

Quality ID #1 (NQF 0059): Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)

– National Quality Strategy Domain: Effective Clinical Care

– Meaningful Measure Area: Management of Chronic Conditions

2020 COLLECTION TYPE:

MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:

Intermediate Outcome – High Priority

DESCRIPTION:

Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period

INSTRUCTIONS:

This measure is to be submitted a minimum of **once per performance period** for patients with diabetes seen during the performance period. The most recent quality-data code submitted will be used for performance calculation. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Submission Type:

Measure data may be submitted by individual MIPS eligible clinicians, groups, or third-party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third-party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:

Patients 18 - 75 years of age with diabetes with a visit during the measurement period

DENOMINATOR NOTE: *Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.

Denominator Criteria (Eligible Cases):

Patients 18 through 75 years of age on date of encounter

AND

Diagnosis for diabetes (ICD-10-CM): E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.3211, E10.3212, E10.3213, E10.3219, E10.3291, E10.3292, E10.3293, E10.3299, E10.3311, E10.3312, E10.3313, E10.3319, E10.3391, E10.3392, E10.3393, E10.3399, E10.3411, E10.3412, E10.3413, E10.3419, E10.3491, E10.3492, E10.3493, E10.3499, E10.3511, E10.3512, E10.3513, E10.3519, E10.3521, E10.3522, E10.3523, E10.3529, E10.3531, E10.3532, E10.3533, E10.3539, E10.3541, E10.3542, E10.3543, E10.3549, E10.3551, E10.3552, E10.3553, E10.3559, E10.3591, E10.3592, E10.3593, E10.3599, E10.36, E10.37X1, E10.37X2, E10.37X3, E10.37X9, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00, E11.01, E11.21, E11.22, E11.29, E11.311, E11.319, E11.3211, E11.3212, E11.3213, E11.3219, E11.3291, E11.3292, E11.3293, E11.3299, E11.3311, E11.3312, E11.3313, E11.3319, E11.3391, E11.3392, E11.3393, E11.3399, E11.3411, E11.3412, E11.3413, E11.3419, E11.3491, E11.3492, E11.3493, E11.3499, E11.3511, E11.3512, E11.3513, E11.3519, E11.3521, E11.3522, E11.3523, E11.3529,

E11.3531, E11.3532, E11.3533, E11.3539, E11.3541, E11.3542, E11.3543, E11.3549, E11.3551, E11.3552, E11.3553, E11.3559, E11.3591, E11.3592, E11.3593, E11.3599, E11.36, E11.37X1, E11.37X2, E11.37X3, E11.37X9, E11.39, E11.40, E11.41, E11.42, E11.43, E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620, E11.621, E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21, E13.22, E13.29, E13.311, E13.319, E13.3211, E13.3212, E13.3213, E13.3219, E13.3291, E13.3292, E13.3293, E13.3299, E13.3311, E13.3312, E13.3313, E13.3319, E13.3391, E13.3392, E13.3393, E13.3399, E13.3411, E13.3412, E13.3413, E13.3419, E13.3491, E13.3492, E13.3493, E13.3499, E13.3511, E13.3512, E13.3513, E13.3519, E13.3521, E13.3522, E13.3523, E13.3529, E13.3531, E13.3532, E13.3533, E13.3539, E13.3541, E13.3542, E13.3543, E13.3549, E13.3551, E13.3552, E13.3553, E13.3559, E13.3591, E13.3592, E13.3593, E13.3599, E13.36, E13.37X1, E13.37X2, E13.37X3, E13.37X9, E13.39, E13.40, E13.41, E13.42, E13.43, E13.44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620, E13.621, E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9, 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

AND

Patient encounter during performance period (CPT or HCPCS): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241*, 99242*, 99243*, 99244*, 99245*, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, G0438, G0439

AND NOT

DENOMINATOR EXCLUSION:

Hospice services provided to patient any time during the measurement period: G9687

OR

Patients age 66 and older in Institutional Special Needs Plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54 or 56 for more than 90 days during the measurement period: G2081

OR

Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period: G2090

OR

Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period: G2091

Table: Dementia Exclusion Medications

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

NUMERATOR:

Patients whose most recent HbA1c level (performed during the measurement period) is > 9.0%

Numerator Instruction:

INVERSE MEASURE - A lower calculated performance rate for this measure indicates better clinical care or control. The "Performance Not Met" numerator option for this measure is the representation of the better

clinical quality or control. Submitting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. For inverse measures, a rate of 100% means all of the denominator eligible patients did not receive the appropriate care or were not in proper control. Patient is numerator compliant if most recent HbA1c level >9% 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 indicator. A distinct numeric result is required for numerator compliance.

Numerator Options:

Performance Met:

Most recent hemoglobin A1c level > 9.0% **(3046F)**

OR

Performance Met:

Hemoglobin A1c level was not performed during the measurement period (12 months) **(3046F with 8P)**

OR

Performance Not Met:

Most recent hemoglobin A1c (HbA1c) level < 7.0% **(3044F)**

OR

Performance Not Met:

Most recent hemoglobin A1c (HbA1c) level 7.0 to 9.0% **(G2089)**

RATIONALE:

As the seventh leading cause of death in the U.S., diabetes kills approximately 79,500 people a year and affects more than 30 million Americans (9.4 percent of the U.S. population) (Centers for Disease Control and Prevention [CDC] 2017a, 2017b). Diabetes is a long-lasting disease marked by high blood glucose levels, resulting from the body's inability to produce or use insulin properly (CDC, 2017c). People with diabetes are at increased risk of serious health complications including vision loss, heart disease, stroke, kidney failure, amputation of toes, feet or legs, and premature death (CDC, 2016).

In 2017, diabetes cost the U.S. an estimated \$327 billion: \$237 billion in direct medical costs and \$90 billion in reduced productivity. This is a 34 percent increase from the estimated \$245 billion spent on diabetes in 2012 (American Diabetes Association, 2018a).

Controlling A1c blood levels help reduce the risk of microvascular complications (eye, kidney and nerve diseases) (CDC, 2014).

CLINICAL RECOMMENDATION STATEMENTS:

American Diabetes Association (2018):

A reasonable A1C goal for many nonpregnant adults is <7%. (Level of evidence: A)

Providers might reasonably suggest more stringent A1C goals (such as <6.5%) for selected individual patients if this can be achieved without significant hypoglycemia or other adverse effects of treatment. Appropriate patients might include those with short duration of diabetes, type 2 diabetes treated with lifestyle or metformin only, long life expectancy, or no significant cardiovascular disease (CVD). (Level of evidence: C)

Less stringent A1C goals (such as <8%) may be appropriate for patients with a history of severe hypoglycemia, limited life expectancy, advanced microvascular or macrovascular complications, extensive comorbid conditions, or long-standing diabetes in whom the general goal is difficult to attain despite diabetes self-management education, appropriate glucose monitoring, and effective doses of multiple glucose-lowering agents including insulin. (Level of evidence: B)

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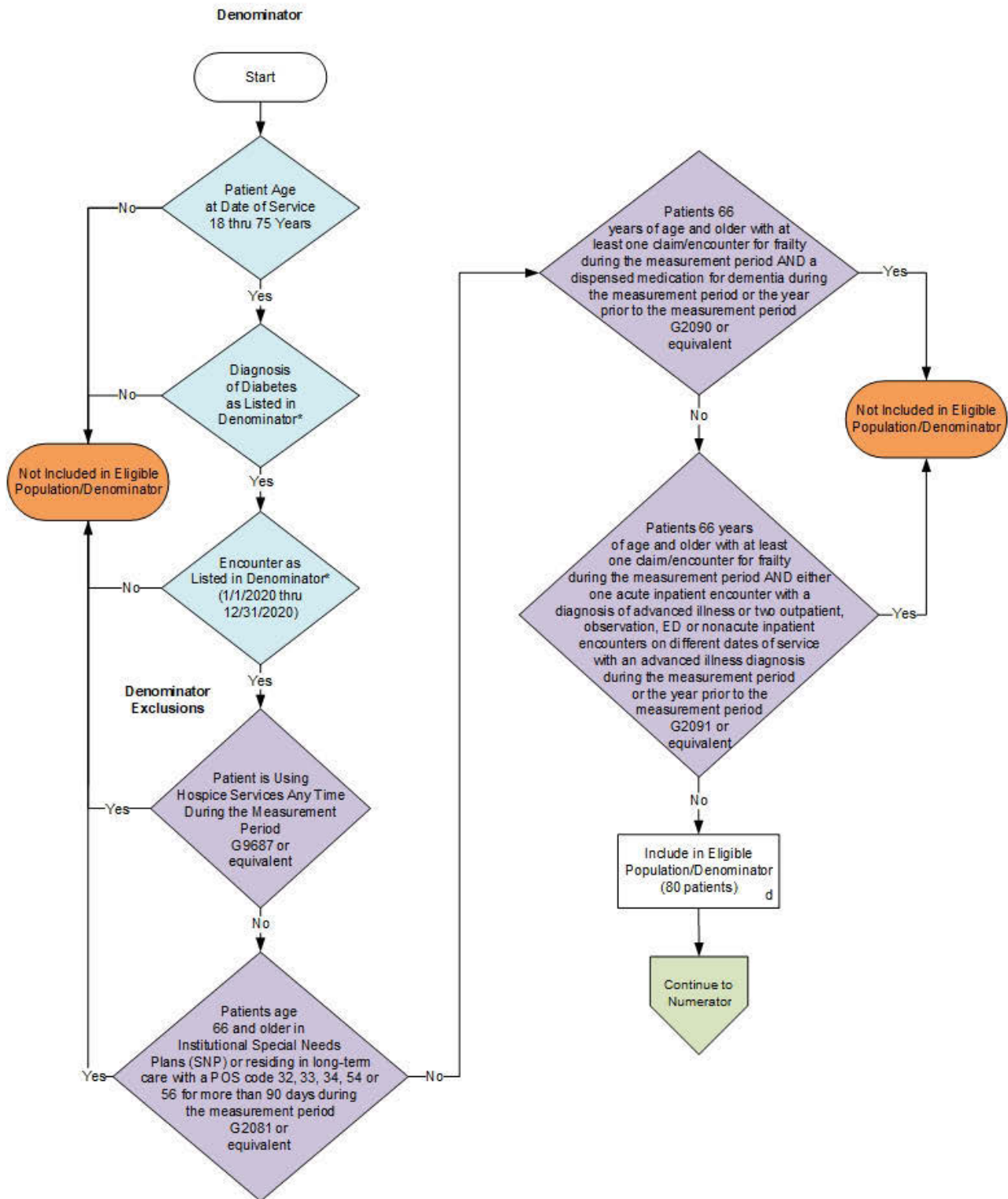
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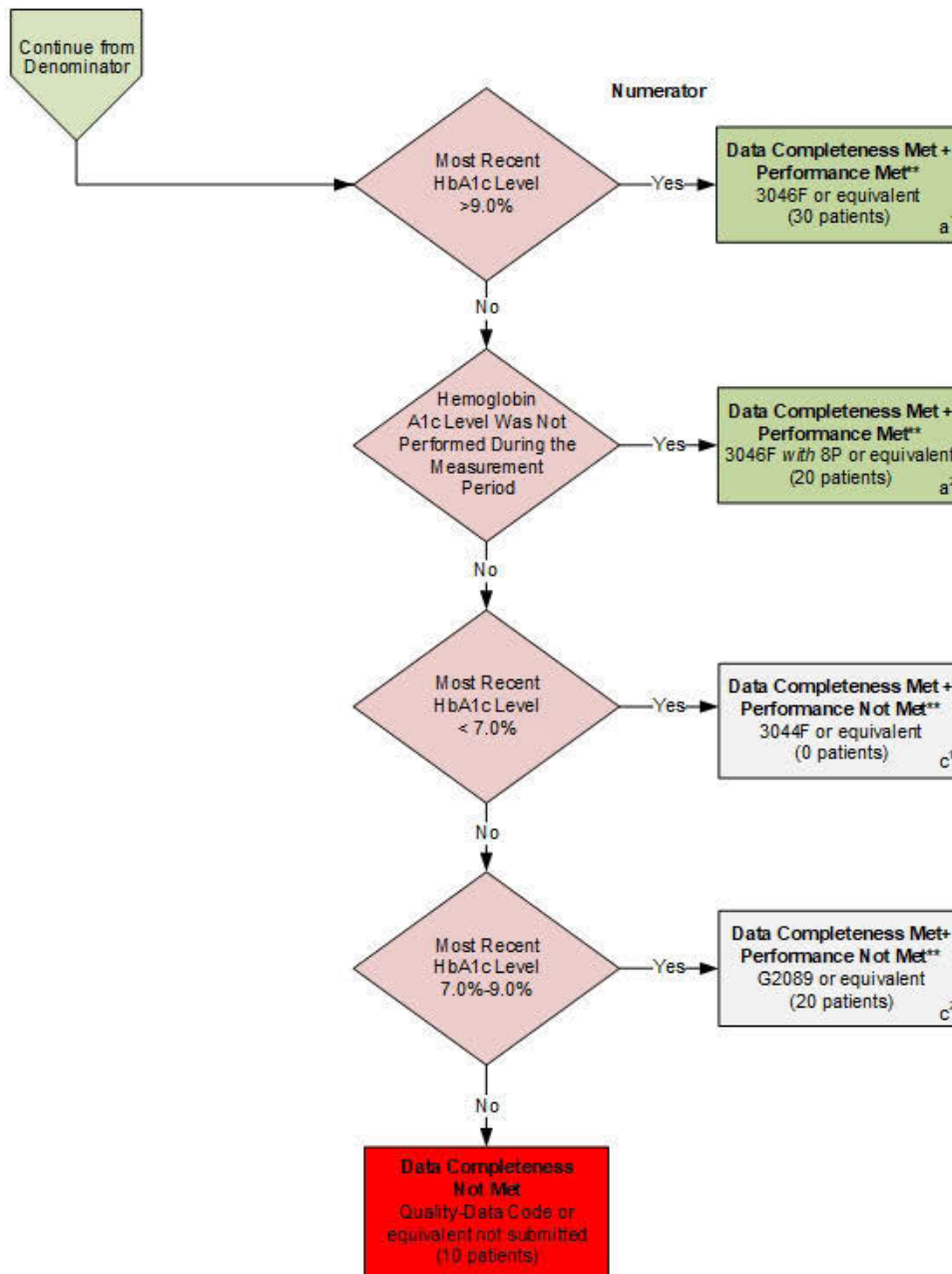
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**2020 Clinical Quality Measure Flow for Quality ID #1 NQF #0059:
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)**

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.





SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=50 patients) + Performance Not Met (c}^1\text{+c}^2\text{=20 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=**

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=50 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{50 \text{ patients}}{70 \text{ patients}} = 71.43\%$$

*See the posted measure specification for specific coding and instructions to submit this measure.

**A lower calculated performance rate for this measure indicates better clinical care or control.

NOTE: Submission Frequency: Patient-Intermediate

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 The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

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**2020 Clinical Quality Measure Flow Narrative for Quality ID #1 NQF #0059:
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)**

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

1. Start with Denominator
2. Check Patient Age:
 - a. If Patient Age is equal to 18 thru 75 Years on Date of Service equals No during the measurement period, do not include in Eligible Population. Stop Processing.
 - b. If Patient Age is equal to 18 thru 75 Years on Date of Service equals Yes during the measurement period, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
 - a. If Diagnosis of Diabetes as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
 - b. If Diagnosis of Diabetes as Listed in the Denominator equals Yes, proceed to check Encounter Performed.
4. Check Encounter Performed:
 - a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
 - b. If Encounter as Listed in the Denominator equals Yes, proceed to check Hospice Services Provided to Patient Any Time During the Measurement Period.
5. Check Hospice Services Provided to Patient Any Time During the Measurement Period:
 - a. If Hospice Services Provided to Patient Any Time During the Measurement Period equals No, include in Eligible Population.
 - b. If Hospice Services Provided to Patient Any Time During the Measurement Period equals Yes, proceed to check Patients age 66 and older in Institutional Special Needs Plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54 or 56 for more than 90 days during the measurement period.
6. Check Patients age 66 and older in Institutional Special Needs Plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54 or 56 for more than 90 days during the measurement period:
 - a. If Patients age 66 and older in Institutional Special Needs Plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54 or 56 for more than 90 days during the measurement period equals No, include in Eligible Population.
 - b. If Patients age 66 and older in Institutional Special Needs Plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54 or 56 for more than 90 days during the measurement period equals Yes, proceed to check patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period.
7. Check Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement

period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period:

- a. If Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period equals No, include in the Eligible Population.
 - b. If Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period equals Yes, proceed to check patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period
8. Check Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period:
- a. If Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period equals No, include in the eligible population.
 - b. If Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period equals Yes, do not include in Eligible Population. Stop Processing.
9. Denominator Population:
- a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.
10. Start Numerator
11. Check Most Recent HbA1c greater than 9.0 percent:
- a. If Most Recent HbA1c is greater than 9.0 percent equals Yes, include in Data Completeness Met and Performance Met.
 - b. Data Completeness Met and Performance Met letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a¹ equals 30 patients in the Sample Calculation.
 - c. If Most Recent HbA1c is greater than 9.0 percent equals No, proceed to check Hemoglobin A1c Level Was Not Performed During the Measurement Period.
12. Check Hemoglobin A1c Level Was Not Performed During the Measurement Period:
- a. If Hemoglobin A1c Level Was Not Performed During the Measurement Period equals Yes, include in

Data Completeness Met and Performance Met.

- b. Data Completeness Met and Performance Met letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a² equals 20 patients in the Sample Calculation.
 - c. If Hemoglobin A1c Level Was Not Performed During the Measurement Period equals No, proceed to check Most Recent HbA1c Level is Less than 7.0 percent.
13. Check Most Recent HbA1c Level is less than 7.0 percent:
- a. If Most Recent HbA1c is less than 7.0 percent equals Yes, include in the Data Completeness Met and Performance Not Met.
 - b. Data Completeness Met and Performance Not Met letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c¹ equals 0 patients in the Sample Calculation.
 - c. If Most Recent HbA1c is less than 7.0 percent equals No, proceed to check Most Recent HbA1c Level is 7.0 percent through 9.0 percent.
14. Check Most Recent HbA1c Level is 7.0 percent through 9.0 percent:
- a. If Most Recent HbA1c Level is 7.0 percent through 9.0 percent equals Yes, include in Data Completeness Met and Performance Not Met.
 - b. Data Completeness Met and Performance Not Met letter is as the Data Completeness in the Sample Calculation listed at the end of this document. Letter c² equals 20 patients in the Sample Calculation.
 - c. If Most Recent HbA1c is 7.0 percent through 9.0 percent equals No, proceed to check Data Completeness Not Met.
15. Check Data Completeness Not Met:
- a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATION S:

Data Completeness=
$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=50 patients)} + \text{Performance Not Met (c}^1\text{+c}^2\text{=20 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate**=
$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=50 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{50 \text{ patients}}{70 \text{ patients}} = 71.43\%$$