

***Proposed Retirement for HEDIS^{®1} MY 2022:
Comprehensive Diabetes Care (CDC)—HbA1c Testing***
***Proposed Changes to Existing Measure for HEDIS MY 2022:
Comprehensive Diabetes Care (CDC)***

NCQA seeks comments on the proposed retirement of the HEDIS *Comprehensive Diabetes Care (CDC)—HbA1c Testing* indicator, which assesses the percentage of members 18–75 years of age with diabetes (types 1 and 2) who had an HbA1c test performed during the year. NCQA is considering retiring this indicator because it does not assess the test result or the quality of care to address blood sugar control. Additionally, performance on the indicator shows little opportunity for improvement, with rates consistently high (88%–94% from 2017–2019). NCQA recognizes the importance of addressing HbA1c results among patients with diabetes. To assess this component of care, the proposed *HbA1c Control* measure below maintains the indicators for *HbA1c Control* (<8.0%) and *HbA1c Poor Control* (>9.0%).

NCQA also seeks comments on proposed changes to the overall CDC measure set. The current measure set combines five* indicators that assess different components of diabetes care. The measure set assesses the percentage of members 18–75 years of age with diabetes (types 1 and 2) who had each of the following:

- Hemoglobin A1c (HbA1c) testing.
- HbA1c poor control (>9.0%).
- HbA1c control (<8.0%).
- BP control (<140/90 mm Hg).
- Eye exam (retinal) performed.

*The *Medical Attention for Nephropathy* indicator was replaced by the standalone *Kidney Health Evaluation for Patients With Diabetes* measure and will be retired from HEDIS effective MY 2022.

Grouping indicators into one measure set limits the ability to maintain each component more appropriately over time. For example, both the age range and required exclusions apply across the measure set; NCQA is unable to tailor them for each indicator. Additionally, the eye exam indicator is currently the only CDC indicator stratified by socioeconomic status (SES). Maintaining SES stratifications, which are defined at the measure level for HEDIS, is complicated in the combined measure set. It is also challenging to maintain the corresponding electronic clinical quality measures, which are specified as separate diabetes measures. For these reasons, NCQA proposes to separate the indicators into the following three standalone measures:

1. *Hemoglobin A1c Control for Patients With Diabetes (HBD)*: The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year:
 - HbA1c control (<8.0%).
 - HbA1c poor control (>9.0%).
2. *Eye Exam for Patients With Diabetes (EED)*: The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.
3. *Blood Pressure Control for Patients With Diabetes (BPD)*: The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was controlled (<140/90mmHg) during the measurement year.

NCQA advisory panels and stakeholders support splitting the CDC indicators and agree it will add value to their long-term maintenance and distinct components of diabetes care. They also support retiring the *HbA1c Testing* indicator and agree that the maintained HbA1c indicators meet the intent for quality measurement of blood sugar control.

Supporting documents include draft measure specifications.

NCQA acknowledges the contributions of the Diabetes and Technical Measurement Advisory Panels.

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Hemoglobin A1c Control for Patients With Diabetes (HBD)

SUMMARY OF CHANGES TO HEDIS MY 2022

- This measure resulted from the separation of indicators that replaces the former Comprehensive Diabetes Care HEDIS measure.
- Removed the Hemoglobin A1c (HbA1c) Testing indicator.
- Clarified exclusions.

Description

The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year:

- ~~Hemoglobin A1c (HbA1c) testing.~~
- HbA1c control (<8.0%).
- HbA1c poor control (>9.0%).

Note: Organizations must use the same data collection method (Administrative or Hybrid) to report these indicators.

Eligible Population

~~Note: Members in hospice are excluded from the eligible population. If an organization reports this measure using the Hybrid method, and a member is found to be in hospice or using hospice services during medical record review, the member is removed from the sample and replaced by a member from the oversample. Refer to General Guideline 17: Members in Hospice.~~

Product lines	Commercial, Medicaid, Medicare (report each product line separately).
Ages	18–75 years as of December 31 of the measurement year.
Continuous enrollment	The measurement year.
Allowable gap	No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (e.g., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).
Anchor date	December 31 of the measurement year.
Benefit	Medical.
Event/diagnosis	There are two ways to identify members with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a member only needs to be identified by one method to be included in the measure. Members may be identified as having diabetes during the measurement year or the year prior to the measurement year.

Claim/encounter data. Members who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):

- At least one acute inpatient encounter (Acute Inpatient Value Set) with a diagnosis of diabetes (Diabetes Value Set) **without** telehealth (Telehealth Modifier Value Set; Telehealth POS Value Set).
- At least one acute inpatient discharge with a diagnosis of diabetes (Diabetes Value Set) on the discharge claim. To identify an acute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
 2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).
 3. Identify the discharge date for the stay.
- At least two outpatient visits (Outpatient Value Set), observation visits (Observation Value Set), telephone visits (Telephone Visits Value Set), e-visits or virtual check-ins (Online Assessments Value Set), ED visits (ED Value Set), nonacute inpatient encounters (Nonacute Inpatient Value Set) or nonacute inpatient discharges (instructions below; the diagnosis must be on the discharge claim), on different dates of service, with a diagnosis of diabetes (Diabetes Value Set). Visit type need not be the same for the two encounters. To identify a nonacute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
 2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim.
 3. Identify the discharge date for the stay.Only include nonacute inpatient encounters (Nonacute Inpatient Value Set) **without** telehealth (Telehealth Modifier Value Set; Telehealth POS Value Set).

Pharmacy data. Members 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).

Diabetes Medications

Description	Prescription		
Alpha-glucosidase inhibitors	• Acarbose	• Miglitol	
Amylin analogs	• Pramlintide		
Antidiabetic combinations	• Alogliptin-metformin • Alogliptin-pioglitazone • Canagliflozin-metformin • Dapagliflozin-metformin • Empagliflozin-linagliptin	• Empagliflozin-metformin • Glimepiride-pioglitazone • Glipizide-metformin • Glyburide-metformin • Linagliptin-metformin	• Metformin-pioglitazone • Metformin-repaglinide • Metformin-rosiglitazone • Metformin-saxagliptin • Metformin-sitagliptin
Insulin	• Insulin aspart • Insulin aspart-insulin aspart protamine • Insulin degludec • Insulin detemir • Insulin glargine • Insulin glulisine	• Insulin isophane human • Insulin isophane-insulin regular • Insulin lispro • Insulin lispro-insulin lispro protamine • Insulin regular human • Insulin human inhaled	
Meglitinides	• Nateglinide	• Repaglinide	
Glucagon-like peptide-1 (GLP1) agonists	• Albiglutide • Dulaglutide • Exenatide	• Liraglutide (excluding Saxenda®) • Semaglutide	
Sodium glucose cotransporter 2 (SGLT2) inhibitor	• Canagliflozin	• Dapagliflozin (excluding Farxiga®)	• Empagliflozin
Sulfonylureas	• Chlorpropamide • Glimepiride	• Glipizide • Glyburide	• Tolazamide • Tolbutamide
Thiazolidinediones	• Pioglitazone	• Rosiglitazone	
Dipeptidyl peptidase-4 (DDP-4) inhibitors	• Alogliptin • Linagliptin	• Saxagliptin • Sitagliptin	

Note: *Glucophage/metformin as a solo agent is not included because it is used to treat conditions other than diabetes; members with diabetes on these medications are identified through diagnosis codes only.*

**Required
exclusions**

Exclude members who meet any of the following criteria:

- Members who do not have a diagnosis of diabetes (Diabetes Value Set), in any setting, during the measurement year or the year prior to the measurement year **and** who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes (Diabetes Exclusions Value Set), in any setting, during the measurement year or the year prior to the measurement year.
- Members in hospice are excluded from the eligible population. Refer to *General Guideline 17: Members in Hospice*.
- Members receiving palliative care (Palliative Care Assessment Value Set; Palliative Care Encounter Value Set; Palliative Care Intervention Value Set) during the measurement year.

**Required
exclusion**

Exclude members receiving palliative care (Palliative Care Assessment Value Set; Palliative Care Encounter Value Set; Palliative Care Intervention Value Set) during the measurement year.

Exclusions

Exclude members who meet any of the following criteria:

Note: *Supplemental and medical record data may not be used for these exclusions.*

- Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
 - Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.
 - Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement year.
- Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty **and** advanced illness. Members must meet **BOTH** of the following frailty and advanced illness criteria to be excluded:
 1. At least one claim/encounter for frailty (Frailty Device Value Set; Frailty Diagnosis Value Set; Frailty Encounter Value Set; Frailty Symptom Value Set) during the measurement year.
 2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):
 - At least two outpatient visits (Outpatient Value Set), observation visits (Observation Value Set), ED visits (ED Value Set), telephone visits (Telephone Visits Value Set), e-visits or virtual check-ins (Online Assessments Value Set), nonacute inpatient encounters (Nonacute Inpatient Value Set) or nonacute inpatient discharges (instructions below; the diagnosis must be on the discharge claim) on different dates of service, with an advanced illness diagnosis (Advanced Illness Value Set). Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:

1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim.
3. Identify the discharge date for the stay.
 - At least one acute inpatient encounter (Acute Inpatient Value Set) with an advanced illness diagnosis (Advanced Illness Value Set).
 - At least one acute inpatient discharge with an advanced illness diagnosis (Advanced Illness Value Set) on the discharge claim. To identify an acute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
 2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).
 3. Identify the discharge date for the stay.
 - A dispensed dementia medication (Dementia Medications List).

Dementia Medications

Description	Prescription
Cholinesterase inhibitors	<ul style="list-style-type: none"> • Donepezil • Galantamine • Rivastigmine
Miscellaneous central nervous system agents	<ul style="list-style-type: none"> • Memantine
Dementia combinations	<ul style="list-style-type: none"> • Donepezil-memantine

Administrative Specification

Denominator The eligible population.

Numerators

HbA1c Testing ~~An HbA1c test (HbA1c Lab Test Value Set; HbA1c Test Result or Finding Value Set) performed during the measurement year.~~

HbA1c Control <8% Use codes (HbA1c Lab Test Value Set; HbA1c Test Result or Finding Value Set) to identify the most recent HbA1c test during the measurement year. The member is numerator compliant if the most recent HbA1c level is <8.0%. The member is not numerator compliant if the result for the most recent HbA1c test is ≥8.0% or is missing a result, or if an HbA1c test was not done during the measurement year.

Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent code during the measurement year to evaluate whether the member is numerator compliant.

Value Set	Numerator Compliance
<u>HbA1c Level Less Than 7.0 Value Set</u>	Compliant
<u>HbA1c Level Greater Than or Equal To 7.0 and Less Than 8.0 Value Set</u>	Compliant
<u>HbA1c Level Greater Than or Equal To 8.0 and Less Than or Equal To 9.0 Value Set</u>	Not compliant
<u>HbA1c Level Greater Than 9.0 Value Set</u>	Not compliant

HbA1c Poor Control >9% Use codes (HbA1c Lab Test Value Set; HbA1c Test Result or Finding Value Set) to identify the *most recent* HbA1c test during the measurement year. The member is numerator compliant if the most recent HbA1c level is >9.0% or is missing a result, or if an HbA1c test was not done during the measurement year. The member is not numerator compliant if the result for the most recent HbA1c test during the measurement year is ≤9.0%.

Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent code during the measurement year to evaluate whether the member is numerator compliant.

Value Set	Numerator Compliance
<u>HbA1c Level Less Than 7.0 Value Set</u>	Not compliant
<u>HbA1c Level Greater Than or Equal To 7.0 and Less Than 8.0 Value Set</u>	Not compliant
<u>HbA1c Level Greater Than or Equal To 8.0 and Less Than or Equal To 9.0 Value Set</u>	Not compliant
<u>HbA1c Level Greater Than 9.0 Value Set</u>	Compliant

Note: A lower rate indicates better performance for this indicator (i.e., low rates of poor control indicate better care).

Exclusions (optional)

~~Members who do not have a diagnosis of diabetes (Diabetes Value Set), in any setting, during the measurement year or the year prior to the measurement year **and** who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes (Diabetes Exclusions Value Set), in any setting, during the measurement year or the year prior to the measurement year.~~

~~If the member was included in the measure based on claim or encounter data, as described in the event/diagnosis criteria, the optional exclusions do not apply because the member had a diagnosis of diabetes.~~

Hybrid Specification

Denominator

A systematic sample drawn from the eligible population.

Organizations that use the Hybrid Method to report the Hemoglobin A1c Control for Patients With Diabetes (HBD), Eye Exam Performed for Patients With Diabetes (EED) and Blood Pressure Control for Patients With Diabetes (BPD) measures may use the same sample for all three measures.

Organizations may reduce the sample size based on the current year's administrative rate or the prior year's audited, product line-specific rate for the lowest rate of all HBD indicators, EED and BPD measures.

If separate samples are used for the HBD, EED and BPD measures, organizations may reduce the sample based on the product line-specific current measurement year's administrative rate or the prior year's audited, product line-specific rate for the measure.

Refer to the *Guidelines for Calculations and Sampling* for information on reducing sample size.

Numerators

~~**HbA1c Testing** An HbA1c test performed during the measurement year as identified by administrative data or medical record review.~~

~~**Administrative** Refer to *Administrative Specification* to identify positive numerator hits from administrative data.~~

~~**Medical record** At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result or finding. Count notation of the following in the medical record:~~

- | | | |
|---------------------|----------------------------------|--------------------------------------|
| • A1c | • HB1c | • Glycohemoglobin |
| • HbA1c | • Hemoglobin A1c | • Glycated hemoglobin |
| • HgbA1c | • Glycohemoglobin A1c | • Glycosylated hemoglobin |

HbA1c Control <8% The *most recent* HbA1c level (performed during the measurement year) is <8.0% as identified by laboratory data or medical record review.

Administrative Refer to *Administrative Specification* to identify positive numerator hits from administrative data.

Medical record At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result. The member is numerator compliant if the most recent HbA1c level during the measurement year is <8.0%. The member is not numerator compliant if the result for the most recent HbA1c level during the measurement year is ≥8.0% or is missing, or if an HbA1c test was not performed during the measurement year.

Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance.

HbA1c Poor Control >9% The *most recent* HbA1c level (performed during the measurement year) is >9.0% or is missing, or was not done during the measurement year, as documented through laboratory data or medical record review.

Note: A lower rate indicates better performance for this indicator (i.e., low rates of poor control indicate better care).

Administrative Refer to *Administrative Specification* to identify positive numerator hits from administrative data.

Medical record At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result. The member is numerator compliant if the result for the most recent HbA1c level during the measurement year is >9.0% or is missing, or if an HbA1c test was not done during the measurement year. The member is not numerator compliant if the most recent HbA1c level during the measurement year is ≤9.0%.

Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance.

Exclusions (optional)

~~Refer to *Administrative Specification* for exclusion criteria. Identify members who did not have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year, **and** who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.~~

Note

- ~~• If an organization chooses to apply the optional exclusions, members must be numerator negative for at least one indicator, with the exception of HbA1c Poor Control (>9%). Remove members from the eligible population who are numerator negative for any indicator (other than for HbA1c Poor Control [>9%]) and substitute members from the oversample. Do not exclude members who are numerator compliant for all indicators except HbA1c Poor Control (>9%), because a lower rate indicates better performance for this indicator.~~
- If a combination of administrative, supplemental or hybrid data are used, the most recent HbA1c result must be used, regardless of data source.

Data Elements for Reporting

Organizations that submit HEDIS data to NCQA must provide the following data elements.

Table HBD-1/2/3: Data Elements for Hemoglobin A1c Control for Patients With Diabetes

	Administrative	Hybrid
Measurement year	✓	✓
Data collection methodology (Administrative or Hybrid)	✓	✓
Eligible population	✓	✓
Number of required exclusions	✓	✓
Number of numerator events by administrative data in eligible population (before exclusions)		<i>Each of the 2 rates</i>
Current year's administrative rate (before exclusions)		<i>Each of the 2 rates</i>
Minimum required sample size (MRSS)		✓
Oversampling rate		✓
Number of oversample records		✓
Number of medical records excluded because of valid data errors		✓
Number of administrative data records excluded		✓
Number of medical records excluded		✓
Number of employee/dependent medical records excluded		✓
Records added from the oversample list		✓
Denominator		✓
Numerator events by administrative data	<i>Each of the 2 rates</i>	<i>Each of the 2 rates</i>
Numerator events by medical records		<i>Each of the 2 rates</i>
Numerator events by supplemental data	<i>Each of the 2 rates</i>	<i>Each of the 2 rates</i>
Reported rate	<i>Each of the 2 rates</i>	<i>Each of the 2 rates</i>

HEDIS Health Plan Performance Rates: Comprehensive Diabetes Care (CDC)—HbA1c Testing**Table 1. HEDIS CDC—HbA1c Testing Measure Performance—Commercial Plans**

Measurement Year	Total Number of Plans (N)	Number of Plans Reporting (N (%))	Performance Rates (%)						
			Mean	Standard Deviation	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
2019*	417	398 (95.4)	91.0	2.9	87.3	89.3	91.5	93.2	94.4
2018	405	391 (96.5)	90.7	3.1	86.9	89.1	91.2	92.9	94.2
2017	406	397 (97.8)	90.5	3.2	86.7	88.6	90.8	92.5	94.4

*For 2019 the average denominator across plans was 398 individuals, with a standard deviation of 13,867.

Table 2. HEDIS CDC—HbA1c Testing Measure Performance—Medicaid Plans

Measurement Year	Total Number of Plans (N)	Number of Plans Reporting (N (%))	Performance Rates (%)						
			Mean	Standard Deviation	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
2019*	265	241 (90.9)	88.2	4.3	83.5	86.0	88.8	91.0	92.7
2018	256	244 (95.3)	87.8	4.4	82.1	85.1	88.6	90.5	92.9
2017	275	265 (96.4)	87.5	4.3	82.5	84.9	87.8	90.5	92.7

*For 2019 the average denominator across plans was 241 individuals, with a standard deviation of 1,284.

Table 2. HEDIS CDC—HbA1c Testing Measure Performance—Medicare Plans

Measurement Year	Total Number of Plans (N)	Number of Plans Reporting (N (%))	Performance Rates (%)						
			Mean	Standard Deviation	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
2019*	—	—	—	—	—	—	—	—	—
2018	525	477 (90.9)	94.3	3.2	90.8	93.0	94.9	96.2	97.3
2017	505	475 (94.1)	93.7	3.5	90.0	92.5	94.3	95.7	97.1

*CMS did not require Medicare plans to report HEDIS measures for 2019.