Comprehensive Diabetes Care: Medical Attention for Nephropathy

Metric Information

Metric description: Percent of Medicaid beneficiaries 18–75 years of age with diabetes (type 1 and type 2) who had a nephropathy screening test or evidence of nephropathy during the measurement year.

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

Data collection method: Administrative only.

Data source: ProviderOne Medicaid claims/encounter and enrollment data.

Claim status: Include only final paid claims or accepted encounters in metric calculation.

Identification window: Measurement year and the year prior to the measurement year.

Direction of quality improvement: Higher is better.

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

DSRIP Program Summary

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

ACH Project P4P – Metric results used for achievement value: Single metric result.

ACH Project P4P – improvement target methodology: gap to goal.

ACH Project P4P gap to goal - absolute benchmark value:

DY 3/performance year 1 (2019)	94.91% 2017 NCQA Quality Compass National Medicaid, 90th Percentile
DY 4/performance year 2 (2020)	TBD 2018 NCQA Quality Compass National Medicaid, 90th Percentile
DY 5/performance year 3 (2021)	TBD 2019 NCQA Quality Compass National Medicaid, 90th Percentile

ACH regional attribution: Residence in the ACH region 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
Gender	N/A

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Minimum Medicaid enrollment	Measurement year. Enrollment must be continuous.
Allowable gap in Medicaid enrollment	One gap of one month during the measurement year
Medicaid enrollment anchor date	Last day of 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 (count services that occur in either 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 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®
Diabetes Medication List	See HEDIS®

Required exclusions for denominator.
- Eligible population exclusions are listed in the eligible population table above.

- Metric specific exclusions:
  - o Beneficiaries in hospice care.

Deviations from cited specifications for denominator.
- HEDIS® specifications require no more than one gap in continuous enrollment of up to 45 days during each year of continuous enrollment. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, as is the case for the ProviderOne data source, the Medicaid beneficiary may not have more than a 1-month gap in coverage (i.e., a Medicaid beneficiary whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

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

Data elements required for numerator. A nephropathy screening or monitoring test *or* evidence of nephropathy, as documented through claim/encounter data. See HEDIS® for specific instructions.

Value sets required for numerator.

Value Set Name	CPT Codes
Urine Protein Tests Value Set	See HEDIS®
Nephropathy Treatment Value Set	See HEDIS®
Chronic Kidney Disease Stage 4 Value Set	See HEDIS®
End Stage Renal Disease Value Set	See HEDIS®
Kidney Transplant Value Set	See HEDIS®
ACE Inhibitor/ARB Medications List	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.

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.