MEASURE HA1C-AD: COMPREHENSIVE DIABETES CARE: HEMOGLOBIN A1C (HBA1C) TESTING

National Committee for Quality Assurance

A. DESCRIPTION

Percentage of beneficiaries ages 18 to 75 with diabetes (type 1 and type 2) who had a hemoglobin A1c (HbA1c) test.

Data Collection Method: Administrative or Hybrid

Guidance for Reporting:

- This measure applies to beneficiaries ages 18 to 75. For the purpose of Adult Core Set reporting, states should calculate and report this measure for two age groups (as applicable): ages 18 to 64 and ages 65 to 75.
- This measure includes LOINC codes. Use of the LOINC codes is optional for this measure. If LOINC codes are not available, the other code systems in the value set may be used instead.
- The measure-eligible population for this measure should be the same as those for measure HPC-AD: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%).
- Include all paid, suspended, pending, and denied claims.
- Beneficiaries in hospice are excluded from the eligible population. If a state reports this measure using the Hybrid method, and a beneficiary is found to be in hospice or using hospice services during medical record review, the beneficiary is removed from the sample and replaced by a beneficiary from the oversample. For additional information, refer to the hospice exclusion guidance in Section II. Data Collection and Reporting of the Adult Core Set.
- NCQA's Medication List Directory (MLD) of NDC codes for Dementia Medications and Diabetes Medications can be found at https://www.ncqa.org/hedis/measures/hedis-2019-ndc-license/hedis-2019-final-ndc-lists/.

The following coding systems are used in this measure: CPT, HCPCS, ICD-10-CM, LOINC, Modifier, NDC, POS, and UB. Refer to the Acknowledgments section at the beginning of the manual for copyright information.

B. ELIGIBLE POPULATION

Age	Ages 18 to 75 as of December 31 of the measurement year.
Continuous enrollment	The measurement year.
Allowable gap	No more than one gap in continuous enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a beneficiary for whom enrollment is verified monthly, the beneficiary may not have more than a 1-month gap in coverage (i.e., a beneficiary 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 beneficiaries with diabetes: by claim/encounter data and by pharmacy data. The state must use both methods to identify the eligible population, but a beneficiary only needs to be identified by one method to be included in this measure. Beneficiaries may be identified as having diabetes during the measurement year or the year prior to the measurement year. Claim/encounter data. Beneficiaries who met any of the following criteria during the measurement year or 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 two outpatient visits (Outpatient Value Set), observation visits (Observation Value Set), ED Visits (ED Value Set), or nonacute inpatient encounters (Nonacute Inpatient Value Set) on different dates of service, with a diagnosis of diabetes (Diabetes Value Set). Visit type need not be the same for the two encounters. Only include nonacute inpatient encounters (Nonacute Inpatient Value Set) without telehealth (Telehealth Modifier Value Set; Telehealth POS Value Set). Only one of the two visits may be a telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier (Telehealth Modifier Value Set) or the presence of a telehealth POS code (Telehealth POS Value Set) associated with the outpatient visit. Use the code combinations below to identify telephone visits and online assessments: • A telephone visit (Telephone Visits Value Set) with any diagnosis of diabetes (Diabetes Value Set) • An online assessment (Online Assessments Value Set) with any diagnosis of diabetes (Diabetes Value Set) Pharmacy data. Beneficiaries who were dispensed insulin or oral hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or year prior to the measurement year (Diabetes Medications List, see link to Medication List Directory in Guidance for Reporting above)

Exclusions (optional)	Exclude beneficiaries age 66 and older as of December 31 of the measurement year with frailty and advanced illness. Beneficiaries must meet both of the following frailty and advanced illness criteria to be excluded: 1. At least one claim/encounter for frailty (Frailty 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) or nonacute inpatient encounters (Nonacute Inpatient Value Set) on different dates of service, with an advanced illness diagnosis (Advanced Illness Value Set). Visit type need not be the same for the two encounters. - At least one acute inpatient encounter (Acute Inpatient Value Set) with an advanced illness diagnosis (Advanced Illness Value Set) - A dispensed dementia medication (Dementia Medications List, see link to Medication List Directory in Guidance for Reporting above)

C. ADMINISTRATIVE SPECIFICATION

Denominator

The eligible population as defined above.

Numerator

An HbA1c test (HbA1c Tests Value Set) performed during the measurement year, as identified by claim/encounter or automated laboratory data.

Exclusions (optional)

Beneficiaries who do not have a diagnosis of diabetes (Diabetes Value Set), in any setting, during the measurement year or year prior to the measurement year and who had a diagnosis of 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 beneficiary was included in this measure based on claim or encounter data, as described in the event/diagnosis criteria, the optional exclusions do not apply because the beneficiary had a diagnosis of diabetes.

D. HYBRID SPECIFICATION

Denominator

A systematic sample drawn from the eligible population. Refer to the sampling guidance under Section II. Data Collection and Reporting of the Adult Core Set for additional information.

Numerator

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

Administrative Data

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

Medical Record Review

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
- HbA1c
- Hemoglobin A1c
- HgbA1c
- Glycohemoglobin A1c
- Glycohemoglobin
- Glycated hemoglobin
- Glycosylated hemoglobin

Exclusions (optional)

Identify beneficiaries 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.