

2602: Controlling High Blood Pressure for People with Serious Mental Illness

Patients whose most recent blood pressure (BP) is adequately controlled during the measurement year (after the diagnosis of hypertension) based on the following criteria:

-Patients 18-59 years of age as of December 31 of the measurement year whose BP was <140/90 mm Hg.

-Patients 60-85 years of age as of December 31 of the measurement year and flagged with a diagnosis of diabetes whose BP was <140/90 mm Hg.

-Patients 60-85 years of age as of December 31 of the measurement year and flagged as not having a diagnosis of diabetes whose BP was <150/90 mm Hg.

Numerator Details

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

There are two data sources and approaches used for collecting data and reporting the numerator for this measure: Administrative Claims and Medical Record Review.

ADMINISTRATIVE CLAIMS

Use codes (See code value sets located in question S.2b.) to identify the most recent blood pressure reading taken during an outpatient visit or a nonacute inpatient encounter or remote monitoring event during the measurement year.

The patient is numerator compliant if the blood pressure is <140/90 mm Hg. The patient is not compliant if the blood pressure is ≥140/90 mm Hg, if there is no blood pressure reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are multiple blood pressure readings on the same date of service, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure.

Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels.

VALUE SET / NUMERATOR COMPLIANCE

Systolic Less Than 140 Value Set / Systolic compliant

Systolic Greater Than or Equal to 140 Value Set / Systolic noncompliant

Diastolic Less Than 80 Value Set / Diastolic compliant

Diastolic 80-89 Value Set / Diastolic compliant

Diastolic Greater Than or Equal to 90 Value Set / Diastolic not compliant

See attached code value sets.

MEDICAL RECORD REVIEW

The most recent BP level (taken during the measurement year) is <140/90 mm Hg, as documented through administrative data or medical record review.

The organization should use the medical record from which it abstracts data for the other measures in the Comprehensive Diabetes Care set. If the organization does not abstract for other measures, it should use the medical record of the provider that manages the patient's diabetes. If that medical record does not contain a BP, the organization may use the medical record of another PCP or specialist from whom the patient receives care.

Identify the most recent blood pressure reading noted during the measurement year. Do not include blood pressure readings that meet the following criteria:

- Taken during an acute inpatient stay or an ED visit.

- Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.

- Reported by or taken by the patient.

Blood pressure readings from remote monitoring devices that are digitally stored and transmitted to the provider may be included. There must be documentation in the medical record that clearly states the reading was taken by an electronic device, and results were digitally stored and transmitted to the provider and interpreted by the provider.

Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record. If there are multiple blood pressure readings recorded for a single date, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure. The systolic and diastolic results do not need to be from the same reading when multiple readings are recorded for a single date.

The patient is not numerator compliant if the blood pressure does not meet the specified threshold or is missing, or if there is no blood pressure reading during the measurement year or if the reading is incomplete (i.e., the systolic or diastolic level is missing).

2602: Controlling High Blood Pressure for People with Serious Mental Illness

The number of patients whose most recent blood pressure (BP) is adequately controlled during the measurement year, but after the diagnosis of hypertension (See Essential Hypertension Value Set). For an individual's BP to be adequately controlled, both the systolic and diastolic BP must meet the following criteria:

- Patients 18-59 years of age as of December 31 of the measurement year whose BP was <140/90 mm Hg.
- Patients 60-85 years of age as of December 31 of the measurement year and flagged with a diagnosis of diabetes whose BP was <140/90 mm Hg.
- Patients 60-85 years of age as of December 31 of the measurement year and flagged as not having a diagnosis of diabetes whose BP was <150/90 mm Hg.

To determine if an individual's BP is adequately controlled, the representative BP (i.e., the most recent BP reading during the measurement year but after the diagnosis of hypertension was made) must be identified.

Note: Only the medical records of one practitioner or provider team should be used for both the confirmation of the diagnosis of hypertension and the representative BP. All eligible BP measurements recorded in the records from one practitioner or provider team (even if obtained by a different practitioner) should be considered (e.g., from a consultation note or other note relating to a BP reading from a health care practitioner or provider team). If an organization cannot find the medical record, the patient remains in the measure denominator and is considered noncompliant for the numerator.

The numerator should be calculated using the following steps:

Step 1: Identify the patient's Primary Care Provider (PCP).

- If the patient had more than one PCP for the time period, identify the PCP who most recently provided care to the patient.
- If the patient did not visit a PCP for the time period or does not have a PCP, identify the practitioner who most recently provided care to the patient.
- If a practitioner other than the patient's PCP manages the hypertension, the organization may use the medical record of that practitioner.

Step 2: Identify the representative BP level, defined as the most recent BP reading during the measurement year.

- The reading must occur after the date when the diagnosis of hypertension was made or confirmed.

- If multiple BP measurements occur on the same date, or are noted in the chart on the same date, the lowest systolic and lowest diastolic BP reading should be used. The systolic and diastolic results do not need to be from the same reading
- If no BP is recorded during the measurement year, assume that the individual is “not controlled.”
- Do not include BP readings that meet the following criteria:
 - Taken during an acute inpatient stay or an ED visit
 - Taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed (e.g., sigmoidoscopy, removal of a mole)
 - Obtained the same day as a major diagnostic or surgical procedure (e.g., stress test, administration of IV contrast for a radiology procedure, endoscopy)
 - Reported by or taken by the patient

Denominator Statement

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.

2602: Controlling High Blood Pressure for People with Serious Mental Illness

All patients 18-85 years of age as of December 31 of the measurement year with at least one acute inpatient visit or two outpatient visits for schizophrenia or bipolar I disorder, or at least one inpatient visit for major depression during the measurement year AND a diagnosis of hypertension on or before June 30th of the measurement year.

Denominator Details

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

There are two ways to identify patients with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a patient only needs to be identified by one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.

CLAIM/ENCOUNTER DATA

Patients who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):

- At least one acute inpatient encounter with a diagnosis of diabetes without telehealth.
- At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. To identify an acute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays.

2. Exclude nonacute inpatient stays.

3. Identify the discharge date for the stay.

- At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:

1. Identify all acute and nonacute inpatient stays.

2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.

3. Identify the discharge date for the stay.

-- Only include nonacute inpatient encounters without telehealth.

-- Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient set.

See attached code value sets.

PHARMACY DATA

Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.

PRESCRIPTIONS TO IDENTIFY MEMBERS WITH DIABETES

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, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin

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, Albiglutide, Liraglutide

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.

2602: Controlling High Blood Pressure for People with Serious Mental Illness

Age: 18-85 years as of December 31 of the measurement year

Benefit: Medical

Continuous Enrollment: No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the individual may not have more than a 1-month gap in coverage (i.e., an individual whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

Identify Serious Mental Illness:

Identify patients with a serious mental illness. They must meet at least one of the following criteria during the measurement year or the year prior:

At least one acute inpatient claim/encounter with any diagnosis of schizophrenia, bipolar I disorder, or major depression using any of the following code combinations:

- BH Stand Alone Acute Inpatient Value Set with one of the following diagnoses:
- Schizophrenia Value Set
- Bipolar Disorder Value Set
- Major Depression Value Set
- BH Acute Inpatient Value Set with BH Acute Inpatient POS Value Set and one of the following diagnoses:
- Schizophrenia Value Set
- Bipolar Disorder Value Set
- Major Depression Value Set

At least two visits in an outpatient, intensive outpatient, partial hospitalization, ED or non-acute inpatient setting, on different dates of service, with any diagnosis of schizophrenia or bipolar I disorder. Any two of the following code combinations meet criteria:

- BH Stand Alone Outpatient/PH/IOP Value Set with one of the following diagnoses:
- Schizophrenia Value Set
- Bipolar Disorder Value Set
- BH Outpatient/PH/IOP Value Set with BH Outpatient/PH/IOP POS Value Set and one of the following diagnoses:
- Schizophrenia Value Set

- Bipolar Disorder Value Set
- ED Value Set with one of the following diagnoses:
- Schizophrenia Value Set
- Bipolar Disorder Value Set
- BH ED Value Set with BH ED POS Value Set and one of the following diagnoses:
- Schizophrenia Value Set
- Bipolar Disorder Value Set
- BH Stand Alone Nonacute Inpatient Value Set with one of the following diagnoses:
- Schizophrenia Value Set
- Bipolar Disorder Value Set
- BH Nonacute Inpatient Value Set with BH Nonacute Inpatient POS Value Set and one of the following diagnoses:
- Schizophrenia Value Set
- Bipolar Disorder Value Set

Identify Hypertension:

A diagnosis of hypertension is identified if there is at least one outpatient visit (Outpatient CPT Value Set) with a diagnosis of hypertension (Essential Hypertension Value Set) during the first six months of the measurement year and confirmed with a notation of one of the following in the medical record on or before June 30 of the measurement year:

Hypertension

Intermittent HTN

HTN

History of HTN

High BP

Hypertensive vascular disease (HVD)

Hyperpiesia

Hyperpiesis

Borderline HTN

Intermittent HTN

The notation of hypertension may appear on or before June 30 of the measurement year, including prior to the measurement year. It does not matter if hypertension was treated or is currently being treated. The notation indicating a diagnosis of hypertension may be recorded in any of the following documents:

Problem list (this may include a diagnosis prior to June 30 of the measurement year or an undated diagnosis; see Note at the end of this section)

Office note

Subjective, Objective, Assessment, Plan (SOAP) note

Encounter form

Telephone call record

Diagnostic report

Hospital discharge summary

Statements such as “rule out HTN,” “possible HTN,” “white-coat HTN,” “questionable HTN” and “consistent with HTN” are not sufficient to confirm the diagnosis if such statements are the only notations of hypertension in the medical record.

If an organization cannot find the medical record, the patient remains in the measure denominator and is considered noncompliant for the numerator.

Flag to identify diabetes:

After the denominator is identified, assign each patient a flag to identify if the patient does or does not have diabetes as identified by claims/encounter and pharmacy data (see description below). The flag is used to determine the appropriate BP threshold to use during numerator assessment.

Assign a flag of diabetic to patients who were identified as diabetic using claims/encounter and pharmacy data. The organization must use both methods to identify patients with diabetes, but a patient only needs to be identified by one method.

Claim/encounter data:

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

-At least one acute inpatient encounter (see Acute Inpatient Value Set) with a diagnosis of diabetes (see Diabetes Value Set).

Pharmacy data:

-Patients who were dispensed insulin or hypoglycemics/ antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year (see Table 1).

TABLE 1. PRESCRIPTIONS TO IDENTIFY PATIENTS WITH DIABETES

Alpha-glucosidase inhibitors:

Acarbose, Miglitol

Amylin analogs:

Pramlintide

Antidiabetic combinations:

Glimepiride-pioglitazone, Glimepiride-rosiglitazone, Glipizide-metformin, Glyburide-metformin, Metformin-pioglitazone, Metformin-rosiglitazone, Metformin-sitagliptin, Saxagliptin, Sitagliptin-simvastatin

Insulin:

Insulin aspart, Insulin aspart-insulin aspart protamine, Insulin detemir, Insulin glargine, Insulin glulisine, Insulin inhalation, Insulin isophane beef-pork, Insulin isophane human, Insulin isophane-insulin regular, Insulin lispro, Insulin lispro-insulin lispro protamine, Insulin regular human, Insulin zinc human

Meglitinides:

Nateglinide, Repaglinide

Miscellaneous antidiabetic agents:

Exenatide, Liraglutide, Metformin-repaglinide, Sitagliptin

Sulfonylureas:

Acetohexamide, Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide

Thiazolidinediones:

Pioglitazone, Rosiglitazone

Assign a flag of not diabetic to patients who do not have a diagnosis of diabetes during the measurement year or year prior to the measurement year and who meet either of the following criteria:

- A diagnosis of polycystic ovaries (Polycystic Ovaries Value Set), in any setting, any time during the patient's history through December 31 of the measurement year.
- A diagnosis of gestational diabetes or steroid-induced diabetes (Diabetes Exclusions Value Set), in any setting, during the measurement year or the year prior to the measurement year.

Exclusions

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.

Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type 1 or Type II) is found.

2602: Controlling High Blood Pressure for People with Serious Mental Illness

All patients who meet one or more of the following criteria should be excluded from the measure:

- Evidence of end-stage renal disease (ESRD) or kidney transplant
- A diagnosis of pregnancy

Exclusion Details

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

ADMINISTRATIVE CLAIMS

Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the service began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.

Exclude adults who meet any of the following criteria:

- Medicare adults 66 years of age and older as of December 31 of the measurement year who meet either of the following:
 - Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.
 - Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run data of the file to determine if a member had an LTI flag during the measurement year.
- Adults 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and with advanced illness. Patients must meet BOTH of the following frailty and advanced illness criteria to be excluded:
 1. At least one claim/encounter for frailty during the measurement year.
 2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):
 - At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters nonacute inpatient discharges on different dates of services, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays.
 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.
 3. Identify the discharge date for the stay.
 - At least one acute inpatient encounter with an advanced illness diagnosis.
 - At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays.
 2. Exclude nonacute inpatient stays.
 3. Identify the discharge date for the stay.
 - A dispensed dementia medication

DEMENTIA MEDICATIONS

DESCRIPTION / PRESCRIPTION

Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine

Miscellaneous central nervous system agents / Memantine

Exclude patients with gestational diabetes or steroid diabetes. Codes associated with identifying these identifying exclusions are attached in a separate file with code value sets.

See attached code value sets.

MEDICAL RECORD

Exclusionary evidence in the medical record must include a note indicating the patient did NOT have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year AND had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.

2602: Controlling High Blood Pressure for People with Serious Mental Illness

All patients who meet one or more of the following criteria may be excluded from the measure:

- All patients with evidence of end-stage renal disease (ESRD) (see ESRD Value Set; ESRD Obsolete Value Set) or kidney transplant (see Kidney Transplant Value Set) on or prior to December 31 of the measurement year. Documentation in the medical record must include a dated note indicating evidence of ESRD, kidney transplant or dialysis.
- All patients with a diagnosis of pregnancy (see Pregnancy Value Set) during the measurement year.

Risk Adjustment

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

No risk adjustment or risk stratification

2602: Controlling High Blood Pressure for People with Serious Mental Illness

No risk adjustment or risk stratification

Stratification

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

No stratification

2602: Controlling High Blood Pressure for People with Serious Mental Illness

Not applicable.

Type Score

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Rate/proportion better quality = higher score

2602: Controlling High Blood Pressure for People with Serious Mental Illness

Rate/proportion better quality = higher score

Algorithm

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

STEP 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria.

- AGES: 18-75 years as of December 31 of the measurement year.

- EVENT/DIAGNOSIS: Identify patients with diabetes in two ways: by claim/encounter data and by pharmacy data. SEE S.6 and S.7 for eligible population and denominator criteria and details.

STEP 2: Exclude patients who meet the exclusion criteria. SEE S.8 and S.9 for denominator exclusion criteria and details.

STEP 3: Determine the number of patients in the eligible population who had a blood pressure reading during the measurement year through the search of administrative data systems or medical record data.

STEP 4: Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record.

STEP 5: Determine whether the result was <140/90 mm Hg.

STEP 6: Calculate the rate by dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).

2602: Controlling High Blood Pressure for People with Serious Mental Illness

Step 1: Identify patients with serious mental illness (schizophrenia, bipolar I disorder, and major depression).

Step 2: Identify patients from step 1 who also have a diagnosis of hypertension in claims and confirmed the hypertension diagnosis in medical records.

Step 3: Exclude patients who meet the exclusion criteria as specified in the “Denominator Exclusion Details” section. This is the denominator.

Step 4: Of those in the denominator, identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record.

Step 5: Calculate the rate by dividing the number of patients whose most recent blood pressure is adequately controlled by the denominator (after exclusions).

*Submission items***0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)**

5.1 Identified measures:

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact: Measure 0061 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level is <140/90 mm Hg. Measure 0729 is a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult diabetes patients who have optimally managed modifiable risk factors including blood pressure and four other indicators. NCQA's measure 0061 is included with five other NCQA diabetes measures. The five other diabetes measures are individually NQF endorsed (Endocrine Maintenance Phase 1). Together, the six NCQA individual diabetes measures (including measure 0061) make a set of diabetes HEDIS measures but are not considered all or nothing. NCQA uses individual measures to provide health plans and others the opportunity to measure, report and incentivize each aspect of quality care for the diabetes population. HARMONIZED MEASURE ELEMENTS: Measures 0061 and 0729 both focus on an adult patient population 18-75 years of age with diabetes (type 1 and type 2). Both measures assess whether the patient's most recent blood pressure level in the measurement period was <140/90 mm Hg. Both measures also specify denominator visit criteria to include patients with at least two outpatient visits in the last two years with a diagnosis of diabetes. UNHARMONIZED MEASURE ELEMENTS: - Data Source: Measure 0061 is collected through administrative claims and/or medical record. Measure 0729 is collected through medical record abstraction. - Level of Accountability: Measure 0061 is a health plan level measure and is used in NCQA's clinical quality and recognition programs (See 4.1 Usability and Use). Measure 0729 is a physician level measure. - Data Elements: Measure 0061 uses two methods to identify patients in the denominator 1) claims/encounter data with a diagnosis of diabetes and 2) pharmacy data for insulin or hypoglycemic/antihyperglycemics (see S.7 Denominator Details). Measure 0729 uses encounter data with a diagnosis for diabetes to identify patients in the denominator. NCQA uses two identification methods to ensure that only patients with diagnosed diabetes are included in the denominator. - Exclusions: Exclusions for measures 0061 and 0729 are substantially aligned with some variation due to differences in health plan and clinician level reporting. IMPACT ON INTERPRETABILITY AND DATA COLLECTION BURDEN: The differences between these measures do not have an impact on interpretability of publicly reported rates. There is no added burden of data collection because the data for each measure is collected from different data sources by different entities.

5b.1 If competing, why superior or rationale for additive value: N/A

2602: Controlling High Blood Pressure for People with Serious Mental Illness

5.1 Identified measures: 0018 : Controlling High Blood Pressure

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact: This measure was adapted from the existing measure (Controlling High Blood Pressure NQF #0018) for the subpopulation of people with serious mental illness who have a higher risk of

disease and for whom there is evidence of disparity in treatment compared to the general population. The numerator of this measure is consistent with the measure used for the general population while the denominator has been adapted to facilitate an adequate number of individuals with serious mental illness. NCQA is the owner and steward of the existing NQF-endorsed measure and the specifications are harmonized. Building on this existing measure helps to reduce the burden of implementation for organizations and to align incentives for providers and organizations to focus on key quality of care issues. Note: The specifications for the existing measure (Controlling High Blood Pressure NQF #0018) have been updated based on 2013 JNC-8 guidelines. NCQA will submit the revised specification for Controlling High Blood Pressure NQF #0018 in the 4th quarter 2014 during NQF's scheduled measure update period. This measure uses the new specification to be consistent with the current guideline.

5b.1 If competing, why superior or rationale for additive value: Not applicable.

Comparison of NQF #0061 and NQF #2606

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

Steward

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

National Committee for Quality Assurance

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

National Committee for Quality Assurance

Description

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level taken during the measurement year is <140/90 mm Hg.

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

The percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent blood pressure (BP) reading during the measurement year is <140/90 mm Hg.

Note: This measure is adapted from an existing health plan measure used in a variety of reporting programs for the general population (NQF #0061: Comprehensive Diabetes Care: Blood Pressure Control <140/90 mm Hg) which is endorsed by NQF and is stewarded by NCQA.

Type

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Outcome: Intermediate Clinical Outcome

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

Outcome

Data Source

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from health plans via NCQA's online data submission system.

No data collection instrument provided Attachment 0061_CDC_BP_Control_Value_Sets_Fall_2019-637088223907626862.xlsx

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records The denominator for this measure is based on claim/encounter and pharmacy data. The numerator for this measure is based on medical record documentation collected in the course of providing care to health plan patients.

No data collection instrument provided Attachment 2606_BP_Control_for_People_With_Mental_Illness_Value_Sets-636583537864052580.xlsx

Level

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Health Plan

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

Health Plan

Setting

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Outpatient Services

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

Outpatient Services

*Numerator Statement***0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)**

Patients whose most recent blood pressure level was <140/90 mm Hg during the measurement year.

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

Patients whose most recent BP reading is less than 140/90 mm Hg during the measurement year.

This intermediate outcome is a result of blood pressure control (<140/90 mm Hg). Blood pressure control reduce the risk of cardiovascular diseases. There is no need for risk adjustment for this intermediate outcome measure.

*Numerator Details***0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)**

There are two data sources and approaches used for collecting data and reporting the numerator for this measure: Administrative Claims and Medical Record Review.

ADMINISTRATIVE CLAIMS

Use codes (See code value sets located in question S.2b.) to identify the most recent blood pressure reading taken during an outpatient visit or a nonacute inpatient encounter or remote monitoring event during the measurement year.

The patient is numerator compliant if the blood pressure is <140/90 mm Hg. The patient is not compliant if the blood pressure is =140/90 mm Hg, if there is no blood pressure reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are multiple blood pressure readings on the same date of service, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure.

Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels.

VALUE SET / NUMERATOR COMPLIANCE

Systolic Less Than 140 Value Set / Systolic compliant

Systolic Greater Than or Equal to 140 Value Set / Systolic noncompliant

Diastolic Less Than 80 Value Set / Diastolic compliant

Diastolic 80-89 Value Set / Diastolic compliant

Diastolic Greater Than or Equal to 90 Value Set / Diastolic not compliant

See attached code value sets.

MEDICAL RECORD REVIEW

The most recent BP level (taken during the measurement year) is <140/90 mm Hg, as documented through administrative data or medical record review.

The organization should use the medical record from which it abstracts data for the other measures in the Comprehensive Diabetes Care set. If the organization does not abstract for other measures, it should use the medical record of the provider that manages the patient's diabetes. If that medical record does not contain a BP, the organization may use the medical record of another PCP or specialist from whom the patient receives care.

Identify the most recent blood pressure reading noted during the measurement year. Do not include blood pressure readings that meet the following criteria:

- Taken during an acute inpatient stay or an ED visit.
- Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.
- Reported by or taken by the patient.

Blood pressure readings from remote monitoring devices that are digitally stored and transmitted to the provider may be included. There must be documentation in the medical record that clearly states the reading was taken by an electronic device, and results were digitally stored and transmitted to the provider and interpreted by the provider.

Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record. If there are multiple blood pressure readings recorded for a single date, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure. The systolic and diastolic results do not need to be from the same reading when multiple readings are recorded for a single date.

The patient is not numerator compliant if the blood pressure does not meet the specified threshold or is missing, or if there is no blood pressure reading during the measurement year or if the reading is incomplete (i.e., the systolic or diastolic level is missing).

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

ADMINISTRATIVE:

Use automated data to identify the most recent BP reading taken during an outpatient visit (see Outpatient Visit Value Set) or a nonacute inpatient encounter (Nonacute Inpatient Value Set) during the measurement year. The patient is numerator compliant if the BP is <140/90 mm Hg. The patient is not compliant if the BP is =140/90 mm Hg, if there is no BP reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP. Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels.

VALUE SET / NUMERATOR COMPLIANCE

Systolic Less Than 140 Value Set / Systolic compliant

Systolic Greater Than/Equal To 140 Value Set / Systolic not compliant

Diastolic Less Than 80 Value Set / Diastolic compliant

Diastolic 80–89 Value Set / Diastolic compliant

Diastolic Greater Than/Equal To 90 Value Set / Diastolic not compliant

MEDICAL RECORD:

The organization should use the medical record from which it abstracts data for the other diabetes care indicators such as HbA1c test. If the organization does not abstract for other indicators, it should use the medical record of the provider that manages the patient's diabetes. If that medical record does not contain a BP, the organization may use the medical record of another PCP or specialist from whom the patient receives care.

To determine if BP is adequately controlled, the organization must identify the representative BP following the steps below.

Identify the most recent BP reading noted during the measurement year. Do not include BP readings that meet the following criteria:

- Taken during an acute inpatient stay or an ED visit.

- Taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed (e.g., sigmoidoscopy, removal of a mole).

- Obtained the same day as a major diagnostic or surgical procedure (e.g., stress test, administration of IV contrast for a radiology procedure, endoscopy).

Reported by or taken by the patient.

Identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record. If there are multiple BPs recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading when multiple readings are recorded for a single date. The patient is not numerator compliant if the BP does not meet the specified threshold or is missing, or if there is no BP reading during the measurement year or if the reading is incomplete (i.e., the systolic or diastolic level is missing).

Denominator Statement

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

All patients 18-75 years of age as of December 31 of the measurement year with at least one acute inpatient visit or two outpatient visits for schizophrenia or bipolar I disorder, or at least one inpatient visit for major depression during the measurement year AND diabetes (type 1 and type 2) during the measurement year or year prior to the measurement year.

*Denominator Details***0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)**

There are two ways to identify patients with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a patient only needs to be identified by one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.

CLAIM/ENCOUNTER DATA

Patients who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):

- At least one acute inpatient encounter with a diagnosis of diabetes without telehealth.
- At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. To identify an acute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays.
 2. Exclude nonacute inpatient stays.
 3. Identify the discharge date for the stay.
- At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays.
 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.
 3. Identify the discharge date for the stay.
- Only include nonacute inpatient encounters without telehealth.
- Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient set.

See attached code value sets.

PHARMACY DATA

Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.

PRESCRIPTIONS TO IDENTIFY MEMBERS WITH DIABETES**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, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin

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, Albiglutide, Liraglutide

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.

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

Age: 18-75 years as of December 31 of the measurement year

Benefit: Medical

Continuous Enrollment: No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the individual may not have more than a 1-month gap in coverage (i.e., an individual whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

All patients 18-75 years of age as of December 31 of the measurement year with a serious mental illness [see SMI Value Set] and diabetes (type 1 and type 2) [see Diabetes Value Set]

The following steps should be followed to identify patients with a serious mental illness and a diagnosis for diabetes:

(1) Identify Serious Mental Illness

Step 1: Identify Patients with a serious mental illness. They must meet at least one of the following criteria during the measurement year or the year prior:

At least one acute inpatient claim/encounter with any diagnosis of schizophrenia, bipolar I disorder, or major depression using any of the following code combinations:

- BH Stand Alone Acute Inpatient Value Set with one of the following diagnoses:

- o Schizophrenia Value Set
- o Bipolar Disorder Value Set
- o Major Depression Value Set
- BH Acute Inpatient Value Set with BH Acute Inpatient POS Value Set and one of the following diagnoses:
 - o Schizophrenia Value Set
 - o Bipolar Disorder Value Set
 - o Major Depression Value Set

At least two visits in an outpatient, intensive outpatient, partial hospitalization, ED or non-acute inpatient setting, on different dates of service, with any diagnosis of schizophrenia or bipolar I disorder. Any two of the following code combinations meet criteria:

- BH Stand Alone Outpatient/PH/IOP Value Set with one of the following diagnoses:
 - o Schizophrenia Value Set
 - o Bipolar Disorder Value Set
 - BH Outpatient/PH/IOP Value Set with BH Outpatient/PH/IOP POS Value Set and one of the following diagnoses:
 - o Schizophrenia Value Set
 - o Bipolar Disorder Value Set
 - ED Value Set with one of the following diagnoses:
 - o Schizophrenia Value Set
 - o Bipolar Disorder Value Set
 - BH ED Value Set with BH ED POS Value Set and one of the following diagnoses:
 - o Schizophrenia Value Set
 - o Bipolar Disorder Value Set
 - BH Stand Alone Nonacute Inpatient Value Set with one of the following diagnoses:
 - o Schizophrenia Value Set
 - o Bipolar Disorder Value Set
 - BH Nonacute Inpatient Value Set with BH Nonacute Inpatient POS Value Set and one of the following diagnoses:
 - o Schizophrenia Value Set
 - o Bipolar Disorder Value Set
- (2) Identify Diabetes

Step 2: Of the patients identified in Step 1, identify patients with diabetes (see Diabetes Value Set) during the measurement year or the year prior using the following data:

Claim/encounter data:

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

Pharmacy data:

- Patients who were dispensed insulin or hypoglycemics/ antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year (see Table 1)

Both methods to identify the eligible population should be used, however, an individual need only be identified by one to be included in the measure.

TABLE 1. PRESCRIPTIONS TO IDENTIFY PATIENTS WITH DIABETES

Alpha-glucosidase inhibitors:

Acarbose, Miglitol

Amylin analogs:

Pramlintide

Antidiabetic combinations:

Glimepiride-pioglitazone, Glimepiride-rosiglitazone, Glipizide-metformin, Glyburide-metformin, Metformin-pioglitazone, Metformin-rosiglitazone, Metformin-sitagliptin, Saxagliptin, Sitagliptin-simvastatin

Insulin:

Insulin aspart, Insulin aspart-insulin aspart protamine, Insulin detemir, Insulin glargine, Insulin glulisine, Insulin inhalation, Insulin isophane beef-pork, Insulin isophane human, Insulin isophane-insulin regular, Insulin lispro, Insulin lispro-insulin lispro protamine, Insulin regular human, Insulin zinc human

Meglitinides:

Nateglinide, Repaglinide

Miscellaneous antidiabetic agents:

Exenatide, Liraglutide, Metformin-repaglinide, Sitagliptin

Sulfonylureas:

Acetohexamide, Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide

Thiazolidinediones:

Pioglitazone, Rosiglitazone

Exclusions

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.

Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type 1 or Type II) is found.

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

Patients who do not have a diagnosis of diabetes and meet one of the following criteria may be excluded from the measure:

- Patients with a diagnosis of polycystic ovaries.
- Patients with gestational or steroid-induced diabetes.

Exclusion Details

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

ADMINISTRATIVE CLAIMS

Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the service began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.

Exclude adults who meet any of the following criteria:

- Medicare adults 66 years of age and older as of December 31 of the measurement year who meet either of the following:
 - Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.
 - Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run data of the file to determine if a member had an LTI flag during the measurement year.
- Adults 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and with advanced illness. Patients must meet BOTH of the following frailty and advanced illness criteria to be excluded:
 1. At least one claim/encounter for frailty during the measurement year.
 2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):

-- At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters nonacute inpatient discharges on different dates of services, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:

1. Identify all acute and nonacute inpatient stays.
2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.
3. Identify the discharge date for the stay.

-- At least one acute inpatient encounter with an advanced illness diagnosis.

-- At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge:

1. Identify all acute and nonacute inpatient stays.
2. Exclude nonacute inpatient stays.
3. Identify the discharge date for the stay.

-- A dispensed dementia medication

DEMENTIA MEDICATIONS

DESCRIPTION / PRESCRIPTION

Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine

Miscellaneous central nervous system agents / Memantine

Exclude patients with gestational diabetes or steroid diabetes. Codes associated with identifying these identifying exclusions are attached in a separate file with code value sets.

See attached code value sets.

MEDICAL RECORD

Exclusionary evidence in the medical record must include a note indicating the patient did NOT have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year AND had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

Patients who do not have a diagnosis of diabetes (see Diabetes Value Set), in any setting, during the measurement year or year prior to the measurement year and who meet either of the following criteria:

-A diagnosis of polycystic ovaries (see Polycystic Ovaries Value Set), in any setting, any time during the person's history through December 31 of the measurement year.

-A diagnosis of gestational diabetes or steroid-induced diabetes (see Diabetes Exclusions Value Set), in any setting, during the measurement year or the year prior to the measurement year.

Risk Adjustment

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

No risk adjustment or risk stratification

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

No risk adjustment or risk stratification

Stratification

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

No stratification

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

Not applicable.

Type Score

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Rate/proportion better quality = higher score

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

Rate/proportion better quality = higher score

Algorithm

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

STEP 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria.

- AGES: 18-75 years as of December 31 of the measurement year.

- EVENT/DIAGNOSIS: Identify patients with diabetes in two ways: by claim/encounter data and by pharmacy data. SEE S.6 and S.7 for eligible population and denominator criteria and details.

STEP 2: Exclude patients who meet the exclusion criteria. SEE S.8 and S.9 for denominator exclusion criteria and details.

STEP 3: Determine the number of patients in the eligible population who had a blood pressure reading during the measurement year through the search of administrative data systems or medical record data.

STEP 4: Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record.

STEP 5: Determine whether the result was <140/90 mm Hg.

STEP 6: Calculate the rate by dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

Step 1: Identify patients with serious mental illness.

Step 2: Identify patients from step 1 who also have a diagnosis of diabetes during the measurement year or the year prior.

Step 3: Exclude patients who meet the exclusion criteria as specified in the “Denominator Exclusion Details” section.

Step 4: Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record.

Step 5. Determine whether the result was <140/90 mm Hg.

Step 6: Calculate the rate by dividing the numerator (Step 5) by the denominator (after exclusions) (Step 3).

*Submission items***0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)**

5.1 Identified measures:

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact: Measure 0061 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level is <140/90 mm Hg. Measure 0729 is a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult diabetes patients who have optimally managed modifiable risk factors including blood pressure and four other indicators. NCQA’s measure 0061 is included with five other NCQA diabetes measures. The five other diabetes measures are individually NQF endorsed (Endocrine Maintenance Phase 1). Together, the six NCQA individual diabetes measures (including measure 0061) make a set of diabetes HEDIS measures but are not considered all or nothing. NCQA uses individual measures to provide health plans and others the opportunity to measure, report and incentivize each aspect of quality care for the diabetes population. HARMONIZED MEASURE ELEMENTS: Measures 0061 and 0729 both focus on an adult patient population 18-75 years of age with diabetes (type 1 and type 2). Both measures assess whether the patient’s most recent blood pressure level in the measurement period was <140/90 mm Hg. Both measures also specify denominator visit criteria to include patients with at least two outpatient visits in the last two years with a diagnosis of diabetes. UNHARMONIZED MEASURE ELEMENTS: - Data Source: Measure 0061 is collected through administrative claims and/or medical record. Measure 0729 is collected through medical record abstraction. - Level of Accountability: Measure 0061 is a health plan level measure and is used in NCQA’s clinical quality and recognition programs (See 4.1 Usability and Use). Measure 0729 is a physician level measure. - Data Elements: Measure 0061 uses two methods to identify patients in the denominator 1) claims/encounter data with a diagnosis of diabetes and 2) pharmacy data for insulin or hypoglycemic/antihyperglycemics (see S.7 Denominator Details). Measure 0729 uses encounter data with a diagnosis for diabetes to identify patients in the denominator. NCQA uses two identification methods to ensure that only patients with diagnosed diabetes are included in the denominator. - Exclusions: Exclusions for measures 0061 and 0729 are substantially aligned with some variation due to differences in health plan and clinician level reporting. IMPACT ON INTERPRETABILITY AND DATA COLLECTION BURDEN: The differences between these measures do not have an impact on

interpretability of publicly reported rates. There is no added burden of data collection because the data for each measure is collected from different data sources by different entities.

5b.1 If competing, why superior or rationale for additive value: N/A

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

5.1 Identified measures: 0061 : Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact: This measure was adapted from the existing measure (Comprehensive Diabetes Care: Blood Pressure Control <140/90 mm Hg NQF #0061) for the subpopulation of people with serious mental illness who have a higher risk of disease and for whom there is evidence of disparity in treatment compared to the general population. The numerator of this measure is consistent with the measure used for the general population while the denominator has been adapted to focus on individuals with serious mental illness. NCQA is the current owner and steward of the existing NQF-endorsed measure and the specifications are harmonized. Building on this existing measure helps to reduce the burden of implementation for organizations and to align incentives for providers and organizations to focus on key quality of care issues.

5b.1 If competing, why superior or rationale for additive value: Not applicable.

Comparison of NQF #0575 and NQF #0059

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Steward

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

National Committee for Quality Assurance

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

National Committee for Quality Assurance

Description

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is <8.0% during the measurement year.

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is >9.0% during the measurement year.

Type

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

Outcome: Intermediate Clinical Outcome

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Outcome: Intermediate Clinical Outcome

Data Source

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from health plans via NCQA's online data submission system.

No data collection instrument provided Attachment 0575_CDC_HbA1c_Good_Control_Value_Sets_Fall_2019-637088131732250530.xlsx

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from Health Management Organizations and Preferred Provider Organizations via NCQA's online data submission system.

No data collection instrument provided Attachment 0059_CDC_HbA1c_Poor_Control_Value_Sets_Fall_2019-637088187123576417.xlsx

Level

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

Health Plan

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Health Plan

Setting

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

Outpatient Services

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Outpatient Services

Numerator Statement

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

Patients whose most recent HbA1c level is less than 8.0% during the measurement year.

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Patients whose most recent HbA1c level is greater than 9.0% or is missing a result, or for whom an HbA1c test was not done during the measurement year.

Numerator Details

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

There are two data sources and approaches used for collecting data reporting the numerator for this measure: Administrative Claims and Medical Record Review

ADMINISTRATIVE CLAIMS

Use codes (See code value sets located in question S.2b.) to identify the most recent HbA1c test during the measurement year. The member is not numerator compliant if the result for the most recent HbA1c test is =8.0% or is missing a result, or if an HbA1c test was not done during the measurement year.

Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent code during the measurement year to evaluate whether the patient is numerator compliant.

VALUE SET / NUMERATOR COMPLIANCE

HbA1c Level Less Than 7.0 Value Set / Compliant

HbA1c Level 7.0-9.0 Value Set / Not compliant*

HbA1c Level Greater Than 9.0 Value Set / Not compliant

* The CPT Category II code (3045F) in this value set indicates most recent HbA1c (HbA1c) level 7.0%-9.0% and is not specific enough to denote numerator compliance for this indicator. For patients with this code, the organization must use other sources (laboratory data, hybrid reporting method) to identify the actual value and determine if the HbA1c result was <8%.

MEDICAL RECORD REVIEW

The most recent HbA1c level (performed during the measurement year) is <8.0% as identified by laboratory data or medical record review.

At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result. The member is numerator compliant if the most recent HbA1c level during the measurement year is <8.0%. The member is not numerator compliant if the result for the most recent HbA1c level during the measurement year is ≥8.0% or is missing, or if a HbA1c test was not performed during the measurement year.

Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance.

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

There are two data sources and approaches used for collecting data reporting the numerator for this measure: Administrative Claims and Medical Record Review.

ADMINISTRATIVE CLAIMS

Use codes (See code value sets located in question S.2b.) to identify the most recent HbA1c test during the measurement year. The patient is numerator compliant if the most recent HbA1c level is >9.0% or is missing a result, or if an HbA1c test was not done during the measurement year. The patient is not numerator compliant if the result for the most recent HbA1c test during the measurement year is =9.0%.

Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent code during the measurement year to evaluate whether the patient is numerator compliant.

VALUE SET / NUMERATOR COMPLIANCE

HbA1c Level Less Than 7.0 Value Set / Not compliant

HbA1c Level 7.0-9.0 Value Set / Not compliant

HbA1c Level Greater Than 9.0 Value Set / Compliant

MEDICAL RECORD REVIEW

The most recent HbA1c level (performed during the measurement year) is >9.0% or is missing, or was not done during the measurement year, as documented through laboratory data or medical record review.

At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result. The patient is numerator compliant if the result for the most recent HbA1c level during the measurement year is >9.0% or is missing, or if an HbA1c test was not done during the measurement year. The patient is not numerator compliant if the most recent HbA1c level during the measurement year is =9.0%.

Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance.

Note: A lower rate indicates better performance for this indicator (i.e., low rates of poor control indicate better care).

Denominator Statement

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.

Denominator Details

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

There are two ways to identify patients with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a patient only needs to be identified by one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.

CLAIM/ENCOUNTER DATA

Patients who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):

- At least one acute inpatient encounter with a diagnosis of diabetes without telehealth.
- At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. To identify an acute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays.
 2. Exclude nonacute inpatient stays.
 3. Identify the discharge date for the stay.
- At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays.
 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.
 3. Identify the discharge date for the stay.
- Only include nonacute inpatient encounters without telehealth.
- Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient set.

See attached code value sets.

PHARMACY DATA

Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.

PRESCRIPTIONS TO IDENTIFY MEMBERS WITH DIABETES

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, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin

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, Albiglutide, Liraglutide

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.

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

There are two ways to identify patients with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a patient only needs to be identified by one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.

CLAIM/ENCOUNTER DATA

Patients who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):

- At least one acute inpatient encounter with a diagnosis of diabetes without telehealth.

- At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. To identify an acute inpatient discharge:

1. Identify all acute and nonacute inpatient stays.
2. Exclude nonacute inpatient stays.
3. Identify the discharge date for the stay.

- At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:

1. Identify all acute and nonacute inpatient stays.
2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.
3. Identify the discharge date for the stay.

-- Only include nonacute inpatient encounters without telehealth.

-- Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient set.

See attached code value sets.

PHARMACY DATA

Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.

PRESCRIPTIONS TO IDENTIFY MEMBERS WITH DIABETES

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, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin

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, Albiglutide, Liraglutide

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.

Exclusions

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.

Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes, in my setting, during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type I or Type II) is found.

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.

Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type 1 or Type II) is found.

Exclusion Details

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

ADMINISTRATIVE CLAIMS

Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.

Exclude adults who meet any of the following criteria:

- Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
- Enrolled in an Institutional SNP (I-SNP) any time on or between July 1 of the year prior to the measurement year and the end of the measurement year.

-- Living long-term in an institution any time on or between July 1 of the year prior to the measurement year and the end of the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if an adult had an LTI flag any time on or between July 1 of the year prior to the measurement year and the end of the measurement year.

- Adults 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Adults must meet BOTH of the following frailty and advanced illness criteria to be excluded:

1. At least one claim/encounter for frailty during the measurement year.
2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):

-- At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters or nonacute inpatient discharges (instructions below) on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:

1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim.
3. Identify the discharge date for the stay.

-- At least one acute inpatient encounter with an advanced illness diagnosis.

-- At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge:

1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).
3. Identify the discharge date for the stay.

-- A dispensed dementia medication

DEMENTIA MEDICATIONS

DESCRIPTION / PRESCRIPTION

Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine

Miscellaneous central nervous system agents / Memantine

Exclude patients with gestational diabetes or steroid diabetes. Codes associated with identifying these identifying exclusions are attached in a separate file with code value sets.

See attached code value sets.

MEDICAL RECORD

Exclusionary evidence in the medical record must include a note indicating the patient did NOT have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year AND had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

ADMINISTRATIVE CLAIMS

Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.

Exclude adults who meet any of the following criteria:

- Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
 - Enrolled in an Institutional SNP (I-SNP) any time on or between July 1 of the year prior to the measurement year and the end of the measurement year.
 - Living long-term in an institution any time on or between July 1 of the year prior to the measurement year and the end of the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if an adult had an LTI flag any time on or between July 1 of the year prior to the measurement year and the end of the measurement year.
- Adults 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Members must meet BOTH of the following frailty and advanced illness criteria to be excluded:
 1. At least one claim/encounter for frailty during the measurement year.
 2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):
 - At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters or nonacute inpatient discharges (instructions below) on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
 2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim.
 3. Identify the discharge date for the stay.
 - At least one acute inpatient encounter with an advanced illness diagnosis.
 - At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
 2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).

3. Identify the discharge date for the stay.

-- A dispensed dementia medication

DEMENTIA MEDICATIONS

DESCRIPTION / PRESCRIPTION

Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine

Miscellaneous central nervous system agents / Memantine

Exclude patients with gestational diabetes or steroid diabetes. Codes associated with identifying these identifying exclusions are attached in a separate file with code value sets.

See attached code value sets.

MEDICAL RECORD

Exclusionary evidence in the medical record must include a note indicating the patient did NOT have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year AND had a diagnosis of gestational or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.

Risk Adjustment

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

No risk adjustment or risk stratification

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

No risk adjustment or risk stratification

Stratification

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

No stratification

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

No stratification

Type Score

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

Rate/proportion better quality = higher score

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Rate/proportion better quality = lower score

Algorithm

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

STEP 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria.

- AGES: 18-75 years as of December 31 of the measurement year.

- EVENT/DIAGNOSIS: Identify patients with diabetes in two ways: by claim/encounter data and by pharmacy data. SEE S.6 and S.7 for eligible population and denominator criteria and details.

STEP 2: Exclude patients who meet the exclusion criteria. SEE S.8 and S.9 for denominator exclusion criteria and details.

STEP 3: Determine the number of patients in the eligible population who had a recent HbA1c test during the measurement year through the search of administrative data systems.

STEP 4: Identify patients with a most recent HbA1c test performed.

STEP 5: Identify the most recent result. If that result has an HbA1c level <8.0%, then that patient is numerator compliant. If the most recent result is instead with an HbA1c level $\geq 8.0\%$ or a missing result or if no HbA1c test was done during the measurement year, then the member is not in the numerator.

STEP 6: Calculate the rate dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

STEP 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria.

- AGES: 18-75 years as of December 31 of the measurement year.

- EVENT/DIAGNOSIS: Identify patients with diabetes in two ways: by claim/encounter data and by pharmacy data. SEE S.6 and S.7 for eligible population and denominator criteria and details.

STEP 2: Exclude patients who meet the exclusion criteria. SEE S.8 and S.9 for denominator exclusion criteria and details.

STEP 3: Determine the number of patients in the eligible population who had a recent HbA1c test during the measurement year through the search of administrative data systems.

STEP 4: Identify patients with a most recent HbA1c test performed.

STEP 5: Identify the most recent result. If that result has an HbA1c level $> 9.0\%$, a missing result or if no HbA1c test was done during the measurement year then that patient is numerator compliant. If the most recent result is instead with an HbA1c level $\leq 9.0\%$ then the number is not in the numerator.

STEP 6: Calculate the rate by dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).

Submission items

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

5.1 Identified measures: 2608 : Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact: There are two related measures that assess HbA1c control of <8% but they are either focused on different population, use different data sources or are specified at different levels of accountability than NQF 0575. Measure 2608 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year is <8.0%. Measure 0729 is a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult diabetes patients, 18-75 years of age, who have optimally managed modifiable risk factors HbA1c control (<8%) and four other indicators. HARMONIZED MEASURE ELEMENTS: All measures focus on an HbA1c target of <8% for adults age 18-75. DIFFERENCES: - Population Focus: While NQF 0575 and 0729 are focused on the general population of people with diabetes, NQF 2608 is focused on people with a serious mental illness and diabetes. - Data Source and Level of Accountability: Measure 00575 is collected through administrative claims and/or medical record review using health plan reported data. Measure 0729 is collected through medical record abstraction and reported at the physician level of accountability. IMPACT ON INTERPRETABILITY?AND DATA COLLECTION BURDEN:? The differences between measures 0575 and 2608 do not have an impact on interpretability of?publicly?reported rates or an impact on data collection burden as the measures are focused on different populations.

5b.1 If competing, why superior or rationale for additive value: N/A

0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

5.1 Identified measures: 2607 : Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact: There is another related measure that assesses poor control of HbA1c (>9%) but it is focused on a different population than NQF 0059. Measure 2607 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year is >9.0%. HARMONIZED MEASURE ELEMENTS: Both measures focus on an HbA1c target of >9% for adults age 18-75 and are collected using administrative claims and/or medical record review using health plan reported data. DIFFERENCES: - Population Focus: NQF 0059 focuses on the general population of people with diabetes while NQF 2607 focuses on people with a serious mental illness and diabetes. IMPACT ON INTERPRETABILITY?AND DATA COLLECTION BURDEN:? The differences between measures 0575 and 2607 do not have an impact on interpretability of?publicly?reported rates or an impact on data collection burden as the measures are focused on different populations.

5b.1 If competing, why superior or rationale for additive value: N/A

Comparison of NQF #0575 and NQF #0729

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

0729: Optimal Diabetes Care

Steward

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

National Committee for Quality Assurance

0729: Optimal Diabetes Care

MN Community Measurement

Description

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is <8.0% during the measurement year.

0729: Optimal Diabetes Care

The percentage of patients 18-75 years of age who had a diagnosis of type 1 or type 2 diabetes and whose diabetes was optimally managed during the measurement period as defined by achieving ALL of the following:

- HbA1c less than 8.0 mg/dL
- Blood Pressure less than 140/90 mmHg
- On a statin medication, unless allowed contraindications or exceptions are present
- Non-tobacco user
- Patient with ischemic vascular disease is on daily aspirin or anti-platelets, unless allowed contraindications or exceptions are present

Please note that while the all-or-none composite measure is considered to be the gold standard, reflecting best patient outcomes, the individual components may be measured as well. This is particularly helpful in quality improvement efforts to better understand where opportunities exist in moving the patients toward achieving all of the desired outcomes. Please refer to the additional numerator logic provided for each component.

Type

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

Outcome: Intermediate Clinical Outcome

0729: Optimal Diabetes Care

Composite

Data Source

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from health plans via NCQA's online data submission system.

No data collection instrument provided Attachment 0575_CDC_HbA1c_Good_Control_Value_Sets_Fall_2019-637088131732250530.xlsx

0729: Optimal Diabetes Care

Electronic Health Records, Paper Medical Records An excel template with formatted columns for data fields is provided. Almost all medical groups in MN (99.5%) extract the information from their EMR. Paper abstraction forms are provided for those clinics who wish to use them as an interim step to create their data file. All data is uploaded in electronic format (.csv file) to a HIPAA secure, encrypted and password protected data portal. We capture information from the clinics about how their data is obtained. In 2018:

- 71% (476) clinics had an EMR and pulled all data via query
- 26% (176) clinics had an EMR and used a combination of query and manual look up for data collection
- 2.2% (15) clinics had an EMR and looked up all data manually
- 0.15% (1) clinic had a hybrid EMR and paper record system
- 0.15% (1) clinic had paper records only

Feasibility Note: 71% of practices can extract all of the information needed via query.

Please note that all fields are defined and included in the data dictionary [Tab = Data Field Dictionary] and also included in the data collection guide URL provided in S.1.

Available at measure-specific web page URL identified in S.1 Attachment MNMCM_Diabetes_Measure_Data_Dictionary_and_Risk_Adj__10-19-2018.xlsx

Level

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

Health Plan

0729: Optimal Diabetes Care

Clinician : Group/Practice

Setting

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

Outpatient Services

0729: Optimal Diabetes Care

Outpatient Services

Numerator Statement

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

Patients whose most recent HbA1c level is less than 8.0% during the measurement year.

0729: Optimal Diabetes Care

The number of patients in the denominator whose diabetes was optimally managed during the measurement period as defined by achieving ALL of the following:

- The most recent HbA1c in the measurement period has a value less than 8.0 mg/dL
- The most recent Blood Pressure in the measurement period has a systolic value of less than 140 mmHg AND a diastolic value of less than 90 mmHg
- On a statin medication, unless allowed contraindications or exceptions are present
- Patient is not a tobacco user
- Patient with ischemic vascular disease (Ischemic Vascular Disease Value Set) is on daily aspirin or anti-platelets, unless allowed contraindications or exceptions are present

Numerator Details

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

There are two data sources and approaches used for collecting data reporting the numerator for this measure: Administrative Claims and Medical Record Review

ADMINISTRATIVE CLAIMS

Use codes (See code value sets located in question S.2b.) to identify the most recent HbA1c test during the measurement year. The member is not numerator compliant if the result for the most recent HbA1c test is $\geq 8.0\%$ or is missing a result, or if an HbA1c test was not done during the measurement year.

Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent code during the measurement year to evaluate whether the patient is numerator compliant.

VALUE SET / NUMERATOR COMPLIANCE

HbA1c Level Less Than 7.0 Value Set / Compliant

HbA1c Level 7.0-9.0 Value Set / Not compliant*

HbA1c Level Greater Than 9.0 Value Set / Not compliant

* The CPT Category II code (3045F) in this value set indicates most recent HbA1c (HbA1c) level 7.0%-9.0% and is not specific enough to denote numerator compliance for this indicator. For patients with this code, the organization must use other sources (laboratory data, hybrid reporting method) to identify the actual value and determine if the HbA1c result was <8%.

MEDICAL RECORD REVIEW

The most recent HbA1c level (performed during the measurement year) is <8.0% as identified by laboratory data or medical record review.

At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result. The member is numerator compliant if the most recent HbA1c level during the measurement year is <8.0%. The member is not numerator compliant if the result for the most recent HbA1c level during the measurement year is \geq 8.0% or is missing, or if a HbA1c test was not performed during the measurement year.

Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance.

0729: Optimal Diabetes Care

Please note that while the all-or-none composite measure is considered to be the gold standard, reflecting best patient outcomes, the individual components may be measured as well. This is particularly helpful in quality improvement efforts to better understand where opportunities exist in moving the patients toward achieving all of the desired outcomes. Please refer to the additional numerator logic provided for each component and note that all of the denominator criteria apply to the numerator as well, but are not repeated in the numerator codes/ descriptions.

HbA1c Date [Date (mm/dd/yyyy)] AND

HbA1c Value [Numeric]

Numerator component calculation: numerator component compliant is HbA1c during the last 12 months (measurement year) AND most recent HbA1c value is less than 8.0.

Enter the date of the most recent HbA1c test during the measurement period.

Enter the value of the most recent HbA1c test during the measurement period.

Leave BLANK if an HbA1c was never performed.

- A test result from a provider outside of the reporting medical group is allowed if the result is documented in the reporting medical group's patient record and is the most recent test result during the measurement period.
- If the HbA1c result is too high to calculate, still enter the HbA1c test date if it is the most recent test result during the measurement period.

Blood Pressure Date [Date (mm/dd/yyyy)] AND

BP Systolic [Numeric] AND

BP Diastolic [Numeric]

Numerator component calculation: numerator component compliant is BP during the measurement year AND Systolic < 140 AND Diastolic < 90.

Enter the date of the most recent blood pressure result during the measurement period.

Leave BLANK if a blood pressure was not obtained during the measurement period.

- A test result from a provider outside of the reporting medical group is allowed if the result is documented in the reporting medical group's patient record and is the most recent test result during the measurement period.
- Do not include BP readings:
 - o Taken during an acute inpatient stay or an ED visit.
 - o Taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed (e.g., sigmoidoscopy, removal of a mole).
 - o Obtained the same day as a major diagnostic or surgical procedure (e.g., EKG/ECG, stress test, administration of IV contrast for a radiology procedure, endoscopy).
 - o Reported by or taken by the patient.

BP Systolic

Enter the value of the most recent systolic blood pressure result during the measurement period.

If more than one value is recorded on the most recent date, the lowest systolic value from multiple readings on the same date may be submitted.

NOTE: The systolic blood pressure is the upper number in the recorded fraction. For example, the systolic value for a blood pressure of 124/72 mmHg is 124.

BP Diastolic

Enter the value of the most recent diastolic blood pressure result during the measurement period.

If more than one value is recorded on the most recent date, the lowest diastolic value from multiple readings on the same date may be submitted.

- NOTE: The diastolic blood pressure is the lower number in the recorded fraction. For example, the diastolic value for a blood pressure of 124/72 mmHg is 72.

LDL Date [Date (mm/dd/yyyy)] AND

LDL Value [Numeric]

Numerator component calculation: Is used for the cholesterol component for statin use; patients with low untreated LDL values may not be appropriate for the initiation of statin medication.

Enter the date of the most recent LDL test on or prior to the end of the measurement period.

Leave BLANK if an LDL was never performed.

- A test result from a provider outside of the reporting medical group is allowed if the result is documented in the reporting medical group's patient record and is the most recent test result within the allowable time period.
- If the LDL result is too high to calculate, still enter the LDL test date if it is the most recent test result within the allowable time period.

LDL values within the last five years will be used to calculate potential exceptions to being on a statin medication. Leave BLANK if an LDL test was not performed between 01/01/201x and 12/31/201x (five-year increments).

Statin Medication [Numeric] AND

Statin Medication Date [Date (mm/dd/yyyy)] AND/OR

Station Medication Exception [Numeric] AND

Station Medication Exception Date [Date (mm/dd/yyyy)]

Numerator component calculation: numerator component compliant if on a statin (prescribed/ ordered) or low LDL value (see above) or documented contraindication/exception is present.

Statin Medication:

Enter the code that corresponds to whether the patient was prescribed a statin medication or if a statin medication was active on the patient's medication list during the measurement period.

Please refer to Appendix C for a list of statin medications.

1 = Yes, patient was prescribed a statin medication or a statin medication was indicated as active on the patient's medication list during the measurement period.

2 = No, patient was not prescribed a statin medication and a statin medication was not indicated as active on the patient's medication list during the measurement period.

The following exceptions to statin medication use will be identified by the Data Portal based on the submitted LDL values:

- Patients with ischemic vascular disease aged 21 to 75 years and an LDL result less than 40 mg/dL
- Patients aged 40 – 75 years with an LDL result less than 70 mg/dL
- Patients aged 21 – 39 years with an LDL less than 190 mg/dL

Statin Medication Date:

Enter the most recent date of a statin prescription, order or review of active medications list during the measurement period.

If no statin prescribed, ordered, or reviewed as an active medication during the measurement period, leave blank

Statin Medication Exception:

If the patient was NOT prescribed or did not have a statin medication active on their medication list during the measurement period, enter the value that corresponds to any of the following contraindications or exceptions:

- 1 = Pregnancy at any time during the measurement period
- 2 = Active liver disease (liver failure, cirrhosis, hepatitis)
- 3 = Rhabdomyolysis
- 4 = End stage renal disease on dialysis
- 5 = Heart failure
- 6 = Other provider documented reason: breastfeeding during the measurement period
- 7 = Other provider documented reason: woman of childbearing age not actively taking birth control during the measurement period
- 8 = Other provider documented reason: allergy to statin
- 9 = Drug interaction with a listed medication taken during the measurement period (valid drug-drug interactions include HIV protease inhibitors, nefazodone, cyclosporine, gemfibrozil, and danazol).
- 10 = Other provider documented reason: intolerance (with supporting documentation of trying a statin at least once within the last five years). Additionally, Myopathy and Myositis (CHOL-05) Value Set may be used to document intolerance to statins.

If none of the above contraindications or exceptions are documented, leave BLANK. NOTE: Items 1 – 5 above can be defined by diagnosis codes that may be used in data collection. Value Sets include: Pregnancy V/Z Codes (PREG-01), Pregnancy Diagnosis Codes (PREG-02), Liver Disease (CHOL-01), Rhabdomyolysis (CHOL-02), ESRD on Dialysis (CHOL-03), and Heart Failure (CHOL-04)

Statin Medication Exception Date:

If the patient has a documented contraindication or exception enter the date of the contraindication or exception. If only the month and year are known, enter the first day of the month.

Tobacco Status Documentation Date [Date (mm/dd/yyyy)] AND

Tobacco Status [Numeric]

Numerator component calculation: numerator component compliant if tobacco status within the last two years and status is tobacco-free.

Tobacco Status Documentation Date:

Enter the most recent date that the patient's tobacco status was documented during the measurement period or year prior.

- If the patient's tobacco status is not documented or the date of documentation cannot be determined, leave BLANK

Tobacco Status:

Enter the code that corresponds to the patient's most recent tobacco status during the measurement period or year prior.

1 = Tobacco free (patient does not use tobacco; patient was a former user and is not a current user)

2 = No documentation

3 = Current tobacco user (tobacco includes any amount of cigarettes, cigars, pipes or smokeless tobacco)

- If the date of the tobacco status documentation is not documented in the patient record, enter 2
- E-cigarettes are not considered tobacco products.

Aspirin or Anti-platelet Medication [Numeric] AND

Aspirin or Anti-platelet Date [Date (mm/dd/yyyy)] AND/OR

Aspirin or Anti-platelet Exception [Numeric] AND

Aspirin or Anti-platelet Exception Date [Date (mm/dd/yyyy)]

Numerator component calculation: Calculation applied only if patient has ischemic vascular disease (IVD); if no IVD indicated, is a numerator component “free-pass”. For patients with IVD, numerator component compliant if indicated on daily aspirin or anti-platelet medication (prescribed/ ordered) or documented contraindication/exception is present.

Aspirin or Anti-platelet Medication:

For patients with Ischemic Vascular Disease (IVD), enter the code that corresponds to whether the patient is prescribed a daily aspirin product or antiplatelet medication or if an aspirin product or anti-platelet medication was active on the patient’s medication list during the measurement period.

Please see Appendix D for methods to identify appropriate aspirin products or antiplatelet medications.

1 = Yes, patient was prescribed a daily aspirin product or antiplatelet medication, or one was indicated as active on the patient’s medication list during the measurement period.

2 = No, patient was not prescribed a daily aspirin product or antiplatelet medication and one was not indicated as active on the patient’s medication list during the measurement period.

Aspirin/narcotic combination medications do not qualify as a daily aspirin product.

Aspirin or Anti-platelet Date:

For patients with IVD, enter the date of the most recent daily aspirin product or anti-platelet medication prescription, order or review of an active medication list that included a daily aspirin product or anti-platelet medication during the measurement period.

If a daily aspirin product or anti-platelet medication was not prescribed, ordered or reviewed as an active medication during the measurement period leave blank

Aspirin or Anti-platelet Medication Exception:

For patients with IVD who were not prescribed or taking a daily aspirin product or anti-platelet medication during the measurement period, enter the code that corresponds to any of the following contraindications or exceptions:

1 = Prescribed anti-coagulant medication during the measurement period

2 = History of gastrointestinal bleeding

3 = History of intracranial bleeding

4 = Bleeding disorder

5 = Other provider documented reason: allergy to aspirin or anti-platelets

6 = Other provider documented reason: use of non-steroidal anti-inflammatory agents

7 = Other provider documented reason: documented risk for drug interaction with a medication taken during the measurement period.

8 = Other provider documented reason: uncontrolled hypertension (systolic blood pressure greater than 180 mmHg and/or diastolic blood pressure greater than 110 mmHg)

9 = Other provider documented reason: gastroesophageal reflux disease (GERD)

If none of the above contraindications or exceptions are documented, leave BLANK.

NOTE: Items 2 and 3 above can be defined by diagnosis codes that may be used in data collection. Value Sets include: GI Bleed (ASA-01) and Intracranial Bleed (ASA-02).

Aspirin or Anti-platelet Medication Exception Date:

If the patient has a documented aspirin product or anti-platelet medication exception enter the date of the contraindication or exception.

Denominator Statement

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.

0729: Optimal Diabetes Care

Patients ages 18 to 75 with a diagnosis of diabetes (Diabetes Value Set) with any contact during the current or prior measurement period OR had diabetes (Diabetes Value Set) present on an active problem list at any time during the measurement period. Both contacts AND problem list must be queried for diagnosis (Diabetes Value Set).

AND patient has at least one established patient office visit (Established Pt Diabetes & Vasc Value Set) performed or supervised by an eligible provider in an eligible specialty for any reason during the measurement period.

*Denominator Details***0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)**

There are two ways to identify patients with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a patient only needs to be identified by one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.

CLAIM/ENCOUNTER DATA

Patients who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):

- At least one acute inpatient encounter with a diagnosis of diabetes without telehealth.
- At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. To identify an acute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays.
 2. Exclude nonacute inpatient stays.
 3. Identify the discharge date for the stay.
- At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays.
 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.
 3. Identify the discharge date for the stay.
- Only include nonacute inpatient encounters without telehealth.
- Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient set.

See attached code value sets.

PHARMACY DATA

Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.

PRESCRIPTIONS TO IDENTIFY MEMBERS WITH DIABETES**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, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin

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, Albiglutide, Liraglutide

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.

0729: Optimal Diabetes Care

Please also refer to all code lists included in the data dictionary attached in S.2b.

- 18 years or older at the start of the measurement period AND less than 76 years at the end of the measurement period
- Patient had a diagnosis of diabetes (Diabetes Value Set) with any contact during the current or prior measurement period OR had diabetes (Diabetes Value Set) present on an active problem list at any time during the measurement period. Both contacts AND the active problem list must be queried for diagnosis (Diabetes Value Set).
- At least one established patient office visit (Established Pt Diabetes & Vasc Value Set) performed or supervised by an eligible provider in an eligible specialty for any reason during the measurement period

Eligible specialties: Family Medicine, Internal Medicine, Geriatric Medicine, Endocrinology

Eligible providers: Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Advanced Practice Registered Nurses (APRN)

Exclusions

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.

Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes, in my setting, during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type I or Type II) is found.

0729: Optimal Diabetes Care

Valid allowable exclusions include patients who were a permanent resident of a nursing home, pregnant, died or were in hospice or palliative care during the measurement year.

Exclusion Details

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

ADMINISTRATIVE CLAIMS

Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.

Exclude adults who meet any of the following criteria:

- Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
 - Enrolled in an Institutional SNP (I-SNP) any time on or between July 1 of the year prior to the measurement year and the end of the measurement year.
 - Living long-term in an institution any time on or between July 1 of the year prior to the measurement year and the end of the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if an adult had an LTI flag any time on or between July 1 of the year prior to the measurement year and the end of the measurement year.
- Adults 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Adults must meet BOTH of the following frailty and advanced illness criteria to be excluded:
 1. At least one claim/encounter for frailty during the measurement year.
 2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):
 - At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters or nonacute inpatient discharges (instructions below) on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
 2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim.

3. Identify the discharge date for the stay.

-- At least one acute inpatient encounter with an advanced illness diagnosis.

-- At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge:

1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).

2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).

3. Identify the discharge date for the stay.

-- A dispensed dementia medication

DEMENTIA MEDICATIONS

DESCRIPTION / PRESCRIPTION

Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine

Miscellaneous central nervous system agents / Memantine

Exclude patients with gestational diabetes or steroid diabetes. Codes associated with identifying these identifying exclusions are attached in a separate file with code value sets.

See attached code value sets.

MEDICAL RECORD

Exclusionary evidence in the medical record must include a note indicating the patient did NOT have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year AND had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.

0729: Optimal Diabetes Care

- Patient was pregnant during measurement period (ICD-10 O24.011, O24.012, O24.013, O24.019, O24.02, O24.03, O24.111, O24.112, O24.113, O24.119, O24.12, O24.13, O24.311, O24.312, O24.313, O24.319, O24.32, O24.33, O24.811, O24.812, O24.813, O24.819, O24.82, O24.83, O24.911, O24.912, O24.913, O24.919, O24.92, O24.93)
- Patient was a permanent nursing home resident during the measurement period
- Patient was in hospice or palliative care at any time during the measurement period,
- Patient died prior to the end of the measurement period

Risk Adjustment

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

No risk adjustment or risk stratification

0729: Optimal Diabetes Care

Statistical risk model

*Stratification***0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)**

No stratification

0729: Optimal Diabetes Care

The diabetes population is not currently stratified when publicly reported on our consumer website, MN HealthScores. The data is, however, stratified by public (MN Health Care Programs- Prepaid Medical Assistance including dual eligibles, MinnesotaCare, and General Assistance Medical Care) and private purchasers for our 2017 Health Care Disparities Report. This report notes a gap in outcomes of fifteen percentage points between diabetic patients in public programs and other purchasers. <http://mncm.org/wp-content/uploads/2018/03/2017-Disparities-Report-FINAL-3.26.2018.pdf>

*Type Score***0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)**

Rate/proportion better quality = higher score

0729: Optimal Diabetes Care

Rate/proportion better quality = higher score

*Algorithm***0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)**

STEP 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria.

- AGES: 18-75 years as of December 31 of the measurement year.

- EVENT/DIAGNOSIS: Identify patients with diabetes in two ways: by claim/encounter data and by pharmacy data. SEE S.6 and S.7 for eligible population and denominator criteria and details.

STEP 2: Exclude patients who meet the exclusion criteria. SEE S.8 and S.9 for denominator exclusion criteria and details.

STEP 3: Determine the number of patients in the eligible population who had a recent HbA1c test during the measurement year through the search of administrative data systems.

STEP 4: Identify patients with a most recent HbA1c test performed.

STEP 5: Identify the most recent result. If that result has an HbA1c level <8.0%, then that patient is numerator compliant. If the most recent result is instead with an HbA1c level $\geq 8.0\%$ or a missing result or if no HbA1c test was done during the measurement year, then the member is not in the numerator.

STEP 6: Calculate the rate dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).

0729: Optimal Diabetes Care

This measure is calculated by submitting a file of individual patient values (e.g. blood pressure, A1c value, etc.) to a HIPAA secure data portal. Programming within the data portal determines if each patient is a numerator case and then a rate is calculated for each clinic site. Please also refer to the measure calculation algorithms submitted within the data dictionary for this measure.

If any component of the numerator is noncompliant for any one of the five components, then the patient is numerator noncompliant for the composite patient level all-or none optimal diabetes care measure.

Numerator logic is as follows:

A1c Component:

Is the HbA1c date in the measurement period? If no, is numerator noncompliant for this component. If yes, assess next variable.

Is the HbA1c value less than 8.0? If yes, is numerator compliant for this component. If no, is numerator noncompliant for this component.

Note: A1c needs to occur during the measurement year AND most recent value less than 8.0

Assess next component.

Blood Pressure Component:

Is Blood Pressure date in the measurement period? If no, is numerator noncompliant for this component. If yes, assess next variable.

BP Systolic < 140? If no, is numerator noncompliant for this component. If yes, assess next variable.

BP Diastolic < 90? If yes, is numerator compliant for this component. If no, is numerator noncompliant for this component.

Note: BP needs to occur during the measurement year AND most recent BP systolic less than 140 AND BP diastolic less than 90

Assess next component.

Cholesterol Statin Use Component:

Is the patient on a statin medication? If yes, and most recent date is in the measurement year, is numerator compliant for this component. If no, assess next variable.

For patients not on a statin the following variables are used to assess numerator compliance related to contraindications or exceptions to statin use:

Is the patient age 18 to 20? If yes, numerator compliant (free-pass), if no, assess next variable.

Is the patient age 21 to 75? Do they have ischemic vascular disease (IVD)?

If Yes IVD, is their most recent LDL in the last five years less than 40? If Yes, numerator compliant (free-pass), if no, assess next variable.

Does the patient have a valid contraindication/ exception to statin use defined as one of the following: pregnancy, active liver disease, rhabdomyolysis, end stage renal disease on dialysis, heart failure, breastfeeding, allergy to statin, drug-drug interaction

with statin, or intolerance with documentation of trying a statin at least once in the last 5 years)? If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.

If No IVD, is the patient age 21 to 39 and is their most recent LDL in the last 5 years greater than or equal to 190? If No, numerator compliant (free-pass).

If Yes LDL greater than or equal to 190, does the patient have a valid contraindication/ exception to statin use defined as one of the following: pregnancy, active liver disease, rhabdomyolysis, ends stage renal disease on dialysis, heart failure, breastfeeding, allergy to statin, drug-drug interaction with statin, or intolerance with documentation of trying a statin at least once in the last 5 years)? If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.

If No IVD, no LDL greater than or equal to 190 for patients ages 40 to 70, is their most recent LDL in the last five years less than 70? If Yes, numerator compliant (free-pass), if no, assess next variable.

Does the patient have a valid contraindication/ exception to statin use defined as one of the following: pregnancy, active liver disease, rhabdomyolysis, ends stage renal disease on dialysis, heart failure, breastfeeding, allergy to statin, drug-drug interaction with statin, or intolerance with documentation of trying a statin at least once in the last 5 years)? If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.

Note: Patient is either on a statin (prescribed/ ordered) during the measurement year or has a valid exception either by age, presence or absence of ischemic vascular disease, low untreated LDL or valid contraindication/ exception.

Assess next component.

Tobacco-Free Component:

Is Tobacco Status = 1 (Tobacco Free) and Tobacco Assessment Date a valid date? If yes, is numerator compliant for this component. If no, is numerator noncompliant for this component. Assess next component.

Daily Aspirin/ Anti-platelet Component:

Does the patient have cardiovascular/ ischemic vascular disease? If no, is numerator compliant (free-pass), if yes assess next variable.

Is the patient on daily aspirin or an antiplatelet? If yes, and date of most recent aspirin/ anti-platelet is in the measurement year is numerator compliant, if no, assess next variable.

Does the patient have a valid contraindication/ exception to aspirin anti-platelet use defined as one of the following: anti-coagulant medication, history of gastrointestinal bleed, history of intracranial bleed, allergy, or physician documented reasons related to: risk of drug interaction, use of NSAIDS, uncontrolled HTN or gastro-intestinal reflux disease. If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.

Note: Patients with ischemic vascular disease are either on daily aspirin (indicated/ prescribed/ ordered) or an anti-platelet prescribed/ ordered) during the measurement year or has a valid contraindication/ exception.

If all of the above numerator components are in compliance, then the patient calculated as a numerator case for the optimal diabetes care measure.

Submission items

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

5.1 Identified measures: 2608 : Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact: There are two related measures that assess HbA1c control of <8% but they are either focused on different population, use different data sources or are specified at different levels of accountability than NQF 0575. Measure 2608 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year is <8.0%. Measure 0729 is a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult diabetes patients, 18-75 years of age, who have optimally managed modifiable risk factors HbA1c control (<8%) and four other indicators. HARMONIZED MEASURE ELEMENTS: All measures focus on an HbA1c target of <8% for adults age 18-75. DIFFERENCES: - Population Focus: While NQF 0575 and 0729 are focused on the general population of people with diabetes, NQF 2608 is focused on people with a serious mental illness and diabetes. - Data Source and Level of Accountability: Measure 00575 is collected through administrative claims and/or medical record review using health plan reported data. Measure 0729 is collected through medical record abstraction and reported at the physician level of accountability. IMPACT ON INTERPRETABILITY?AND DATA COLLECTION BURDEN:? The differences between measures 0575 and 2608 do not have an impact on interpretability of publicly reported rates or an impact on data collection burden as the measures are focused on different populations.

5b.1 If competing, why superior or rationale for additive value: N/A

0729: Optimal Diabetes Care

5.1 Identified measures: 0061 : Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

0545 : Adherence to Statins for Individuals with Diabetes Mellitus

0575 : Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

2712 : Statin Use in Persons with Diabetes

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: Denominator differences due to data source, different composite measure construct and philosophical beliefs of our measure development work group. Please see 5b.1.

5b.1 If competing, why superior or rationale for additive value: 2 measures are part of a composite measure that is stewarded by NCQA.

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

NCQA's composite is a different measure construct; it is calculated at the physician panel level (what percentage of my patients have an A1c < 8.0, what percentage had BP < 140/90) but is not a patient level composite. MNMCM believes that its patient level all-or-none composite is superior, patient-centric (not provider centric) and individual patients achieving as many health targets as possible only increases their likelihood of reducing long term microvascular and macrovascular complication of diabetes.

These two measure's numerators are harmonized.

We have philosophical differences in the denominator definitions and this is due in part to the data source. NCQA uses claims data to identify diabetic patients, MNMCM used EMR based data. NCQA's methodology looks for diabetes diagnosis codes but additionally will include patients on oral medications and insulin who do not have the diagnosis. We also believe that is important to exclude diabetic women who are currently pregnant during the measurement year, related to cholesterol management. NCQA's denominator value sets intentionally include these patients.

This measure is related (but not exactly the same)

0545: Adherence to Statins for Individuals with Diabetes Mellitus (CMS)

Uses the same denominator definition as the NCQA composite. From information available in QPS, it does not appear that there are exceptions to this measure related to liver disease, rhabdomyolysis, pregnancy, etc. This is different from our planned cholesterol component for statin use. We believe our cholesterol component is superior in that it takes into account patient safety.

This measure is related (but not exactly the same)

2712: Statin Use in Persons with Diabetes (PQA)

This measure uses a different data source; pharmacy claims. Because the data source relies on filled prescriptions, the only way to identify the denominator is if the patient is on a diabetes drug, which does not encompass all diabetic patients that should be on a statin. Exclusions for this measure do not take into account the exceptions and contraindications for use of statins. We believe our cholesterol component is superior.

Comparison of NQF #0575 and NQF #2608

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

2608: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)

Steward

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

National Committee for Quality Assurance

2608: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)

National Committee for Quality Assurance

Description

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is <8.0% during the measurement year.

2608: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)

The percentage of patients 18-75 years of age with a serious mental and diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year is <8.0%.

Note: This measure is adapted from an existing health plan measure used in a variety of reporting programs for the general population (NQF #0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control <8.0). This measure is endorsed by NQF and is currently stewarded by NCQA.

Type

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

Outcome: Intermediate Clinical Outcome

2608: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)

Outcome

Data Source

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects the Healthcare

Effectiveness Data and Information Set (HEDIS) data for this measure directly from health plans via NCQA's online data submission system.

No data collection instrument provided Attachment 0575_CDC_HbA1c_Good_Control_Value_Sets_Fall_2019-637088131732250530.xlsx

2608: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)

Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records The denominator for this measure is based on claim/encounter and pharmacy data. The numerator for this measure is based on claim/encounter data and medical record documentation collected in the course of providing care to health plan patients.

No data collection instrument provided Attachment 2608_Diabetes_SMI_HbA1c_8.0_Value_Sets.xlsx

Level

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

Health Plan

2608: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)

Health Plan

Setting

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

Outpatient Services

2608: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)

Outpatient Services

Numerator Statement

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

Patients whose most recent HbA1c level is less than 8.0% during the measurement year.

2608: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)

Patients whose most recent HbA1c level was less than 8.0% during the measurement year.

The outcome is an out of range result of an HbA1c test, indicating good control of diabetes. Good control reduces the risk for complications including renal failure, blindness, and neurologic damage. There is no need for risk adjustment for this intermediate outcome measure.

*Numerator Details***0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)**

There are two data sources and approaches used for collecting data reporting the numerator for this measure: Administrative Claims and Medical Record Review

ADMINISTRATIVE CLAIMS

Use codes (See code value sets located in question S.2b.) to identify the most recent HbA1c test during the measurement year. The member is not numerator compliant if the result for the most recent HbA1c test is $\geq 8.0\%$ or is missing a result, or if an HbA1c test was not done during the measurement year.

Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent code during the measurement year to evaluate whether the patient is numerator compliant.

VALUE SET / NUMERATOR COMPLIANCE

HbA1c Level Less Than 7.0 Value Set / Compliant

HbA1c Level 7.0-9.0 Value Set / Not compliant*

HbA1c Level Greater Than 9.0 Value Set / Not compliant

* The CPT Category II code (3045F) in this value set indicates most recent HbA1c (HbA1c) level 7.0%-9.0% and is not specific enough to denote numerator compliance for this indicator. For patients with this code, the organization must use other sources (laboratory data, hybrid reporting method) to identify the actual value and determine if the HbA1c result was $< 8\%$.

MEDICAL RECORD REVIEW

The most recent HbA1c level (performed during the measurement year) is $< 8.0\%$ as identified by laboratory data or medical record review.

At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result. The member is numerator compliant if the most recent HbA1c level during the measurement year is $< 8.0\%$. The member is not numerator compliant if the result for the most recent HbA1c level during the measurement year is $\geq 8.0\%$ or is missing, or if a HbA1c test was not performed during the measurement year.

Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance.

2608: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)

ADMINISTRATIVE CLAIMS: Use codes (HbA1c Tests Value Set) to identify the most recent HbA1c test during the measurement year. The patient is numerator compliant if the most recent HbA1c level is $< 8.0\%$. The patient is not numerator compliant if the result for the most recent HbA1c test is $\geq 8.0\%$ or is missing a result, or if an HbA1c test was not done during the measurement year.

Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent code during the measurement year to evaluate whether the patient is numerator compliant.

VALUE SET / NUMERATOR COMPLIANCE

HbA1c Level Less Than 7.0 Value Set / Compliant

HbA1c Level 7.0–9.0 Value Set / Not compliant

HbA1c Level Greater Than 9.0 Value Set / Not compliant

MEDICAL RECORD: At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result. The patient is numerator compliant if the result for the most recent HbA1c level during the measurement year is <8.0%. The patient is not numerator compliant if the result for the most recent HbA1c test is =8.0% or is missing a result, or if an HbA1c test was not done during the measurement year.

Ranges and thresholds do not meet criteria for this measure. A distinct numeric result is required for numerator compliance.

Denominator Statement

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.

2608: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)

Patients 18-75 years as of December 31st of the measurement year with at least one acute inpatient visit or two outpatient visits for schizophrenia or bipolar I disorder, or at least one inpatient visit for major depression during the measurement year AND diagnosis of diabetes (type 1 and type 2) during the measurement year or the year before.

Denominator Details

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

There are two ways to identify patients with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a patient only needs to be identified by one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.

CLAIM/ENCOUNTER DATA

Patients who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):

- At least one acute inpatient encounter with a diagnosis of diabetes without telehealth.
- At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. To identify an acute inpatient discharge:

1. Identify all acute and nonacute inpatient stays.

2. Exclude nonacute inpatient stays.

3. Identify the discharge date for the stay.

- At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:

1. Identify all acute and nonacute inpatient stays.

2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.

3. Identify the discharge date for the stay.

-- Only include nonacute inpatient encounters without telehealth.

-- Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient set.

See attached code value sets.

PHARMACY DATA

Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.

PRESCRIPTIONS TO IDENTIFY MEMBERS WITH DIABETES

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, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin

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, Albiglutide, Liraglutide

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.

2608: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)

Age: 18-75 years as of December 31 of the measurement year

Benefit: Medical

Continuous Enrollment: No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the individual may not have more than a 1-month gap in coverage (i.e., an individual whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

All patients 18-75 years of age as of December 31 of the measurement year with a serious mental illness [see SMI Value Set] and diabetes (type 1 and type 2) [see Diabetes Value Set]

The following steps should be followed to identify adults with a serious mental illness and a diagnosis for diabetes:

(1) Identify Serious Mental Illness

Step 1: Identify adults with a serious mental illness. They must meet at least one of the following criteria during the measurement year or the year prior:

At least one acute inpatient claim/encounter with any diagnosis of schizophrenia, bipolar I disorder, or major depression using any of the following code combinations:

BH Stand Alone Acute Inpatient Value Set with one of the following diagnoses:

- Schizophrenia Value Set
- Bipolar Disorder Value Set
- Major Depression Value Set

BH Acute Inpatient Value Set with BH Acute Inpatient POS Value Set and one of the following diagnoses:

- Schizophrenia Value Set
- Bipolar Disorder Value Set
- Major Depression Value Set

At least two visits in an outpatient, intensive outpatient, partial hospitalization, ED or non-acute inpatient setting, on different dates of service, with any diagnosis of schizophrenia or bipolar I disorder. Any two of the following code combinations meet criteria:

BH Stand Alone Outpatient/PH/IOP Value Set with one of the following diagnoses:

- Schizophrenia Value Set

- Bipolar Disorder Value Set

BH Outpatient/PH/IOP Value Set with BH Outpatient/PH/IOP POS Value Set and one of the following diagnoses:

- Schizophrenia Value Set

- Bipolar Disorder Value Set

ED Value Set with one of the following diagnoses:

- Schizophrenia Value Set

- Bipolar Disorder Value Set

BH ED Value Set with BH ED POS Value Set and one of the following diagnoses:

- Schizophrenia Value Set

- Bipolar Disorder Value Set

BH Stand Alone Nonacute Inpatient Value Set with one of the following diagnoses:

- Schizophrenia Value Set

- Bipolar Disorder Value Set

BH Nonacute Inpatient Value Set with BH Nonacute Inpatient POS Value Set and one of the following diagnoses:

- Schizophrenia Value Set

- Bipolar Disorder Value Set

(2) Identify Diabetes

Step 2: Of the adults identified in Step 1, identify adults with diabetes (see Diabetes Value Set) during the measurement year or the year prior using the following data:

- 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).
- 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 encounters.

Only include nonacute inpatient encounters (Nonacute Inpatient Value Set) without telehealth (Telehealth Modifier Value Set; Telehealth POS Value Set).

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).

Pharmacy data:

- Patients who were dispensed insulin or hypoglycemics/ antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year (see Table 1)

Both methods to identify the eligible population should be used, however, an individual need only be identified by one to be included in the measure.

TABLE 1. PRESCRIPTIONS TO IDENTIFY PATIENTS WITH DIABETES

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) inhibitors:

Canagliflozin, Dapagliflozin, Empagliflozin

Sulfonylureas:

- Chlorpropamide
- Glimepiride
- Glipizide
- Glyburide
- Tolazamide
- Tolbutamide

Thiazolidinediones:

Pioglitazone, Rosiglitazone

Dipeptidyl peptidase-4 (DDP-4) inhibitors:

Alogliptin, Linagliptin, Saxagliptin, Sitagliptin

Exclusions

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.

Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes, in my setting, during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type I or Type II) is found.

2608: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)

Patients who do not have a diagnosis of diabetes and who had a diagnosis of gestational or steroid-induced diabetes.

Exclusion Details

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

ADMINISTRATIVE CLAIMS

Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.

Exclude adults who meet any of the following criteria:

- Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
 - Enrolled in an Institutional SNP (I-SNP) any time on or between July 1 of the year prior to the measurement year and the end of the measurement year.
 - Living long-term in an institution any time on or between July 1 of the year prior to the measurement year and the end of the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if an adult had an LTI flag any time on or between July 1 of the year prior to the measurement year and the end of the measurement year.
- Adults 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Adults must meet BOTH of the following frailty and advanced illness criteria to be excluded:
 1. At least one claim/encounter for frailty during the measurement year.
 2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):

-- At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters or nonacute inpatient discharges (instructions below) on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:

1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim.
3. Identify the discharge date for the stay.

-- At least one acute inpatient encounter with an advanced illness diagnosis.

-- At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge:

1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).
3. Identify the discharge date for the stay.

-- A dispensed dementia medication

DEMENTIA MEDICATIONS

DESCRIPTION / PRESCRIPTION

Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine

Miscellaneous central nervous system agents / Memantine

Exclude patients with gestational diabetes or steroid diabetes. Codes associated with identifying these identifying exclusions are attached in a separate file with code value sets.

See attached code value sets.

MEDICAL RECORD

Exclusionary evidence in the medical record must include a note indicating the patient did NOT have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year AND had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.

2608: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)

Patients who do not have a diagnosis of diabetes (see Diabetes Value Set), in any setting, during the measurement year or year prior to the measurement year and who had a diagnosis of gestational diabetes or steroid-induced diabetes (see Diabetes Exclusions Value Set), in any setting, during the measurement year or the year prior to the measurement year.

Risk Adjustment

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

No risk adjustment or risk stratification

2608: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)

No risk adjustment or risk stratification

Stratification

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

No stratification

2608: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)

Not applicable

Type Score

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

Rate/proportion better quality = higher score

2608: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)

Rate/proportion better quality = higher score

Algorithm

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

STEP 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria.

- AGES: 18-75 years as of December 31 of the measurement year.

- EVENT/DIAGNOSIS: Identify patients with diabetes in two ways: by claim/encounter data and by pharmacy data. SEE S.6 and S.7 for eligible population and denominator criteria and details.

STEP 2: Exclude patients who meet the exclusion criteria. SEE S.8 and S.9 for denominator exclusion criteria and details.

STEP 3: Determine the number of patients in the eligible population who had a recent HbA1c test during the measurement year through the search of administrative data systems.

STEP 4: Identify patients with a most recent HbA1c test performed.

STEP 5: Identify the most recent result. If that result has an HbA1c level <8.0%, then that patient is numerator compliant. If the most recent result is instead with an HbA1c level $\geq 8.0\%$ or a missing result or if no HbA1c test was done during the measurement year, then the member is not in the numerator.

STEP 6: Calculate the rate dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).

2608: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)

Step 1: Identify patients with serious mental illness.

Step 2: Identify patients from step 1 who also have a diagnosis of diabetes during the measurement year or the year prior.

Step 3: Exclude patients who meet the exclusion criteria as specified in the “Denominator Exclusion Details” section. This is the denominator.

Step 4: Identify patients with a most recent HbA1c test performed.

Step 5: Identify patients whose result was <8.0%. This is the numerator.

Step 6: Calculate the rate by dividing the numerator (step 5) by the denominator (Step 3 after exclusion).

Submission items

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

5.1 Identified measures: 2608 : Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact: There are two related measures that assess HbA1c control of <8% but they are either focused on different population, use different data sources or are specified at different levels of accountability than NQF 0575. Measure 2608 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year is <8.0%. Measure 0729 is a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult diabetes patients, 18-75 years of age, who have optimally managed modifiable risk factors HbA1c control (<8%) and four other indicators. HARMONIZED MEASURE ELEMENTS: All measures focus on an HbA1c target of <8% for adults age 18-75. DIFFERENCES: - Population Focus: While NQF 0575 and 0729 are focused on the general population of people with diabetes, NQF 2608 is focused on people with a serious mental illness and diabetes. - Data Source and Level of Accountability: Measure 00575 is collected through administrative claims and/or medical record review using health plan reported data. Measure 0729 is collected through medical record abstraction and reported at the physician level of accountability. IMPACT ON INTERPRETABILITY?AND DATA COLLECTION BURDEN:? The differences between measures 0575 and 2608 do not have an impact on interpretability of?publicly?reported rates or an impact on data collection burden as the measures are focused on different populations.

5b.1 If competing, why superior or rationale for additive value: N/A

2608: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)

5.1 Identified measures: 0575 : Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact: This measure was adapted from the existing measure (Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%):NQF #0575) for the subpopulation of people with serious mental illness who have a higher risk of disease and for whom there is evidence of disparity in treatment compared to the general population. The numerator of this measure is consistent with the measure used for the general population while the denominator has been adapted to focus on individuals with serious mental illness. NCQA is the current owner and steward of the existing NQF-endorsed measure and the specifications are harmonized. Building on this existing measure helps to reduce the burden of implementation for organizations and to align incentives for providers and organizations to focus on key quality of care issues.

5b.1 If competing, why superior or rationale for additive value: Not applicable.

Appendix F: Pre-Evaluation Comments

No NQF member comments were received during the pre-commenting period.

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