

Diabetes: HbA1c Poor Control (CMS122v12)

Measure Basic Information

Name and date of specifications used: Eligible Professional / Eligible Clinician electronic Clinical Quality Measure (eCQM) Specifications for Performance / Reporting Year 2024.

URL of Specifications: <https://ecqi.healthit.gov/ecqm/ec/2024/cms0122v12>

Measure Type:

- HEDIS
 PQI
 Survey
 Other. Specify: eCQM

Measure Utility:

- CCO Incentive
 State Quality
 CMS Adult Core Set
 CMS Child Core Set
 Other. Specify:

Data Source: Electronic Health Records

Measurement Period: January 1, 2024 – December 31, 2024

Benchmark:

	2022	2023	2024
Benchmark for OHA measurement year	27.5%	24.8%	21.1%
Improvement target for OHA measurement year	MN method with no floor	MN method with 1 percentage point floor	MN method with 2 percentage point floor
Source	MY 2019 Commercial median	MY 2021 Nat. Comm. 75th percentile	MY 2022 CCO 90 th percentile

For standard, national measures, the Metrics & Scoring Committee has used CCO percentiles and national-level data/percentiles from the National Committee for Quality Assurance (NCQA). For ease of reference, the measurement year (MY) is noted for national-level and CCO statewide data/percentiles rather than the publication year. NCQA publishes annual data with national Medicaid, Commercial, and Medicare percentiles.

Note on telehealth: CMS 2024 [telehealth guidance](#) states that this electronic clinical quality measure is telehealth eligible. For further information specific to Oregon, the Health Evidence Review Commission (HERC) has provided this [guideline](#) on telehealth services.

Changes in Specifications from 2023 to 2024: This summary is provided to help highlight changes. For a complete list, see the Technical Release Notes:

https://ecqi.healthit.gov/ecqm/ec/2024/cms0122v12#quicktabs-tab-tabs_measure-3

- Changed sequence of denominator exclusions in logic to align with the sequence in the Denominator Exclusions section of the header to improve readability.
- Updated the version number of the Palliative Care Exclusion ECQM Library to v3.0.000.
- Updated the version number of the Hospice Library to v5.0.000.
- Updated the names of CQL definitions, functions, and/or aliases for clarification and to align with the CQL Style Guide.
- Replaced direct reference code 'Encounter with palliative care' with 'Palliative Care Diagnosis' value set in the PalliativeCare.Has Palliative Care in the Measurement Period definition to organize capture of patients receiving palliative care, per standards expert input.
- Added 'day of' specificity to the palliative care expressions for consistency.
- Added 'day of' specificity to hospice expressions for consistency.
- Updated the version number of the Advanced Illness and Frailty Exclusion eCQM Library to v8.0.000.
- Added QDM datatype 'Diagnosis' to the Hospice.'Has Hospice Services' definition referencing a new value set containing SNOMED finding codes to provide an additional approach for identifying patients receiving hospice care.

Value Set name and OID	Status
Value set Acute Inpatient (2.16.840.1.113883.3.464.1003.101.12.1083)	Added 3 CPT codes (99236, 99234, 99235) based on review by technical experts, SMEs, and/or public feedback. Added 1 SNOMED CT code (2876009) based on review by technical experts, SMEs, and/or public feedback.
Value set Advanced Illness (2.16.840.1.113883.3.464.1003.110.12.1082)	Added 47 SNOMED CT codes based on review by technical experts, SMEs, and/or public feedback.
Value set Diabetes (2.16.840.1.113883.3.464.1003.103.12.1001)	Deleted 54 ICD-9-CM codes based on validity of code during timing of look back period. Deleted 3 SNOMED CT codes (190369008, 237618001, 314771006) based on validity of code during timing of look back period.
Value set (2.16.840.1.113883.3.464.1003.101.12.1010)	Renamed to Emergency Department Evaluation and Management Visit based on recommended value set naming conventions.
Value set Frailty Diagnosis (2.16.840.1.113883.3.464.1003.113.12.1074)	Added 1 ICD-10-CM code (L89.000) based on review by technical experts, SMEs, and/or public feedback.
Value set Frailty Symptom (2.16.840.1.113883.3.464.1003.113.12.1075)	Deleted 4 ICD-10-CM codes (R26.0, R26.1, R41.81, R53.83) based on review by technical experts, SMEs, and/or public feedback. Deleted 17 SNOMED CT codes based on review by technical experts, SMEs, and/or public feedback.
Value set HbA1c Laboratory Test (2.16.840.1.113883.3.464.1003.198.12.1013)	Added 2 LOINC codes (17855-8, 96595-4) based on review by technical experts, SMEs, and/or public feedback.
Value set Hospice Care Ambulatory (2.16.840.1.113883.3.526.3.1584)	Deleted 3 SNOMED CT codes (170935008, 170936009, 305911006) based on review by technical experts, SMEs, and/or public feedback.

Value set Hospice Diagnosis (2.16.840.1.113883.3.464.1003.1165)	Added value set Hospice Diagnosis (2.16.840.1.113883.3.464.1003.1165) based on review by technical experts, SMEs, and/or public feedback.
Value set Hospice Encounter (2.16.840.1.113883.3.464.1003.1003):	Added 2 SNOMED CT codes (305911006, 385765002) based on review by technical experts, SMEs, and/or public feedback.
Value set Outpatient (2.16.840.1.113883.3.464.1003.101.12.1087)	Added 2 SNOMED CT codes (30346009, 37894004) based on review by technical experts, SMEs, and/or public feedback.
	Replaced direct reference code ICD-10-CM code (Z51.5) with value set Palliative Care Diagnosis (2.16.840.1.113883.3.464.1003.1167) based on change in measure requirements/measure specification.
Value set Palliative Care Intervention (2.16.840.1.113883.3.464.1003.198.12.1135)	Deleted 3 SNOMED CT codes (305686008, 305824005, 441874000) based on review by technical experts, SMEs, and/or public feedback.
Value set Payer (2.16.840.1.114222.4.11.3591)	Added 5 SOP codes (1111, 1112, 142, 344, 141) based on review by technical experts, SMEs, and/or public feedback.

Denied claims: n/a

Measure Details

The detailed measure specifications are available in the eCQI Resource Center: <https://ecqi.healthit.gov/ecqm/ec/2024/cms0122v12>. Detailed value set contents are available in the [Value Set Authority Center](#). The following abbreviated information from the specifications is provided for convenience.

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

Required exclusions for denominator:

- Exclude patients who are in hospice care for any part of the measurement period.
- Exclude patients 66 and older by the end of the measurement period who are living long term in a nursing home any time on or before the end of the measurement period.
- Exclude patients 66 and older by the end of the measurement period with an indication of frailty for any part of the measurement period who also meet any of the following advanced illness criteria:
 - Advanced illness with two outpatient encounters during the measurement period or the year prior

- OR advanced illness with one inpatient encounter during the measurement period or the year prior
- OR taking dementia medications during the measurement period or the year prior

- Exclude patients receiving palliative care for any part of the measurement period.

Deviations from cited specifications for denominator: None.

Data elements required numerator: Patients whose most recent HbA1c level (performed during the measurement period) is >9.0% or is missing, or was not performed during the measurement period.

Required exclusions for numerator: None.

Deviations from cited specifications for numerator: None.

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

What are allowable gaps in enrollment: n/a

Define Anchor Date (if applicable): n/a

For more information:

- Measure specifications, guidance on how to read eQMs, and other resources can be accessed through the CMS/ ONC eCQI Resource Center: <https://ecqi.healthit.gov/ep-ec-ecqms>
- Value set content can be accessed through the Value Set Authority Center (VSAC) at the National Library of Medicine. <https://vsac.nlm.nih.gov/>
 - For more information about value sets and the code systems used, a guide can be found in the CMS Measure Management Blueprint: <https://www.cms.gov/files/document/blueprint-codes-code-systems-value-sets.pdf>
- Additional information on OHA reporting requirements will be available in the Year Twelve (2024) Guidance Documentation, which will be posted at <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>