

Comprehensive Diabetes Care: Hemoglobin A1c Poor Control

Metric Information

Metric description: Percent of Medicaid beneficiaries 18–75 years of age as of the last day of the measurement year with diabetes (type 1 and type 2) who received a Hemoglobin A1c (HbA1c) test result level >9.0% during the measurement year.

Note: This is a statewide only metric. No information is available at the ACH level.

Metric specification version: HEDIS® 2018 Technical Specifications for Health Plans, NCQA.

Data collection method: Random sample of 411 charts from clients who meet the criteria for inclusion in the denominator from each managed care organization across the state.

Data source: QUALIS Health¹

Claim status: No claims used.

Identification window: Measurement year.

Direction of quality improvement: Lower is better.

URL of specifications: www.ncqa.org/hedis/measures

DSRIP Program Summary

Metric utility: ACH Project P4P ACH High Performance DSRIP statewide accountability

DSRIP statewide accountability – methodology: HCA will use a Quality Improvement (QI) Model to determine statewide performance across the quality metric set. For more information, see Chapter 2: Statewide accountability.

Statewide attribution: Residence in the state of Washington for 11 out of 12 months in the measurement year.

DSRIP Metric Details

Eligible Population

Age	18-75 years. Age is as of the last day of the measurement year.
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¹ Qualis Health is Washington’s Medicaid external quality review organization (EQRO). In their role as the EQRO, Qualis Health provides external quality review and supports quality improvement for enrollees of Washington Apple Health managed care programs and the State’s managed mental health and substance use disorder treatment services. One of their annual activities is to validate MCO performance measures on various dimensions of care and service through audits of the MCO’s Healthcare Effectiveness Data and Information Set (HEDIS™) measures.

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Gender	N/A
Minimum Medicaid enrollment	Measurement year. Enrollment must be continuous.
Allowable gap in Medicaid enrollment	No more than one gap in continuous enrollment of up to 45 days during each year of continuous enrollment.
Medicaid enrollment anchor date	Last day of the measurement year.
Medicaid benefit and eligibility	Includes Medicaid beneficiaries with comprehensive medical benefits. Excludes beneficiaries that are eligible for both Medicare and Medicaid and beneficiaries with primary insurance other than Medicaid.

Denominator:

Data elements required for denominator: Medicaid beneficiaries, age 18-75 as of the last day of the measurement year, with diabetes identified from claim/encounter data or pharmacy data, during the measurement year or the year prior to the measurement year and qualify for any one of the following criteria in one or both years:

- Claim/encounter data:
 - o At least two outpatient visits (Outpatient Value Set), observation visits (Observation Value Set), ED visits (ED Value Set) or non-acute inpatient encounters (Non-acute Inpatient Value Set) on different dates of service, with a diagnosis of diabetes (Diabetes Value Set). Visit type need not be the same for the two visits.
 - o At least one acute inpatient encounter (Acute Inpatient Value Set) with a diagnosis of diabetes (Diabetes Value Set).
- Pharmacy data:
 - o Medicaid beneficiaries who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year (Diabetes Medications List).

Value sets required for the denominator.

Name	Value Set
Outpatient Value Set	See HEDIS®
Observation Value Set	See HEDIS®
ED Value Set	See HEDIS®
Non-acute Inpatient Value Set	See HEDIS®
Diabetes Value Set	See HEDIS®
Acute Inpatient Value Set	See HEDIS®

Required exclusions for denominator.

- Eligible population exclusions are listed in the eligible population table above.
- Metric specific exclusions:

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- Beneficiaries in hospice care.

Deviations from cited specifications for denominator.

- None.

Numerator:

Beneficiaries must qualify for inclusion in the denominator to be eligible for inclusion in the numerator.

Data elements required for numerator: Use HbA1c Tests Value Set to identify the *most recent* HbA1c test during the measurement year.

The Medicaid beneficiary is included in the numerator if the most recent HbA1c level is >9.0% or a result is missing, or if an HbA1c test was not done during the measurement year.

Value sets required for the numerator.

Name	Value Set
HbA1c Tests Value Set	See HEDIS®

Required exclusions for numerator.

- None

Deviations from cited specifications for numerator.

- None

Version Control

July 2018 release: The specification was updated to HEDIS® 2018 specifications and to include additional information about measurement procedures and sample construction.

January 2019 update: Minor formatting updates were made to the metric specification sheet. This includes updating the URL of the source specification and changing HEDIS™ to HEDIS®. No substantive changes were made to the specification.