**Diabetes Care: HbA1c poor control**

**Performance Measure Set:** ☑ CCO Incentive  ☑ Medicare Star Rating

**Quality Measurement Type:** □ Structure  □ Process  ☑ Outcome  □ Patient Experience

**Data Type:** □ Claims  □ Chart Documentation  ☑ eCQM  □ Survey  □ Other

**Medicare Data Type:** ☑ Claims  ☑ Chart Documentation  □ eCQM  □ Survey  □ Other

**Medicaid State Benchmark:** 21.7% (2018 CCO 90th Percentile)

**HEDIS Benchmarks Nat’l Percentile:** 78% (75th), 87% (90th)

**Who:** All patients ages 18-75 years with a diagnosis of type 1 or type 2 diabetes during, or any time prior to, the measurement period. Medicaid members/patients also must receive a qualifying outpatient service during the measurement period, this is not a requirement for Medicare.

**Why:** Ensure that all patients with a diagnosis of diabetes receive appropriate care. People with diabetes are at increased risk of serious health complications including vision loss, heart disease, stroke, kidney failure, amputation of toes, feet or legs, and premature death. HbA1c testing helps clinicians identify a need for further intervention.

**What:** Percentage of patients with a diabetes diagnosis, whose most recent HbA1c level is above 9.0%.

**Note:** If a patient does not have a HbA1c during the measurement period, their HbA1c is in poor control.

**How:** Educating patients through motivational interviewing, healthy lifestyle, diabetes educators, registered dietitians, medication management therapy, working with an endocrinologist, or using the diabetes care pathway.

**Exclusions:** Patients in hospice or using hospice services are excluded.

**Additional Medicare Exclusion note:** Patients who did not have a diagnosis of diabetes and had a diagnosis of gestational diabetes or steroid-induced diabetes during the measurement year or the year prior to the measurement year are excluded. Members age 66 or older who are living long-term in an institutional or enrolled in an I-SNP, and patients 66 years of age and older with frailty and advanced illness.
**Medicaid Data reporting:** This measure aligns with NQF 0059 122v7. CareOregon must receive data pulled from each clinic’s EHR reporting for this measure; the data is then aggregated across all clinic’s in the CCO region and submitted to OHA. Please note the following reporting requirements:

- Patient-level detail, for CareOregon members only, is preferred
- Reporting must be for the full calendar year of 2019; mid-year reports preferred in a rolling 12-month timeframe
- Data can be formatted in QRDA category 1 or Excel

Please email your Quality Improvement Analyst or Provider Relations Specialist with any questions about data reporting.

**Medicare reporting:** Comprehensive diabetes care (CDC) uses the HEDIS HbA1c poor control specifications, however, the reverse of poor A1c control is reported as blood sugar controlled.
Diabetes Care: HbA1c Poor Control FAQs

Q: Why are the targets for Medicaid and Medicare so different?

A: The Medicare Star measure is looking at patients with diabetes who had A1c test during the year and that their blood sugar is under control, therefore a higher number indicates more patients are in control. Although the Star measure is looking at “blood sugar controlled,” the measure data source is HEDIS HbA1c poor control >9% and reports to the public the reverse of poor control. CareOregon dashboards, performance reporting, and targets reflect A1c controlled, the reverse score/target of poor control. The HEDIS national percentile also reflects the benchmark for poor control.

Q: What if the member didn’t have an A1c test completed in the measurement year?

A: A member is considered in poor control if they have a diagnosis of diabetes and do not have an A1c test in the measurement year. It is highly beneficial to complete HbA1c testing in the first and second quarter of the measurement year to allow time for intervention, regaining control of blood glucose levels, and retesting A1c.

Q: Is prior authorization required for GLP1 diabetes pharmaceuticals?

A: CareOregon covers exenatide (BYETTA/BYDUREON) and liraglutide(VICTOZA), however, a prior authorization is required for Medicaid patients.