

Comprehensive Diabetes Care: Eye Exam (Retinal) Performed

Metric Information

Metric description: The percentage of Medicaid beneficiaries, 18 - 75 years of age, with diabetes (type 1 and type 2) who had a retinal or dilated eye exam by an eye care professional during the measurement year, **OR** a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement year, **OR** a bilateral eye enucleation during the measurement year.

Metric specification version: HEDIS® 2020 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)	73.08% 2017 NCQA Quality Compass National Medicaid, 90 th Percentile
DY 4/performance year 2 (2020)	75.11% 2018 NCQA Quality Compass National Medicaid, 90 th Percentile
DY 5/performance year 3 (2021)	TBD 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

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Gender	N/A
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.

Value sets required for denominator.

Name	Value Set
Acute Inpatient Value Set	See HEDIS®
Diabetes Value Set	See HEDIS®
Telehealth Modifier Value Set	See HEDIS®
Telehealth POS Value Set	See HEDIS®
Inpatient Stay Value Set	See HEDIS®
Nonacute Inpatient Stay Value Set	See HEDIS®
Nonacute Inpatient Value Set	See HEDIS®
Outpatient Value Set	See HEDIS®
Observation Value Set	See HEDIS®
Telephone Visits Value Set	See HEDIS®
Online Assessments Value Set	See HEDIS®
ED Value Set	See HEDIS®
Diabetes Medication List	See HEDIS®
Frailty Device Value Set	See HEDIS®

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Frailty Diagnosis Value Set	See HEDIS®
Frailty Encounter Value Set	See HEDIS®
Frailty Symptom Value Set	See HEDIS®
Advanced Illness Value Set	See HEDIS®
Dementia Medications 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.
 - 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: Screening or monitoring for diabetic retinal disease as identified by the claim/encounter data. See HEDIS® for specific instructions. This includes beneficiaries with diabetes who had one of the following:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year;
- A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year;
- Bilateral eye enucleation anytime during the Medicaid beneficiary's history through the last day of the measurement year.

Value sets required for numerator.

Name	Value Set
Diabetic Retinal Screening Value Set	See HEDIS®
Diabetic Retinal Screening with Eye Care Professional Value Set	See HEDIS®

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Diabetes Mellitus without Complications Value Set	See HEDIS®
Diabetic Retinal Screening Negative Value Set	See HEDIS®
Unilateral Eye Enucleation Value Set	See HEDIS®
Unilateral Eye Enucleation Left Value Set	See HEDIS®
Unilateral Eye Enucleation Right Value Set	See HEDIS®
Bilateral Modifier Value Set	See HEDIS®

Required exclusions for numerator.

- None

Deviations from cited specifications for numerator.

- Numerator criteria that require viewing test results are not included. See HEDIS® for more information.

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.

August 2019 update: The specification sheet has been updated to reflect the current version of the HEDIS® technical specification (from HEDIS® 2018 to HEDIS® 2019). Additional denominator directions (telehealth) and exclusions (advanced illness/frailty) have been added. Note that while the names of the value sets included in the specifications have not changed, the underlying values may have been updated. See HEDIS® for specific instructions. DY 4/performance year 2 (2020) benchmark value(s) have been added to the DSRIP Program Summary section.

August 2020 update: The specification sheet has been updated to reflect the current version of the HEDIS® technical specification (from HEDIS® 2019 to HEDIS® 2020). Additional information about deviations from the HEDIS® numerator criteria has been included. The names of the value sets included in the specifications have changed and the underlying values may have been updated. See HEDIS® for specific instructions. DY 5/performance year 3 (2021) benchmark value(s) have been added to the DSRIP Program Summary section.