

Comprehensive Diabetes Care: Hemoglobin A1c Testing

Metric Information

Metric description: The percentage of Medicaid beneficiaries, 18–75 years of age, with diabetes (type 1 and type 2) who received a Hemoglobin A1c (HbA1c) test during the measurement year.

Metric specification version: HEDIS® Measurement Year 2020 and Measurement Year 2021 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)	95.36% 2017 NCQA Quality Compass National Medicaid, 90 th Percentile
DY 4/performance year 2 (2020)	95.19% 2018 NCQA Quality Compass National Medicaid, 90 th Percentile
DY 5/performance year 3 (2021)	94.59% 2019 NCQA Quality Compass National Medicaid, 90 th 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 criteria in one or both years. Telehealth visits may be included. See HEDIS® for specific instructions.

Required exclusions for denominator.

- Eligible population exclusions are listed in the eligible population table above.
- Metric specific exclusions:
 - o Beneficiaries in hospice care.
 - o Members 66 years of age and older as of the last day of the measurement year with frailty and advanced illness during the measurement year. See HEDIS® for specific instructions.

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. An HbA1c test performed during the measurement year, as identified in claim/encounter data.

Required exclusions for numerator.

- None

Deviations from cited specifications for numerator.

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- None

Version Control

August 2019 update: Additional denominator directions (telehealth) and exclusions (advanced illness/frailty) have been added.