



Disease Management

Measures At A Glance

Disclaimer: URAC reserves the right to update its measures and measure sets to maintain measure relevancy and to remedy any unintended consequences that may arise during implementation. Further, URAC may add and/or align its measures with regulatory requirements of federal, state, and local governments.

Cross-Cutting Mandatory Measures (3)

Note: Mandatory measures are those measures that are a requirement of accreditation and must be reported to URAC on an annual basis.

Measure	URAC Domain	Measure Name	Measure Steward	Measure Description	Numerator	Denominator	Data Source
DM2012-02	Prevention & Treatment	Screening and Cessation Counseling for Tobacco Use	American Medical Association: Physician Consortium for Performance Improvement	This measure is used to assess the percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months <u>AND</u> who received cessation counseling intervention if identified as a tobacco user.	Participants who were screened for tobacco use at least once during the measurement period <u>AND</u> who received tobacco cessation counseling intervention, if identified as a tobacco user. DM company either provides screening and counseling or confirms that screening and counseling occurred by providing documentation.	All DM program participants aged \geq 18 years who were seen for at least two visits or at least one preventive visit during the measurement period.	Administrative Claims; EHR
DM2012-03	Prevention & Treatment	Unhealthy Alcohol Use: Screening & Brief Counseling	American Medical Association: Physician Consortium for Performance Improvement	Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months <u>AND</u> who received brief counseling if identified as an unhealthy alcohol user.	Participants who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months <u>AND</u> who received brief counseling, if identified as an unhealthy alcohol user. DM company either provides screening results or confirms that screening occurred by providing documentation.	All DM program participants aged \geq 18 years who were seen for at least two visits or at least one preventive visit during the measurement period.	Administrative Claims; EHR
DM2012-05	Prevention & Treatment	Screening for Clinical Depression & Follow-Up Plan	Centers for Medicare & Medicaid Services (CMS)	Measures percentage of participants aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool <u>AND</u> , if positive, a follow-up plan is documented on the date of the positive screen.	Patients screened for depression on the date of the encounter using an age appropriate standardized tool <u>AND</u> , if positive, a follow-up plan is documented on the date of the positive screen.	All DM program participants 12 years and older.	Administrative Claims

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Disease-Specific Mandatory Measures (6)

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Measure	URAC Domain	Measure Name	Measure Steward	Measure Description	Numerator	Denominator	Data Source
DM2012-30	Access & Affordable Care	Pediatric Asthma Event Rate	AHRQ/URAC	Measures admissions for a principal diagnosis of asthma per number of members ages 2 to 17, during the measurement period.	The number of participants from the denominator who have been discharged from a hospital with a principal diagnosis code for asthma during the measurement period.	All members ages 2 to 17 years for whom asthma is identified as a chronic condition.	Administrative Claims
DM2012-31	Access & Affordable Care	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Event Rate	AHRQ/URAC	Measures the number of hospital events for asthma or COPD per number of adult members age 40 years and older with a chronic diagnosis of asthma or COPD during the measurement period.	The number of participants from the denominator who have been discharged from a hospital with a principal diagnosis code for asthma or COPD during the measurement period.	All eligible DM program participants for whom asthma or COPD is identified as a chronic condition.	Administrative Claims
DM2012-37	Access & Affordable Care	Hypertension Event Rate	AHRQ/URAC	The measure assesses the number of hospital events for hypertension per number of adult members age 18 years or older with chronic hypertension during the measurement period.	The number of participants from the denominator who have been discharged from a hospital with a principal ICD-10-CM diagnosis code for hypertension during the measurement period.	All eligible DM program participants for whom hypertension is identified as a chronic condition.	Administrative Claims
DM2012-38	Access & Affordable Care	Heart Failure (HF) Event Rate	AHRQ/URAC	Measures the number of hospital events with a principal diagnosis of heart failure per number of adult members age 18 years and older with diagnosed heart failure.	The number of participants from the denominator who have been discharged from hospital with a principal diagnosis of heart failure during the measurement period.	All eligible DM program participants 18 years or older during measurement period for whom HF is identified as a chronic condition.	Administrative Claims

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Measure	URAC Domain	Measure Name	Measure Steward	Measure Description	Numerator	Denominator	Data Source
DM2012-73	Access & Affordable Care	Diabetes Short-Term Complications Event Rate	AHRQ/URAC	Measures the number of short-term diabetes complication events (ketoacidosis, hyperosmolarity, or coma) in adults 18 years and older per number of chronic diabetic adult members as of the end of the measurement period.	The number of discharges for participants ages 18 years and older, with evidence of a principal ICD-10-CM diagnosis code for short-term diabetes complications (e.g., ketoacidosis, hyperosmolarity, or coma).	The number of DM program participants ages 18 and older as of the end of the measurement period with a diagnosis of diabetes.	Administrative Claims
DM2017-01	Access & Affordable Care	Asthma in Younger Adults Admission Rate	AHRQ/URAC	Measures admissions for a principal diagnosis of asthma per 100,000 population, ages 18 to 39 years, during the measurement period..	The number of participants from the denominator who have been discharged from a hospital with a principal ICD-10-CM diagnosis code for asthma during the measurement period	All eligible DM program participants 18 to 39 years old during the measurement period.	EHR

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Cross-Cutting Exploratory Measures (4)

Note: Exploratory measures are measures “on the cutting edge”, meaning that either the industry has not come to consensus on how to measure a particular concept or the measure is experimental or in development. In the case of exploratory measure, the organization has the option to report.

Measure	URAC Domain	Measure Name	Measure Steward	Measure Description	Numerator	Denominator	Data Source
DM2012-10	Engagement & Experience of Care	Patient Activation Measure	Insignia Health	The Patient Activation Measure (PAM) is a survey that assesses the knowledge, skills, and confidence integral to managing one's own health and health care. With the ability to measure activation and uncover related insights into consumer self-management competencies, care support and education can be more effectively tailored to help individuals become more engaged and successful managers of their health. This measure is reported to URAC in four parts: <i>Part A</i> measures the total number of responses received to the initial PAM survey; <i>Part B</i> measures the stratification of activation levels across respondents; <i>Part C</i> measures the total number of responses to a re-assessment PAM survey; <i>Part D</i> measures the total number of respondents that moved to a higher activation level at the time of re-assessment from baseline evaluation.	<p><i>Part A:</i> The number of participants in the denominator who completed the PAM baseline survey.</p> <p><i>Part B:</i> The number of participants in the denominator who were segmented in the appropriate activation level at baseline.</p> <p><i>Part C:</i> The number of participants in the denominator who completed a PAM re-assessment survey.</p> <p><i>Part D:</i> The number of participants in the denominator who moved to a higher activation level in the re-assessment survey from baseline.</p>	<p><i>Part A:</i> All participants who received a PAM baseline survey.</p> <p><i>Part B:</i> All participants who received and completed a PAM baseline survey.</p> <p><i>Part C:</i> All participants who received a PAM re-assessment survey.</p> <p><i>Part D:</i> All participants who received and completed a re-assessment PAM survey.</p>	Survey Data

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Measure	URAC Domain	Measure Name	Measure Steward	Measure Description	Numerator	Denominator	Data Source
DM2012-12	Engagement & Experience of Care	Proportion of Days Covered (PDC)	Pharmacy Quality Alliance (PQA)	The percentage of patients 18 years and older who met the proportion of days covered (PDC) threshold of 80% during the measurement period. A performance rate is calculated separately for the following medication categories: Beta-blockers (BB); Renin Angiotensin System Antagonists (RASA); Calcium Channel Blockers (CCB); Diabetes All Class (DR); Statins (STA); Anti-retrovirals (this measure has a threshold of 90% for at least 2 medications - ARV).	Number of patients who met the PDC threshold during the measurement year.	Patients 18 years and older as of the last day of the measurement year who filled at least two prescriptions on two unique dates of service during the treatment period.	Pharmacy data; Enrollment Data
DM2012-13	Safe Care	Drug-Drug Interactions	Pharmacy Quality Alliance (PQA)	This measure assesses the percentage of patients who received a prescription for a target medication during the measurement year and who were dispensed a concurrent prescription for a precipitant medication. A lower rate indicates better performance.	The number of patients in the denominator who were dispensed a concurrent precipitant medication during the measurement period.	Individuals with a prescription claim for a target medication during the measurement year.	Enrollment Data; Pharmacy Data
DTM2015-01	Engagement & Experience of Care	Adherence to Non-Warfarin Oral Anticoagulants	Pharmacy Quality Alliance (PQA)	This measure assesses the percentage of patients 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80% during the measurement period for non-warfarin oral anticoagulants. A higher rate indicates better performance.	The number of patients who met the PDC threshold during the measurement year.	Patients 18 years and older who filled at least two prescriptions for a non-warfarin oral anticoagulant on two unique dates of service at least 180 days apart during the treatment period AND who received greater than 60 days' supply of the medication during the treatment period. The prescriptions can be for the same or different medications.	Pharmacy data; Enrollment Data

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Disease-Specific Exploratory Measures (1)

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Measure	URAC Domain	Measure Name	Measure Steward	Measure Description	Numerator	Denominator	Data Source
DM2012-26	Prevention & Treatment	Medication Therapy for Persons with Asthma	Pharmacy Quality Alliance (PQA)	<p>During the measurement year, the percentage of participants with asthma who were dispensed more than 3 canisters of a short-acting beta2 agonist inhaler over a 90-day period and who did not receive controller therapy during the same 90-day period. Two rates are reported:</p> <p><i>Rate 1:</i> Suboptimal Control. The percentage of patients with persistent asthma who were dispensed more than 3 canisters of a short-acting beta2 agonist inhaler during the same 90-day period.</p> <p><i>Rate 2:</i> Absence of Controller Therapy. The percentage of patients with asthma during the measurement period who were dispensed more than 3 canisters of short acting beta2 agonist inhalers over a 90-day period and who did not receive controller therapy during the same 90-day period.</p>	<p><i>Rate 1:</i> The number of patients who were dispensed more than three (3) canisters of short acting beta2 agonist inhalers during the same 90-day period.</p> <p><i>Rate 2:</i> From those patients identified in denominator, count the patients who were not dispensed a controller therapy medication during the same 90-day period(s).</p>	<p><i>Rate 1:</i> The eligible population that received consecutive fills of asthma medications during the measurement period.</p> <p><i>Rate 2:</i> Use the numerator for Suboptimal Asthma Control as the denominator for Absence of Controller Therapy.</p>	Pharmacy Claims; Enrollment

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