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- » Ask questions through the chat box during our Q&A session
- » When slides are posted, visit the URLs for additional reference and educational content

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Eligible Clinician eCQM Diabetes Measures

January 30, 2019
12:00 – 1:00 p.m. ET



Agenda

Topic	Speaker
Introduction and Meeting Objectives	Susan Arday CMS
CMS122: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	Dan Roman NCQA
CMS131: Diabetes: Eye Exam	
CMS134: Diabetes: Medical Attention for Nephropathy	
Questions and Answers	

Objectives for Today's Call

1. Become familiar with the top reported diabetes electronic clinical quality measures (eCQMs)
2. Address the most frequently asked questions and answers for each of these eCQMs, and how to follow ongoing information about these measures through the ONC Project Tracking System (JIRA)
3. Learn about changes to these eCQMs for 2019 MIPS reporting, including new CQL updates



Disclosure Statement

These staff and speakers have disclosed that neither they nor their spouses/partners have any financial arrangements or affiliations with corporate organizations that either provide educational grants to this program or may be referenced in this activity:

» Dan Roman, NCQA

Quality ID 1 / CMS122 Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)

Dan Roman
NCQA

Quality ID 1 / CMS122: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)

- » Measure Description: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period
- » Denominator: Patients 18-75 years of age with diabetes with a visit during the measurement period
- » Denominator Exclusions: Patients whose hospice care overlaps the measurement period

Quality ID 1 / CMS122: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)

- » Numerator: Patients whose most recent HbA1c level (performed during the measurement period) is > 9.0%
- » Denominator Exceptions: None
- » Improvement Notation: Lower score indicates better quality

Quality ID 1 / CMS122: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%) Most Frequently Asked Questions

- » Q: What qualifies for reporting the numerator?
- » A: Successful numerator reporting includes:
 - Result greater than 9%
 - Test ordered with no result
 - No test during the measurement year

Quality ID 1 / CMS122: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%) Most Frequently Asked Questions

- » Q: What specific lab tests count for the measure?

- » A: Allowable tests for CMS122 measure:
 - A1c
 - HbA1c
 - HgbA1c
 - Hemoglobin A1c
 - Glycohemoglobin A1c
 - Glycohemoglobin
 - Glycated hemoglobin
 - Glycosylated hemoglobin

Quality ID 1 / CMS122: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%) Changes for 2019 MIPS reporting

» Coding changes

Code Set	Change
Diabetes	Removed codes inappropriate for denominator identification
Office Visit	New value set added
Home Healthcare Services	New value set added
Face-to-face Interaction	Obsolete value set removed

Quality ID 1 / CMS122: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%) Changes for 2019 MIPS reporting

- » Measure Terminologies
 - ICD-10, CPT, SNOMED, LOINC

- » Direct-Reference Codes
 - Discharged to Health Care Facility for Hospice Care
 - Discharged to Home for Hospice Care

Quality ID 1 / CMS122: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%) - CQL Logic

Population Criteria

▲ Initial Population

```
exists ( ["Patient Characteristic Birthdate"] Birthdate
  where Global."CalendarAgeInYearsAt"(Birthdate.birthDatetime, start of "Measurement Period")in Interval[18, 75 ]
)
and exists ( AdultOutpatientEncounters."Qualifying Encounters" )
and exists ( ["Diagnosis": "Diabetes"] Diabetes
  where Diabetes.prevalencePeriod overlaps "Measurement Period"
)
```

▲ Denominator

"Initial Population"

▲ Denominator Exclusions

Hospice."Has Hospice"

▲ Numerator

"Has Most Recent Elevated Hba1c"
or "Has Most Recent HbA1c Without Result"
or "Has No Record Of HbA1c"

▲ Numerator Exclusions

None

▲ Denominator Exceptions

None

▲ Stratification

None

Questions?



Quality ID 117 / CMS131 Diabetes: Eye Exam

Quality ID 117 / CMS131: Diabetes: Eye Exam

- » Measure Description: Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period
- » Denominator: Patients 18-75 years of age with diabetes with a visit during the measurement period
- » Denominator Exclusions: Patients whose hospice care overlaps the measurement period

Quality ID 117 / CMS131: Diabetes: Eye Exam

- » Numerator: Patients with an eye screening for diabetic retinal disease. This includes diabetics who had one of the following:
 - » A retinal or dilated eye exam by an eye care professional in the measurement period or a negative retinal exam (no evidence of retinopathy) by an eye care professional in the year prior to the measurement period
- » Denominator Exceptions: None
- » Improvement Notation: Higher score indicates better quality

Quality ID 117 / CMS131: Diabetes: Eye Exam Most Frequently Asked Questions

- » Q: What qualifies for reporting the numerator?
- » A: Evidence of an eye exam where the retinas were examined during measurement year
OR
Evidence of negative result (no evidence of retinopathy) from previous year

Quality ID 117 / CMS131: Diabetes: Eye Exam Most Frequently Asked Questions

- » Q: What counts as evidence of an exam?
- » A: Exam performed by an optometrist or ophthalmologist
 - Report or note prepared by an optometrist or ophthalmologist
 - Charts or images that include dates of exam and that there was interpretation by an optometrist or ophthalmologist

Quality ID 117 / CMS131: Diabetes: Eye Exam Most Frequently Asked Questions

- » Q: Do patient-reported results count?

- » A: Yes, providing the following is the medical record:
 - Evidence of the retinal or dilated eye exam
 - Evidence that the exam was performed by an eye care professional (optometrist or ophthalmologist)
 - Date of exam
 - Result

Quality ID 117 / CMS131: Diabetes: Eye Exam Changes for 2019 MIPS reporting

» Coding changes

Code Set	Change
Diabetes	Removed codes inappropriate for denominator identification
Office Visit	New value set added
Home Healthcare Services	New value set added
Face-to-face Interaction	Obsolete value set removed

Quality ID 117 / CMS131: Diabetes: Eye Exam Changes for 2019 MIPS reporting

- » Measure Terminologies
 - ICD-10, CPT, SNOMED, LOINC

- » Direct-Reference Codes
 - Discharged to Health Care Facility for Hospice Care
 - Discharged to Home for Hospice Care
 - Negative Finding

Quality ID 117 / CMS131: Diabetes: Eye Exam CQL Logic

Population Criteria

▲ Initial Population

```
exists ( ["Patient Characteristic Birthdate"] Birthdate
  where Global."CalendarAgeInYearsAt"(Birthdate.birthDatetime, start of "Measurement Period")in Interval[18, 75 ]
)
and exists ( "Qualifying Encounters" )
and exists ( ["Diagnosis": "Diabetes"] Diabetes
  where Diabetes.prevalencePeriod overlaps "Measurement Period"
)
```

▲ Denominator

"Initial Population"

▲ Denominator Exclusions

Hospice."Has Hospice"

▲ Numerator

```
exists ( "Negative Retinal Exam in Prior 1 Year" )
or exists ( "Retinal Exam in Measurement Period" )
```

▲ Numerator Exclusions

None

▲ Denominator Exceptions

None

▲ Stratification

None

Questions?



Quality ID 119 / CMS134 Diabetes: Medical Attention for Nephropathy

Quality ID 119 / CMS134: Diabetes: Medical Attention for Nephropathy

- » Measure Description: The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period
- » Denominator: Patients 18-75 years of age with diabetes with a visit during the measurement period
- » Denominator Exclusions: Patients whose hospice care overlaps the measurement period

Quality ID 119 / CMS134: Diabetes: Medical Attention for Nephropathy

- » Numerator: Patients with a screening for nephropathy or evidence of nephropathy during the measurement period
- » Denominator Exceptions: None
- » Improvement Notation: Higher score indicates better quality

Quality ID 119 / CMS134: Diabetes: Medical Attention for Nephropathy Most Frequently Asked Questions

- » Q: What qualifies for reporting the numerator?

- » A: Evidence of diagnosis of nephropathy
 - Screening for kidney disease
 - Treatment for kidney disease

Quality ID 119 / CMS134: Diabetes: Medical Attention for Nephropathy

Changes for 2019 MIPS reporting

» Coding changes

Code Set	Change
Diabetes	Removed codes inappropriate for denominator identification
Glomerulonephritis and Nephrotic Syndrome	Added/removed codes as appropriate
Hypertensive Chronic Kidney Disease	Added appropriate codes
Proteinuria	Added appropriate codes
Urine Protein Tests	Removed inappropriate codes

Quality ID 119 / CMS134: Diabetes: Medical Attention for Nephropathy Changes for 2019 MIPS reporting

- » Measure Terminologies
 - ICD-10, CPT, SNOMED, LOINC

- » Direct-Reference Codes
 - Discharged to Health Care Facility for Hospice Care
 - Discharged to Home for Hospice Care

Quality ID 119 / CMS134: Diabetes: Medical Attention for Nephropathy - CQL Logic

Population Criteria

▲ Initial Population

```
exists ( ["Patient Characteristic Birthdate"] Birthdate
  where Global."CalendarAgeInYearsAt"(Birthdate.birthDatetime, start of "Measurement Period")in Interval[18, 75 ]
)
and exists ( AdultOutpatientEncounters."Qualifying Encounters" )
and exists ( ["Diagnosis": "Diabetes"] Diabetes
  where Diabetes.prevalencePeriod overlaps "Measurement Period"
)
```

▲ Denominator

"Initial Population"

▲ Denominator Exclusions

Hospice."Has Hospice"

▲ Numerator

```
exists ( "Active ACE or ARB Medications" )
or exists ( "Nephropathy Diagnoses" )
or exists ( "Nephropathy Screenings" )
```

▲ Numerator Exclusions

None

▲ Denominator Exceptions

None

▲ Stratification

None

Questions?



Slides and all Q&As will be posted to:

- eCQI Resource Center - <https://ecqi.healthit.gov>
- Additional Questions may be submitted to: **Electronic Clinical Quality Measure (eCQM) Issue Tracker in JIRA:**
<https://oncprojecttracking.healthit.gov/support/projects/CQM/summary>

How to use ONC JIRA

Here's how to use ONC JIRA:



- **Create an Account (Optional).** You will need an account to create a new issue or to track (watch) an existing issue, but you don't need one to search for a public issue.
- **Search for an Issue.** Have a question? Search by keyword or project, see if others have submitted the same question, and review the responses.
- **Track an Issue.** Find an issue that you're interested in? Keep track of changes or comments on a ticket by clicking '*Start watching this issue*' on the right-hand side of the issue. You will need to be logged into your JIRA account.
- **Create an Issue.** Can't find your issue? Make sure you're logged in – create an issue by clicking the orange "Create Issue" button at the top of the screen. **Be sure to select the correct project and issue type from the dropdown menu in the form. Reminder: Do not include any Protected Health Information (PHI).**
- **Review your Issue.** Once you create an issue, you will be listed as a reporter of that issue. You can make comments, edits, change, add attachments, and communicate with assigned subject matter experts via the comments feature. Additionally, you will receive an email notification of any status changes to your issue.



Electronic Clinical Quality Measure (eCQM) Issue Tracker in JIRA:
<https://oncprojecttracking.healthit.gov/support/projects/CQM/summary>

Thank you!

The next EC Webinar,
*eCQMs with Substantive Changes for the 2019
Performance Year*, will be held
February 27, 2019 from 1:00 – 2:00PM ET