Proposed Changes to Existing Measures for HEDIS®[1] MY 2024: Denominator Method in HEDIS Diabetes Measures, Hemoglobin A1c (HbA1c) Control for Patients With Diabetes (HBD), Eye Exam for Patients With Diabetes (EED)

NCQA seeks public comment on *HbA1c Control for Patients With Diabetes* and *Eye Exam for Patients With Diabetes* measures, and on the denominator method for identifying individuals with diabetes. NCQA is reevaluating measures and products to reflect the evolution of claims data coding practices, pharmacy practices, and the use of electronic clinical data and new technologies. NCQA recommends three updates across the diabetes measure set for HEDIS Measurement Year (MY) 2024.

1. Revise the diabetes denominator.
2. Include Glucose Management Indicator (GMI) in HbA1c Control for Patients With Diabetes.
3. Remove medical record review from Eye Exam for Patients With Diabetes.

Revise the Diabetes Denominator

NCQA reevaluated the denominator method for identifying individuals with diabetes, included in seven HEDIS measures (Table 1). The current diabetes denominator method specifies two ways to identify members with diabetes: by claim/encounter data or by pharmacy data during the measurement year or the year prior. NCQA's analysis included simplifying the claims-based denominator approach and revising the pharmacy-based denominator approach to require a diagnosis of diabetes. The added requirement of at least one diagnosis of diabetes in the pharmacy-based approach would obviate the need for current exclusions of individuals who take diabetes medications for conditions other than diabetes. Table 2 summarizes the current and revised methods for identifying diabetes.

While there was significant overlap between members included in both methods (95.1% for Medicare and 94.0% for commercial), testing revealed that the revised method increased the average denominator size for Medicare (by 0.5%) and commercial (by 4.7%). The revised method also greatly simplified the specification and programming of the denominator. NCQA recommends updating the diabetes denominator approach to the revised method.

Include GMI in HbA1c Control for Patients With Diabetes

NCQA is refreshing the Diabetes Recognition Program, which recognizes individual clinicians and group practices for high-quality diabetes care. As part of this effort, NCQA is incorporating GMI alongside HbA1c in the blood sugar control measures. GMI, formerly "estimated A1c," is a calculation derived from continuous glucose monitoring (CGM) that assesses average blood sugar values. The American Diabetes Association (ADA) recently updated recommendations from A1c Testing to Glycemic Assessment to incorporate glycemic metrics from CGM in addition to A1c.[2,3] While HbA1c remains an important tool for diabetes management, CGM devices provide real-time data on individual responses to therapy, and can therefore guide personal diabetes management plans, leading to more timely adjustments and treatment changes. To align measurement across products, reflect updated guidelines and recognize those who manage diabetes with this new technology, NCQA recommends incorporating GMI alongside HbA1c in the HEDIS HbA1c Control for Patients With Diabetes measure. Below is the proposed, updated measure title and description.

[1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[2] American Diabetes Association. 2020. "Glycemic Targets: Standards of Medical Care in Diabetes—2020." *Diabetes Care* 43(Suppl. 1):S66–S76.
[3] American Diabetes Association. 2021. "Glycemic Targets: Standards of Medical Care in Diabetes—2021." *Diabetes Care* 44(Suppl. 1):S73–S84.

Glycemic Status Assessment for Patients With Diabetes: The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (Hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was either <8.0% or >9.0% during the measurement year.

Remove Medical Record Review From Eye Exam for Patients With Diabetes

NCQA evaluated the use of medical record review for the measures that allow hybrid reporting (Table 1). Currently, plans can report these measures using either administrative-only data (Administrative Method) or administrative data supplemented with medical record review for a sample of members (Hybrid Method). Removal of medical record review, where feasible, can remove reporting burden and facilitate a transition to electronic clinical data systems (ECDS) reporting.

NCQA evaluated HEDIS data from MY 2018–2021 to examine the contribution of different data sources used among plans that use the hybrid method for these measures. Analysis revealed that the Hemoglobin A1c Control for Patients With Diabetes and the Blood Pressure Control for Patients With Diabetes measures are reported with substantial contribution from medical record review.

For the Eye Exam for Patients With Diabetes measure, the vast majority of eye exams were identified using administrative data. Among plans that used the Hybrid Method, testing revealed, on average, that administrative data accounted for a large percentage of numerator submissions for all product lines (83.7%–85.2% for commercial, 87.0%–90.0% for Medicaid, 87.4%–89.2% for Medicare). There is a general downward trend in the use of medical record review over time, and a general upward trend in the use of structured clinical data, such as data from EHRs, that can be used in the Administrative Method. Based on these results, NCQA recommends removing medical record review from the *Eye Exam for Patients With Diabetes* measure.

Table 1. HEDIS Measures That Use the Diabetes Denominator

Measure Name	Reporting Method
Hemoglobin A1c Control for Patients With Diabetes	Hybrid
Blood Pressure Control for Patients With Diabetes	Hybrid
Eye Exam for Patients With Diabetes	Hybrid
Kidney Health Evaluation for Patients With Diabetes	Administrative
Statin Therapy for Patients With Diabetes	Administrative
Emergency Department Visits for Hypoglycemia in Older Adults With Diabetes	Administrative
Diabetes Monitoring for People With Diabetes and Schizophrenia	Administrative

Table 2. Methods for Identifying Diabetes

Method	Description
Current claims/encounter or pharmacy method	• At least two outpatient encounters, or one inpatient encounter with a diagnosis of diabetes, ***or*** • Dispensed at least one diabetes medication
Revised claims/encounter or pharmacy method	• At least two diagnoses of diabetes on different dates of service (in any setting), ***or*** • Dispensed at least one diabetes medication and at least one diagnosis of diabetes (in any setting)

NCQA panels support proposed updates. In addition to overall feedback on the updates, NCQA seeks feedback on the following question:

1. NCQA discussed with panels that the most recent glycemic status is preferred because it reflects the patient's active and ongoing care; thus, the updated Glycemic Status Assessment measure would use the most recent value during the measurement period, whether it is HbA1c or GMI (option A). This was supported by our panels and aligns with the current measure approach. Another option (option B) is to use the most recent HbA1c result, and if there are no HbA1c results, then use the most recent GMI result. In other words, only use the most recent GMI result if there are no HbA1c results during the measurement year. Do you agree with option A, or with option B?

Supporting documents include the current measure specifications and performance data.

NCQA acknowledges the contributions of the Diabetes, Geriatric and Technical Measurement Advisory Panels, and of the Diabetes Expert Panel.

~~Hemoglobin A1c Control~~ Glycemic Status Assessment for Patients With Diabetes (~~HBD~~GSD)

SUMMARY OF CHANGES TO HEDIS MY 2024

- Updated the measure title.
- Added glucose management indicator (GMI) as an option to meet numerator criteria.
- Updated the event/diagnosis criteria.

Description

The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose ~~hemoglobin A1c (HbA1c)~~ most recent glycemic status (hemoglobin A1c [HbA1c]) or glucose management indicator [GMI]) was at either of the following levels during the measurement year:

- ~~HbA1c Control~~ Glycemic status <8.0%.
- ~~HbA1c Poor Control~~ Glycemic status >9.0%.

Note: *Organizations must use the same data collection method (Administrative or Hybrid) to report these indicators.*

Eligible Population

Product lines

Commercial, Medicaid, Medicare (report each product line separately).

Stratification

For each product line, report the following stratifications by race and total, and by ethnicity and total:

- *Race:*
  - White.
  - Black or African American.
  - American Indian or Alaska Native.
  - Asian.
  - Native Hawaiian or Other Pacific Islander.
  - Some Other Race.
  - Two or More Races.
  - Asked but No Answer.
  - Unknown.
  - Total.
- *Ethnicity:*
  - Hispanic or Latino.
  - Not Hispanic or Latino.
  - Asked but No Answer.
  - Unknown.
  - Total.

Note: *Stratifications are mutually exclusive, and the sum of all categories in each stratification is the total population.*

Ages

18–75 years as of December 31 of the measurement year.

Continuous enrollment The measurement year.

Allowable gap No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (e.g., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

Anchor date December 31 of the measurement year.

Benefit Medical.

Event/diagnosis There are two ways to identify members with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a member only needs to be identified by one method to be included in the measure. Members may be identified as having diabetes during the measurement year or the year prior to the measurement year.

Claim/encounter data. Members who had at least two diagnoses of diabetes (Diabetes Value Set) on different dates of service during the measurement year or the year prior to the measurement year. Do not include laboratory claims (claims with POS 81).

Pharmacy data. Members who were dispensed insulin or hypoglycemics/ antihyperglycemics during the measurement year or the year prior to the measurement year (Diabetes Medications List) and have at least one diagnosis of diabetes (Diabetes Value Set) during the measurement year or the year prior to the measurement year. Do not include laboratory claims (claims with POS 81).

~~*Claim/encounter data*. Members who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):~~

- ~~At least one acute inpatient encounter (Acute Inpatient Value Set) with a diagnosis of diabetes (Diabetes Value Set) ***without*** telehealth (Telehealth Modifier Value Set; Telehealth POS Value Set).~~
- ~~At least one acute inpatient discharge with a diagnosis of diabetes (Diabetes Value Set) on the discharge claim. To identify an acute inpatient discharge:~~
  1. ~~Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).~~
  2. ~~Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).~~
  3. ~~Identify the discharge date for the stay.~~
- ~~At least two outpatient visits (Outpatient Value Set), observation visits (Observation Value Set), telephone visits (Telephone Visits Value Set), e-visits or virtual check-ins (Online Assessments Value Set), ED visits (ED Value Set), nonacute inpatient encounters (Nonacute Inpatient Value Set) or nonacute inpatient discharges (instructions below; the diagnosis must be on the discharge claim), on different dates of service, with a diagnosis of diabetes (Diabetes Value Set). Visit type need not be the same for the two encounters. To identify a nonacute inpatient discharge:~~
  1. ~~Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).~~

2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim.
3. Identify the discharge date for the stay.

Only include nonacute inpatient encounters (Nonacute Inpatient Value Set) ***without*** telehealth (Telehealth Modifier Value Set; Telehealth POS Value Set).

Pharmacy data. Members who were dispensed insulin or hypoglycemics/antihyperglycemics during the measurement year or the year prior to the measurement year (Diabetes Medications List).

Diabetes Medications

Description	Prescription		
Alpha-glucosidase inhibitors	• Acarbose	• Miglitol	
Amylin analogs	• Pramlintide		
Antidiabetic combinations	• Alogliptin-metformin • Alogliptin-pioglitazone • Canagliflozin-metformin • Dapagliflozin-metformin • Dapagliflozin-saxagliptin • Empagliflozin-linagliptin • Empagliflozin-linagliptin-metformin	• Empagliflozin-metformin • Ertugliflozin-metformin • Ertugliflozin-sitagliptin • Glimepiride-pioglitazone • Glipizide-metformin • Glyburide-metformin	• Linagliptin-metformin • Metformin-pioglitazone • Metformin-repaglinide • Metformin-rosiglitazone • Metformin-saxagliptin • Metformin-sitagliptin
Insulin	• Insulin aspart • Insulin aspart-insulin aspart protamine • Insulin degludec • Insulin degludec-liraglutide • Insulin detemir • Insulin glargine • Insulin glargine-lixisenatide	• Insulin glulisine • Insulin isophane human • Insulin isophane-insulin regular • Insulin lispro • Insulin lispro-insulin lispro protamine • Insulin regular human • Insulin human inhaled	
Meglitinides	• Nateglinide	• Repaglinide	
Biguanides	• Glucophage/metformin		
Glucagon-like peptide-1 (GLP1) agonists	• Albiglutide • Dulaglutide • Exenatide	• Liraglutide ~~(excluding Saxenda®)~~ • Lixisenatide • Semaglutide	
Sodium glucose cotransporter 2 (SGLT2) inhibitor	• Canagliflozin	• Dapagliflozin ~~(excluding Farxiga®)~~	• Empagliflozin • Ertugliflozin
Sulfonylureas	• Chlorpropamide • Glimepiride	• Glipizide • Glyburide	• Tolazamide • Tolbutamide
Thiazolidinediones	• Pioglitazone	• Rosiglitazone	
Dipeptidyl peptidase-4 (DDP-4) inhibitors	• Alogliptin • Linagliptin	• Saxagliptin • Sitagliptin	

Note: *Glucophage/metformin as a solo agent is not included because it is used to treat conditions other than diabetes; members with diabetes on these medications are identified through diagnosis codes only.*

Required exclusions

Exclude members who meet any of the following criteria:

- ~~Members who did not have a diagnosis of diabetes (Diabetes Value Set), in any setting, during the measurement year or the year prior to the measurement year ***and*** who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes (Diabetes Exclusions Value Set), in any setting, during the measurement year or the year prior to the measurement year.~~
- Members in hospice or using hospice services any time during the measurement year. Refer to *General Guideline 15: Members in Hospice.*
- Members who died any time during the measurement year. Refer to *General Guideline 16: Deceased Members.*
- Members receiving palliative care (Palliative Care Assessment Value Set; Palliative Care Encounter Value Set; Palliative Care Intervention Value Set; ICD-10-CM code Z51.5) any time during the measurement year.

Exclusions

Exclude members who meet any of the following criteria:

Note: *Supplemental and medical record data may not be used for these exclusions.*

- Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
  - Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.
  - Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement year.
- Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty ***and*** advanced illness. Members must meet **BOTH** of the following frailty and advanced illness criteria to be excluded:
  1. At least two indications of frailty (Frailty Device Value Set; Frailty Diagnosis Value Set; Frailty Encounter Value Set; Frailty Symptom Value Set) with different dates of service during the measurement year.
  2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):
     - At least two outpatient visits (Outpatient Value Set), observation visits (Observation Value Set), ED visits (ED Value Set), telephone visits (Telephone Visits Value Set), e-visits or virtual check-ins (Online Assessments Value Set), nonacute inpatient encounters
     - (Nonacute Inpatient Value Set) or nonacute inpatient discharges (instructions below; the diagnosis must be on the discharge claim) on different dates of service, with an advanced illness diagnosis (Advanced Illness Value Set). Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:
       1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
       2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim.
     - Identify the discharge date for the stay.

- At least one acute inpatient encounter (Acute Inpatient Value Set) with an advanced illness diagnosis (Advanced Illness Value Set).
- At least one acute inpatient discharge with an advanced illness diagnosis (Advanced Illness Value Set) on the discharge claim. To identify an acute inpatient discharge:
  1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
  2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).
  3. Identify the discharge date for the stay.
- A dispensed dementia medication (Dementia Medications List).

Dementia Medications

Description	Prescription
Cholinesterase inhibitors	• Donepezil • Galantamine • Rivastigmine
Miscellaneous central nervous system agents	• Memantine
Dementia combinations	• Donepezil-memantine

Administrative Specification

Denominator The eligible population.

Numerators

~~HbA1c Control~~ Glycemic Status <8% Use codes (HbA1c Lab Test Value Set; HbA1c Test Result or Finding Value Set; Glucose management indicator: LOINC code 97506-0) to identify the *most recent* ~~HbA1c test~~ glycemic status assessment during the measurement year. The member is numerator compliant if the *most recent* ~~HbA1c level is~~ glycemic status assessment has a result of <8.0%. The member is not numerator compliant if the result for the *most recent* ~~HbA1c test is~~ glycemic status assessment has a result of ≥8.0%, or is missing a result, or if ~~an HbA1c test~~ glycemic status assessment was not done during the measurement year.

Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent code during the measurement year to evaluate whether the member is numerator compliant.

Value Set	Numerator Compliance
HbA1c Level Less Than 7.0 Value Set	Compliant
HbA1c Level Greater Than or Equal To 7.0 and Less Than 8.0 Value Set	Compliant
HbA1c Level Greater Than or Equal To 8.0 and Less Than or Equal To 9.0 Value Set	Not compliant
HbA1c Level Greater Than 9.0 Value Set	Not compliant

~~HbA1c Poor Control~~ Glycemic Status >9%

Use codes (HbA1c Lab Test Value Set; HbA1c Test Result or Finding Value Set; glucose management indicator: LOINC code 97506-0) to identify the most recent ~~HbA1c test~~ glycemic status assessment during the measurement year. The member is numerator compliant if the most recent ~~HbA1c level is~~ glycemic status assessment has a result of >9.0% or is missing a result, or if ~~an HbA1c test~~ a glycemic status assessment was not done during the measurement year. The member is not numerator compliant if the result for the most recent ~~HbA1c test~~ glycemic status assessment during the measurement year is ≤9.0%.

Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent code during the measurement year to evaluate whether the member is numerator compliant.

Note: *A lower rate indicates better performance for this indicator (i.e., low rates of ~~poor control~~ glycemic status >9.0% indicate better care).*

Value Set	Numerator Compliance
HbA1c Level Less Than 7.0 Value Set	Not compliant
HbA1c Level Greater Than or Equal To 7.0 and Less Than 8.0 Value Set	Not compliant
HbA1c Level Greater Than or Equal To 8.0 and Less Than or Equal To 9.0 Value Set	Not compliant
HbA1c Level Greater Than 9.0 Value Set	Compliant

Hybrid Specification

Denominator

A systematic sample drawn from the eligible population.

Organizations that use the Hybrid Method to report the ~~Hemoglobin A1c Control~~ Glycemic Status Assessment for Patients With Diabetes (~~HBD~~GSD)~~, Eye Exam for Patients With Diabetes (EED)~~ and Blood Pressure Control for Patients With Diabetes (BPD) measures may use the same sample for ~~all three~~ both measures. If the same sample is used for ~~the three~~ both diabetes measures, the organization must first take the inverse of the ~~HbA1c poor control~~ glycemic status >9.0% rate (100 minus the ~~HbA1c poor control~~ glycemic status >9.0% rate) before reducing the sample.

Organizations may reduce the sample size based on the current year's administrative rate or on the prior year's audited, product line-specific rate for the lowest rate of all HBD indicators ~~and EED~~ and the BPD measure~~s~~.

If separate samples are used for the HBD, EED and BPD measures, organizations may reduce the sample based on the product line-specific current measurement year's administrative rate or the prior year's audited, product line-specific rate for the measure.

Refer to the *Guidelines for Calculations and Sampling* for information on reducing sample size.

Numerators

~~HbA1c Control~~ Glycemic Status <8%	The *most recent* ~~HbA1c level~~ glycemic status assessment (HbA1c or GMI) (performed during the measurement year) ~~is~~ has a result of <8.0% as identified by laboratory data or medical record review.
Administrative	Refer to *Administrative Specification* to identify positive numerator hits from administrative data.
Medical record	At a minimum, documentation in the medical record must include a note indicating the date when the ~~HbA1c test~~ glycemic status assessment (HbA1c or GMI) was performed and the result. The member is numerator compliant if the most recent ~~HbA1c level~~ glycemic status during the measurement year ~~is~~ has a result of <8.0%. The member is not numerator compliant if the result for the most recent ~~HbA1c level~~ glycemic status assessment during the measurement year is ≥8.0% or is missing, or if ~~an HbA1c test~~ a glycemic status assessment was not performed during the measurement year. Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance.
~~HbA1c Poor Control~~ Glycemic Status >9%	The *most recent* ~~HbA1c level~~ glycemic status assessment (HbA1c or GMI) (performed during the measurement year) ~~is~~ has a result of >9.0% or is missing, or was not done during the measurement year, as documented through laboratory data or medical record review. ***Note:*** *A lower rate indicates better performance for this indicator (i.e., low rates of ~~poor control~~ glycemic status >9.0% indicate better care).*
Administrative	Refer to *Administrative Specification* to identify positive numerator hits from administrative data.
Medical record	At a minimum, documentation in the medical record must include a note indicating the date when the ~~HbA1c test~~ glycemic status assessment was performed and the result. The member is numerator compliant if the result for the most recent ~~HbA1c level~~ glycemic status during the measurement year is >9.0% or is missing, or ~~an HbA1c test~~ glycemic status assessment was not done during the measurement year. The member is not numerator compliant if the most recent ~~HbA1c level~~ glycemic status during the measurement year is ≤9.0%. Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance.

Note

- *If a combination of administrative, supplemental or hybrid data are used, the most recent ~~HbA1c result~~ glycemic status must be used, regardless of data source.*
- *If there are multiple glycemic results on the same day, use the HbA1c result as the most recent glycemic status.*

Data Elements for Reporting

Organizations that submit HEDIS data to NCQA must provide the following data elements.

Table HBD-A-1/2/3: Data Elements for ~~Hemoglobin A1c Control~~ Glycemic Status Assessment for Patients With Diabetes

Metric	Data Element	Reporting Instructions	A
~~AdequateHbA1cControl~~ LessThan8	CollectionMethod	Repeat per Metric	✓
~~PoorHbA1cControl~~ GreaterThan9	EligiblePopulation*	For each Metric	✓
	ExclusionAdminRequired*	For each Metric	✓
	NumeratorByAdminElig	For each Metric	
	CYAR	(Percent)	
	MinReqSampleSize	Repeat per Metric	
	OversampleRate	Repeat per Metric	
	OversampleRecordsNumber	(Count)	
	ExclusionValidDataErrors	Repeat per Metric	
	ExclusionEmployeeOrDep	Repeat per Metric	
	OversampleRecsAdded	Repeat per Metric	
	Denominator	Repeat per Metric	
	NumeratorByAdmin	For each Metric	✓
	NumeratorByMedicalRecords	For each Metric	
	NumeratorBySupplemental	For each Metric	✓
	Rate	(Percent)	✓

Table HBD-B-1/2/3: Data Elements for ~~Hemoglobin A1c Control~~ Glycemic Status Assessment for Patients With Diabetes: Stratifications by Race

Metric
~~AdequateHbA1cControl~~ LessThan8
~~PoorHbA1cControl~~ GreaterThan9

Race	Source	Data Element	Reporting Instructions	A
White	Direct	CollectionMethod	Repeat per Metric and Stratification	✓
BlackOrAfricanAmerican	Indirect	EligiblePopulation*	For each Metric and Stratification	✓
AmericanIndianOrAlaskaNative	Total	Denominator	For each Stratification, repeat per Metric	
Asian		Numerator	For each Metric and Stratification	✓
NativeHawaiianOrOtherPacificIslander		Rate	(Percent)	✓
SomeOtherRace				
TwoOrMoreRaces				
AskedButNoAnswer**				
Unknown***				

Table HBD-C-1/2/3: Data Elements for ~~Hemoglobin A1c Control~~ Glycemic Status Assessment for Patients With Diabetes: Stratifications by Ethnicity

Metric
~~AdequateHbA1cControl~~ LessThan8
~~PoorHbA1cControl~~ GreaterThan9

Ethnicity	Source	Data Element	Reporting Instructions	A
HispanicOrLatino	Direct	CollectionMethod	Repeat per Metric and Stratification	✓
NotHispanicOrLatino	Indirect	EligiblePopulation*	For each Metric and Stratification	✓
AskedButNoAnswer**	Total	Denominator	For each Stratification, repeat per Metric	
Unknown***		Numerator	For each Metric and Stratification	✓
		Rate	(Percent)	✓

*Repeat the EligiblePopulation and ExclusionAdminRequired values for metrics using the Administrative Method.
**AskedButNoAnswer is only reported for Source='Direct.'
***Unknown is only reported for Source='Indirect.'

Eye Exam for Patients With Diabetes (EED)

SUMMARY OF CHANGES TO HEDIS MY 2024

- Updated the event/diagnosis criteria.
- Updated required exclusions.
- Removed the Hybrid reporting method.

Description

The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.

Eligible Population

Product lines Commercial, Medicaid, Medicare (report each product line separately).

Stratification For Medicare only, report the following SES stratifications and total:

- Non-LIS/DE, Nondisability.
- LIS/DE.
- Disability.
- LIS/DE and Disability.
- Other.
- Unknown.
- Total Medicare.

Note: *The stratifications are mutually exclusive, and the sum of all six stratifications is the total population.*

Ages 18–75 years as of December 31 of the measurement year.

Continuous enrollment The measurement year.

Allowable gap No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (e.g., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

Anchor date December 31 of the measurement year.

Benefit Medical.

Event/diagnosis There are two ways to identify members with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a member only needs to be identified by one method to be included in the measure. Members may be identified as having diabetes during the measurement year or the year prior to the measurement year.

Claim/encounter data. Members who had at least two diagnoses of diabetes (Diabetes Value Set) on different dates of service during the measurement year or the year prior to the measurement year. Do not include laboratory claims (claims with POS 81).

Pharmacy data. Members who were dispensed insulin or hypoglycemics/ antihyperglycemics during the measurement year or the year prior to the measurement year (Diabetes Medications List) and have at least one diagnosis of diabetes (Diabetes Value Set) during the measurement year or the year prior to the measurement year. Do not include laboratory claims (claims with POS 81).

~~*Claim/encounter data*. Members who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):~~

- ~~At least one acute inpatient encounter (Acute Inpatient Value Set) with a diagnosis of diabetes (Diabetes Value Set) ***without*** telehealth (Telehealth Modifier Value Set; Telehealth POS Value Set).~~
- ~~At least one acute inpatient discharge with a diagnosis of diabetes (Diabetes Value Set) on the discharge claim. To identify an acute inpatient discharge:~~
  1. ~~Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).~~
  2. ~~Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).~~
  3. ~~Identify the discharge date for the stay.~~
- ~~At least two outpatient visits (Outpatient Value Set), observation visits (Observation Value Set), telephone visits (Telephone Visits Value Set), e-visits or virtual check-ins (Online Assessments Value Set), ED visits (ED Value Set), nonacute inpatient encounters (Nonacute Inpatient Value Set) or nonacute inpatient discharges (instructions below; the diagnosis must be on the discharge claim), on different dates of service, with a diagnosis of diabetes (Diabetes Value Set). Visit type need not be the same for the two encounters. To identify a nonacute inpatient discharge:~~
  1. ~~Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).~~
  2. ~~Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim.~~
  3. ~~Identify the discharge date for the stay.~~

  ~~Only include nonacute inpatient encounters (Nonacute Inpatient Value Set) ***without*** telehealth (Telehealth Modifier Value Set; Telehealth POS Value Set).~~

~~*Pharmacy data*. Members who were dispensed insulin or hypoglycemics/ antihyperglycemics during the measurement year or the year prior to the measurement year (Diabetes Medications List).~~

Diabetes Medications

Description	Prescription		
Alpha-glucosidase inhibitors	• Acarbose	• Miglitol	
Amylin analogs	• Pramlintide		
Antidiabetic combinations	• Alogliptin-metformin • Alogliptin-pioglitazone • Canagliflozin-metformin • Dapagliflozin-metformin • Dapagliflozin-saxagliptin • Empagliflozin-linagliptin • Empagliflozin-linagliptin-metformin	• Empagliflozin-metformin • Ertugliflozin-metformin • Ertugliflozin-sitagliptin • Glimepiride-pioglitazone • Glipizide-metformin • Glyburide-metformin	• Linagliptin-metformin • Metformin-pioglitazone • Metformin-repaglinide • Metformin-rosiglitazone • Metformin-saxagliptin • Metformin-sitagliptin
Insulin	• Insulin aspart • Insulin aspart-insulin aspart protamine • Insulin degludec • Insulin degludec-liraglutide • Insulin detemir • Insulin glargine • Insulin glargine-lixisenatide	• Insulin glulisine • Insulin isophane human • Insulin isophane-insulin regular • Insulin lispro • Insulin lispro-insulin lispro protamine • Insulin regular human • Insulin human inhaled	
Meglitinides	• Nateglinide	• Repaglinide	
Biguanides	• Glucophage/metformin		
Glucagon-like peptide-1 (GLP1) agonists	• Albiglutide • Dulaglutide • Exenatide	• Liraglutide ~~(excluding Saxenda®)~~ • Lixisenatide • Semaglutide	
Sodium glucose cotransporter 2 (SGLT2) inhibitor	• Canagliflozin	• Dapagliflozin ~~(excluding Farxiga®)~~	• Empagliflozin • Ertugliflozin
Sulfonylureas	• Chlorpropamide • Glimepiride	• Glipizide • Glyburide	• Tolazamide • Tolbutamide
Thiazolidinediones	• Pioglitazone	• Rosiglitazone	
Dipeptidyl peptidase-4 (DDP-4) inhibitors	• Alogliptin • Linagliptin	• Saxagliptin • Sitagliptin	

~~***Note:** Glucophage/metformin as a solo agent is not included because it is used to treat conditions other than diabetes; members with diabetes on these medications are identified through diagnosis codes only.*~~

Required exclusions

Exclude members who meet any of the following criteria:

- Bilateral eye enucleation any time during the member's history through December 31 of the measurement year:
  - Unilateral eye enucleation (Unilateral Eye Enucleation Value Set) with a bilateral modifier (Bilateral Modifier Value Set).
  - Two unilateral eye enucleations (Unilateral Eye Enucleation Value Set) with

  - service dates 14 days or more apart. For example, if the service date for the first unilateral eye enucleation was February 1 of the measurement year, the service date for the second unilateral eye enucleation must be on or after February 15.
  - Left unilateral eye enucleation (Unilateral Eye Enucleation Left Value Set) ***and*** right unilateral eye enucleation (Unilateral Eye Enucleation Right Value Set) on the same or different dates of service.
  - A unilateral eye enucleation (Unilateral Eye Enucleation Value Set) and a left unilateral eye enucleation (Unilateral Eye Enucleation Left Value Set) with service dates 14 days or more apart.
  - A unilateral eye enucleation (Unilateral Eye Enucleation Value Set) and a right unilateral eye enucleation (Unilateral Eye Enucleation Right Value Set) with service dates 14 days or more apart.
- ~~Members who did not have a diagnosis of diabetes (Diabetes Value Set), in any setting, during the measurement year or the year prior to the measurement year ***and*** who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes (Diabetes Exclusions Value Set), in any setting, during the measurement year or the year prior to the measurement year.~~
- Members in hospice or using hospice services any time during the measurement year. Refer to *General Guideline 15: Members in Hospice.*
- Members who died any time during the measurement year. Refer to *General Guideline 16: Deceased Members.*
- Members receiving palliative care (Palliative Care Assessment Value Set; Palliative Care Encounter Value Set; Palliative Care Intervention Value Set; ICD-10-CM code Z51.5) any time during the measurement year.

Exclusions

Exclude members who meet any of the following criteria:

Note: *Supplemental and medical record data may not be used for these exclusions.*

- Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
  - Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.
  - Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement year.
- Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty ***and*** advanced illness. Members must meet **BOTH** of the following frailty and advanced illness criteria to be excluded:
  1. At least two indications of frailty (Frailty Device Value Set; Frailty Diagnosis Value Set; Frailty Encounter Value Set; Frailty Symptom Value Set) with different dates of service during the measurement year.
  2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):
     - At least two outpatient visits (Outpatient Value Set), observation visits (Observation Value Set), ED visits (ED Value Set), telephone visits (Telephone Visits Value Set), e-visits or virtual check-ins

(Online Assessments Value Set), nonacute inpatient encounters (Nonacute Inpatient Value Set) or nonacute inpatient discharges (instructions below; the diagnosis must be on the discharge claim) on different dates of service, with an advanced illness diagnosis (Advanced Illness Value Set). Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:

1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim.
3. Identify the discharge date for the stay.

– At least one acute inpatient encounter (Acute Inpatient Value Set) with an advanced illness diagnosis (Advanced Illness Value Set).

– At least one acute inpatient discharge with an advanced illness diagnosis (Advanced Illness Value Set) on the discharge claim. To identify an acute inpatient discharge:

1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).
3. Identify the discharge date for the stay.

– A dispensed dementia medication (Dementia Medications List).

Dementia Medications

Description	Prescription
Cholinesterase inhibitors	• Donepezil • Galantamine • Rivastigmine
Miscellaneous central nervous system agents	• Memantine
Dementia combinations	• Donepezil-memantine

Administrative Specification

Denominator The eligible population.

Numerator Screening or monitoring for diabetic retinal disease as identified by administrative data. This includes diabetics who had one of the following:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year.
- A *negative* retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year.
- ~~Bilateral eye enucleation any time during the member's history through December 31 of the measurement year.~~

Any of the following meet criteria:

- Any code in the Diabetic Retinal Screening Value Set billed by an eye care professional (optometrist or ophthalmologist) during the measurement year.

- Any code in the Diabetic Retinal Screening Value Set billed by an eye care professional (optometrist or ophthalmologist) during the year prior to the measurement year, with a diagnosis of diabetes without complications (Diabetes Mellitus Without Complications Value Set).
- Any code in the Eye Exam With Evidence of Retinopathy Value Set, Eye Exam Without Evidence of Retinopathy Value Set or Automated Eye Exam Value Set billed by any provider type during the measurement year.
- Any code in the Eye Exam Without Evidence of Retinopathy Value Set billed by any provider type during the year prior to the measurement year.
- Any code in the Diabetic Retinal Screening Negative In Prior Year Value Set billed by any provider type during the measurement year.
- ~~Unilateral eye enucleation (Unilateral Eye Enucleation Value Set) ***with*** a bilateral modifier (Bilateral Modifier Value Set).~~
- ~~Two unilateral eye enucleations (Unilateral Eye Enucleation Value Set) with service dates 14 days or more apart. For example, if the service date for the first unilateral eye enucleation was February 1 of the measurement year, the service date for the second unilateral eye enucleation must be on or after February 15.~~
- ~~Left unilateral eye enucleation (Unilateral Eye Enucleation Left Value Set) ***and*** right unilateral eye enucleation (Unilateral Eye Enucleation Right Value Set) on the same or different dates of service.~~
- ~~A unilateral eye enucleation (Unilateral Eye Enucleation Value Set) and a left unilateral eye enucleation (Unilateral Eye Enucleation Left Value Set) with service dates 14 days or more apart.~~
- ~~A unilateral eye enucleation (Unilateral Eye Enucleation Value Set) and a right unilateral eye enucleation (Unilateral Eye Enucleation Right Value Set) with service dates 14 days or more apart.~~

~~Hybrid Specification~~

~~Denominator~~

~~A systematic sample drawn from the eligible population.~~

~~For Medicare reporting, the denominator for the Total Medicare SES stratification is the entire systematic sample. Do not pull samples for each stratification. The individual stratifications for the denominators and all numerators must sum to the total.~~

~~Organizations that use the Hybrid Method to report the Hemoglobin A1c Control for Patients With Diabetes (HBD), Eye Exam for Patients With Diabetes (EED) and Blood Pressure Control for Patients With Diabetes (BPD) measures may use the same sample for all three measures. If the same sample is used for the three diabetes measures, the organization must first take the inverse of the HbA1c poor control >9.0% rate (100 minus the HbA1c poor control rate) before reducing the sample.~~

~~Organizations may reduce the sample size based on the current year's administrative rate or the prior year's audited, product line-specific rate for the lowest rate of all HBD indicators and EED and BPD measures.~~

If separate samples are used for the HBD, EED and BPD measures, organizations may reduce the sample based on the product line-specific current measurement year's administrative rate or the prior year's audited, product line-specific rate for the measure.

Refer to the *Guidelines for Calculations and Sampling* for information on reducing sample size.

Numerator

Screening or monitoring for diabetic retinal disease as identified by administrative data or medical record review. This includes diabetics who had one of the following:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year.
- A negative retinal or dilated exam (negative for retinopathy) by an eye care professional (optometrist or ophthalmologist) in the year prior to the measurement year.

Bilateral eye enucleation any time during the member's history through December 31 of the measurement year.

Administrative

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

Medical record

At a minimum, documentation in the medical record must include one of the following:

- A note or letter prepared by an ophthalmologist, optometrist, PCP or other health care professional indicating that an ophthalmoscopic exam was completed by an eye care professional (optometrist or ophthalmologist), the date when the procedure was performed and the results.
- A chart or photograph indicating the date when the fundus photography was performed and one of the following:
  - Evidence that an eye care professional (optometrist or ophthalmologist) reviewed the results.
  - Evidence results were read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist.

Evidence results were read by a system that provides an artificial intelligence (AI) interpretation.

- Evidence that the member had bilateral eye enucleation or acquired absence of both eyes. Look as far back as possible in the member's history through December 31 of the measurement year.
- Documentation of a negative retinal or dilated exam by an eye care professional (optometrist or ophthalmologist) in the year prior to the measurement year, where results indicate retinopathy was not present (e.g., documentation of normal findings).
  - Documentation does not have to state specifically "no diabetic retinopathy" to be considered negative for retinopathy; however, it must be clear that the patient had a dilated or retinal eye exam by an eye care professional (optometrist or ophthalmologist) and that retinopathy was not present. Notation limited to a statement that indicates "diabetes without complications" does not meet criteria.

Note

- *Blindness is not an exclusion for a diabetic eye exam, because it is difficult to distinguish between individuals who are legally blind but require a retinal exam and those who are completely blind and therefore do not require an exam.*
- ~~*Hypertensive retinopathy is not handled differently from diabetic retinopathy when reporting this measure; for example, an eye exam documented as positive for hypertensive retinopathy is counted as positive for diabetic retinopathy and an eye exam documented as negative for hypertensive retinopathy is counted as negative for diabetic retinopathy. The intent of this measure is to ensure that members with evidence of any type of retinopathy have an eye exam annually, while members who remain free of retinopathy (i.e., the retinal exam was negative for retinopathy) are screened every other year.*~~
- ~~*An eye exam result documented as "unknown" does not meet criteria.*~~

Data Elements for Reporting

Organizations that submit HEDIS data to NCQA must provide the following data elements.

Table EED-1/2: Data Elements for Eye Exam for Patients With Diabetes

Metric	Data Element	Reporting Instructions	A
EyeExams	~~CollectionMethod~~	~~Report once~~	~~✓~~
	EligiblePopulation	Report once	✓
	ExclusionAdminRequired	Report once	✓
	~~NumeratorByAdminElig~~	~~Report once~~	
	~~CYAR~~	~~(Percent)~~	
	~~MinReqSampleSize~~	~~Report once~~	
	~~OversampleRate~~	~~Report once~~	
	~~OversampleRecordsNumber~~	~~(Count)~~	
	~~ExclusionValidDataErrors~~	~~Report once~~	
	~~ExclusionEmployeeOrDep~~	~~Report once~~	
	~~OversampleRecsAdded~~	~~Report once~~	
	~~Denominator~~	~~Report once~~	
	NumeratorByAdmin	Report once	✓
	~~NumeratorByMedicalRecords~~	~~Report once~~	
	NumeratorBySupplemental	Report once	✓
	Rate	(Percent)	✓

Table EED-3: Data Elements for Eye Exam for Patients With Diabetes

Metric	SES Stratification	Data Element	Reporting Instructions	A
EyeExams	NonLisDeNondisability	~~CollectionMethod~~	~~Repeat per Stratification~~	~~✓~~
	LisDe	EligiblePopulation	For each Stratification	✓
	Disability	ExclusionAdminRequired	For each Stratification	✓
	LisDeAndDisability	~~NumeratorByAdminElig~~	~~For each Stratification~~	
	Other	~~CYAR~~	~~Only for Total (Percent)~~	
	Unknown	~~MinReqSampleSize~~	~~Repeat per Stratification~~	
	Total	~~OversampleRate~~	~~Repeat per Stratification~~	
		~~OversampleRecordsNumber~~	~~(Count)~~	
		~~ExclusionValidDataErrors~~	~~Repeat per Stratification~~	
		~~ExclusionEmployeeOrDep~~	~~Repeat per Stratification~~	
		~~OversampleRecsAdded~~	~~Repeat per Stratification~~	
		~~Denominator~~	~~For each Stratification~~	
		NumeratorByAdmin	For each Stratification	✓
		~~NumeratorByMedicalRecords~~	~~For each Stratification~~	
		NumeratorBySupplemental	For each Stratification	✓
		Rate	(Percent)	✓

HEDIS Health Plan Denominator Size: Diabetes Denominator

The following tables summarize the average diabetes denominator size and distribution for each product line for HEDIS measurement years 2020 and 2021.

Table 1. HEDIS Diabetes Denominator Size—Commercial Plans

Measurement Year	Total Number of Plans (N)	Denominator Size (N)						
		Mean	Standard Deviation	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
2021	404	12,599	22,274	616	1,454	4,257	13,248	34,228
2020	389	12,644	22,787	644	1,498	3,923	13,005	34,269

Table 2. HEDIS Diabetes Denominator Size—Medicare Plans

Measurement Year	Total Number of Plans (N)	Denominator Size (N)						
		Mean	Standard Deviation	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
2021	633	8,398	25,087	125	416	1,830	6,415	17,300
2020	578	8,558	24,704	125	446	1,809	7150	18,059

Table 2. HEDIS Diabetes Denominator Size—Medicaid Plans

Measurement Year	Total Number of Plans (N)	Denominator Size (N)						
		Mean	Standard Deviation	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
2021	207	10,416	13,701	871	2,246	6,183	13,587	21,381
2020	199	8,841	12,332	420	1,712	5,311	11,197	19,185