

Diabetes: HbA1c Poor Control (CMS122v11)

Measure Basic Information

Name and date of specifications used: Eligible Professional / Eligible Clinician electronic Clinical Quality Measure (eCQM) Specifications for Performance / Reporting Year 2023.

URL of Specifications: <https://ecqi.healthit.gov/ecqm/ec/2023/cms122v11>

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, 2023 – December 31, 2023

Benchmark:

| | 2021 | 2022 | 2023 |
|---|--|---------------------------|--|
| Benchmark for OHA measurement year | 33.3% | 27.5% | 24.8% |
| Source | MY 2018 Commercial 25 th percentile | MY 2019 Commercial median | MY 2021 Nat. Comm. 75 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 2023 [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 2022 to 2023: This summary is provided to help highlight changes. For a complete list, see the Technical Release Notes:

https://ecqi.healthit.gov/ecqm/ec/2023/cms122v11#quicktabs-tab-tabs_measure-3.

- Updated the rationale section based on current evidence.
- Updated the clinical recommendation statement based on the most recent clinical recommendations.

- Added clarity by removing references limiting the measure to primary diagnoses of Type 1 or Type 2 diabetes, because the text does not adequately capture the measure intent.
- Revised the palliative care exclusion language to clarify the timing requirement.
- Added detail to the frailty and advanced illness exclusion language to clarify the measure requirements.
- Revised denominator exclusion narrative from living long term in an institution for more than 90 consecutive days language to living long term in a nursing home to reflect revised logic.
- Added age anchor specification to the initial population and denominator exclusion descriptions to clarify measure requirements.
- Added QDM datatypes Encounter, Performed and Assessment, Performed and associated logic to the Hospice.'Has Hospice Services' definition to provide additional approaches for identifying patients receiving hospice services.
- Updated the timing precision of advanced illness encounter definitions by replacing the syntax '2 years or less on or before' with an interval.
- Updated the timing precision in the definitions from datetime to date by adding 'day of', 'date from', and/or function 'ToDateInterval' to align with the measure intent.
- Updated the logic in the Qualifying Encounters definition to add eligible encounter codes for dietitians and nutritionists.
- Replaced the retired QDM datatype Device, Applied with Assessment, Performed for identifying frailty device usage.
- Added QDM datatype Diagnosis to provide an alternate approach for identifying patients receiving palliative care.
- Replaced QDM datatype Encounter, Performed with Assessment, Performed and new modeling to improve data capturing of patients receiving long-term care.
- Replaced AdultOutpatientEncounters.'Qualifying Encounters' and 'Telehealth Services' with a single definition 'Qualifying Encounters' to simplify the logic.
- Revised the long-term care denominator exclusion logic to improve readability and clarity.
- Removed the Adult Outpatient Encounters Library.
- Replaced the Global.CalendarAgeInYearsAt function with the native CQL function AgeInYearsAt to take advantage of existing CQL features and increase human readability. As a result of this change, the LOINC code 21112-8 is no longer required and has been removed from the Terminology section of the human readable specification.
- Revised the initial population and denominator exclusions age anchor from the start of the measurement period to the end of the measurement period to align with the measure intent and CQL style best practices.

| Value Set name and OID | Status |
|------------------------|--|
| | Added direct reference code LOINC code (45755-6) based on review by technical experts, SMEs, and/or public feedback. |
| | Added direct reference code LOINC code (71802-3) based on review by technical experts, SMEs, and/or public feedback. |
| | Added direct reference code SNOMED CT code (160734000) based on review by technical experts, SMEs, and/or public feedback. |

| | |
|---|--|
| | Added direct reference code CPT code (97802) based on review by technical experts, SMEs, and/or public feedback. |
| | Added direct reference code HCPCS code (G0271) based on review by technical experts, SMEs, and/or public feedback. |
| | Added direct reference code CPT code (97804) based on review by technical experts, SMEs, and/or public feedback. |
| | Added direct reference code ICD-10-CM code (Z51.5) based on review by technical experts, SMEs, and/or public feedback. |
| | Added direct reference code CPT code (97803) based on review by technical experts, SMEs, and/or public feedback. |
| | Added direct reference code LOINC code (98181-1) based on review by technical experts, SMEs, and/or public feedback. |
| Value set Dementia Medications (2.16.840.1.113883.3.464.1003.196.12.1510) | Added 3 RxNorm codes (1858970, 996572, 996624) 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 1 SNOMED CT code (459821000124104) 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 24 ICD-10-CM codes based on validity of code during timing of look back period. |
| Value set Palliative Care Intervention (2.16.840.1.113883.3.464.1003.198.12.1135) | Added 3 SNOMED CT codes (305686008, 305824005, 441874000) 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 108 SNOMED CT codes based on review by technical experts, SMEs, and/or public feedback. Deleted 122 SNOMED CT codes based on terminology update. Added 2 ICD-10-CM codes (C79.63, G35) based on review by technical experts, SMEs, and/or public feedback. |
| Value set Nursing Facility Visit (2.16.840.1.113883.3.464.1003.101.12.1012) | Removed value set Nursing Facility Visit (2.16.840.1.113883.3.464.1003.101.12.1012) based on review by technical experts, SMEs, and/or public feedback. |
| Value set Care Services in Long-Term Residential Facility (2.16.840.1.113883.3.464.1003.101.12.1014) | Removed value set Care Services in Long-Term Residential Facility (2.16.840.1.113883.3.464.1003.101.12.1014) based on review by technical experts, SMEs, and/or public feedback. |
| Value set Nutrition Services (2.16.840.1.113883.3.464.1003.1006) | Added value set Nutrition Services (2.16.840.1.113883.3.464.1003.1006) 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 value set Hospice Encounter (2.16.840.1.113883.3.464.1003.1003) based on review by technical experts, SMEs, and/or public feedback. |
| Value set Hospice Care Ambulatory (2.16.840.1.113762.1.4.1108.15) | Replaced value set Hospice Care Ambulatory (2.16.840.1.113762.1.4.1108.15) with value set Hospice Care Ambulatory (2.16.840.1.113883.3.526.3.1584) based on review by technical experts, SMEs, and/or public feedback. |

| | |
|--|--|
| | Added direct reference code HCPCS code (G0270) 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) | Deleted 2 SNOMED CT codes (30346009, 37894004) based on validity of code during timing of look back period. |
| | Added direct reference code SNOMED CT code (373066001) 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/2023/cms122v11>. 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 during 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 Eleven (2023) Guidance Documentation, which will be posted at <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>