Diabetes: HbA1c Poor Control (CMS122v13)

Measure Basic Information

Name and date of specifications used: Eligible Professional / Eligible Clinician electronic Clinical Quality Measure (eCQM) Specifications for Performance / Reporting Year 2025.

URL of Specifications: https://ecqi.healthit.gov/ecqm/ec/2025/cms0122v13

Measure Type:

☐ HEDIS   ☐ PQI   ☐ Survey   ■ Other. Specify: eCQM

Measure Utility:

■ CCO Incentive   ■ State Quality   ■ CMS Adult Core Set   ☐ CMS Child Core Set
☐ Other. Specify:

Data Source: Electronic Health Records

Measurement Period: January 1, 2025 – December 31, 2025

Benchmark:

	2023	**2024**	**2025**
Benchmark for OHA measurement year	24.8%	21.1%	20.0%
Improvement target for OHA measurement year	MN method with 1 percentage point floor	MN method with 2 percentage point floor	MN method with 2 percentage point floor
Source	MY 2021 Nat. Comm. 75th percentile	MY 2022 CCO 90th percentile	MY 2022 Commercial 90th percentile

For standard, national measures, the Metrics & Scoring Committee has used CCO percentiles and national-level data/percentiles from the National Committee for Quality Assurance (NCQA). For ease of reference, the measurement year (MY) is noted for national-level and CCO statewide data/percentiles rather than the publication year. NCQA publishes annual data with national Medicaid, Commercial, and Medicare percentiles.

Note on telehealth: CMS 2025 telehealth guidance states that this electronic clinical quality measure is telehealth eligible. For further information specific to Oregon, the Health Evidence Review Commission (HERC) has provided this guideline on telehealth services.

Changes in Specifications from 2024 to 2025: This summary is provided to help highlight changes. For a complete list, see the Technical Release Notes:
https://ecqi.healthit.gov/ecqm/ec/2025/cms0122v13?qt-tabs_measure=technical-release-notes

- Changed all references from NQF to CBE to identify the consensus-based entity role.

- Added flexibility to prioritize the lowest result among multiple glycemic status assessments on the same day to align with measure intent.
- Reduced the complexity of advanced illness criteria by removing the requirement to have at least two outpatient encounters or one inpatient encounter with the advanced illness diagnosis.
- Added glucose management indicator (GMI) as an option to meet Numerator criteria based on guideline updates.
- Updated the timing comparison precision in the definitions from datetime to date by adding 'day of' operator to align with the measure intent and address time zone issues.
- Updated the version number of the Palliative Care Exclusion Library to v4.0.000 and the library name from 'PalliativeCareExclusionECQM' to 'PalliativeCareQDM.'
- Updated the version number of the Hospice Library to v6.0.000 and the library name from 'Hospice' to 'HospiceQDM.'
- Updated the version number of the Advanced Illness and Frailty Exclusion ECQM Library to v9.0.000 and the library name from 'AdvancedIllnessandFrailtyExclusionECQM' to 'AdvancedIllnessandFrailtyQDM.'
- Updated the version number of the Measure Authoring Tool (MAT) Global Common Functions Library to v8.0.000 and the library name from 'MATGlobalCommonFunctions' to 'MATGlobalCommonFunctionsQDM.'
- Added clarification that reporting Healthier Oregon Population is optional. Providers may not have ability to exclude. OHA will continue to accept results with the Health Oregon Population included.

Value Set name and OID	Status
Value set Acute Inpatient (2.16.840.1.113883.3.464.1003.101.12.1083)	Removed.
Value set Advanced Illness (2.16.840.1.113883.3.464.1003.110.12.1082)	Added 69 ICD-10-CM codes based on review by technical experts, SMEs, and/or public feedback. Deleted 5 ICD-10-CM codes (F01.51, F02.81, F03.91, J84.17, K74.0) based on review by technical experts, SMEs, and/or public feedback. Added 109 SNOMED CT codes based on review by technical experts, SMEs, and/or public feedback. Deleted 22 SNOMED CT codes based on review by technical experts, SMEs, and/or public feedback.
Value set Annual Wellness Visit (2.16.840.1.113883.3.526.3.1240)	Added 3 SNOMED CT codes (86013001, 90526000, 866149003) based on review by technical experts, SMEs, and/or public feedback. Added 1 HCPCS code (G0402) based on review by technical experts, SMEs, and/or public feedback.
Value set Diabetes (2.16.840.1.113883.3.464.1003.103.12.1001)	Deleted 1 SNOMED CT code (314904008) based on review by technical experts, SMEs, and/or public feedback.
Value set Emergency Department Evaluation and Management Visit (2.16.840.1.113883.3.464.1003.101.12.1010)	Removed.
Value set Frailty Device (2.16.840.1.113883.3.464.1003.118.12.1300)	Added 12 SNOMED CT codes based on review by technical experts, SMEs, and/or public feedback. Deleted 14 SNOMED CT codes based on review by technical experts, SMEs, and/or public feedback.

Value set Frailty Diagnosis (2.16.840.1.113883.3.464.1003.113.12.1074)	Deleted 7 SNOMED CT codes (414188008, 414189000, 16728003, 162845004, 699215008, 699218005, 459821000124104) based on review by technical experts, SMEs, and/or public feedback.
Value set Frailty Symptom (2.16.840.1.113883.3.464.1003.113.12.1075)	Deleted 10 SNOMED CT codes (267031002, 272062008, 314109004, 271875007, 394616008, 163600007, 163695007, 268964003, 272036004, 225612007) based on review by technical experts, SMEs, and/or public feedback.
Value set Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016)	Deleted 1 CPT code (99343) based on review by technical experts, SMEs, and/or public feedback.
Value set Hospice Care Ambulatory (2.16.840.1.113883.3.526.3.1584)	Added 2 SNOMED CT codes (170935008, 170936009) based on review by technical experts, SMEs, and/or public feedback. Deleted 1 SNOMED CT code (385765002) based on review by technical experts, SMEs, and/or public feedback.
Value set Nonacute Inpatient (2.16.840.1.113883.3.464.1003.101.12.1084)	Removed.
Value set Observation (2.16.840.1.113883.3.464.1003.101.12.1086)	Removed.
Value set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001)	Deleted 2 SNOMED CT codes (30346009, 37894004) based on review by technical experts, SMEs, and/or public feedback. Deleted 1 CPT code (99201) based on review by technical experts, SMEs, and/or public feedback.
Value set Outpatient (2.16.840.1.113883.3.464.1003.101.12.1087)	Removed.
Value set Palliative Care Encounter (2.16.840.1.113883.3.464.1003.101.12.1090)	Added 3 SNOMED CT codes (305686008, 305824005, 441874000) based on review by technical experts, SMEs, and/or public feedback.
Value set (2.16.840.1.114222.4.11.3591)	Renamed to Payer Type based on recommended value set naming conventions.
	Added direct reference code LOINC code (97506-0) based on applicability of a single code to represent clinical data.

Denied claims: n/a

Measure Details

The detailed measure specifications are available in the eCQI Resource Center: https://ecqi.healthit.gov/ecqm/ec/2025/cms0122v13Detailed value set contents are available in the Value Set Authority Center. The following abbreviated information from the specifications is provided for convenience.

Data elements required denominator: Patients 18-75 years of age by the end of the measurement period, with diabetes with a visit during the measurement period

Required exclusions for denominator:

• Exclude patients who are in hospice care for any part of the measurement period.

- Exclude patients 66 and older by the end of the measurement period who are living long term in a nursing home any time on or before the end of the measurement period.

- Exclude patients 66 and older by the end of the measurement period with an indication of frailty for any part of the measurement period who also meet any of the following advanced illness criteria:
    - Advanced illness diagnosis during the measurement period or the year prior
    - OR taking dementia medications during the measurement period or the year prior

- Exclude patients receiving palliative care for any part of the measurement period.

Deviations from cited specifications for denominator: None.

Data elements required numerator: Patients whose most recent glycemic status assessment (HbA1c or GMI) (performed during the measurement period) is >9.0% or is missing, or was not performed during the measurement period.

Required exclusions for numerator: None.

Deviations from cited specifications for numerator: None.

What are the continuous enrollment criteria: For now, OHA does not use continuous enrollment criteria for EHR-based measures; the "eligible as of the last date of the reporting period" rule may be used to identify beneficiaries.

Reporting Healthier Oregon Population is optional. Providers may not have ability to exclude. OHA will continue to accept results with the Health Oregon Population included.

What are allowable gaps in enrollment: n/a

Define Anchor Date (if applicable): n/a

For more information:

- For technical assistance, the electronic clinical quality measure (eCQM) Issue Tracker from CMS: https://oncprojecttracking.healthit.gov/support/projects/CQM/summary
- Measure specifications, guidance on how to read eCQMs, and other resources can be accessed through the CMS/ ONC eCQI Resource Center: https://ecqi.healthit.gov/ep-ec-ecqms
- Value set content can be accessed through the Value Set Authority Center (VSAC) at the National Library of Medicine. https://vsac.nlm.nih.gov/
    - For more information about value sets and the code systems used, a guide can be found in the CMS Measure Management Blueprint: https://www.cms.gov/files/document/blueprint-codes-code-systems-value-sets.pdf
- Additional information on OHA reporting requirements will be available in the Year Thirteen (2024) Guidance Documentation, which will be posted at https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx