State Discussion: Improving Care for People with Diabetes in Your State

August 4, 2025

Agenda

INTRODUCTION

NCQA AND DIABETES CARE

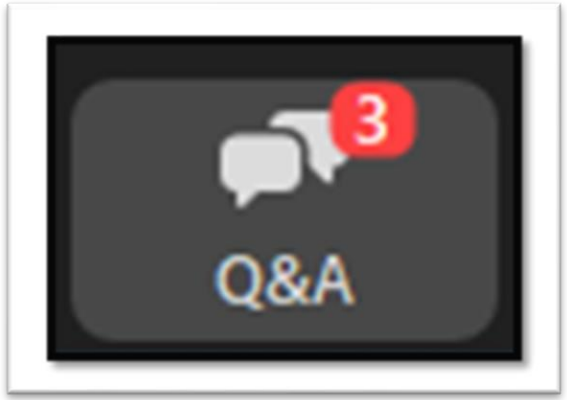
DIABETES RECOGNITION PROGRAM

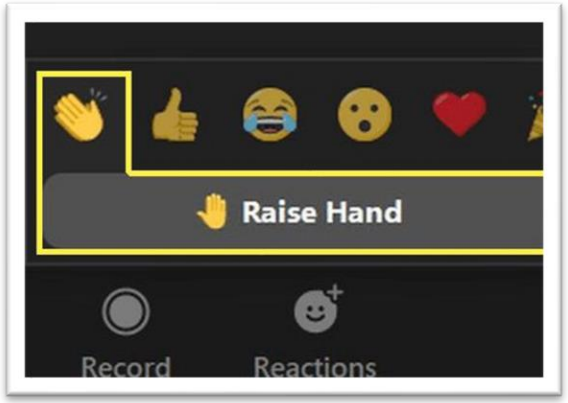
DIGITAL MEASUREMENT

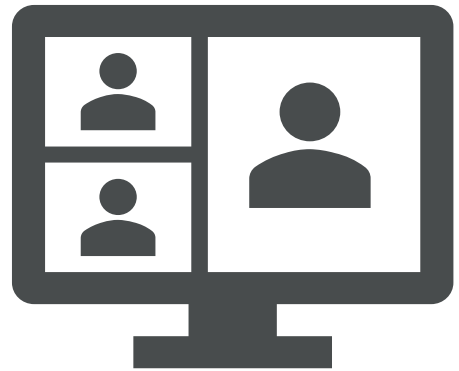
DIGITAL PATIENT ENGAGEMENT

QUESTIONS

Housekeeping







Ask Now

Enter your questions in the Q&A function in Zoom.

Join In

To ask questions verbally, click on Zoom's "Raise Your Hand," and our team will unmute you.

Engage After

A recording of the event and slides/supporting materials will be sent to attendees.

States Focus on Chronic Conditions in Quality Strategies

Comprehensive Diabetes Care among most-used measures

An analysis of state Medicaid Quality Strategies, 19 states mentioned VBP arrangements with chronic conditions. In those VBP or APM arrangements tied to chronic conditions, the most reported measures were:

- Child and Adult BMI Check
- Asthma Medication Ratio
- Controlling High Blood Pressure
- Comprehensive Diabetes Care (i.e., HbA1c Control, Poor Control, Blood Pressure Control, Eye Exam, Kidney Health Evalution)

Placeholder for intro slides – state affairs team

In accordance with federal regulation, states must require MCOs to implement performance improvement projects (PIPs) to achieve and maintain significant improvement in quality performance. In 2023-2024 External Quality Review Reports, 29 state's PIPs focused on Acute and Chronic Conditions, totaling 186 PIPs.

Domain	Total States Reporting PIPs	Total PIPs[b]	AL	AR	AZ	CA	CO	DC	DE	FL	GA	HI	IA	IL	IN	KS	KY	LA	MA	MD	MI	MN	MS	NC	ND	NE	NH	NJ	NM	NV	NY	OH	OR	PA	PR	RI	SC	TN	TX	UT	VA	VT	WA	WI	WV	WY
Total PIPs[b]	44	1,255	21	12	24	224	14	10	6	30	8	12	6	16	24	18	19	28	51	18	107	35	23	38	4	8	12	25	15	10	42	15	32	44	20	44	11	28	49	25	24	1	17	70	12	3
Primary Care Access and Preventive Care	28	276	A, C	C	A, C	A, C, U	-	C	-	-	-	-	-	-	-	A, C	A, C	A, C	A, C	A, C	A	A, C	C	A, C	-	A, C	C	A, C	A	-	-	-	A, C	C	A, C	A, C	A, C	C	-	A, C	-	-	A, C	A, C, U	A, C	-
Maternal and Perinatal Health	23	142	A, C	-	A, C	A, C	-	A, C	-	-	A, C	-	A	A, C	A, C	A, C	-	-	A, C	A, C	A, C	A, C	A, C	A, C	-	U	-	-	A, C, U	-	-	-	-	-	-	A, C	A, C	U	-	-	A, C	-	A, C	A, C	-	-
Care of Acute and Chronic Conditions	29	186	A, C	A, C	-	A, C, U	-	-	A	C	-	A	-	-	-	A	A, C	A, C	A	-	A	A	A, C	A	A	A	A	A, C	A, U	A	A	A	-	A	A, U	-	A, U	A, C	-	-	-	A	A	A	-	-
Behavioral Health Care	36	462	A, C	A, C	A	A, C, U	A, C	A, C	A, C	A, C	C	A, C	-	-	A, C	A, C	-	A, C	A, C	-	A, C	-	A, C	A, C	A	A	A, C	A, C	A, C	A	A	C	A, C	A	A, C, U	A, C	-	A, C, U	A, C	A, C	-	-	A, C	A, C	A, C	C
Dental and Oral Health Services	18	78	-	A, C	C	A, C	C	-	-	A, C	-	-	A, C	-	-	-	-	C	-	-	A, C	-	-	-	-	C	-	-	A, C	A	-	-	C	A, C	C	-	C	C	A, C	-	-	-	-	A, C	-
Experience of Care	7	28	-	-	-	A, C	-	-	-	-	-	-	C	-	-	-	-	-	-	-	A	-	C	-	-	A, C	-	-	-	-	-	-	-	-	-	C	-	-	-	-	-	-	A	-	-
Long-Term Services & Supports	16	184	-	-	A, C	-	-	A	A	C	-	-	-	A, C	-	A, C	-	-	-	-	A, C	-	-	A, C	-	-	-	A, C	A, C	-	A	-	-	A	-	-	-	A	C	-	A, C	-	-	A, C	-	-
Non-Clinical Topics[c]	23	126	-	A, C	A, C	A, C	-	-	A, C	A, C	C	-	-	A, C	A, C	A, C	-	-	A, C	-	A	-	-	A, C	-	A	U	-	-	A, C	-	-	-	-	A, C	A, C	A, C	A, C	-	A, C	-	A, C	-	A, C	C	C	C
Other Topics[d]	1	1	-	-	-	A, C	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Performance Improvement Projects (PIPs) Included in External Quality Review (EQR) Technical Reports, 2023–2024 Reporting Cycle, by State and Child and Adult Core Sets Domain

NCQA & Diabetes Care

KRISTEN BISHOP, SENIOR HEALTH CARE ANALYST

National Committee for Quality Assurance (NCQA)

Mission: To improve the quality of health care

Measure

Assess health care quality, promote transparency and guide performance improvement.

HEDIS, Quality Measurement Programs

Accredit

Evaluate organizations against standards for health care structures, processes and systems.

Certified Community Behavioral Health Clinics, Health Equity, Health Plan, Population Health Program, Specialty Pharmacy, Virtual Care

Recognize

Highlight providers and practices that deliver high-quality care by meeting performance criteria.

Diabetes, Patient-Centered Medical Home, Patient-Centered Specialty Practice

Diabetes National Impact

From the CDC

Almost 30 million people have diagnosed Type 1 or Type 2 diabetes

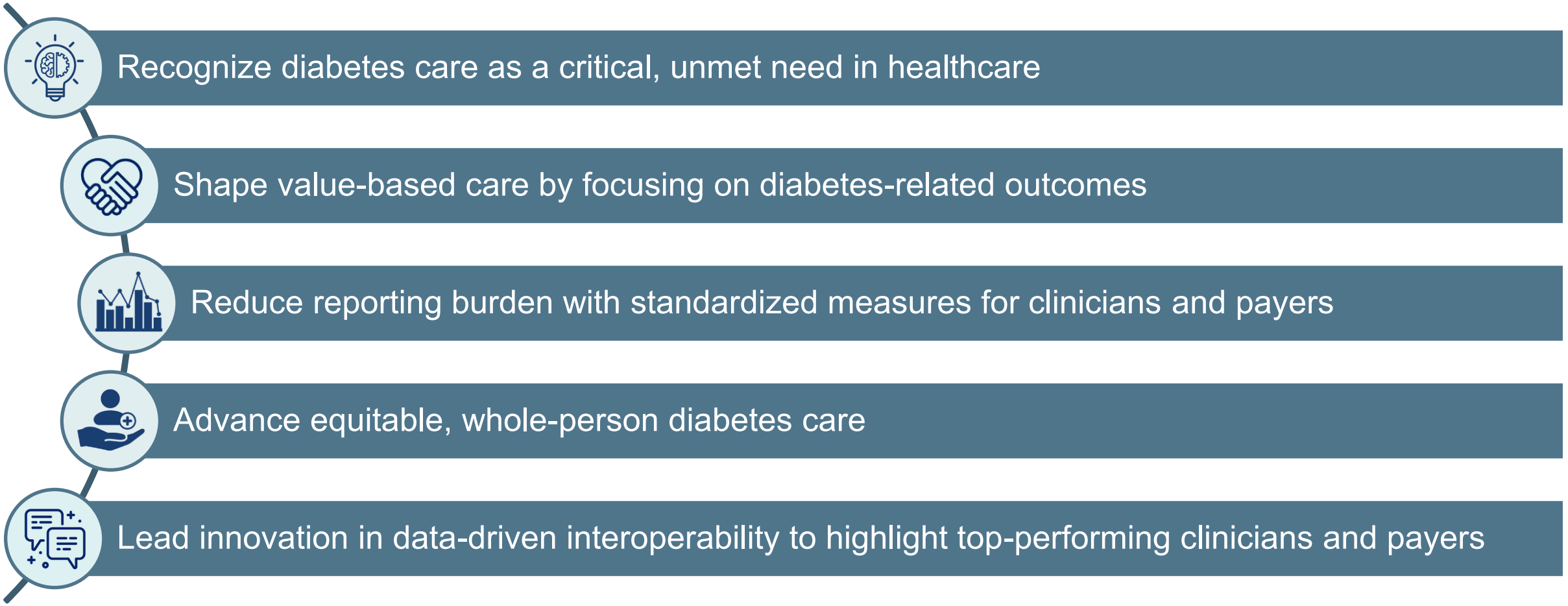
Diabetes is linked to additional comorbidities such as obesity, cardiovascular disease and chronic kidney disease

Total direct and indirect costs of diagnosed diabetes in 2022 was $413 billion

Type 2 diabetes is largely preventable through lifestyle changes

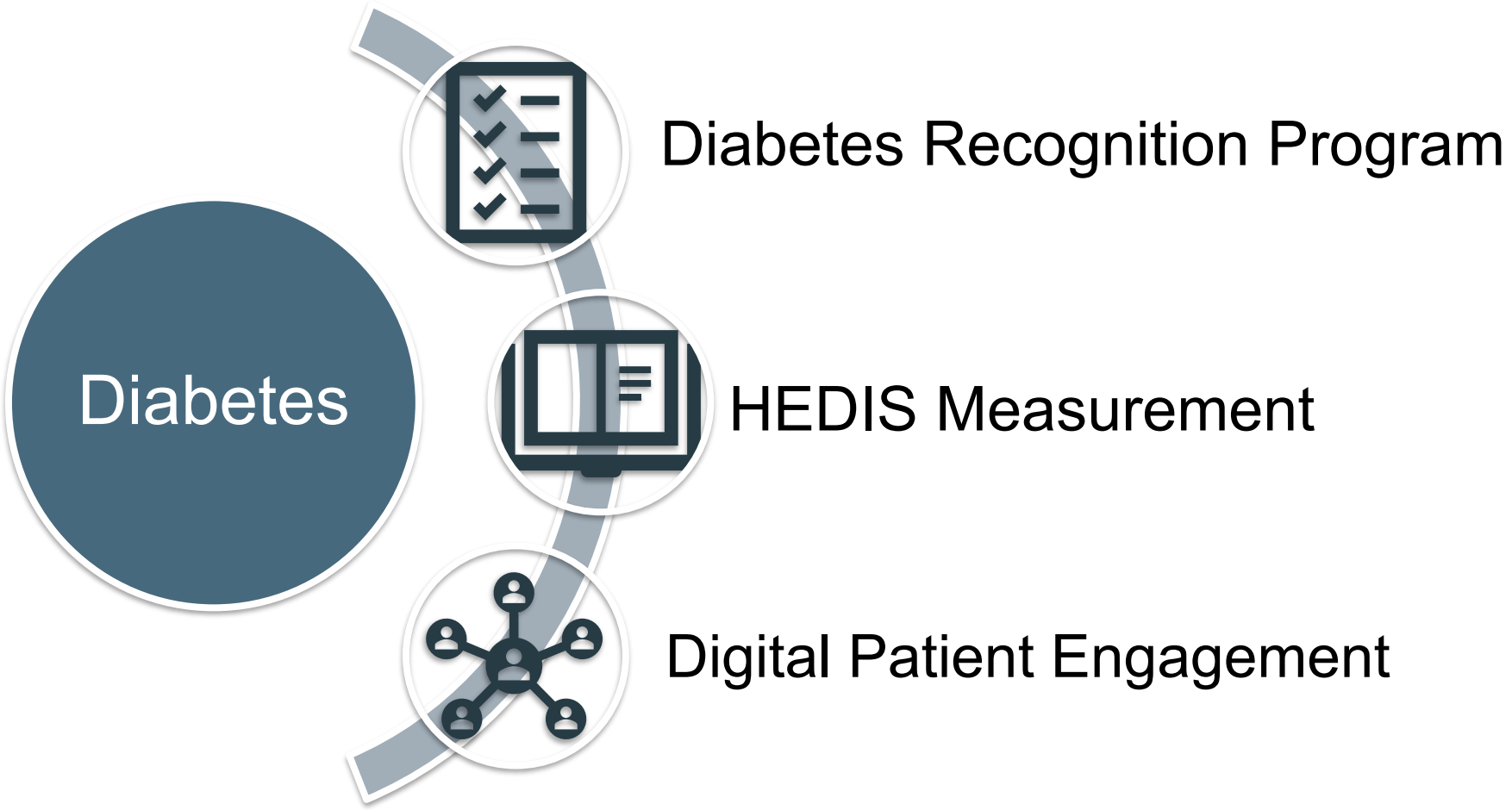
Why is Evaluating Diabetes Care Important?

NCQA's Goals & Objectives



Evaluating Diabetes Through NCQA Products

NCQA's Goals & Objectives



HEDIS Measures Assessing Care for Adults With Diabetes

Glycemic Status Assessment †*

18-75, HbA1c or GMI <8% or >9%

Blood Pressure Control †★

18-75, blood pressure <140/90

Eye Exam †*

18-75, retinal exam for diabetic retinopathy

Amputation Prevention †

New measure under development

Kidney Health Evaluation †

18-85, kidney function & damage testing

Statin Therapy †★

40-75, statin dispensed & adherence 80%

Emergency Department Visits for Hypoglycemia in Older Adults

67+, ED visits for hypoglycemia, risk-adjusted O/E, stratified by dual eligibility

† *Corresponding Diabetes Recognition Program measure*

* *Corresponding electronic Clinical Quality Measure (eCQM)*

★ *New Electronic Clinical Data Systems (ECDS) reported specification in HEDIS MY 2026*

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HEDIS Diabetes Measures – Results

QUALITYCOMPASS

Performance metrics for all HEDIS measures are posted annually to Quality Compass. Users can:

- Explore health plan performance and benchmarking
- Create custom reports and analyze trends
- Compare results and see improvements for up to 3 years at a time

State of Health Care Quality Report

- Free annual summary of national performance for key HEDIS measures.
- Summarizes performance from previous calendar year and many years past

Blood Pressure Control for Patients With Diabetes

Measurement Year	Commercial HMO	Commercial PPO	Medicaid HMO	Medicare HMO	Medicare PPO
2023	66.2	60.4	67.7	73.5	69.3
2022	64.4	55.8	63.6	70.4	66
2021	62.9	50.6	60.3	67.9	66.3
2020	54.5	49.0	58.2	64.9	65.0

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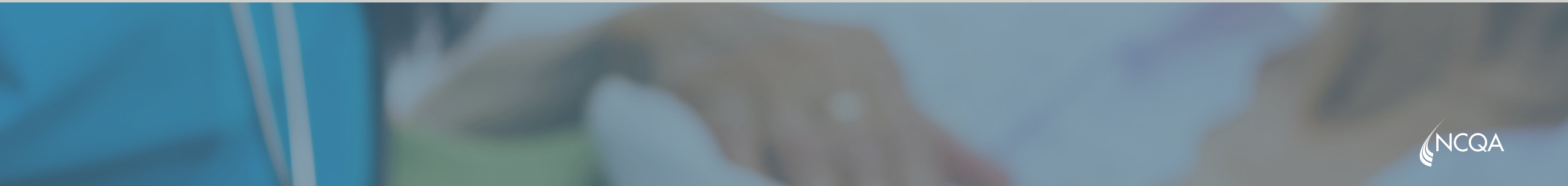
Diabetes Recognition Program (DRP)



Acknowledgements

Diabetes Recognition Program Refresh

THE LEONA M. AND HARRY B. HELMSLEY CHARITABLE TRUST

PRECISION AQ™

DRP Recognition

Benefits of Recognition

Demonstrate clinicians meet requirements for providing quality diabetes care.

Use for contracting with health organizations and purchasers.

Meet requirements of other performance measures and eligibility for pay-for-performance bonuses or reimbursement.

Receive credit toward maintenance of board certifications.

DRP Recognition Process

Resources and Eligibility

To be eligible for Diabetes Recognition, applicants must meet the following criteria:

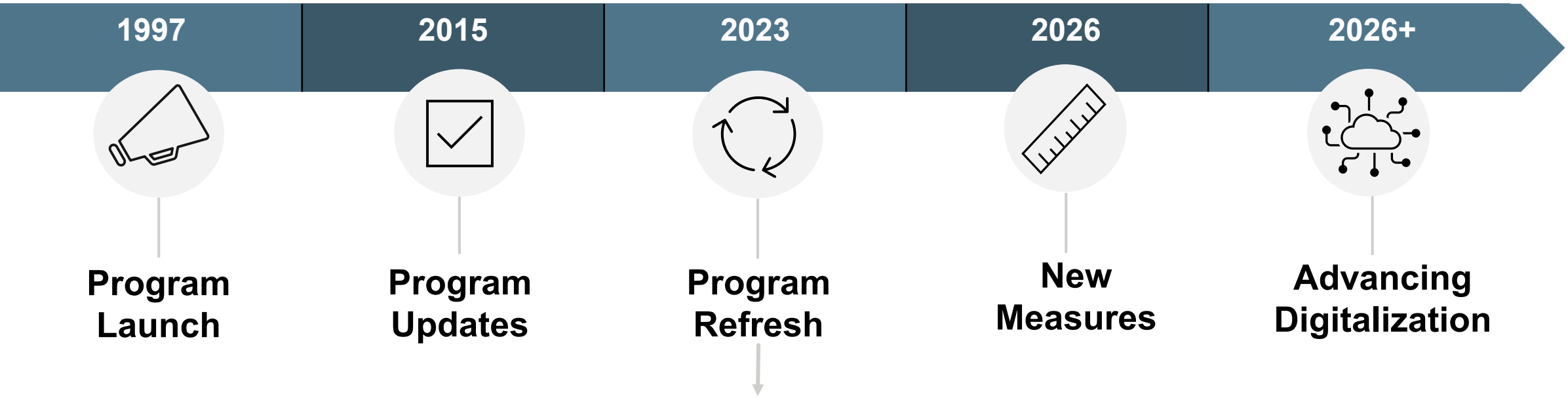
- Hold a current, unrestricted license as a Doctor of Medicine (MD), Doctor of Osteopathy (DO), Advanced Practice Registered Nurse (APRN) or Physician Assistant (PA).
- Provide continuing care for adults with diabetes.
- Submit data documenting provision of care for patients with diabetes.
- Follow NCQA's data collection process described in these Policies and Procedures

Achieving NCQA Recognition starts with downloading and reviewing:

- *Diabetes Recognition Program Requirements Package.*

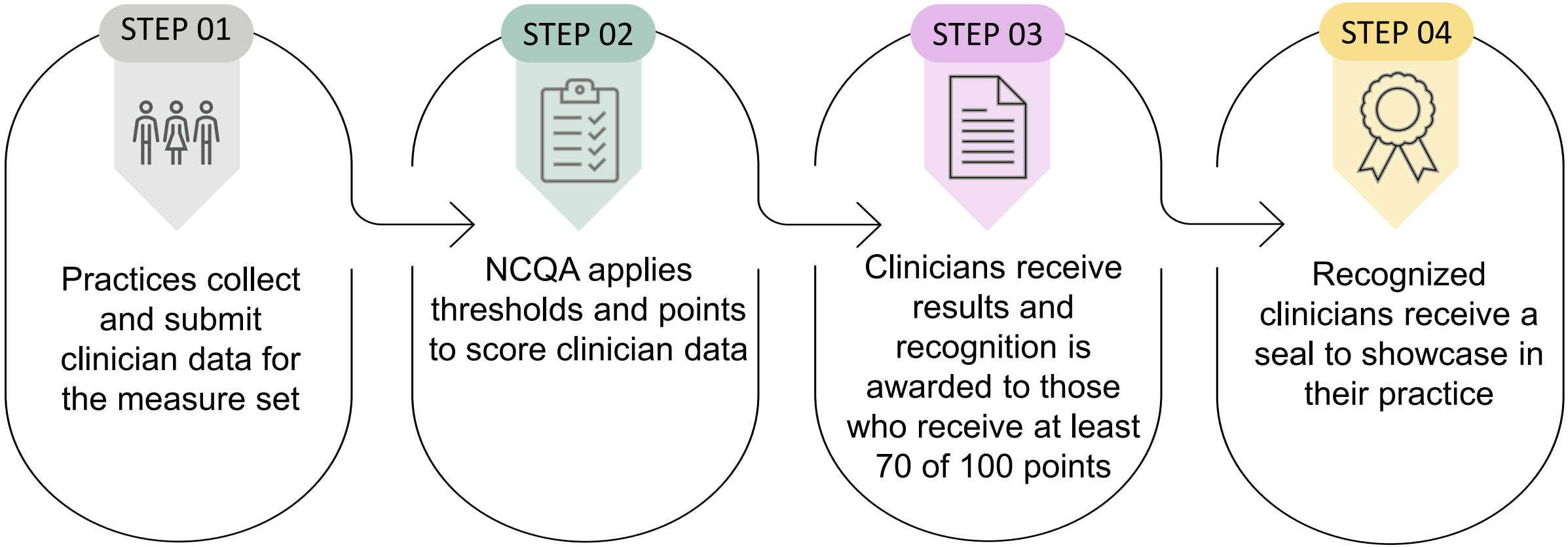
Program Milestones

Diabetes Recognition Program



Process

Diabetes Recognition Program



Practices submit clinician data annually for recognition and repeat this process

Initial Population

Diabetes Recognition Program

Initial Population

Patients 18-75 years of age by the end of the measurement period

AND

Who had a qualifying visit during the measurement period

AND

Had an ongoing/new diabetes diagnosis in the first 6 months of the measurement period.

Reporting

A random sample of at least 25 patients per clinician

Measure Set

Diabetes Recognition Program

- Glycemic Status Assessment <8.0%
- Glycemic Status Assessment >9.0%
- Blood Pressure Control <140/90 mmHg
- Eye Examination
- Foot Examination
- Kidney Health Evaluation
- Smoking and Tobacco Use Screening and Follow-Up
- ***NEW*** Depression Screening and Follow-Up
- ***NEW*** Statin Therapy Prescription
- ***NEW*** Continuous Glucose Monitoring Utilization

New Measures – Effective January 2026

Diabetes Recognition Program

Statin Therapy Prescription

% of patients 40–75 with diabetes with evidence of statin therapy during the measurement period (MP).

Depression Screening and Follow-Up

% of patients 18–75 with diabetes who received appropriate clinical depression screening and follow-up during the MP.

Continuous Glucose Monitoring Utilization

% of patients 18–75 with diabetes with evidence of continuous glucose monitoring (CGM) utilization during the MP. *Two indicators:*

1. CGM use in Type 1 diabetes.
2. CGM use Non-Type 1 diabetes with basal insulin, multiple daily injections, or continuous insulin infusion.

Measure Set and Scoring – Effective January 2026

Clinical Measures	Thresholds	Points
Glycemic Status Assessment <8.0%	65%	15.0
Glycemic Status Assessment >9.0%	≤15%	15.0
Blood Pressure Control <140/90 mmHg	65%	30.0
Eye Examination	60%	12.0
Smoking and Tobacco Use Screening and Follow-Up	90%	12.0
Foot Examination	80%	8.0
Kidney Health Evaluation	50%	8.0
NEW Depression Screening and Follow-Up	Report non-zero	Deferred for first year
NEW Statin Therapy Prescription	Report non-zero	Deferred for first year
NEW Continuous Glucose Monitoring Utilization	Report	N/A
	Total Points	***100.0***
	Points Needed to Achieve Recognition	***70.0***

Allowing any threshold >0% and deferring points in the first year enables NCQA to collect results to inform future scoring, and gives participants time to adopt the new measures

Continuous Glucose Monitoring Utilization is not a scored measure – reporting is required (even if 0%) and no points will be assigned, including after the first year

Apply to the DRP for Free

HCT is providing funding

NCQA will cover Diabetes Recognition Program application fees for up to five clinicians at your organization.

Interested? Visit the NCQA webpage—via link or QR code—to submit your interest.

https://www.ncqa.org/get-started-drp

Relevant Resources

Diabetes Recognition Program

Website – Diabetes Recognition Program

https://www.ncqa.org/programs/health-care-providers-practices/diabetes-recognition-program-drp/

Blog – Diabetes Recognition Program

https://www.ncqa.org/blog/diabetes-recognition-program-refresh-whats-new/

Podcast – The CGM Era: A New Approach to Diabetes Care

https://www.ncqa.org/podcast/the-cgm-era-a-new-approach-to-diabetes-care/

Polling Question #1

Would you be interested in speaking to our Public Policy team about adopting the Diabetes Recognition Program in your Medicaid Program?

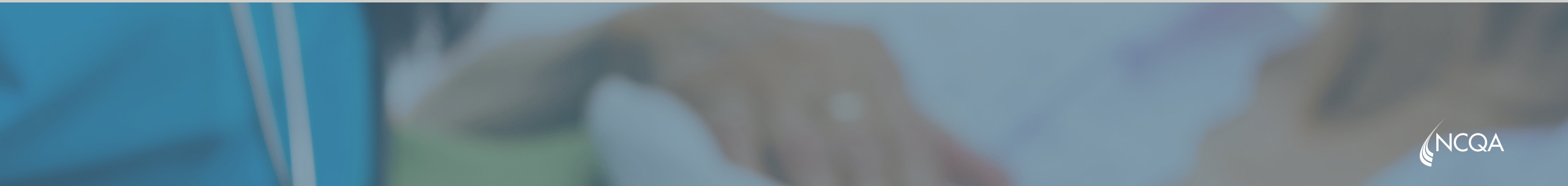
A. Yes

B. No

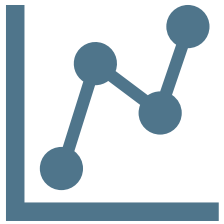
C. Unsure

NCQA & DRP

Digital Measurement



Why Use Electronic Clinical Data for Measurement?



Leverage more and better data into greater insight

Foster patient-specific care

Align with interoperability and value-based payment models

Decrease measurement burden

The Journey to Digitalization

Adapted from CMS

Traditional

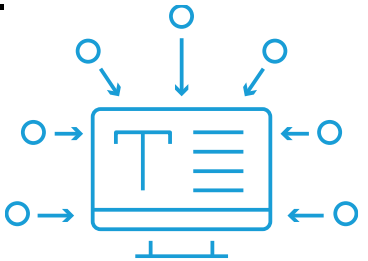
Paper Quality Measures
Data from claims, manual chart extractions and patient experience surveys.

eCQMs

Electronic Clinical Quality Measures (eCQMs)
Data primarily from electronic health records (EHRs).

dQMs

Digital Quality Measures (dQMs)
Data from EHRs, registries, HIEs, claims, patient experience surveys, etc.



Polling Question #2

How would you characterize your current state of using digital quality measures? (select all that apply)

A. We still rely only on claims-based measures.
B. We would like to use clinical data for measurement, but data exchange is a barrier.
C. We would like to use clinical data for measurement, but standardized data storage is a barrier.
D. We have data exchange and data standards figured out, but we have other barriers to calculate dQMs.
E. We have adopted or are planning to adopt the use of measures that include clinical data very soon.
F. Other--please respond in chat.

Current Digital Measurement Limitations

Diabetes Recognition Program

Primary Challenge:

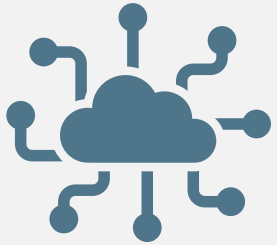
Barriers to collecting data from EHRs

Including:

- Compatibility issues across EHR systems
- Missing data elements
- Limited report customization
- Dependence on EHR vendors and IT teams

Proposed Solutions:

- Streamline reporting tools
- Reduce reliance on free-text fields
- Train on consistent data entry
- Collaborate with EHR vendors and IT teams



NCQA's Approach to Measure Digitalization

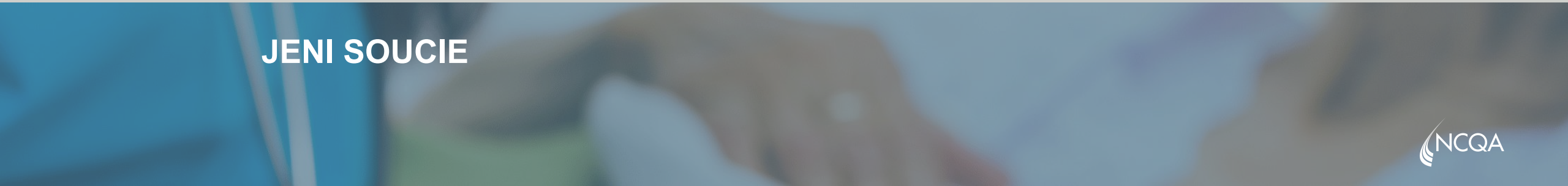
NCQA's strategic goal is to move toward a fully digital landscape

PAPER SPECS → ***FULLY DIGITAL***

Phase 1	Phase 2	Phase 3	Phase 4
Digital Introduction	***Digitally Enabled***	***Fully Digital***	***Digital Only***
2023	2024-2026 ☆	MY 2029	~2030

New Product Concept

Digital Patient Engagement & Chronic Condition Management

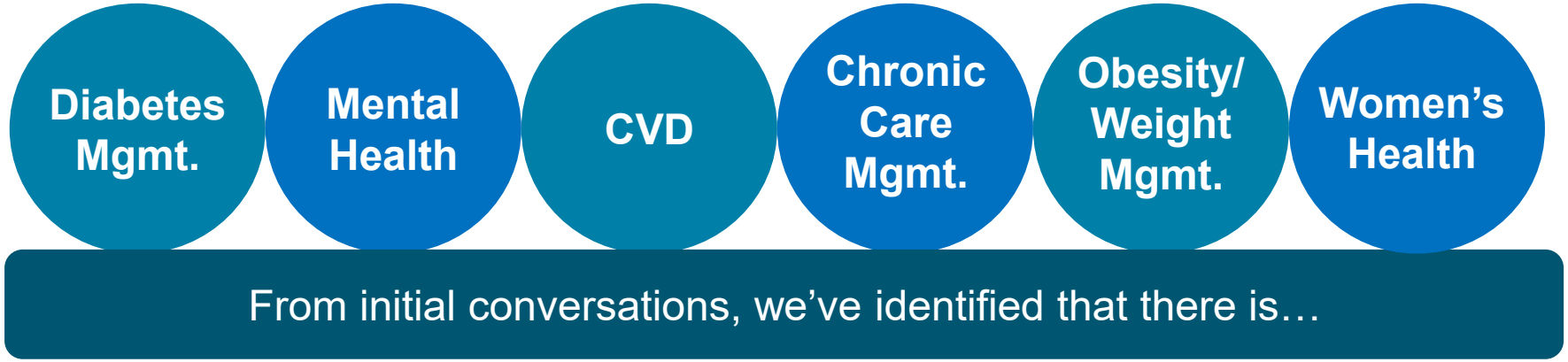


JENI SOUCIE

NCQA

Digital Patient Engagement & Chronic Condition Management

Opportunity to Support the Evolving Market



- Agreement on the importance of patient engagement and outcomes metrics
- Disagreement on a consistent way to measure patient engagement and outcomes
- A need for organizations looking to partner with a point solution cannot compare services in an equitable way

Digital Patient Engagement & Chronic Condition Management

Opportunity to Support the Market with Standards and Measures

	Self-Management	Coaching/Support Team	Clinical Intervention Team
MEMBER SUPPORT PLAN *Identify and stratify members* *Generate support plan with goals* *Assess support plan and progress*	▪ Example Standards ▪ Patient-centered goal ▪ Patient experience ▪ SDOH/Digital literacy ▪ Screening and early intervention assessments	▪ Example Standards ▪ Patient-centered goal ▪ Patient experience ▪ SDOH/Digital literacy ▪ Screening and early intervention assessments	▪ Example Standards ▪ Patient-centered goal ▪ Patient experience ▪ SDOH/Digital literacy ▪ Screening and early intervention assessments
MEMBER ENGAGEMENT & RETENTION *Evaluate member experience* *Screenings and initiatives to address barriers*	▪ Engagement measures	▪ Engagement measures	▪ Engagement measures
MEASURING EFFECTIVENESS *Measure outcomes* *Identify and act on improvements* *Report effectiveness*	▪ Patient reported biomarkers ▪ Utilization measures	▪ HEDIS/Star Measures ▪ Person-centered outcome measures • Utilization measures	▪ HEDIS/Star Measures ▪ Person-centered outcome measures ▪ Utilization measures ▪ Clinical outcome measures

Polling Question #3

Does your state leverage digital solutions to support patients with chronic conditions? (Share details in chat)

A. Yes

B. No

C. Unsure

Polling Question #4

Would your state be interested in learning more about our upcoming learning collaborative?

A. Yes

B. No

C. Unsure

Want to learn more?
Email Jeni Soucie
soucie@ncqa.org

Will you be at these Conferences? Connect with us!

August 4-6
Boston, MA

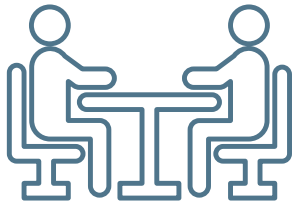
NCSL LEGISLATIVE SUMMIT BOSTON
CELEBRATING 50 YEARS | AUG 4-6, 2025

August 11–14
Milwaukee, WI

2025
MILWAUKEE, WI • AUGUST 11 - 14
MESC

September 8–10
San Diego, CA

NASHP



Stop by our booths- or schedule a time with us to connect at publicpolicy@ncqa.org

you're invited!

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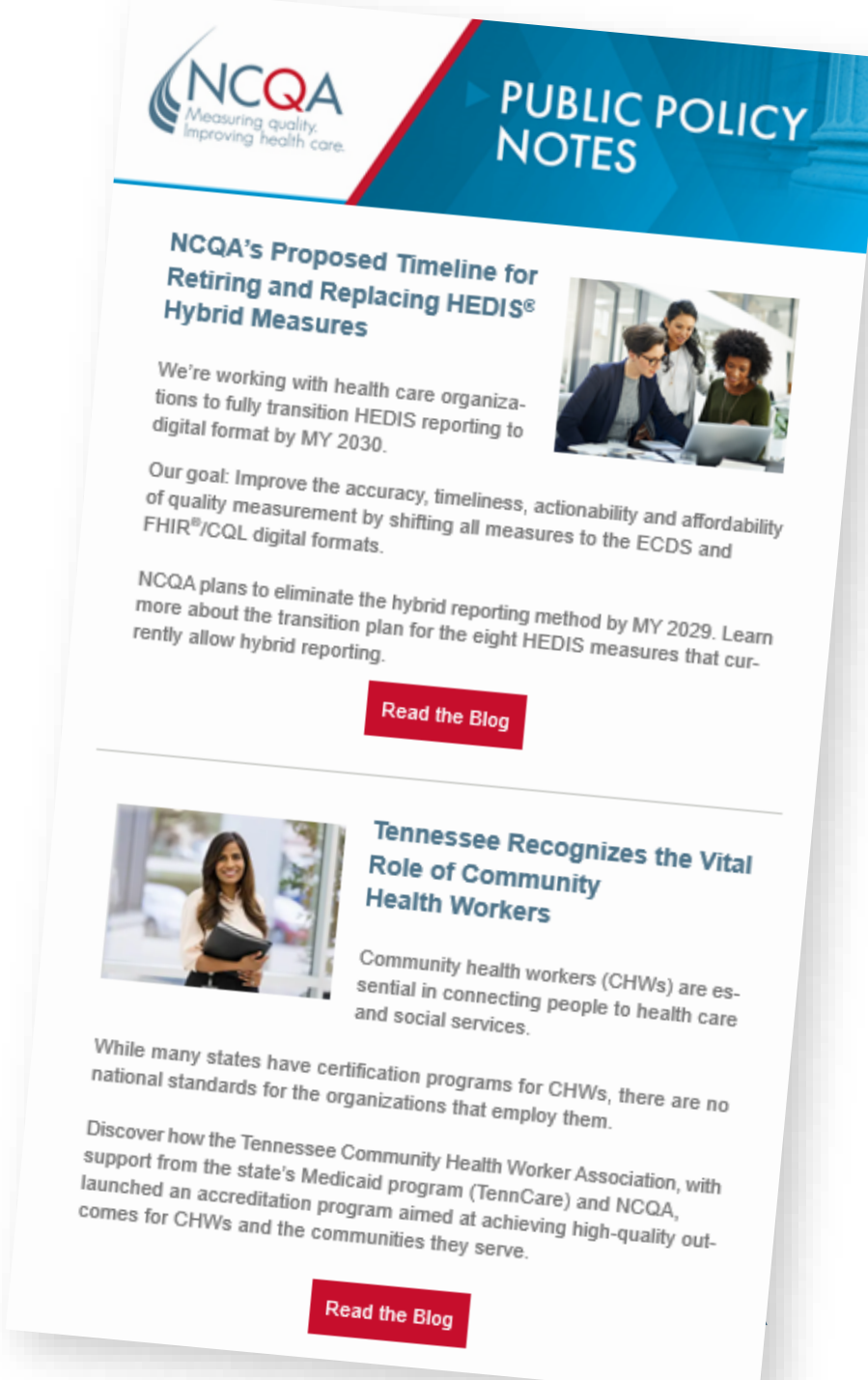


NCQA
Thank you