

## Measure specifications: Comprehensive Diabetes Care: Eye exam (Retinal) Performed

### Metric information

**Metric description:** The percentage of Medicaid beneficiaries, 18 - 75 years of age, with diabetes (type 1 and type 2) who had a retinal or dilated eye exam by an eye care professional during the measurement year, **OR** a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement year, **OR** a bilateral eye enucleation during the measurement year.

**Metric specification version:** HEDIS® Measurement Year 2022 Technical Specifications for Health Plans, NCQA.

**Data collection method:** Administrative only

**Data source:** ProviderOne Medicaid claims/encounter and enrollment data.

**Claim status:** Include only final paid claims or accepted encounters in metric calculation.

**Identification window:** Measurement year and the year prior to the measurement year.

**Direction of quality improvement:** Higher is better.

**URL of specifications:** [NCQA HEDIS measures](#)

### DSRIP program summary

**Metric utility:** ACH Project P4P ■ ACH High Performance ■ DSRIP statewide accountability □

**ACH Project P4P – Metric results used for achievement value:** Single metric result.

**ACH Project P4P – improvement target methodology (DY3/Performance Year 1 thru DY5/Performance Year 3):** gap to goal.

### ACH project P4P gap to goal – absolute benchmark value:

| Performance year               | Percentile   |
|--------------------------------|--|
| DY 3/performance year 1 (2019) | 73.08%<br>2017 NCQA Quality Compass National Medicaid, 90 <sup>th</sup> Percentile |
| DY 4/performance year 2 (2020) | 75.11%<br>2018 NCQA Quality Compass National Medicaid, 90 <sup>th</sup> Percentile |
| DY 5/performance year 3 (2021) | 82.51%<br>2019 NCQA Quality Compass National Medicaid, 90 <sup>th</sup> Percentile |

**ACH project P4P: improvement target methodology (DY6/Performance Year 4):** Improvement over self (due to COVID-19 Public Health Emergency)

**ACH regional attribution:** Residence in the ACH region for 11 out of 12 months in the measurement year.

## DSRIP metric details

### Eligible population

| Measure                                     | Description  |
|---|--|
| <b>Age</b>                                  | 18-75 years. Age is as of the last day of the measurement year   |
| <b>Gender</b>                               | N/A  |
| <b>Minimum Medicaid enrollment</b>          | Measurement year. Enrollment must be continuous.   |
| <b>Allowable gap in Medicaid enrollment</b> | One gap of one month during the measurement year.  |
| <b>Medicaid enrollment anchor date</b>      | Last day of measurement year.  |
| <b>Medicaid benefit and eligibility</b>     | Includes Medicaid beneficiaries with comprehensive medical benefits. Excludes beneficiaries that are eligible for both Medicare and Medicaid and beneficiaries with primary insurance other than Medicaid. |

### Denominator

Data elements required for denominator: Medicaid beneficiaries, age 18-75 as of the last day of the measurement year, with diabetes identified from claim/encounter data or pharmacy data, during the measurement year or the year prior to the measurement year (count services that occur in either year) and qualify for any one of the criteria in one or both years. Telehealth visits may be included. See HEDIS® for specific instructions.

Required exclusions for denominator.

- Eligible population exclusions are listed in the eligible population table above.
- Metric specific exclusions:
  - o Beneficiaries in hospice care.
  - o Members 66 years of age and older as of the last day of the measurement year with frailty and advanced illness during the measurement year. See HEDIS® for specific instructions.

Deviations from cited specifications for denominator.

- HEDIS® specifications require no more than one gap in continuous enrollment of up to 45 days during each year of continuous enrollment. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, as is the case for the ProviderOne data source, the Medicaid beneficiary may not have more than a 1-month gap in coverage (i.e., a Medicaid beneficiary whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

### Numerator

Beneficiaries must qualify for inclusion in the denominator to be eligible for inclusion in the numerator.

Data elements required for numerator: Screening or monitoring for diabetic retinal disease as identified by the claim/encounter data. See HEDIS® for specific instructions.

Required exclusions for numerator.

- None

Deviations from cited specifications for numerator.

- Numerator criteria that require viewing test results are not included. See HEDIS® for more information.

## Version control

**August 2019 update:** Additional denominator directions (telehealth) and exclusions (advanced illness/frailty) have been added.

**August 2020 update:** Additional information about deviations from the HEDIS® numerator criteria has been included.

**August 2023 update:** The following changes have been made for measurement year 2022. The Comprehensive Diabetes Care metric was replaced by breaking its indicators into multiple separate metrics; one of which is Eye Exam for Patients with Diabetes (EED). Aside from its name there are two key changes: (1) An additional exclusion added to the denominator which removes patients who did not have a diagnosis of diabetes (Diabetes Value Set) and had a diagnosis from the (Diabetes Exclusions Value Set) during the measurement year or the year prior. (2) An Additional criterion including claims with Automated Eye Exam Value Set was added to an existing set of inclusion criteria in the numerator.