

201	Measures	End-of-Measure	QDS Data Types (HITEP)	Recommend
1	% of diabetics with A1c under control [EP]	<p>Title: Comprehensive Diabetes Care: HbA1c Control (<8.0%)</p> <p>Description: The percentage of members 18 – 75 years of age with diabetes (type 1 and type 2) who had HbA1c test results that are below the automated result for the most recent HbA1c test is <8.0% or is missing.</p> <p>Numerator: Use automated laboratory data to identify the most recent HbA1c test during the measurement year. The member is numerator compliant if the most recent automated HbA1c level is <8.0%. The member is not numerator compliant if the most recent HbA1c test is missing, or if the HbA1c test was not done during the measurement year.</p> <p>Denominator: Members 18 – 75 years of ages with diabetes. There are two methods to identify members who are eligible for this measure: 1) use of the automated result for the most recent HbA1c test to identify the eligible population, but a member only needs to be identified in one to be included in the measure. Members may be identified as eligible for diabetes during the measurement year or the year prior to the measurement year. Method 2: Pharmacy data. Members who were dispensed insulin or oral hypoglycemics (antihyperglycemics) during the measurement year or year prior to the measurement year on an ambulatory basis.</p> <p>Exclusions: Members who are on an inpatient setting or on a face-to-face encounter with a diagnosis of diabetes on different dates in an outpatient setting or nonacute inpatient setting, or one face-to-face encounter in an acute inpatient or ED setting during the measurement year or the year prior to the measurement year. The organization may count services that occur over both years.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> Members with a diagnosis of polyneuropathy who did not have any face-to-face encounters with a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year. Diagnosis can occur at any time in the member's history, but must have occurred by December 31 of the measurement year. Members with gestational or steroid-induced diabetes who did not have any face-to-face encounters with a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year. Members with a diagnosis of diabetes during the measurement year or the year prior to the measurement year who had a diagnosis of diabetes during the measurement year or the year prior to the measurement year. <p>Note: Should capture HbA1c value to enable stratification as well as broad adherence to all individuals <8.0%.</p> <p>Steward: NCQA</p> <p>Endorsed: Under review 11/21/2008</p>	<ul style="list-style-type: none"> active diabetes diagnosis active gestational diabetes diagnosis active polyneuropathy diagnosis steroid induced diabetes active diagnosis insulin prescription hypoglycemic medication prescription antihyperglycemic medication prescription HbA1c result 	<p>Endorsement expected within the next month. For retelling, diabetes on the Problem List (ICD-9 or SNOMED), or Medication List with appropriate medication.</p>
2	% of hypertensive patients with BP under control [EP]	<p>Title: Controlling High Blood Pressure</p> <p>Description: Percentage of patients with last BP < 140/80 mm Hg.</p> <p>Numerator: Patients with last blood pressure measurement adequately controlled to the systolic blood pressure < 140 mm Hg and diastolic blood pressure < 80 mm Hg during the measurement year.</p> <p>Denominator: All patients > 18 years of age with a diagnosis of hypertension in the first six months of the measurement year or any time prior.</p> <p>Patient Selection:</p> <ul style="list-style-type: none"> ICD-9-CM codes for inpatient: 401.0, 401.1, 401.9, 402.xx, 403.xx, 404.xx <p>A patient is considered to be hypertensive if there is at least one outpatient encounter (outpatient or other treatment services – 92021-92025, 92021-92025, 92021-92025) with a diagnosis of hypertension (applicable ICD-9 codes) during the first six months of the measurement year. To confirm the diagnosis of hypertension, notation of the following must be found in the medical record on or before June 30 of the measurement year:</p> <ul style="list-style-type: none"> ICD-9-CM code for hypertension history of hypertension ambulatory blood pressure systolic blood pressure result diastolic blood pressure result <p>The notation of hypertension may appear anytime on or before June 30 of the measurement year, including prior to the measurement year. It does not matter if hypertension was treated or is currently being treated. Patient's history of hypertension may be recorded on any of the following documents:</p> <ul style="list-style-type: none"> • a problem list • subjective, objective, assessment, plan (SOAP) note, • encounter form, • summary of history and physical examination, • diagnostic report, and/or • hospital discharge summary. <p>Statements such as "rule out hypertension," "possible hypertension," "white-coat hypertension,"</p>	<ul style="list-style-type: none"> hypertension diagnosis elevated blood pressure diagnosis borderline hypertension diagnosis intermittent hypertension diagnosis history of hypertension ambulatory blood pressure systolic blood pressure result diastolic blood pressure result 	<p>History of hypertension returning from ICD code list. For retelling "notation" should indicate presence of ICD-9 or SNOMED.</p>
3	% of patients with LDL under control [EP]	<p>Title: VLDL Complete Lipid Profile and LDL Control <100</p> <p>Description: Percentage of patients with a full lipid profile completed during the 12-month measurement period with date of each component of the profile documented. LDL <100.</p> <p>Numerator 1: Number of patients with a full lipid profile completed during the 12-month measurement period with date of each component of the profile documented.</p> <ul style="list-style-type: none"> • The most recent lipid profile was obtained in the office or clinic that occurred during the measurement year (but after the diagnosis of LDL was made) in which a full lipid profile was documented. • Each component of the lipid profile must be noted with the date of the laboratory test and results. <p>Numerator 2: Number of patients with a LDL completed during the 12-month abstraction period with date of each component of the profile documented.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> ICD-9-CM codes for non-compliance: 3049F, 3050F ICD-9-CM codes for patient refusal: 92.01, 92.02, 92.03, 92.04, 92.05, 92.06, 92.07, 92.08, 92.09, 92.10, 92.11, 92.12, 92.13, 92.14, 92.15, 92.16, 92.17, 92.18, 92.19, 92.20, 92.21, 92.22, 92.23, 92.24, 92.25, 92.26, 92.27, 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