

Medication Adherence for Diabetes Meds BCBSAL

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MEASURE DESCRIPTION:

The percent of members with type 1 or type 2 diabetes, ages 18 years or over, who adhere to their prescribed drug therapy across four classes of diabetes medications: biguanides, sulfonylureas, thiazolidinediones, and DiPeptidyl Peptidase (DPP)-IV Inhibitors. This excludes patients with a previous diagnosis of polycystic ovaries, gestational diabetes, or steroid-induced diabetes.

REVISION CRITERIA: This measure is based on the PQA® Medication Adherence Measures used in the CMS Star Rating program for Medicare Advantage plans.

MEASURE PACKAGE:

MINIMUM DATA REQUIREMENTS (months): 24

MEASURE DETAILS:

DENOMINATOR:

Patients ages 18 and older as of 6 months prior to the measurement period start date who have a diagnosis of type 1 or type 2 diabetes during the measurement year and at least two fills of a prescription for a non-insulin diabetes management drug during the measurement year. In order to be included in the measure, members must also have a prescription filled for a diabetes management drug at least 90 days prior to the start of the measurement period.

A diagnosis of diabetes during the measurement year	ICD10 Diagnosis Code = E10*, E11*, E13*, O24011-O2433, O24811-O2483, O24911-024919, O2492-O2493
AND	
At least two scripts for diabetes management filled during the measurement year	For full list of NDC codes, reference: 2019 NDC PQA PDC DR Drug List dated October 2019
AND	
A script for diabetes management filled at least 90 days prior to the start of the measurement year	
AND	
Age (6 months prior to measurement year)	Age in Years >= 18

EXCLUSIONS:

Excludes from the eligible population all patients with a history of polycystic ovaries (based on claims included in the database), gestational diabetes or steroid-induced diabetes during the measurement year and year prior, who did not also have an encounter with the diagnosis of diabetes in any setting during the measurement year. Patients who have been prescribed insulin or have ESRD during the measurement year are also excluded.

Polycystic ovaries (anytime prior to or during the measurement year)	ICD-9 Diagnosis Code = 256.4 OR ICD10 Diagnosis code = E282
OR	
Gestational diabetes or steroid-induced diabetes (during the measurement year or the year prior)	ICD-9 Diagnosis Code = 249*, 251.8, 648.8*, 962.0 OR ICD10 Diagnosis Code = E08*, E09*, E13*, O244*, O249*, O99810, O99814, O99815 OR ICD10 Diagnosis Code = T378X6A T3796XA T380X1A-4A T380X6A T381X1A-4A T381X6A T382X1A-4A T383X1A-4A T384X1A-4A T384X6A T385X1A-4A T385X6A T386X1A-4A T386X6A T387X1A-4A T387X6A T38801A-4A T38806A T38811A-14A T38816A T38891A-4A T38896A T38901A-4A T38906A T38991A-4A T38996A T500X1A-4A T500X6A
OR	

One or more prescriptions for insulin during the measurement year	Reference List: PQA Medication list for Insulin drugs dated April 2018
OR	
ESRD during the measurement year	<p>ICD-9 Diagnosis Code = 585.5, 585.6, V45.11, V4512</p> <p>OR</p> <p>ICD10 Diagnosis Code = N18.5, N18.6, Z91.15, Z99.2</p> <p>OR</p> <p>Procedure Code = 36147, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831, 36832, 36833, 90935, 90937, 90940, 90945, 90947, 90951, 90952-90970, 90989, 90993, 90997, 90999, 99512, G0257, S9339</p> <p>OR</p> <p>ICD-9 Procedure Code = 38.95, 39.27, 39.42, 39.43, 39.53, 39.93, 39.94, 39.95, 54.98</p> <p>OR</p> <p>ICD-10 Procedure Code = 3E1M39Z, 5A1D00Z, 5A1D60Z, 5A1D70Z, 5A1D80Z, 5A1D90Z</p> <p>OR</p> <p>Revenue Code = 800-804, 809, 820-825, 829-835, 839-845, 849-855, 859, 880 - 882, 889</p> <p>OR</p> <p>Type of Bill = 720-725, 727, 728, 072A, 072B, 072C, 072D, 072E, 072F, 072G, 072H, 072I, 072J, 072K, 072M, 072O, 072X, 072Y, 072Z</p> <p>OR</p> <p>POS = 65</p>

NUMERATOR:

Members with at least 270 days supply of a qualifying diabetes management drug during the measurement year.

Days supply >= 270 during the measurement year	For full list of NDC codes, reference: PQA medication list for diabetes management drugs
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CONTINUOUS ENROLLMENT:

Continuously enrolled with medical coverage during the measurement year, which equates to 12 months out of 12 months with an allowable gap of 45 days. Member must be enrolled on measurement period end date (anchor date).

MEASURE BACKGROUND:

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