IME Diabetes Quality Improvement Program
Frequently Asked Questions

Who is the IME?
Iowa Medicaid Enterprise (IME) is the division of the Iowa Department of Human Services that administers the Medicaid program. Providers are the dedicated health care providers that serve the health care needs of members of Iowa’s Medicaid program. Members are the individuals who receive Medicaid to help pay for their medical and health care costs.

More information about IME can be found at their website: http://www.ime.state.ia.us/

What is the purpose of the IME Diabetes Quality Improvement Program (QIP)?
The purpose of this QIP is to improve rates of comprehensive diabetes care and reduce short-term complications (STCs) admissions for Iowa Medicaid enrollees by notifying providers of patients who have gaps in care (i.e., missing comprehensive diabetes care) and who are at risk for hospital admission as a result of short term complications (STC) of diabetes.

What are the goals of the Diabetes QIP?
IME’s Aim Statement for the Diabetes QIP:

By December 20, 2014, we will improve comprehensive diabetes care for Iowa Medicaid enrollees by implementing a provider-focused diabetes intervention to achieve the following results:

1. Increase comprehensive diabetes care – Two A1c tests per year from 51 percent to 57 percent (increase of 6 percentage points);
2. Increase comprehensive diabetes care – LDL screening rate from 48 percent to 61 percent (increase of 13 percentage points); and
3. Reduce the diabetes STC admission rate by 10 percent, from 231 admissions per year to 208 admissions per year.

What is the intervention?
The IME Diabetes QIP includes two provider outreach strategies: (1) identification of gaps in care and (2) alerts to providers about patients at risk of an STC admission. The patient profile reports are sent to providers and include:

1. Patient Profile identifying gaps in care is sent to providers quarterly and includes:
   a. Enrollees who have a minimum of one gap in care (as defined by clinical guidelines listed below)
   b. Enrollees attributed to a PCP or appropriate specialist

2. Patient Profile that identifies enrollees at risk of an STC admission is sent to providers monthly. Risk factors for STC admission were identified by IME data analysis and include:
   a. ED visit with a diabetes diagnosis
   b. Discharge from the hospital for an STC stay
   c. Non-adherence to prescription medication (either insulin for Type I diabetics or oral agent for Type II)

Which clinical guidelines provide the basis of this program?
The IME selected the following clinical guidelines because they represent the standards for comprehensive diabetes care.
<table>
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<tr>
<th>Condition</th>
<th>Summary Rule Description</th>
<th>Endorsed By</th>
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<tr>
<td>Diabetes Care – National Standard</td>
<td>Patients 18-75 years that had one HbA1c test in last 12 months</td>
<td>NQF – 0057, HEDIS 2013</td>
</tr>
<tr>
<td>Diabetes Care</td>
<td>Patients 18-75 years that had two HbA1c tests in last 12 months</td>
<td>NQF – 0063, HEDIS 2013</td>
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<tr>
<td>Diabetes Care – National Standard</td>
<td>Patients 18-75 years that had a LDL screen in the last 12 months</td>
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<tr>
<td>Diabetes Care</td>
<td>Patient(s) 5 - 17 years of age that had a HbA1c test in last 12 reported months</td>
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<td>Diabetes Care – National Standard</td>
<td>Patient(s) 18 - 75 years of age that had an annual screening test for diabetic retinopathy.</td>
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<tr>
<td>Diabetes Care – National Standard</td>
<td>Patient(s) 18 - 75 years of age that had annual screening for nephropathy or evidence of nephropathy.</td>
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<tr>
<td>Diabetes Care – National Standard</td>
<td>Patient(s) 18 - 75 years of age that had a foot exam in the last 12 months.</td>
<td>NQF – 0062, HEDIS 2013</td>
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</table>

**Why is IME including the foot exam clinical guideline?**

The American Diabetes Association (2004) recommends that all individuals with diabetes should receive an annual foot examination to identify high-risk foot conditions. This examination should include assessment of protective sensation, foot structure and biomechanics, vascular status and skin integrity. Foot exams can be identified on a claim with the CPT II code 2028F. Modifiers can be applied if the foot exam was not performed for a certain medical reason or was not performed for an unspecified reason. We request that providers identify when a foot exam is performed by using the CPT II code.

**How were patients assigned to providers?**

IME used an attribution methodology that attributed patients to providers based on the frequency of visits over a 12 month period for their diabetes care. If a tie occurs, and two providers have the same number of visits, the attribution logic defers to the provider with the highest medical expense attributed to that patient.

**What is the data source for the Diabetes QIP?**

IME is using Medicaid claims data as the data source for this QIP.

**Is there a claims lag that could impact providers’ quality measure score?**

Our quality measures typically look at a measurement year and allow a six month claim lag period following that measurement year to ensure that a very high percentage of claims during the measurement period are included in the measurement results. It is possible some services incurred in the measurement year, but not yet received via a claim and paid will not be included, but by using a six month claim lag period allows time for a vast majority of those services to be included.

**Will the claim lag affect the patients identified with a gap in care?**

The list of patients identified with a gap in care (I.E. no HbA1c) uses the most recent 12 months of claims data available to us. If the test/screening/exam was completed in the most recent month or the claim for that test had not been received or paid as of the time we processed the data patients will still show as having a gap in care.
Why does the Diabetes QIP include three clinical guidelines for A1c testing?

Of the clinical guidelines that provide the basis for the Diabetes QIP, three are A1c tests. IME included the HEDIS measure, patients 18-75 that had one A1c test in the last 12 months and a measure for two A1c tests per year for patients 18-75. IME supports the standard of two A1c tests per year for Iowa Medicaid members with a diabetes diagnosis.

The IME will send a patient profile to notify providers when their patients are missing the first A1c test in a 12 month period. In the second 6 month period of the year, IME will notify providers of patients that require a second A1c test in the 12 month period.