

# Bridges to Excellence®

## Diabetes Care Recognition

### Program Guide



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## INTRODUCTION

The Center for Payment Innovation (CPI) is excited to offer the opportunity for clinicians to participate in the Bridges to Excellence (BTE) recognition program and its automated EMR/Registry performance assessment system. The BTE EMR/Registry performance assessment system allows for rapid and independent medical record-based clinician performance evaluations by connecting local and national medical record data sources to a network of performance assessment organizations. CPI's goals are to: reduce the reporting burden for clinicians; leverage existing reporting/data aggregation initiatives; reduce data collection and reporting costs; facilitate the connection between quality improvement and incentives; and speed up cycle times between reporting, improvement and reporting. Clinicians who meet BTE performance thresholds may be eligible for BTE incentives through participating health plans, employers and coalitions.

The Diabetes Care Recognition Program is a BTE Clinician Recognition Program intended to identify clinicians who deliver high-value diabetes care to adult patients. The program is designed with an understanding that adult patients may seek the care of various types of practitioners— primary care (PCPs), endocrinologists (END) and others—for treatment and management of their diabetes. Accordingly, the measures reflect that clinicians should do the following.

- Deliver high-quality care from the outset of patient contact
- Understand and consider previous treatment history to help avoid inappropriate treatment

The program comprises a set of measures, based on available clinical evidence, that promote a model of care that includes the following criteria.

- Comprehensive patient assessment and reassessment
- Patient education
- Shared decision making

CPI's Diabetes Care requirements assess clinical measures representing standards of care for patients with diabetes. CPI believes that the BTE Diabetes Care Recognition program has the potential to significantly improve the quality of care experienced by patients with diabetes and to reduce the financial and human burden of long-term complications due to diabetes.

To earn Diabetes Care Recognition, clinicians and medical practices voluntarily submit medical record data documenting their delivery of care to patients with diabetes. CPI has partnered with an objective third-party independent Performance Assessment Organization (PAO) to evaluate clinician data based on standard measures to publicly recognize those that meet the BTE Diabetes Care performance thresholds. Those clinicians not meeting the BTE Diabetes Care performance thresholds remain anonymous to BTE and its health plan licensees. CPI's Diabetes Care Recognition Program has three performance thresholds which give physicians star ratings, based on their performance compared to their peers

### ***Clinician Benefits of Recognition***

- Clinicians can demonstrate to the public and to their professional peers that they meet the standards of care assessed by the program by issuing a press release, as well as having their recognition achievements posted on CPI's web site [www.hci3.org](http://www.hci3.org), and communicated to both health plans and employers.
- Clinicians may use the BTE Recognition to demonstrate that they meet the standards of care assessed by the program when contracting with health organizations and purchasers of health services.
- Clinicians can identify areas of their practice that vary from the performance criteria and take steps to improve quality of care.
- Where applicable, clinicians can establish eligibility for pay-for-performance bonuses or differential reimbursement or other incentives from payers and health plans.

### ***Background on the Measurement Criteria***

Eligible clinicians and medical practices voluntarily apply for BTE Recognition by submitting information on how they treat and manage their patients with regard to the following.

### ***Clinical Measures<sup>1</sup>***

1. Hemoglobin A1C Control (HbA1C)
2. Hemoglobin A1C (HbA1C) Measurement Twice Annually
3. Lipid Control
4. Blood Pressure Control
5. Blood Pressure Measurement Twice Annually
6. Tobacco Use and Cessation Advice and Treatment
7. Podiatry Examination
8. Ophthalmologic Examination
9. Nephropathy Assessment
10. ACEI/ARB Therapy
11. Body Mass Index/Weight/Nutrition Counseling
12. Cardiovascular Risk Assessment
13. Aspirin Use if 10-year risk > 10%
14. Depression Screening Annually

Clinicians who demonstrate high-quality performance based on these measures are awarded BTE Diabetes Care Recognition.

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<sup>1</sup> *Clinical measures evaluate performance based on care provided to a sample of individual patients and documented in the medical records of those patients. Clinical measures are scored based on the percentage of the sample (denominator) which meet or comply (numerator) with the measure threshold.*

## Recognition Program Structure

Given the evidence in the literature advocating the creation of clinician quality reward programs that promote continuous quality improvement amongst its participants, the BTE Diabetes Care Recognition Program is designed for clinicians to achieve BTE award status based on their performance summed up across all measures.

Assessment for recognition in all 3 tiers is based upon data submitted on the same Diabetes measures (listed above).

**Three Stars:** Similar in design to Level I with the exception that the program recognition threshold is set to focus on a clinician-centric view of measurement, looking at individual metrics summed to produce a composite score. Program recognition threshold has been set to focus on above average performance.

**Four Stars:** Similar in design to Level II with the exception that the program recognition threshold is set to focus on very good performance.

**Five Stars:** Similar in design to level III with the exception that the program recognition threshold is set to focus on exceptional performance.

## What Recognition Requires

To seek BTE Diabetes Care Recognition, clinician applicants must submit medical record data that demonstrates they meet BTE's Diabetes Care performance requirements. Each measure has an assigned maximum available point value; the total of all the measures is the same across all levels of recognition. A clinician achieves points for a measure based on the percentage of their patient sample that meets or exceeds the set thresholds for that measure.

Performance Assessment Organizations (PAOs) award recognition to clinicians who achieve at minimum:

<b>3-Stars:</b>	<b>50<sup>th</sup> - 64<sup>th</sup> percentile</b>
<b>4-stars:</b>	<b>65<sup>th</sup> - 84<sup>th</sup> percentile</b>
<b>5-stars:</b>	<b>85<sup>th</sup> percentile and above</b>

Recognition is based on clinician performance relative to their peers. The Star Ratings are determined by overall point score and is graded on a validated bell curve. The Raw Score equivalents will be published on an annual basis.

**Table 1: Diabetes Care Measures, Performance Criteria and Scoring**

Measure	Total Possible Points	Level of Evidence	Source
Hemoglobin A1C Control (HbA1C)	20	B	ADA
Hemoglobin A1C (HbA1C) Measurement Twice Annually	2.5	E	ADA
Lipid Control	15	A	AHA
Blood Pressure Control	20	A	JNC
Blood Pressure Measurement Twice Annually	2.5	B	JNC
Tobacco Use and Cessation Advice and Treatment	7.5	B	ADA
Podiatry Examination	5	B	ADA
Ophthalmologic Examination	2.5	B	ADA
Nephropathy Assessment	5	B	ADA
ACEI/ARB Therapy	2.5	B	ADA
Body Mass Index/Weight/Nutrition Counseling	5	A	ADA
Cardiovascular Risk Assessment	5	C	AHA
Aspirin Use if 10-year risk > 10%	5	C	ADA
Depression Screening Annually	2.5	B	ADA
<b>Total Possible Points</b>	<b>100</b>		

ADA= American Diabetes Association  
 AHA= American Heart Association  
 JNC= Joint National Committee

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## ***Eligibility for Clinician Participation***

Clinicians may apply for BTE Diabetes Care Recognition as individuals or part of a medical practice. To be eligible, applicants must meet the following criteria.

- Applicants must be licensed as a medical doctor (M.D. or D.O.), nurse practitioner (N.P.), or physician assistant (P.A.).
- Applicants must provide continuing care for patients with diabetes and must be able to meet the minimum patient sample sizes.
- Applicants must complete all application materials and agree to the terms of the program by executing a data use agreement and authorization with a data aggregator partner.
- Applicants must submit the required data documenting their delivery of care for all eligible patients in their full patient panel.
- Applicants must use PAO-supplied or approved methods for submitting data electronically.

## ***Individual Clinician Applicant***

An individual clinician applicant represents one licensed clinician practicing in any setting who provides continuing care for patients with diabetes.

## ***Medical Practice Applicant***

A medical practice applicant represents any practice with three or more licensed clinicians who, by formal arrangement, share responsibility for a common panel of patients and practice at the same site, defined as a physical location or street address. For purposes of this assessment process practices of two clinicians or less must apply as individual applicants.

## ***Minimum Requirements***

To be eligible for recognition, clinicians must have a minimum of 25 patients for the denominator of each measure for individual clinician applicants, and a minimum of 10 patients for the denominator of each measure for each individual clinician in a practice level applicant, with a minimum practice average of 25 patients per clinician.

Table 1 shows the program measures and the associated point values for scoring clinicians' performance.

## ***How to Submit for Recognition***

CPI is a Performance Assessment Organization (PAO) for all Bridges to Excellence (BTE) Recognition Programs submitted electronically or direct data submission through the Bridges to Excellence (BTE) web portal or via an EMR Partner listed below. Clinicians will be provided with performance assessments, feedback reports, and access resources to help them close performance gaps.

## ***EMR Partners***

CPI has worked with many EMR Vendors to streamline the process for users wishing to submit their data for BTE recognition. Contact information for EMR companies who have completed certification as a Data Aggregator can be found below:

Vendor	Contact Information
Athena Health	<a href="mailto:bte@athenahealth.com">bte@athenahealth.com</a>
eClinicalWorks	<a href="mailto:incentiveprograms@eclinicalworks.com">incentiveprograms@eclinicalworks.com</a>
Meridios	<a href="mailto:info@meridios.com">info@meridios.com</a>
MediTab	<a href="mailto:Info@meditab.com">Info@meditab.com</a>



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## BTE Diabetes Care Recognition Clinical Measures

The following examples illustrate the format used for clinical measures.

### Evaluation Program Title: Diabetes Care Recognition Program

#### Clinical Measures

Clinical measures are standard measures with a numerator and denominator that reflect performance across a sample of eligible patients based on medical record documentation.

The following items are listed for each clinical measure.

- Description:** A statement of what is being measured specifically.
- Data Source:** A list of the data sources accepted for the clinical measure.
- Explanation:** Additional information about the clinical measure.
- Denominator:** A description of a subset of the applicant’s eligible patients (domain denominator) for whom a particular measure is relevant (measure denominator).
- Numerator:** A description of patients in the applicant’s eligible patients (denominator) who meet the measure threshold or standard.
- Frequency:** Time frames associated with the numerator requirements.
- Scoring:** Performance level (percentage of patients meeting or complying with the measure) translated to points total for the clinical measure.

Information on the Domain Denominator is consistent across all the clinical measures and is listed under “Patient Eligibility Criteria”, beginning on page 37.

## Diabetes Care Recognition Program Measurement Set

### Hemoglobin A1c Control (HbA1c)

**Description:** Percentage of patients 18 through 75 years of age with a diagnosis of diabetes who had most recent hemoglobin A1C was less than 8% during the reporting period.

**Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter, pharmacy or medical record data for identification of patients with diabetes for the denominator, and laboratory or medical record data for HbA1c test information for the numerator.

**Explanation:** American Diabetes Association (ADA) 2015 guidelines recommend a treatment goal of 7% or lower for HbA1c for adult diabetic patients 65 years old and younger with a diagnosis of diabetes without significant comorbidities. The ADA recommends a goal hemoglobin A1C of less than 8% in older adults (over age 65), and those with significant comorbidities, complications, and for those who, despite best efforts, are unable to reach goal. Because this guideline leaves significant room for interpretation, our target goal for certification will be less than 8%. There are many patients for whom a hemoglobin A1C of less than 7% may be a more appropriate target. It is anticipated that clinicians who provide services for the primary management of diabetes will submit this measure.

**Denominator:** See “Patient Eligibility Criteria”, beginning on page 37, for information on codes to identify patients with diabetes (Table 3, page 38).

**Numerator:** Patients in the denominator with hemoglobin A1C less than 8%. 7% is optional for patients in which this is appropriate, but scoring reflects 8% goal.

**DATA Collection:** The patient is numerator compliant if a hemoglobin A1C test was administered, and the result is less than 8%, during the reporting period.

At a minimum, documentation in the medical record must include a note indicating a result and the date on which the HbA1c test was performed.

The following is not acceptable documentation of HbA1c results: Fructosamine

1. HgB Hemoglobin
2. Hb and Hg (without reference to either “glycated,” “glycosylated,” and “A1” or “A1C”)
3. Patient self-reporting

**Frequency:** Most recent test result within 12 months prior to the last day of the reporting period.

**Scoring:** (Numerator/Denominator) \* Total Points available

**Source and Level of Evidence:** ADA, Level B

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## Hemoglobin A1c (HbA1c) Measurement Twice Annually

- Description:** Percentage of patients 18 through 75 years of age with a diagnosis of diabetes who had a Hemoglobin A1c (HbA1c) measured twice annually during the reporting period.
- Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with diabetes who have had 2 hemoglobin A1C measurements, at least 90 days apart during the last 12 months from the reporting period
- Explanation:** American Diabetes Association (ADA) 2015 guidelines recommend that all diabetic patients age 18-75 have their hemoglobin A1C measured and documented at least twice annually to determine control and make necessary adjustments to lifestyle and medications.
- Denominator:** See “Patient Eligibility Criteria”, beginning on page 37, for information on codes to identify patients with diabetes (Table 3, page 38).
- Numerator:** Patients in the denominator who had at minimum of two (2) hemoglobin A1c measurements within the reporting period. The measurements must be separated by at least 90 days.
- DATA Collection:** The diabetic patient is numerator is compliant if the patient had two (2) hemoglobin A1C measurements (separated by at least 90 days) documented within the reporting period.
- Frequency:** Hemoglobin A1C measurement documented twice (at minimum 90 days apart) within the 12 months prior to the last day of the reporting period.
- Scoring:** (Numerator/Denominator) \* Total Possible Points
- Source and Level of Evidence:** ADA, Level E

## Lipid Control

- Description:** Percentage of patients 18 through 75 years of age with a diagnosis of diabetes who recently had an LDL of 70 mg/dl or higher and who are taking a moderate or high intensity statin during the reporting period.
- Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter, pharmacy or medical record data for identification of patients with diabetes for the denominator, and laboratory or medical record data for LDL-C test information for the numerator.
- Explanation:** American Diabetes Association (ADA), AHA/ACC 2015 guidelines recommend treatment for patients with diabetes with an LDL-C level of  $\geq 70$  mg/dl with a moderate to high intensity statin. It is anticipated that clinicians who provide services for the primary management of diabetes will submit this measure.
- Denominator:** See “Patient Eligibility Criteria”, beginning on page 37, for information on codes to identify patients with diabetes (Table 3, page 38).
- Numerator:** Patients in the denominator with a most recent LDL-C level  $<70$  mg/dl or who are on a moderate or high intensity statin medication (Tables 8-9, pages 40-41).

**DATA Collection:** The patient is numerator compliant if the laboratory result of the most recent LDL-C test is  $<70$  or if the patient is prescribed a moderate/high intensity statin medication

At a minimum, documentation in the medical record must include a note indicating the result of LDL-C test and the date on which the test was performed. *If the patient is already prescribed a moderate/high intensity statin medication, no LDL measurement is required.*

LDL-C levels may be calculated from total cholesterol, HDL-C and triglycerides using the Friedewald equation if the triglycerides are  $\leq 400$  mg/dl:

$$\text{LDL-C} = (\text{total cholesterol}) - (\text{HDL}) - (\text{Triglycerides}/5)$$

If the triglycerides are  $> 400$  mg/dl and LDL-C levels cannot be calculated using the Friedewald equation, LDL-C levels should be entered as a value of 500 and the date of the test documented.

The following is NOT acceptable documentation of LDL-C test results:

1. LDL-to-HDL ratio
2. Patient self-reporting

**Frequency:** Most recent reading within 12 months prior to the last day of the reporting period.

**Scoring:** (Numerator/Denominator) \* Total Points available

**Source and Level of Evidence:** ADA/AHA, Level A

## Blood Pressure Control

- Description:** Percentage of patients 18 through 75 years with a diagnosis diabetes who had a most recent blood pressure reading less than 140/90 during the reporting period.
- Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter, pharmacy or medical record data for identification of patients with diabetes for the denominator, and medical record data for blood pressure information for the numerator.
- Explanation:** American Diabetes Association (ADA) 2015 guidelines recommend blood pressure of <140/90 mmHg as a treatment goal for all adults with diabetes. It is anticipated that clinicians who provide services for the primary management of diabetes will submit this measure.
- Denominator:** See “Patient Eligibility Criteria”, beginning on page 37, for information on codes to identify patients with diabetes (Table 3, page 38).
- Numerator:** Patients in the denominator whom had a most recent systolic blood pressure measurement of < 140 mmHg and diastolic blood pressure of < 90 mmHg. The steps below should be followed to determine the representative blood pressure reading.
1. Identify the most recent visit to the doctor’s office or clinic in which a BP reading was noted. BP reading is acceptable if the representative BP was obtained during a visit to the clinician’s office or non-emergency outpatient facility such as an endocrine office or urgent care center.
  2. Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record. If there are multiple BPs recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading, but must be from the same date.
- DATA Collection:** The patient is numerator compliant if the most recent systolic blood pressure measurement during the reporting period is < 140 mmHg and the most recent diastolic blood pressure measurement during the reporting period is < 90 mmHg. The patient is NOT numerator compliant if the most recent systolic blood pressure measurement is  $\geq$  140 mmHg or missing, OR the most recent diastolic blood pressure measurement is  $\geq$  90 mmHg, or if either result is missing, OR if the BP reading was not done during the reporting period.

The following are NOT acceptable forms of documentation of blood pressure:

1. Use of terms “VS within normal limits,” “VS WNL,” or “Vital signs normal”

2. BP measurements obtained on the same day as a diagnostic or surgical procedure or at an emergency room visit
3. Patient self-reporting

**Frequency:** Most recent reading within 12 months prior to the last day of the reporting period.

**Scoring:** (Numerator/Denominator) \* Total Possible Points

**Source and Level of Evidence:** ADA/JNC, Level A

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## Blood Pressure Measurement Twice Annually

**Description:** Percentage of patients 18 through 75 years of age with a diagnosis of diabetes who had their blood pressure measured twice annually during the reporting period.

**Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with diabetes who have had 2 blood pressure measurements, at least 90 days apart during the last 12 months from the reporting period.

**Explanation:** American Diabetes Association (ADA) 2015 guidelines recommend that all diabetic patients age 18-75 have their blood pressure measured and documented at least twice annually to determine control and make necessary adjustments to lifestyle and medications.

**Denominator:** See “Patient Eligibility Criteria”, beginning on page 37, for information on codes to identify patients with diabetes (Table 3, page 38).

**Numerator:** Patients in the denominator who had at minimum two (2) blood pressure measurements within the reporting period. The measurements must be separated by at least 90 days.

**DATA Collection:** The patient is numerator compliant if the patient had two (2) blood pressure measurements (separated by at least 90 days) documented during the reporting period.

**Frequency:** Blood pressure reading documented twice and 90 days apart, within the 12 months prior to the last day of the reporting period.

**Scoring:** (Numerator/Denominator) \* Total Possible Points

**Source and Level of Evidence:** ADA, Level B



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## Tobacco Use and Cessation Advice and Treatment

**Description:** Percentage of patients 18 through 75 years of age with a diagnosis of diabetes who use tobacco and have received cessation counseling or treatment during the reporting period.

**Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter, pharmacy or medical record data for identification of patients with diabetes for the denominator, and medical record data for documentation of tobacco use status, and if a user, pharmacy or medical record data for documentation of cessation counseling or treatment information for the numerator.

**Explanation:** American Diabetes Association (ADA) guidelines recommend that diabetics do not use tobacco products and that those who do received cessation counseling and treatment. It is anticipated that clinicians who provide services for the primary management of diabetes will submit this measure.

**Denominator:** See “Patient Eligibility Criteria”, beginning on page 37, for information on codes to identify patients with diabetes (Table 3, page 38) and who are current users of tobacco products.

**Numerator:** Patients in the denominator with documentation of tobacco use status. If patient is a documented tobacco user, then date of cessation counseling or treatment must also be recorded for compliance to this measure.

**DATA Collection:** The patient is numerator compliant if the patient has tobacco use status documented (see Medical Record Collection below) *AND* if the patient is a tobacco user, has documented date of receiving cessation counseling and/or treatment during the reporting period, as identified by claims data. The following codes may be used to identify smoking cessation counseling and/or treatment:

CPT Codes: 99406, 99407, 1000F, 1032F, 1033F, 1034F, 1035F, 1036F  
HCPCS Codes: S9453

Medical Record Collection: Acceptable forms of cessation counseling and treatment methods/resources include dated documentation of patient receiving/ participating in at least one of the following:

1. 1:1 teaching
2. Written or web-based risk-based educational materials
3. Group education class focused on tobacco cessation
4. Drug therapy

For a list of numerator compliant medications, see Table 10 under “Relevant Medication Lists for Diabetes Care Measurement Set.” The list is provided as an example, but does not constitute an exhaustive list of appropriate medications.

If the patient is a non-tobacco user, the patient is NOT numerator compliant if:

1. The patient’s tobacco use status documentation is missing  
OR
2. The patient’s tobacco status was not asked

If the patient is a tobacco user, the patient is NOT numerator compliant if:

1. The patient’s status documentation is missing  
OR
2. The patient’s tobacco user status was not asked  
OR
3. The patient’s documentation on receiving cessation counseling and/or treatment is missing  
OR
4. The patient has not received cessation counseling and/or treatment  
OR
5. The patient has not received cessation counseling and/or treatment during the reporting period  
OR
6. The patient’s documentation on receiving cessation counseling and/or treatment is not during the reporting period

**Frequency:** If not a tobacco user: most recent tobacco use status within the 12 months prior to the last day of the reporting period.

If tobacco user: most recent status and counseling/treatment within the 12 months prior to the last day of the reporting period.

**Scoring:** (Numerator/Denominator) \* Total Possible Points

**Source and Level of Evidence:** ADA, Level B

## Podiatry Examination

**Description:** Percentage of patients 18 through 75 years of age with a diagnosis of diabetes for whom a foot exam performed.

**Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter, pharmacy or medical record data for identification of patients with diabetes for the denominator, and claims/encounter and medical record data for foot exam information for the numerator.

**Explanation:** American Diabetes Association (ADA) guidelines recommend foot examination, with shoes and socks removed, for adult patients with diabetes to avoid lower extremity amputations, foot ulcers, infections and other foot problems. It is anticipated that clinicians who provide services for the primary management of diabetes will submit this measure.

**Denominator:** See “Patient Eligibility Criteria”, beginning on page 37, for information on codes to identify patients with diabetes (Table 3, page 38).

**Numerator:** Patients in the denominator who have documentation of having received a diabetic foot exam (Lower Extremity Neurological Exam, which includes visual inspection of skin integrity and documentation of sensitivity to light touch or vibration, including monofilament testing) or had a bilateral foot amputation.

**DATA Collection:** The patient is numerator compliant if the patient has received a diabetic foot exam (Lower Extremity Neurological Exam) during the reporting period, as identified by claims data. The following codes may be used to identify a diabetic foot exam:

CPT Code: 2028F  
HCPCS Code: G8404

**Medical Record Collection:** Evidence of one of the following is present in the eligible patient’s health record:

1. Foot exam including visual inspection, sensory exam with monofilament, and pulse exam (must have completed all 3 components) test during the reporting period
2. Documentation of a “diabetic foot exam” during the reporting period. This includes reports from podiatrist office
3. Bilateral foot amputation in the patient’s lifetime

Documentation in the medical record must include test result and exam date.

The following are not acceptable documentation for diabetic foot exam:

1. Documentation of general extremity exam without mention of the foot, such as extremities—no edema or Doppler
2. Range of motion or ROM exams
3. Patient self-reporting

**Frequency:** If patient with bilateral foot amputation: during patient lifetime.

If patient with diabetic foot exam: most recent test result within the 12 months prior to the last day of the reporting period.

**Scoring:** (Numerator/Denominator) \* Total Possible Points

**Source and Level of Evidence:** ADA, Level B

## Ophthalmologic Examination

- Description:** Percentage of patients 18 through 75 years with diabetes who had an eye-screening exam for diabetic retinal disease.
- Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter, pharmacy or medical record data for identification of patients with diabetes for the denominator, and claims/encounter or medical record data for eye screening exam information for the numerator.
- Explanation:** American Diabetes Association (ADA) guidelines recommend that diabetic patients with known diabetic retinopathy have annual dilated retinal exams. Those diabetic patients without retinopathy should be screened at least every 2 years. It is anticipated that clinicians who provide services for the primary management of diabetes will submit this measure.
- Denominator:** See “Patient Eligibility Criteria”, beginning on page 37, for information on codes to identify patients with diabetes (Table 3, page 38).
- Numerator:** Patients in the denominator having received an eye screening exam for diabetic retinal disease.

**DATA Collection:** The patient is numerator compliant if the patient has an eye-screening exam for diabetic retinal disease as identified by claims data. This includes those patients with diabetes who had one of the following:

1. A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) performed and documented within 12 months prior to the last day of the reporting period.
2. A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) with a documented negative retinal exam result (no evidence of retinopathy) within the last 24 months prior to the last day of the reporting period.
3. Documentation of blindness, both eyes:  
 ICD-9 codes: 369.20, 369.00, 369.07, 369.08, 369.3, 369.4  
 ICD-10 codes: H54.2, H54.0, H54.10, H54.3, H54.8

The following codes may be used to identify that a retinal or dilated eye exam has taken place. Note: evidence of a negative retinal exam result must be provided through medical record collection (see below):

CPT Codes: 92002, 92004, 92012, 92014, 92018, 92019, 92230, 92235, 92240, 92250, 92260

CPT II Codes: S0620, S0621, S3000, 2022F, 2024F, 2026F, 3072F  
ICD-9 Codes: 95.02-95.04, 95.09, 95.11, 95.12, 95.16, V72.0  
ICD-10 Codes: Z01.00, Z01.01

The following is not acceptable documentation for a retinal or dilated eye exam:

1. Referral for an eye exam or referral with no documentation that an eye exam was completed
2. An eye exam that simply states the eyes were within normal limits (WNL)
3. A primary care clinician note that states only that the fundi were normal without specifically stating that the eyes were dilated
4. Visit to an eye care professional where it is clear that a dilated exam was not performed
5. Patient self-reporting
6. 8P modifier used with billing codes

**Frequency:** If patient with positive diagnosis of retinopathy: most recent screening within 12 months prior to the last day of the reporting period.

If patient with negative retinal exam (no evidence of retinopathy): Most recent reading within 24 months prior to the last day of the reporting period.

If patient with blindness, both eyes: patient's lifetime.

**Scoring:** (Numerator/Denominator) \* Total Possible Points

**Source and Level of Evidence:** ADA, Level B

## Nephropathy Assessment

**Description:** Percentage of patients 18 through 75 years of age with a diagnosis of diabetes who had evidence of nephropathy or a nephropathy screening.

**Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter, pharmacy or medical record data for identification of patients with diabetes for the denominator, and claims/encounter, pharmacy, laboratory or medical record data for nephropathy diagnosis, medical treatment or screening information for the numerator.

**Explanation:** American Diabetes Association (ADA) guidelines recommend routine urinalysis and microalbuminuria testing for adult patients with diabetes to detect nephropathy in patients with no known history of nephropathy. It is anticipated that clinicians who provide services for the primary management of diabetes will submit this measure.

**Denominator:** See “Patient Eligibility Criteria”, beginning on page 37, for information on codes to identify patients with diabetes (Table 3, page 38).

**Numerator:** Patients in the denominator with documentation of evidence of nephropathy or nephropathy screening.

**DATA Collection:** The patient is numerator compliant if the patient has evidence of nephropathy or screening for nephropathy, as identified by claims or pharmacy data. This includes those patients with diabetes who had one of the following:

1. Evidence of nephropathy diagnosis or medical treatment for nephropathy during the patient’s lifetime.
2. Nephropathy screening during the reporting period.

Evidence of Nephropathy: The following codes may be used to identify nephropathy diagnosis or treatment: patient receiving dialysis, patient being treated for ESRD, CRF, ARF, or renal insufficiency, any visit to a nephrologist) (3066F)

Nephropathy Screening: The following codes may be used to identify nephropathy-screening tests (microalbuminuria and/or macroalbuminuria test):

CPT Codes:

Microalbuminuria Test: 82043, 82044, 83518, 84156, 84160\*, 84166\*, 84165\*.

Codes marked by an asterisk (\*) must be accompanied by CPT I code 81050 indicating test was a urinalysis. CPT II Codes: 3060F, 3061F

Macroalbuminuria Test: 81000-81003\*, 81005\*. Codes marked by an asterisk (\*) must be accompanied by CPT II code 3062F indicating a positive macroalbuminuria result.

Evidence of Nephropathy: Documentation in the medical record must include diagnosis of or medical treatment for one of the following during the patient’s lifetime:

- Diabetic nephropathy
- Diabetic kidney disease
- Diffuse diabetic or nodular glomerular sclerosis
- Kimmesstiel-Wilson lesion
- Papillary necrosis
- Arterionephrosclerosis
- End-stage renal disease (ESRD)
- Chronic renal failure (CRF)
- Chronic Renal insufficiency
- Chronic Kidney Disease (CKD)
- Chronic renal disorder
- Renal Dialysis
- Acute renal failure
- Proteinuria
- Azotemia
- Microalbuminuria

Nephropathy Screening: Documentation in the medical record must include the date on which the screening test was performed, and the test result that has been reviewed is within the 12 months, prior to the last day of the reporting period. Notation of the following may count for microalbuminuria screening test:

- 24-hour urine for microalbumin
- Timed urine for microalbumin
- Spot urine for micro albumin
- Microalbumin/Creatine ratio
- 24-hour urine for total protein
- Random urine for protein/creatinine ratio

Notation of the following may count for macroalbuminuria screening test:

- Positive result on urine dipstick

Note: A negative result on urine dipstick is insufficient for numerator compliance.

The following is not acceptable documentation for nephropathy assessment:

- Patient self-reporting

**Frequency:** If patient with diagnosis of or medical treatment for nephropathy: during patient lifetime.

**Scoring:** (Numerator/Denominator) \* Total Possible Points

**Source and Level of Evidence:** ADA, Level B



## ACEI/ARB Therapy

- Description:** Percentage of patients 18 through 75 years of age with a diagnosis of diabetes who have hypertension and/or diabetic nephropathy *and* are prescribed an Angiotensin Converting Enzyme Inhibitor (ACEI), Angiotensin Receptor Blocker (ARB), have a documented contraindication or medication allergy during the reporting period.
- Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with diabetes and hypertension and/or nephropathy for the denominator, and claims/encounter and medical record data which states that these patients are prescribed ACEI/ARB medication.
- Explanation:** American Diabetes Association (ADA) 2015 guidelines recommend that all diabetic patients age 18-75 with hypertension and/or diabetic nephropathy be prescribed an ACEI or ARB for renal protection, unless contraindicated.
- Denominator:** See “Patient Eligibility Criteria”, beginning on page 37, for information on codes to identify patients with diabetes (Table 3, page 38), Hypertension (Table 5, page 39) and/or diabetic nephropathy (Table 6, page 39).
- Numerator:** Patients in the denominator who are on an ACEI or ARB (Medications may be found starting on page 40 under “Relevant Medication Lists for Diabetes Care Measurement Set”) unless allergy or contraindication is recorded in chart.
- DATA Collection:** The patient is numerator compliant if the patient is diabetic, has hypertension and/or diabetic nephropathy *and* is prescribed an ACEI *or* ARB medication.
- Exclusions:** ARB/ACEI allergy or documented contraindication.
- Frequency:** Most recent documentation of ACEI/ARB use in diabetic patients with hypertension and/or diabetic nephropathy within the 12 months prior to the last day of the reporting period.
- Scoring:** (Numerator/Denominator) \* Total Possible Points

**Source and Level of Evidence:** ADA, Level B

## Body Mass Index/Weight/Nutrition Counseling

- Description:** Percentage of patients 18 through 75 years of age with a diagnosis of diabetes for whom a documented body mass index (BMI) is calculated and nutrition counseling is performed and documented during the reporting period.
- Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter, pharmacy or medical record data for identification of patients with diabetes for the denominator, and claims/encounter and medical record data for BMI information for the numerator.
- Explanation:** American Diabetes Association (ADA) guidelines recognized that overweight and obesity are strongly linked to the development of type 2 diabetes and can complicate its management. Obesity is an independent risk factor for hypertension, dyslipidemia, and cardiovascular disease, which is the major cause of death in persons with diabetes. Individuals with a BMI of 25 or greater and who have diabetes or are at risk of developing diabetes should be counseled to lose weight and improve nutrition with lifestyle changes. Counseling can be performed by PCP, CDE, RN, dietician, or nutritionist. It is anticipated that clinicians who provide services for the primary management of diabetes will submit this measure.
- Denominator:** See “Patient Eligibility Criteria”, beginning on page 37, for information on codes to identify patients with diabetes (Table 3, page 38).
- Numerator:** Patients in the denominator with a calculated and documented BMI, if BMI is >25 then weight and nutrition counseling should be provided and documented as well.

**DATA Collection:** The patient is numerator compliant if he or she has a calculation of their BMI documented during the reporting period and if the patient’s BMI >25, weight and nutrition counseling should be provided and documented. The weight and nutrition counseling may take place up to 12 months prior to the reporting period. The following codes may be used to identify a documented BMI and Nutrition counseling:

**BMI Calculation:**

CPT Code: 3008F

HCPCS Codes: G8417-G8420, G8938, G9716

ICD-9: V-Codes: V85.0 BMI less than 19, adult; V85.1 BMI between 19-24, adult

***These codes must have nutrition counseling:***

ICD-9: V85.2 BMI between 25-29, adult; V85.3 BMI between 30-39, adult;

V85.4 BMI between 40 and over, adult.

ICD-10: Z68.1 BMI less than 19, adult; Z68.20 – Z68.24 BMI between 20-24, adult

***These codes must have nutrition counseling:***

ICD-10: Z68.25-Z68.29 BMI between 25-29, adult;

Z68.30 – Z68.39 BMI between 30-39, adult; Z68.4 BMI between 40 and over, adult.

**Medical Record Collection:** Evidence of one of the following is present in the eligible patient's chart:

1. Documentation of the result of a BMI calculation during the reporting period
2. Documentation in the medical record must include BMI result and exam date. Calculated BMI – Requires that both the height and weight are actually measured by an eligible professional or by their staff.
3. If BMI>25, must document that nutritional counseling around lifestyle changes, including weight loss, has been provided.

The following are not acceptable documentation for documented BMI calculation:

- Patient self-reporting

**Frequency:** Most recent test result over the last 12 months from last day of the reporting period.

**Exclusions:** Not Eligible/Not Appropriate for BMI Measurement – Patients can be considered not eligible in the following situations:

1. If the patient has a terminal illness – life expectancy less than 6 months
2. If the patient is pregnant
3. Patient physically unable to provide weight.

**Scoring:** (Numerator/Denominator) \* Total Possible Points

**Source and Level of Evidence:** ADA, Level A

## Cardiovascular Risk Assessment

**Description:** Percentage of patients 40 through 75 years of age with a diagnosis of diabetes who had their 10-year risk of ASCVD assessed using the Pooled Cohort Risk Assessment Tool during the reporting period.

**Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with diabetes for the denominator, and claims/encounter and medical record data for Pooled Cohort 10-year risk information for the numerator.

**Explanation:** American Diabetes Association (ADA) and ACC/AHA 2015 guidelines recommend that all diabetic patients age 40-75 have their 10-year cardiovascular risk assessed using the Pooled Cohort risk calculator. This calculator is used to determine patient eligibility for aspirin use, statin use, and as a tool for discussing modifiable risk factors with diabetic patients. It is anticipated that clinicians who provide services for the primary management of diabetes will submit this measure.

**Denominator:** Patients aged 40-75 years of age with a diagnosis of diabetes. See “Patient Eligibility Criteria”, beginning on page 37, for information on codes to identify patients with diabetes (Table 3, page 38).

**Numerator:** Patients in the denominator who’s 10-year cardiovascular risk of ASCVD is assessed, calculated and documented (recorded as a percentage).

**DATA Collection:** The patient is numerator compliant if the patient is aged 40-75 and has a calculation of their 10-year cardiovascular risk documented during the reporting period as a percentage score.

The following are not acceptable documentation for documented Pooled Risk Assessment calculation:

1. Patient self-reporting
2. Framingham Risk Score

**Frequency:** Most recent ASCVD risk recorded within the 12 months prior to the last day of the reporting period.

**Scoring:** (Numerator/Denominator) \* Total Possible Points

**Source and Level of Evidence:** AHA, Level C

## Aspirin Use if 10-year risk > 10%

**Description:** Percentage of patients 40 through 75 years of age with a diagnosis of diabetes who were considered for Aspirin use based on their 10-year cardiovascular risk as calculated by the Pooled Cohort Risk Assessment tool. If risk is greater than 10% and aspirin is not contraindicated, it should be prescribed.

**Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with diabetes for the denominator, and claims/encounter and medical record data which states that aspirin use was considered information for the numerator.

**Explanation:** American Diabetes Association (ADA) and ACC/AHA 2015 guidelines recommend that all diabetic patients age 40-75 have their 10-year cardiovascular risk assessed using the Pooled Cohort risk calculator. This calculator is used to determine patient eligibility for aspirin use. Depending on level of risk, aspirin may be appropriate. In patients who are lower risk, the potential harms of aspirin may outweigh potential benefit. Thus, calculating risk and prescribing aspirin accordingly is an important component in caring for the diabetic patient. ADA guidelines are as follows:

10-year risk	Recommended treatment
> 10%	Aspirin (81mg or 325mg)
5-10%	Use clinical judgment
< 5%	No aspirin (unless other indication)

**Denominator:** Patients aged 40-75 years of age with a diagnosis of diabetes. See “Patient Eligibility Criteria”, beginning on page 37, for information on codes to identify patients with diabetes (Table 3, page 38).

**Numerator:** Patients in the denominator who’s 10-year cardiovascular risk of ASCVD is assessed, calculated and documented (recorded as a percentage), AND only if the patient’s score is greater that 10%, a notation that aspirin use was considered.

**DATA Collection:** The patient is numerator compliant if the patient has a calculation of their 10-year cardiovascular risk documented, greater than 10% and notation that aspirin use was considered during the reporting period, as identified in the patient’s health record or by claims data. The following codes may be used to identify notation of Aspirin:

Aspirin Use:

ICD-9 code: V58.66

ICD-10 code: Z79.82

CPT Code: 4086F

HPCS Codes: G8598, G8598, G9277, G9793

Aspirin Considered but Not Given:

CPT Codes: 4086F with 1P modifier, 4086F with 2P modifier, 4086F with 3P modifier, 4086F with 8P modifier

HCPCS Codes: G8599, G8697, G9278, G9794

The following are not acceptable documentation for documented Pooled Risk Assessment calculation:

1. Patient self-reporting
2. Framingham Risk Score

**Exclusions:** Because this is a complex decision and simple rules do not always apply, there are many exclusionary criteria, which include the following:

1. Aspirin allergy
2. Aspirin contraindication
  - a. Including, but not limited to: GI intolerance, GI bleed, ulcer, gastritis, bleeding disorder, other anticoagulation (clopidigrel, coumadin, etc.)

For a list of medications, see Tables 15-16, pages 45-46 under “Relevant Medication Lists for Diabetes Care Measurement Set.”

**Frequency:** Most recent ASCVD risk and aspirin consideration over the last 12 months from last day of the reporting period.

**Scoring:** (Numerator/Denominator) \* Total Possible Points

**Source and Level of Evidence:** ADA, Level C

## Depression Screening Annually

- Description:** Percentage of patients 18 through 75 years of age with a diagnosis of diabetes for whom an annual screening for depression with a PHQ-2 or PHQ-9 tool was conducted during the reporting period.
- Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with diabetes who have had screening for depression annually.
- Explanation:** Studies have demonstrated that diabetic patients have an increased risk of depression. Conversely, depressed patients often demonstrate poor management of their chronic diseases, including diabetes. Therefore, evidence suggests that diabetics should have annual screening for depression.
- Denominator:** See “Patient Eligibility Criteria”, beginning on page 37, for information on codes to identify patients with diabetes (Table 3, page 38).
- Numerator:** Patients in the denominator who have had depression screening with PHQ-2 or PHQ-9 within the reporting period.
- DATA Collection:** The patient is numerator compliant if he or she has diabetes and has had a PHQ-2 or PHQ-9 score documented in the reporting period. The following codes may be used to identify that a depression screening was conducted utilizing the PHQ-2 or PHQ-9:
- HCPCS Codes: G8431, G8510, G9393, G9395, G9396, G9509, G9510, G9511, G9573, G9574
- Exclusions:** Patients with patients with dementia, patients with psychosis
- Frequency:** PHQ-2 or PHQ-9 measurement documented once within the 12 months prior to the last day of the reporting period.
- Scoring:** (Numerator/Denominator) \* Total Possible Points
- Source and Level of Evidence:** ADA, Level B

## Recognition Process

### *Applying for Recognition*

Clinician applicants opt to voluntarily submit their data to a PAO for performance assessment through the Diabetes Care Recognition program. Participating clinicians must execute a data use agreement with the data aggregator partner through which they plan to submit data for CPI's automated performance assessment process. All data aggregator partners have data use agreements executed with their partnering PAO. All necessary steps will be taken by the data aggregator and PAO to protect the confidentiality of patient data, as required by The Health Insurance Portability and Accountability Act of 1996 (HIPAA). To assist with clinician compliance with HIPAA, the data aggregator partner provides a Business Associate addendum referenced in the data use agreement, which states that both the data aggregator and the clinician applicant will comply with HIPAA requirements.

### **Clinicians considering applying for recognition should:**

1. Determine eligibility. See "Eligibility for Clinician Participation" for more information.
2. Familiarize themselves with the BTE Diabetes Care measures and specifications. See "What Recognition Requires".
3. Determine whether to apply as an individual clinician or medical practice.

Clinicians submitting through a data aggregator partner are required to submit medical record data for all eligible patients across their full patient population on a quarterly calendar schedule. Clinicians are required to continue submitting data for all eligible patients each quarter unless they cease using the data aggregator's electronic system.

Clinicians that are new to an electronic data aggregator partner's system, where the system is not yet fully integrated in the clinicians' office and patient records have not been back loaded, are required to prospectively enter all eligible patients from their full patient panel into the data aggregator's electronic system. For individual applicants, clinician assessment will automatically be triggered after all required data is submitted through the data aggregator's electronic system for the minimum requirement of 25 eligible patients. For practice level applicants, assessment will automatically be triggered after all required data is submitted through the data aggregator's electronic system for 10 patients per individual clinician and a practice average of 25 patients per clinician. It is assumed that after one full year of usage of the data aggregator's electronic system that all eligible patients will be included.

Completed applications are processed for compliance with performance requirements, and applicant-specific reports with results for all Diabetes Care measures are produced within 30 days. The begin recognition date is calculated based on the date that the applicant's data is scored. BTE issues an official certificate to each recognized clinician or medical practice.

Additionally, BTE reserves the right to complete an audit of any individual or practice application for Recognition. PAO or specified local organization subcontractors conduct audits of at least 5 percent of the recognized clinicians from each data aggregator partner each year. Audits may be completed by fax, mail, electronically or on site, as determined by the PAO. The remainder of the five percent will be identified by a single methodology that randomizes the medical groups who submit to the data aggregator and then sequentially selecting medical groups. The number of medical groups selected is



dependent on the total number of recognized clinicians in each medical group, enough groups will be selected to account for 5% of total recognized clinicians submitted by the data aggregator.

The PAO will notify the data aggregator, which will notify the applicant if their application is chosen for audit, ascertain that audit personnel have no conflict of interest with the audited organization and provide instructions on audit requirements. Obtaining final Recognition results takes longer than usual for applicants chosen for audit. For those applicants selected for audit, final Recognition determination will be made within 60 days of the date of data submission. Upon passing an audit, the applicant's recognition dates are assigned retroactively to the date the applicant's data was scored. Failure to pass an audit or failure to respond to an audit request and complete the audit within 30 days' results in no further consideration for the program for six months to two years (depending on the audit score) from the date of submission of the application.

### ***Duration of Recognition***

The Chronic Care Recognition Programs have duration of two years from the date on which the recognition was awarded; regardless of the pathway the clinician achieved the recognition – electronic data submission, direct data manual submission or NCQA. Patient Centered Medical Home Recognitions achieved through the NCQA have a three-year duration.

For continuously assessed applicants who maintain their current level of recognition, new begin and end recognition dates will be assigned at the time of the most recent assessment. Recognition determinations are made on the basis of a specific patient population. Recognition status remains in effect for the duration of recognition as long as the clinician maintains their current practice and patient base. ***Clinicians are responsible for informing the data aggregator within 30 days who will inform the PAO if they move or change practices.***

### ***Changes in Recognition Levels***

Continuous data submission applicants are eligible for changes in recognition level. Clinicians who achieve at least Three Star Diabetes Care Recognition will maintain their Diabetes Care Recognition for the duration of recognition outlined above. However, during this time it is possible for the recognition status to move between program levels (3, 4, or 5 Stars) based on changes in clinical data from quarter to quarter. Changes to program level and recognition dates occur according to the following rules:

- Clinicians who achieve a higher level of recognition for two consecutive assessment periods will have their recognition level changed effective the date of the most recent assessment.
- Clinicians recognized at Four Stars or Five Stars can drop in levels of recognition based on lower scoring results for two consecutive assessment periods.
- Each time a clinician's recognition status changes levels in either direction a new begin recognition date is assigned for the date of the most recent assessment and a new end recognition date is calculated.
- Clinicians who drop below Three Stars for two consecutive quarterly assessments will be assigned or maintain Three Star Diabetes Care Recognition status and maintain their current begin and end recognition dates.

### Example 1

- A provider submitted for Q1 and was assessed at a Level 1
  - The providers 'Current Recognition' Level is a Level 1
- The provider was submitted in Q2 and was assessed at a Level 3
  - The providers 'Current Recognition' Level is a Level 1
- The provider was submitted in Q3 and was assessed at a Level 2
  - The providers 'Current Recognition' Level is now a Level 2

#### How this works:

If a provider's assessment level increases for 2 consecutive assessments, the new recognition level equals the lower of the 2 most recent assessment levels.

Assessment Date	Assessed Level	Recognition Level	Recognition Dates
Q1	1	1	01/21/2013 - 01/20/2015
Q2	3	1	04/21/2013 - 04/20/2015
Q3	2	2	07/21/2013 - 07/20/2015

### Example 2

- A provider submitted in Q1 and was assessed at a Level 3
  - The providers 'Current Recognition' Level is a Level 3
- The provider submitted in Q2 and was assessed at a Level 2
  - The providers 'Current Recognition' Level is a Level 3
- The provider submitted in Q3 and was assessed at a Level 1
  - The providers 'Current Recognition' Level is now a Level 2

#### How this works:

If a provider's assessment level decreases for 2 consecutive assessments, the new recognition level equals the higher of the 2 most recent assessment levels.

Assessment Date	Assessed Level	Recognition Level	Recognition Dates
Q1	3	3	01/21/2013 - 1/20/2015
Q2	2	3	04/21/2013 - 04/20/2015
Q3	1	2	07/21/2013 - 07/20/2015

### Example 3

- A provider submitted for Q1, Q2, and Q3, and was assessed at a Level 3 all three submissions
  - The providers ‘Current Recognition’ Level remains unchanged and will be a Level 3

### How it works:

If a provider’s assessment level remains the same for 2 consecutive assessments, the recognition level is unchanged.

Assessment Date	Assessed Level	Recognition Level	Recognition Dates
Q1	3	3	01/21/2013 - 1/20/2015
Q2	3	3	04/21/2013 - 04/20/2015
Q3	3	3	07/21/2013 - 07/20/2015

### Reporting Results to BTE and Its Partners

As part of CPI’s mission to identify and promote quality, the PAO report results to the following:

- To the data aggregator partner through which the recognition application was submitted. The data aggregator is required to share results reports with the clinician applicant to facilitate quality improvement.
- To BTE: Only Recognized statuses are reported to BTE for display on CPI’s web site: [www.hci3.org](http://www.hci3.org) and transmission to BTE-licensed health plans for associated rewards payments. Once the final decision is made, the PAO will reveal the identity, program name and program level of the recognized clinicians only. No clinical data is shared with BTE at any point in the process.

### Terms of Recognition

When communicating with patients, third-party payers, managed care organizations (MCOs) and others, clinicians or practices who receive BTE Diabetes Care Recognition may represent themselves as BTE-recognized and meeting NQF/AQA quality measure requirements; however, clinicians or practices may not characterize themselves as “NQF/AQA-Approved” or “NQF/AQA- Endorsed.” The use of this mischaracterization or other similarly inappropriate statements will be grounds for revocation of status.

### Revoking Recognition

PAO may revoke a Recognition decision if any of the following occurs:

- The clinician or practice submits false data or does not collect data according to the procedures outlined in this manual, as determined by discussion with the clinician or practice or audit of application data and materials.
- The clinician or practice misrepresents the credentials of any of its clinicians.
- The clinician or practice misrepresents its Recognition status.
- The clinician or any of the practice's clinicians experience a suspension or revocation of medical licensure.
- The clinician or practice has been placed in receivership or rehabilitation and is being liquidated.

- State, federal or other duly authorized regulatory or judicial action restricts or limits the clinician or practice's operations.
- BTE identifies a significant threat to patient safety or care.

### ***Data Use Terms***

Data use terms are outlined in the data use agreement that the applicant signs with the selected data aggregator partner.

## Patient Eligibility Criteria

An *eligible* diabetes patient is one who meets *all three* criteria:

1. Is between 18 and 75 years of age.<sup>2</sup>
2. Has had a documented diagnosis of diabetes (as defined in Table 3 below) for at least 12 months, from the last day of the reporting period. Eligible diagnosis categories exclude causes of secondary diabetes.
3. Has been under the care of the applicant for at least 12 months. This is defined by documentation of one or more face-to-face visits for diabetes care between the clinician and the patient: one within 12 months of the last day of the reporting period.

There are two accepted data sources that can be used to identify patients with diabetes:

**Claims/Encounter data:** Patient is denominator compliant if the patient is 18-75 years of age during the measurement period, has a documented diagnosis of Diabetes listed on the problem list, has had at least one (1) face-to-face encounter and has been under the care of the applicant for at least 12 months. See Table 3 for further information on diagnoses to identify patients with Diabetes and Table 2 for further information on procedural codes to identify a face-to-face visit.

**Medical Record data:** Patient is denominator compliant if the patient 18-75 years of age, with a documented diagnosis of Diabetes listed on the problem list, has had at least one (1) face-to-face encounter and has been under the care of the applicant for at least 12 months. See Table 3 for further information on diagnoses to identify patients with Diabetes and Table 2 for further information on procedural codes to identify a face-to-face visit.

**Exclusions: Patients that are on dialysis, with a diagnosis of *End Stage Renal Failure*, OR other related conditions:** Patients in hospice or palliative care are also excluded from the denominator. See Table 4, page 38 for further information on codes to identify patients with exclusions.

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<sup>2</sup> As of the last day of the reporting period. Patients known to be deceased should be excluded.

## Relevant Procedural and Diagnosis Codes for Diabetes Care Measurement Set

**Table 2: Face-to-Face Visits**

Procedural Codes
CPT: 99201-99215, 99341-99350, G0402

**Table 3: Codes to Identify Patients with a Diagnosis of Diabetes**

Diagnosis Codes
<p><b>ICD-9:</b> 250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.21, 250.23, 250.30, 250.31, 250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.90, 250.91, 250.92, 250.93, 357.2, 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07</p> <p><b>ICD-10:</b> E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E10.36, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00, E11.01, E11.21, E11.22, E11.29, E11.311, E11.319, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E11.36, E11.39, E11.40, E11.41, E11.42, E11.43, E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620, E11.621, E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21, E13.22, E13.29, E13.311, E13.319, E13.321, E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359, E13.36, E13.39, E13.40, E13.41, E13.42, E13.43, E13.44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620, E13.621, E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9, O24.011, O24.012, O24.013, O24.019, O24.02, O24.03, O24.111, O24.112, O24.113, O24.119, O24.12, O24.13</p>

**Table 4: Codes/Notations to Identify Patients with Exclusions**

Procedural & Diagnosis Codes / Notations
<p><b><u>Pregnancy</u></b>  <b>ICD9:</b> V22, V23.42</p> <p><b>ICD10:</b> O00.20, O00.21, O09.00-O09.03, O09.10-O09.13, O09.211-O09.219, O09.291-O09.299, O09.30- O09.33, O09.40-O09.43, O09.511- O09.529, O09.611- O09.619, O09.621- O09.629, O09.70- O09.73, O09.811- O09.819, O09.821-O09.829, O09.891- O09.899, O09.90- O09.93, O09.A0- O09.A</p>
<p><b><u>Dementia</u></b>  <b>ICD-9:</b>094.1, 290.0, 290.10 290.11, 290.12, 290.13, 290.20, 290.21, 290.3, 290.40, 290.41, 290.42, 290.43, 290.8, 290.9, 294.10, 294.11, 294.20, 294.21, 294.8, 331.0, 331.11, 331.19, 331.82</p> <p><b>ICD-10:</b> F01.50, F01.51, F02.80. F02.81, F03.90, F03.91, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83</p>
<p><b><u>Psychosis</u></b>  <b>ICD-9:</b> 280.0, 298.1, 298.4, 298.8, 298.9</p> <p><b>ICD-10:</b> F29, F53</p>
<p><b><u>ESRD</u></b>  <b>ICD9:</b> 585.6</p> <p><b>ICD10:</b> N18.6  Value Set Authority-Value Set Name-End Stage Renal Disease-OID 2.16.840.1.113883.3.526.3.353</p>
<p><b><u>Dialysis</u></b>  <b>CPT:</b> 90920, 90921, 90924, 90925, 90935, 90937, 90940, 90945, 90947  <b>HCPCS:</b> G0257  Value Set Authority-Value Set Name-Dialysis Services-OID 2.16.840.1.113883.3.464.1003.109.12.1013</p>

**Hospice Care**

**CPT:** 99377, 99378

Value Set Authority-Value Set Name-Hospice Care CPT-OID 2.16.840.1.113883.3.3157.1004.19

**Palliative Care**

**ICD-9:** V66.7

**ICD-10:** Z51.5

Value Set Authority-Value Set Name- Palliative Care-OID 2.16.840.1.113762.1.4.1125.3

**Table 5: Codes to Identify a Patient with a Diagnosis of Essential Hypertension**

Diagnosis Codes
<b>ICD-9:</b> 401, 401.0, 401.1, 401.9
<b>ICD-10:</b> I10

**Table 6: Codes to Identify Patients with a Diagnosis of Nephropathy**

Diagnosis Codes
<b>ICD-9 Codes:</b> 032.89, 084.2, 084.9, 130.7, 249.40, 249.41, 250.41, 250.43, 580.9, 581.81, 583.1, 583.2, 583.81, 583.89, 593.5, 593.70, 593.71, 593.72, 593.73, 710.0,
<b>ICD10 Codes:</b> A36.84, B52.0, B58.83, E08.21, E08.22, E08.29, E08.65, E09.21, E09.22, E09.29, E10.21, E11.21, E13.21, E13.22, E13.29, M32.15, N07.2-N07.9, N08, N13.71, N13.721-N13.729, N13.731-N13.739, N14.0 – N14.4, N15.0

**Table 7: Codes to Identify a Patient with a Diagnosis of Chronic Kidney Disease**

Diagnosis Codes
<b>ICD-9:</b> 585.1, 585.2, 585.3, 585.4, 585.5, 585.9
<b>ICD-10:</b> N18.1, N18.2, N18.3, N18.4, N18.5, N18.9

## Relevant Medication Lists for Diabetes Care Measurement Set

**Table 8: HMG-CoA Reductase Inhibitors (Statins) - Medium**

Drug Names	Generic Names	
Advicor	Niacin/Lovastatin	40 mg
Altoprev	Lovastatin	40 mg
Amlodipine/Atorvastatin	Generic	10-20 mg
Atorvastatin	Generic	10-20 mg
Caduet	Amlodipine/Atorvastatin	10-20 mg
Crestor	Rosuvastatin	5-10 mg
Fluvastatin	Generic	80 mg
Juvisync	Sitagliptin/Simvastatin	20-40 mg
Lescol	Fluvastatin	80 mg
Lescol XL	Fluvastatin	80 mg
Lipitor	Atorvastatin	10-20 mg
Liptruzet	Ezetimibe/Atorvastatin	10-20 mg
Livalo	Pitavastatin	40 – 80mg
Lovastatin	Generic	40 mg
Mevacor	Lovastatin	40 mg
Pravachol	Pravastatin	40 – 80 mg
Pravastatin	Generic	40 – 80 mg
Rosuvastatin	Generic	5-10 mg
Simcor	Niacin/Simvastatin	20-40 mg
Simvastatin	Generic	20-40 mg
Vytorin	Ezetimibe/Simvastatin	20-40 mg
Zocor	Simvastatin	20-40 mg

**Table 9: HMG-CoA Reductase Inhibitors (Statins) - High**

Drug Names	Generic Names	
Amlodipine/Atorvastatin	Generic	40 – 80 mg
Atorvastatin	Generic	40 – 80 mg



Caduet	Amlodipine/Atorvastatin	40 – 80 mg
Crestor	Rosuvastatin	20 – 40 mg
Lipitor	Atorvastatin	40 – 80mg
Liptruzet	Ezetimibe/Atorvastatin	40 – 80 mg
Rosuvastatin	Generic	20 – 40 mg

**Table 10: Tobacco Cessation Medications**

Buproban Oral	Habitrol (TD)	Nicotine TD	NTS Step 1 TD
Bupropion SR	INTS Step 3 TD	Nicotine Transdermal TD	NTS Step 2 TD
Brupopion XL	Medic Nicotine TD	Nicotrol (PDR)	NTS Step 3 TD
Chantix (varenicline)	NicoDerm CQ	Nicotrol Inhaler (PDR)	Prostep TD
CVS NTS Step 1 TD	NicoDerm CQ TD	Nicotrol NS (PDR)	Wellbutrin
CVS NTS Step 2 TD	NicoDerm TD	Nicotrol NS Nasal	Zyban (PDR)
CVS NTS Step 3 TD	Nicotine Nasal	Nicotrol TD	Zyban Oral
Habitrol (PDR)	Nicotine Patches (PDR)	Nicotrol Td TD	

**Table 11: Angiotensin-Converting Enzyme (ACE) Inhibitor/Thiazide Combos**

Drug Names	Generic Names
Accuretic	Quinapril/Hydrochlorothiazide
Benazepril/Hydrochlorothiazide	Generic
Capozide	Captopril/Hydrochlorothiazide
Captopril/Hydrochlorothiazide	Generic
Enalapril/Hydrochlorothiazide	Generic
Fosinopril/Hydrochlorothiazide	Generic
Lisinopril/Hydrochlorothiazide	Generic
Lotensin HCT	Benazepril/Hydrochlorothiazide
Moexipril/Hydrochlorothiazide	Generic
Monopril-HCT	Fosinopril/Hydrochlorothiazide

Prinzide	Lisinopril/Hydrochlorothiazide
Quinapril/Hydrochlorothiazide	Generic
Uniretic	Moexipril/Hydrochlorothiazide
Vaseretic	Enalapril/Hydrochlorothiazide
Zestoretic	Lisinopril/Hydrochlorothiazide

**Table 12: Angiotensin Receptor Blocker (ARB)/Thiazide Combos**

Drug Names	Generic Names
Amlodipine/Valsartan/Hydrochlorothiazide	Generic
Atacand HCT	Candesartan Cilexetil/Hydrochlorothiazide
Avalide	Irbesartan/Hydrochlorothiazide
Benicar HCT	Olmesartan Medoxomil/Hydrochlorothiazide
Candesartan Cilexetil/Hydrochlorothiazide	Generic
Diovan HCT	Valsartan/Hydrochlorothiazide
Edarbyclor	Azilsartan Medoxomil/Chlorthalidone
Exforge HCT	Amlodipine/Valsartan/Hydrochlorothiazide
Hyzaar	Losartan/Hydrochlorothiazide
Irbesartan/Hydrochlorothiazide	Generic
Losartan/Hydrochlorothiazide	Generic
Micardis HCT	Telmisartan/Hydrochlorothiazide
Telmisartan/Hydrochlorothiazide	Generic
Teveten HCT	Eprosartan/Hydrochlorothiazide
Tribenzor	Olmesartan Medoxomil/Amlodipine/Hydrochlorothiazide
Valsartan/Hydrochlorothiazide	Generic

**Table 13: Angiotensin-Converting Enzyme (ACE) Inhibitors**

Drug Names	Generic Names
Accupril	Quinapril
Aceon	Perindopril Erbumine

Altace	Ramipril
Amlodipine/Benazepril	Generic
Benazepril	Generic
Capoten	Captopril
Captopril	Generic
Enalapril	Generic
Enalaprilat	Generic
Epaned	Enalapril
Fosinopril	Generic
Lisinopril	Generic
Lotensin	Benazepril
Lotrel	Amlodipine/Benazepril
Mavik	Trandolapril
Moexipril	Generic
Monopril	Fosinopril
Perindopril Erbumine	Generic
Prestalia	Perindopril Arginine/Amlodipine
Prinivil	Lisinopril
Qbrelis	Lisinopril
Quinapril	Generic
Ramipril	Generic
Tarka	Trandolapril/Verapamil
Trandolapril	Generic
Trandolapril/Cerapamil	Generic
Univasc	Moexipril
Vasotec	Enalapril
Vasotec IV	Enalaprilat
Zestril	Lisinopril

**Table 14: Angiotensin Receptor Blockers (ARBs)**

Drug Names	Generic Names
Amlodipine/Valsartan	Generic
Atacand	Candesartan Cilexetil
Avapro	Irbesartan
Azor	Amlodipine/Olmesartan Medoxomil
Benicar	Olmesartan Medoxomil
Byvalson	Nebivolol/Valsartan
Candesartan Cilexetil	Generic
Cozaar	Losartan
Diovan	Valsartan
Edarbi	Azilsartan Medoxomil
Entresto	Sacubitril/Valsartan
Eprosartan	Generic
Exforge	Amlodipine/Valsartan
Irbesartan	Generic
Losartan	Generic
Micardis	Telmisartan
Telmisartan	Generic
Telmisartan/Amlodipine	Generic
Teveten	Eprosartan
Twynsta	Telmisartan/Amlodipine
Valsartan	Generic

**Table 15: Anticoagulants**

Drug Names	Generic Names
Angiomax	Bivalirudin
Argatroban	Generic
Argatroban	Argatroban
Arixtra	Fondaparinux

ATryn	Antithrombin (Recombinant)
Bivalirudin	Generic
Coumadin	Warfarin
Eliquis	Apixaban
Enoxaparin	Generic
Fondaparinux	Generic
Fragmin	Dalteparin
Heparin	Generic
Iprivask	Desirudin
Jantoven	Warfarin
Lovenox	Enoxaparin
Pradaxa	Dabigatran Etxilate
Savaysa	Edoxaban
Thrombate III	Antithrombin III
Warfarin	Generic
Xarelto	Rivaroxaban

**Table 16: Antiplatelets**

Drug Names	Generic Names
Aggrastat	Tirofiban
Aggrenox	Aspirin/Dipyridamole
Agrylin	Anagrelide
Anagrelide	Generic
Aspirin	Generic
Aspirin/dipyridamole	Generic
Bayer Aspirin	Aspirin
Bayer Low Dose Aspirin	Aspirin
Bayer Women's Low Dose Aspirin	Aspirin/Calcium Carbonate
Brilinta	Ticagrelor
Bufferin	Aspirin

Cilostazol	Generic
Clopidogrel	Generic
Dipyridamole	Generic
Durlaza	Aspirin
Ecotrin	Aspirin
Ecotrin Low Strength	Aspirin
Effient	Prasugrel
Eptifibatide	Generic
Integrilin	Eptifibatide
Kengreal	Cangrelor
Persantine	Dipyridamole
Plavix	Clopidogrel
Pletal	Cilostazol
Reopro	Abciximab
St. Joseph Low Dose Aspirin	Aspirin
Yosprala	Aspirin/Omeprazole
Zontivity	Vorapaxar

## APPENDICES

### *Appendix A: Audit Methodology*

The PAO is responsible for conducting three levels of audit pertaining to applicant submissions for BTE Diabetes Care Recognition:

- Level 1: Data Aggregator (DA) Data Extraction code review
- Level 2: Data Validation (Load Summary) see table below
- Level 3: Clinician Chart Audit

Detailed audit policies are included in the BTE Clinician Assessment Policy and Procedures Manual.

The following data validation checks are used in creating the load summary provided to the data aggregator after each data file submission to identify any missing or invalid data values:

#### Clinician Identifier Data

Data Field	Data Field Specifications and Acceptable/Valid Data Range(s)
Clinician_ResplD	(Required field) Alphanumeric value up to 26 characters in length
Clinician_NPI	(Required field) Numeric value 10 characters in length
Clinician_DEA	Alphanumeric value 9 characters in length First letter must be "A", "B", "F" or "M".
Clinician_MedicalLicense	Alphanumeric value up to 10 characters in length
Clinician_LastName	(Required field) Alpha value up to 50 characters in length
Clinician_FirstName	(Required field) Alpha value up to 50 characters in length
Clinician_MiddleName	Alpha value up to 30 characters in length
Clinician_Degree	(Required field) Numeric value 01 = M.D. 02 = D.O. 03 = N.P. 04 = P.A.
Clinician_PracticeAddress1	(Required field) Alphanumeric value up to 100 characters in length
Clinician_PracticeAddress2	Alphanumeric value up to 100 characters in length
Clinician_PracticeCity	(Required field) Alpha value up to 100 characters in length

Clinician_PracticeState	(Required field) Alpha value 2 characters in length
Clinician_PracticeZipCode	Numeric value 5 (#####), 9 (#####) or 10 characters (#####-####) in length
Clinician_emailaddress	Example smith@email.com
Clinician_PracticePhone	Alphanumeric value up to 30 characters in length
Clinician_DateofBirth	Numeric value: MM/DD/YYYY
Clinician_Gender	F = Female M = Male U = Unknown
Clinician_Specialty	01 = Allergy/Immunology 02 = Cardiology 03 = Critical Care Services 04 = Dermatology 05 = Endocrinology 06 = Gastroenterology 07 = Gen/Fam Practice 08 = Geriatric Medicine 09 = Hematology 10 = Infectious Disease 11 = Internal Medicine 12 = Nephrology 13 = Neurology 14 = Neurosurgery 15 = Obstetrics/Gynecology 16 = Occ. Medicine 17 = Oncology 18 = Ophthalmology 19 = Orthopedics 20 = Otolaryngology 21 = Pediatrics 22 = Phys/Rehab Medicine 23 = Psychiatry 24 = Psychopharmacology 25 = Pulmonary Medicine 26 = Rheumatology 27 = Surgery 28 = Urology 29 = Other – not listed
Practice ID	(Required field) Alphanumeric value up to 26 characters in length
PracticeName	(Required field) Alpha value up to 100 characters in length



Individual_Group	(Required Field) Alpha value "I" - Individual Scoring or "G" - Group Scoring
Group_GroupID	If yes, Provide the Group ID that the Individual Provider wishes to be associated with. Numeric value 10 characters in length
Data Submission through CCHIT /Meaningful Use Certified System	Yes/No
Full Patient Panel	Yes/No

### Clinical Measures Data

Data field	Data field specifications	Data Values
ResponsibleProviderID	Internal provider ID that matches with the ID in the physician file	Any unique combination of characters and numbers
NPI	Responsible Provider NPI	Alphanumeric value 10 characters in length
groupID	The unique identifier that will identify the providers within a group applying for recognition together.	Alphanumeric value up to 50 characters in length
individualGroup	G if the provider is applying as part of a group for recognition. I if the provider is applying individually.	I or G - blank will default to I.
ChartID	Unique patient or chart ID	Alphanumeric value up to 50 characters in length
lastVisitDate	The date of the last visit for that patient	MM/DD/YYYY - cannot be after the end of the reporting period
PatientDOB	The date of birth, or year of birth, of the patient	MM/DD/YYYY - or YYYY - must be 18-75 years old
patientGender	Patient's Gender	Female, Male
patientRace	The chosen race that the patients identify themselves with.	American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, Other Race, White, Declined to Identify

medicarePartB	Is the patient a Medicare Part B Fee-For-Service (FFS) beneficiary (includes Railroad Retirement Board, Medicare Secondary Payer, and Critical Access Hospitals method II; does not include Medicare Advantage beneficiaries)?	YES, NO,- (blank will default to NO and generate a WARNING when uploading.)
diabetesDiagnosis	Does the patient have a diagnosis of diabetes?	YES, NO, NOT KNOWN - (blank will default to NOT KNOWN and generate a WARNING when uploading)
HbA1c1	Most Recent HbA1c blood sugar value	Numeric value between 4 and 16
HbA1cDate1	Date of most recent HbA1C screening	MM/DD/YYYY - cannot be after the end of the reporting period
HbA1c2	Prior HbA1c blood sugar value	Numeric value
HbA1cDate2	Date of prior HbA1C screening	MM/DD/YYYY - cannot be after the end of the reporting period
LDLLevel	Most recent LDL cholesterol value	Numeric value
LDLDate	Most recent LDL cholesterol date	MM/DD/YYYY - cannot be after the end of the reporting period
statinStatus	Is the patient currently taking a moderate or high intensity statin?	"YES", "NO", "NOT KNOWN" - blank will default to NOT KNOWN
systolic1	Most recent Systolic blood pressure value	Numeric value between 60 and 300
diastolic1	Most recent Diastolic blood pressure value	Numeric value between 40 and 150
bloodPressureDate1	Date of most recent Blood Pressure reading	MM/DD/YYYY - cannot be after the end of the reporting period

systolic2	Prior Systolic blood pressure value	Numeric value between 60 and 300
diastolic2	Prior Diastolic blood pressure value	Numeric value between 40 and 150
bloodPressureDate2	Date of prior Blood Pressure reading	MM/DD/YYYY - cannot be after the end of the reporting period
tobaccoStatus	Is the patient a tobacco user?	Tobacco Free, Current Tobacco User, No Documentation (BLANK or Missing value will default to No Documentation)
tobaccoStatusAssessmentDate	Date the patient's tobacco use status was most recently assessed	MM/DD/YYYY - cannot be after the end of the reporting period
tobaccoCessationAdviceOrTreatmentDate	Date the patient was most recently given tobacco cessation counseling or treatment	MM/DD/YYYY - cannot be after the end of the reporting period
footExam	Was a Lower Extremity Neurological Exam performed on the patient?	YES, NO, NOT KNOWN - (blank will default to NOT KNOWN)
footExamDate	Most recent foot exam date	MM/DD/YYYY - cannot be after the end of the reporting period
bilateralamputation	Did the patient have a bilateral amputation?	YES, NO - (blank will default to NO)
retinopathy	Does the patient have a diagnosis of retinopathy?	YES, NO, NOT KNOWN - (blank will default to NOT KNOWN)
retinalExamDate	Date of most recent retinal exam	MM/DD/YYYY - cannot be after the end of the reporting period
blindness	Is the patient blind?	YES, NO - (blank will default to NO)
nephropathyDiagnosis	Does the patient have a diagnosis of nephropathy?	YES, NO - (blank will default to NO)
nephropathyEvidence	Does the patient have evidence of nephropathy?	YES, NO, NOT KNOWN - (blank will default to NOT KNOWN)
microalbuminuriaLab	Most recent microalbuminuria level	YES, NO, NOT KNOWN - (blank will default to NOT KNOWN)

microalbuminuriaDate	Most recent microalbuminuria screening date	MM/DD/YYYY - cannot be after the end of the reporting period
macroalbuminuriaLab	Most recent macroalbuminuria level	YES, NO, NOT KNOWN - (blank will default to NOT KNOWN)
macroalbuminuriaDate	Most recent macroalbuminuria screening date	MM/DD/YYYY - cannot be after the end of the reporting period
hypertensionDiagnosis	Does the patient have a diagnosis of hypertension?	YES, NO - (blank will default to NO)
aceiArbTherapy	Does the patient have evidence of the use of ACEI/ARB therapy?	YES, NO, NO - Patient Exclusion present, NOT KNOWN - (blank will default to NOT KNOWN)
bmiCalculation	Most recent Body Mass Index	Numeric value between 15.0 and 50.0
bmiDate	Date of most recent Body Mass Index (BMI) Calculation - if any	MM/DD/YYYY - cannot be after the end of the reporting period
bmiCounseling	Did the patient receive BMI/Nutrition Counseling?	YES, NO - (blank will default to NO)
bmiCounselingDate	Date of BMI/Nutrition Counseling - if any	MM/DD/YYYY - cannot be after the end of the reporting period
ascvdAssessment	Was the patient assessed on their 10 year ASCVD risk?	YES, NO - (blank will default to NO)
ascvdResults	If patient was assessed on their 10 year ASCVD risk, what was the patient's score?	>10%, 5-10, <5% (blank will default to "Not Performed")
ascvdDate	Date of most recent ASCVD risk assessment.	MM/DD/YYYY - cannot be after the end of the reporting period
aspirinTherapy	Was aspirin prescribed if 10 year ASCVD risk >10%?	Yes, No, patient has contraindication or allergy, No, patient's risk <10%, No (blank will default to NO)

aspirinUseConsidered	Was aspirin considered if 10 year ASCVD risk >10%?	YES, NO - (blank will default to NO)
PHQ2screening	Was the patient screened for depression using the PHQ-2 tool?	YES, NO, NO - Patient Exclusion present, NOT KNOWN - (blank will default to NOT KNOWN)
PHQ2screeningDate	Date of most recent PHQ-2 depression screening?	MM/DD/YYYY - cannot be after the end of the reporting period
PHQ9screening	Was the patient screened for depression using the PHQ-9 tool?	YES, NO, NO - Patient Exclusion present, NOT KNOWN - (blank will default to NOT KNOWN)
PHQ9screeningDate	Date of most recent PHQ-9 depression screening?	MM/DD/YYYY - cannot be after the end of the reporting period

## Measures Specifications

### Hemoglobin A1c Control (HbA1c)

#### DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 18 – 75
- diabetesDiagnosis = YES
- lastVisitDate = date is present and within reporting period

#### NUMERATOR REQUIREMENTS

Patients are numerator compliant when:

HbA1c1= value is present AND value is < 8.0%

**AND**

HbA1c Date1 = date is present and within reporting period

#### SCORING

If denominator < 25 patients, then measure is not scored.

If denominator ≥ 25 patients, then measure is scored.

Score=(numerator/denominator) x Total Possible Points

## Hemoglobin A1c (HbA1c) Measurement Twice Annually

### DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 18 – 75
- DiabetesDiagnosis = YES
- lastVisitDate = date is present and within reporting period

### NUMERATOR REQUIREMENTS

Patients are numerator compliant when:

HbA1c1 = value is present

*AND*

HbA1c1Date1 = present and within reporting period

*AND*

HbA1c2 = value is present

*AND*

HbA1cDate2 = date is present and at least 90 days apart from HbA1c1Date1 and HbA1cDate2 within reporting period (12 months)

### SCORING

If denominator < 25 patients, then measure is not scored.

If denominator ≥ 25 patients, then measure is scored.

Score=(numerator/denominator) x Total Possible Points

## Lipid Control

### DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 18 – 75
- diabetesDiagnosis = YES
- lastVisitDate = date is present and within reporting period

### NUMERATOR REQUIREMENTS

Patients are numerator compliant when:

LDLLevel = value is present AND value is < 70

*AND*

LDLLevelDate = date is present and within reporting period

*OR*

StatinStatus = YES

### SCORING

If denominator < 25 patients, then measure is not scored.

If denominator ≥ 25 patients, then measure is scored.

Score=(numerator/denominator) x Total Possible Points



## Blood Pressure Control

### DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 18 – 75
- diabetesDiagnosis = YES
- lastVisitDate = date is present and within reporting period

### NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

Systolic1 = value is present AND value is <140

AND

Diastolic1 = value is present AND value is <90

AND

BloodPressureDate1 = date is present and within reporting period

### SCORING

If denominator < 25 patients, then measure is not scored.

If denominator ≥ 25 patients, then measure is scored.

Score=(numerator/denominator) x Total Possible Points

## Blood Pressure Measurement Twice Annually

### DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 18 – 75
- diabetesDiagnosis = YES
- lastVisitDate = date is present and within reporting period

### NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

Systolic1 = value is present

*AND*

Diastolic1 = value is present

*AND*

BloodPressureDate1 = date is present within reporting period

***AND***

Systolic2 = value is present

*AND*

Diastolic2 = value is present

*AND*

BloodPressureDate2 = date is present and at least 90 days apart from BloodPressureDate1 and BloodPressureDate2 is present and within reporting period (12 months)

### SCORING

If denominator < 25 patients, then measure is not scored.

If denominator ≥ 25 patients, then measure is scored.

Score=(numerator/denominator) x Total Possible Points

## Tobacco Use and Cessation Advice and Treatment

### DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 18 – 75
- diabetesDiagnosis = YES
- lastVisitDate = date is present and within reporting period

### NUMERATOR REQUIREMENTS

Patients are numerator compliant when:

tobaccoStatus= Tobacco Free

*AND*

TobaccoStatusAssessmentDate = date is present and within reporting period

*OR*

tobaccoStatus= Current Tobacco User

*AND*

TobaccoStatusAssessmentDate = date is present and within reporting period

*AND*

TobaccoCessationAdviceOrTreatmentDate = date is present and within reporting period

### SCORING

If denominator < 25 patients, then measure is not scored.

If denominator ≥ 25 patients, then measure is scored.

Score=(numerator/denominator) x Total Possible Points

## Podiatry Examination

### DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 18 – 75
- diabetesDiagnosis = YES
- lastVisitDate = date is present and within reporting period

### NUMERATOR REQUIREMENTS

Patients are numerator compliant when:

footExamDate = date is present and within reporting period

*AND*

bilateralAmputation = NO

*OR*

bilateralAmputation = YES

### SCORING

If denominator < 25 patients, then measure is not scored.

If denominator ≥ 25 patients, then measure is scored.

Score=(numerator/denominator) x Total Possible Points

## Ophthalmologic Examination

### DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 18 – 75
- diabetesDiagnosis = YES
- lastVisitDate = date is present and within reporting period

### NUMERATOR REQUIREMENTS

Patients are numerator compliant when:

Retinopathy = NO

*AND*

RetinalExamDate = date present and within 24 months prior to the last day of the reporting period

*OR*

Retinopathy = YES

*AND*

RetinalExamDate = date is present and within reporting period

*OR*

Blindness = YES

### SCORING

If denominator < 25 patients, then measure is not scored.

If denominator ≥ 25 patients, then measure is scored.

Score=(numerator/denominator) x Total Possible Points

## Nephropathy Assessment

### DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 18 – 75
- diabetesDiagnosis = YES
- lastVisitDate = date is present and within reporting period

### NUMERATOR REQUIREMENTS

Patients are numerator compliant when:

nephropathyDiagnosis=YES

*OR*

nephropathyEvidence =YES

*OR*

microalbuminuriaLab =YES

*AND*

microalbuminuriaDate = date is present and within reporting period

*OR*

macroalbuminuriaLab =YES

*AND*

macroalbuminuriaDate = date is present and within reporting period

### SCORING

If denominator < 25 patients, then measure is not scored.

If denominator ≥ 25 patients, then measure is scored.

Score=(numerator/denominator) x Total Possible Points

## ACEI/ARB Therapy

### DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- hypertensionDiagnosis = YES

*OR*

- nephropathyDiagnosis = YES

*AND*

- diabetesDiagnosis = YES
- PatientAge = 18 – 75
- lastVisitDate = date is present and within reporting period

### DENOMINATOR EXCLUSION

aceiArbTherapy=NO - Patient Exclusion present

### NUMERATOR REQUIREMENTS

Patients are numerator compliant when:

aceiARBTherapy = YES

### SCORING

If denominator < 25 patients, then measure is not scored.

If denominator ≥ 25 patients, then measure is scored.

Score=(numerator/denominator) x Total Possible Points

## Body Mass Index and Nutrition Counseling

### DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 18 – 75
- diabetesDiagnosis = YES
- lastVisitDate = date is present and within reporting period

### DENOMINATOR EXCLUSION

bmiCalculation= BMI not documented, documentation the patient is not eligible for BMI calculation

### NUMERATOR REQUIREMENTS

Patients are numerator compliant when:

bmiCalculation = value is present AND value is  $\leq 25$

*AND*

bmiDate = date is present within reporting period

*OR*

bmiCalculation = value is present AND value is  $> 25$

*AND*

bmiDate = date is present and within reporting period

*AND*

bmiCounseling = YES

*AND*

bmiCounselingDate = date is present and within reporting period

### SCORING

If denominator  $< 25$  patients, then measure is not scored.

If denominator  $\geq 25$  patients, then measure is scored.

Score =  $(\text{numerator} / \text{denominator}) \times \text{Total Possible Points}$



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## Cardiovascular Risk Assessment

### DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 18 – 75
- diabetesDiagnosis = YES
- lastVisitDate = date is present and within reporting period

### NUMERATOR REQUIREMENTS

Patients are numerator compliant when:

ascvdAssessment = YES (ASCVD risk assessed)

**AND**

ascvdDate = date is present and within reporting period

### SCORING

If denominator < 25 patients, then measure is not scored.

If denominator ≥ 25 patients, then measure is scored.

Score=(numerator/denominator) x Total Possible Points

## Aspirin Use if 10-year risk > 10%

### DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 40 – 75
- diabetesDiagnosis = YES
- lastVisitDate = date is present and within reporting period
- ascvdAssessment = YES (ASCVD risk assessed)
- ascvdDate = date is present and within reporting period
- ascvdResults = "1" - >10%

### DENOMINATOR EXCLUSION

aspirinTherapy = No, patient has documented contraindication or allergy

### NUMERATOR REQUIREMENTS

Patients are numerator compliant when:

aspirinTherapy = YES

**OR**

aspirinUseConsidered = YES

### SCORING

If denominator < 25 patients, then measure is not scored.

If denominator ≥ 25 patients, then measure is scored.

Score=(numerator/denominator) x Total Possible Points

## Depression Screening Annually

### DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 18 – 75
- diabetesDiagnosis = YES
- lastVisitDate = date is present and within reporting period

### DENOMINATOR EXCLUSION

PHQ2screening = NO - Patient Exclusion present

**OR**

PHQ9screening = NO - Patient Exclusion present

### NUMERATOR REQUIREMENTS

Patients are numerator compliant when:

PHQ2screening = YES

**AND**

PHQ2screeningDate = date is present and within reporting period

**OR**

PHQ9screening = YES

**AND**

PHQ9screeningDate = date is present and within reporting period

### SCORING

If denominator < 25 patients, then measure is not scored.

If denominator ≥ 25 patients, then measure is scored.

Score=(numerator/denominator) x Total Possible Points