Glycemic Status Assessment for Patients with Diabetes (NQF 59)

Link to OHA CCO Measure 2026 specs

Who: Patients 18-75 years of age by the end of the measurement period, with diabetes type 1 or type 2 who meet either of the following criteria:

- *Claim/encounter data*. At least two diagnoses of diabetes (Diabetes Value Set*) on different dates of service during the measurement period or the year prior to the measurement period.
- *Pharmacy data.* At least one diagnosis of diabetes (Diabetes Value Set*) and at least one diabetes medication dispensing event of insulin or a hypoglycemic/antihyperglycemic medication (Diabetes Medications List) during the measurement period or the year prior to the measurement period.

  * Do not include laboratory claims (claims with POS code 81).

Notes:

- Glycemic status can be defined as hemoglobin A1c (HbA1c) or through a glucose management indicator (GMI)
- Numerator 2 is what is incentivized in the 2026 quality program
  - Numerator 2 is also consistent with the Diabetes Poor Control metric that was retired in 2025.

Why: 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 potential need for further intervention to ensure that all patients with a diagnosis of diabetes receive appropriate and comprehensive care.

What: Percentage of patients with a diabetes diagnosis whose most recent glycemic status was at the following levels during the measurement period:

- Glycemic status <8.0% (Numerator 1)
- Glycemic Status >9.0% (Numerator 2)

How: Best practices to improve Diabetes Poor Control include:

- Educate patients about healthy lifestyle choices
- Utilize extended care team members to support the health and well-being of those with diabetes. Clinical pharmacists, behavioral health clinicians, registered dieticians, care managers, and traditional health workers, all have a role to play from the medical, pharmaceutical, cultural, and social-emotional aspects of managing diabetes.
- Establish workflows where the Behavioral Health Clinician (BHC) sees patients who are newly diagnosed with diabetes and patients with an HbA1c over 9.0%. BHCs work with patients on behavior and lifestyle changes that support diabetes control. BHCs can assess

and support risk factors (e.g., binge eating, substance use, mood disorders) that can contribute to poor control.
- Clinics ask patients and/or scrub their schedule to assure those who need labs are connected for scheduling or same-day appointment. Those who have been working on improving DM management and/or are close to 9% can be identified as good candidates for being retested.
- Retesting patients that resulted in HbA1c above 9.0%. Many clinics that re-test their patients have seen an improvement in test results after engaging in care.
- Implement standing orders that utilizes care team members to support patients at specific points in care (e.g., a new diagnosis, when HbA1c is over 9.0%, etc.) Please reach out to your Quality Improvement Analyst or Innovation Specialist if you need additional support or technical assistance.

Note on telehealth: CMS guidance states that telehealth is allowed in the measure denominator but NOT the numerator.

2026 Changes: The glycemic status metric has replaced the diabetes poor control metric for the measure year. This new metric is not an eCQM like the previous poor control metric but instead a hybrid reporting metric.

These changes include:
- Added glucose management indicator (GMI) as an option to meet Numerator criteria based on guideline updates.
- Added flexibility to prioritize the lowest result among multiple glycemic status assessments on the same day to align with measure intent.

Exclusions: Exclusions include:
- Persons with a date of death
- BHP, HOP, and CAK members are excluded from incentive quality rates.
- Patients in hospice, using hospice services, or receiving palliative care during any part of the measurement period.
- Patients in an institutional SNP (i-SNP) or living long-term in an institution (LTI).
- Patients 66 and older by the end of the measurement period with both frailty and advanced illness:
    - *Frailty.* At least two indications of frailty (Frailty Device Value Set; Frailty Diagnosis Value Set*; Frailty Encounter Value Set; Frailty Symptom Value Set*) with different dates of service during the measurement period.
    - *Advanced Illness.* Either of the following during the measurement period or the year prior to the measurement period:
        - Advanced illness (Advanced Illness Value Set*) on at least two different dates of service.
        - Dispensed dementia medication (Dementia Medications List).

Note about GLP-1s and CareOregon Prior Authorization: CareOregon requires PA for GLP-1s.

- Medicare GLP 1-s include Trulicity, Ozempic, Mounjaro, Byetta, Bydureon, Rybelsus. And Liraglutide
- Medicaid GLP-1s include Trulicity, Ozempic, Mounjaro, Byetta, Bydureon, Liraglutide

Frequently Asked Questions: Diabetes HbA1c Poor Control

Q: What if the member didn't have an HbA1c 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 HbA1c test in the measurement period.

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 HbA1c before the end of the year if necessary. because the last HbA1c in the measurement year is the value reported for both line of businesses.

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.*

Performance Measure Set: ☒CCO Incentive ☐Medicare Star Rating
Quality Measurement Type: ☐Structure ☐Process ☒Outcome ☐ Patient Experience
Data Type: ☒Claims ☒Chart Documentation ☐eCQM ☐Survey ☐Other
State Benchmark: 19.5%, with 1% improvement floor (MY2024 CCO 90th percentile)