

Adults with Diabetes – Oral Evaluation (DOE)

Measure Basic Information

Name and date of specifications used: Dental Quality Alliance (DQA) *Adults with Diabetes – Oral Evaluation*.

URL of Specifications:

https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/dqa/dental-quality-measures/2025/2025_adult_diabetes_oral_evaluation_final.pdf?rev=07e3a03f79874d218f9f768ed4a1042a&hash=BFD4DC5F23F1618E1DA84E65A0C5F399

For identifying members with diabetes in DQA’s 2025 specifications, it cites **HEDIS MY2023 value set** and medication list which can be found in the CMS FFY2024 Adult Core Set resource page:

<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-core-set-reporting-resources/index.html>

Measure Type:

HEDIS Survey Other Specify: DQA

Measure Utility:

CCO Incentive CMS Adult Core Set CMS Child Core Set Other Specify:

Data Source: MMIS/DSSURS

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

DOE	2023	2024	2025
Benchmark for OHA measurement year	26.4%	31.9%	35%
Improvement target for OHA measurement year	MN method with 1 percentage point floor	MN method with 1 percentage point floor	MN method with 2 percentage point floor
Source:	MY2021 CCO 90 th percentile	MY2019 CCO 90 th percentile	Committee consensus

Note on telehealth: This measure may be eligible for teledentistry. The intent of the measure is to ensure that members with diabetes had the touchpoint with the dental delivery system and had diagnoses and treatment planning. These activities as documented in the claims data by the dentist/ dental health provider is based on their clinical judgment. If the rendering provider documents a qualifying CDT code (D0120, D0150 or D0180) in the claims form, the visit should be counted in the measure, irrespective if the visit was virtual (Teledentistry) or in person.

Changes in specifications from MY2024 to MY2025:

- Updated exclusion criteria for palliative care, frailty and members who died in the measurement year to align with NCQA/HEDIS MY2023.

Member type: CCOA CCOB CCOE CCOF CCOG

Starting MY2024, CCO members under the Basic Health Plan (BHP) anytime during the required continuous enrollment period are excluded from the incentive quality rates. Note that the Cover All Kids (CAK) and Healthier Oregon Program (HOP) recipients have also been excluded from the incentive quality rates.

Specify claims used in the calculation:

DOE	Only use claims from matching CCO that a member is enrolled with	Denied claims included
Denominator inclusion and exclusion	N ¹	Y
Numerator event	Y	Y

Measure Details

Data elements required denominator:

Unduplicated members age 18 and above as of December 31 of the measurement year with diabetes. Adults with diabetes (type I or type II) can be identified by either claims/encounter data that include a diagnosis of diabetes or by pharmacy data. Both claims/encounter data and pharmacy data must be checked, but a patient needs to be identified by only one method for inclusion in the denominator.

Claims/Encounter Data:

Members who met at least one of the following criteria (1, 2, 3, and 4) in either the measurement year or the preceding year:

- 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).

OR

- At least one acute inpatient discharge with a diagnosis of diabetes (Diabetes Value Set) on the discharge claim. To identify an acute inpatient discharge:
 - Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
 - Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).
 - Identify the discharge date for the stay.

OR

- 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

¹ From the two-year period for identifying diabetes members in the denominator, all claims in OHA data warehouse are used regardless of the payer.

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:

- Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
- 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

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

OR

Pharmacy Data:

4. 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 List²

Description	Prescription	
Alpha-glucosidase inhibitors	• Acarbose	• Miglitol
Amylin analogs	• Pramlintide	
Antidiabetic combinations	<ul style="list-style-type: none"> • Alogliptin-metformin • Alogliptin-pioglitazone • Canagliflozin-metformin • Dapagliflozin-metformin • Dapagliflozin-saxagliptin • Empagliflozin-linagliptin • Empagliflozin-linagliptin-metformin 	<ul style="list-style-type: none"> • Empagliflozin-metformin • Ertugliflozin-metformin • Ertugliflozin-sitagliptin • Glimepiride-pioglitazone • Glipizide-metformin • Glyburide-metformin
Insulin	<ul style="list-style-type: none"> • Insulin aspart • Insulin aspart-insulin aspart protamine • Insulin degludec • Insulin degludec-liraglutide • Insulin detemir • Insulin glargine • Insulin glargine-lixisenatide 	<ul style="list-style-type: none"> • 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
Glucagon-like peptide-1 (GLP1) agonists	<ul style="list-style-type: none"> • Albiglutide • Dulaglutide • Exenatide 	<ul style="list-style-type: none"> • Liraglutide (excluding Saxenda®) • Lixisenatide • Semaglutide

² HEDIS NDC lists are available at: <https://www.ncqa.org/hedis/measures/>

Description	Prescription
Sodium glucose cotransporter 2 (SGLT2) inhibitor	<ul style="list-style-type: none"> • Canagliflozin • Dapagliflozin (excluding Farxiga®) • Ertugliflozin • Empagliflozin
Sulfonylureas	<ul style="list-style-type: none"> • Chlorpropamide • Glimepiride • Glipizide • Glyburide • Tolazamide • Tolbutamide
Thiazolidinediones	<ul style="list-style-type: none"> • Pioglitazone • Rosiglitazone
Dipeptidyl peptidase-4 (DDP-4) inhibitors	<ul style="list-style-type: none"> • 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 for denominator:

1. Exclude members who died during the reporting year.
2. Exclude members who do not have a diagnosis from the Diabetes Value Set (type I or type II Diabetes), in any setting, and are in the Diabetes Exclusion Value Set (e.g., have a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid/drug induced diabetes) in the reporting year or the year prior to the reporting year³. In other words, this exclusion only applies to members who are identified in denominator solely through diabetes-related pharmacy claims but no medical visits with type I or type II diagnoses.
3. Members in hospice or using hospice services any time during the measurement year. These members are identified using HEDIS Hospice Encounter Value Set and Hospice Intervention Value Set, with claims within the measurement year.
4. Members receiving palliative care (HEDIS 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.
5. Members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
 - a. Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.
 - b. 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 year⁴.
6. 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:
 - a. At least **two** claim/encounter of frailty (Frailty Device Value Set; Frailty Diagnosis Value Set; Frailty Encounter Value Set; Frailty Symptom Value Set) during the measurement year.

AND

³ Note this is originally an optional exclusion for the HEDIS Comprehensive Diabetes Care measure, and DQA adopts it as a required denominator exclusion.

⁴ The I-SNP exclusion makes use of the Territorial Benefit Query (TBQ) files from CMS to identify the Contract Number and Plan Number of Oregon Medicaid recipients who are dual eligible in Medicare Advantage plans. Dual eligible Medicaid recipients who were enrolled in Medicare Special Needs Plans and institutionalized at any time during the measurement year are excluded.

- b. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):
 - i. 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 (see identification 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.
 - ii. At least one acute inpatient encounter (Acute Inpatient Value Set) with an advanced illness diagnosis (Advanced Illness Value Set).
 - iii. 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.
 - iv. A dispensed dementia medication (Dementia Medications List).

Dementia Medications List⁶

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

Deviations from cited specifications for denominator:

DQA requires exclusion for members who are dual eligible for Medicaid and Medicare, but OHA does not adopt this exclusion. Including dual enrollees is a common practice for all CCO metrics. OHA excludes I-SNP and LTI members to be consistent with other CCO metrics.

Continuous enrollment criteria: The measurement year.

Allowable gaps in enrollment:

No more than one gap in enrollment of up to 45 days during the measurement year.

Anchor Date (if applicable): None⁶.

Data elements required numerator:

⁵ HEDIS NDC lists are available at: <https://www.ncqa.org/hedis/measures/>

⁶ Note while HEDIS Diabetes-related measures have an anchor date on December 31st of the measurement year; OHA adopts DQA specifications which does not require an anchor date.

Number of unduplicated members in the denominator who received a comprehensive, periodic or periodontal oral evaluation in the measurement year, identified by any of the following CDT codes: D0120, D0150, or D0180.

Required exclusions for numerator: None.

Deviations from cited specifications for numerator: None.

DRAFT