

Comprehensive Diabetes Care: Hemoglobin A1c Poor Control

Metric Information

Metric description: Percent of Medicaid beneficiaries, 18–75 years of age, 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® 2020 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.
Gender	N/A

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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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 (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 Value Set	See HEDIS®
Nonacute Inpatient Stay 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®
Frailty Diagnosis Value Set	See HEDIS®

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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.

- 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.

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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.

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). 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.