CCACO
Chinese Community Accountable Care Organization
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CCACO MEMBER IN-SERVICE:

HOW TO COMPLETE THE DIABETES RECOGNITION PROGRAM APPLICATION

Please find below step-by-step instructions on how to most efficiently and effectively complete the Diabetes Recognition Program (DRP) application.

DRP APPLICATION WORKFLOW

Step 1:
Determine If You Are Eligible to Apply for DRP Recognition

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Step 2:
Select Your Desired Type of DRP Recognition

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Step 3:
Understand the Start Date, the Selection Date and the Patient Data Collection Period

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Step 4:
Determine Which of Your Patients Are Eligible for the DRP

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Step 5:
Use DRP Guidelines to Select a Patient Sample

↓

Step 6:
Submit Patient Data by 1) Completing Patient Data Spreadsheet or
2) via MDLand iClinic (v12.1 users only)

↓

Step 7:
Notify CCACO of Completed Application by Emailing Patient Data Spreadsheet to CCACO
(Not applicable to MDLand v12.1 users)

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Step 8:
Sign Attestation Form and Verify that Your Application Is Accurate

↓

Step 9:
Application is Sent to the DRP. Application is Judged Based on DRP Clinical Measures.

PROCESS COMPLETE - DRP APPLICATION SUBMITTED!!!

INQUIRIES AND TECHNICAL ASSISTANCE

If you have further questions or require additional assistance in completing the patient notification process, please do not hesitate to contact Dana Zhu at ccaco.dzhu@gmail.com.

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ATTACHMENT LIST

DIABETES RECOGNITION PROGRAM

ATTACHMENT A – Step-by-Step Guide
ATTACHMENT B – Patient Eligibility and Tables
ATTACHMENT C – Scoring Sheet
ATTACHMENT D – Data Entry Instructions — All Users (Excluding MDLand v12.1 Users)
ATTACHMENT E – Data Entry Instructions — MDLand v12.1 Users

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ATTACHMENT A

DIABETES RECOGNITION PROGRAM
STEP-BY-STEP GUIDE

Please see the below overview of the steps towards achieving Diabetes Recognition Program (DRP) Recognition.

Step 1. DETERMINING PHYSICIAN ELIGIBILITY

A DRP physician must meet the following requirements to be eligible for recognition:

- Hold a current, unrestricted license as a doctor of medicine (MD) or a doctor of osteopathy (DO) and be a primary care physician.
- Provide continuing care for individuals with diabetes, defined by face-to-face contact with at least 25 eligible diabetic patients for a 12-month period.
- Submit data documenting their delivery of care for a sample of diabetic patients.

Step 2. SELECTING A TYPE OF DRP RECOGNITION

There are several types of DRP recognition a physician may choose, depending on whether he/she practices alone or in a group, and whether he/she has one or more offices (see options A-D below). **However, a physician who achieves recognition will only receive one incentive payment, regardless of whether he/she applies as an individual, or in a group, or through multiple offices.** Physicians who wish to be recognized at more than one site, however, are welcome to submit applications for each one of their offices.

A. Solo practitioner, one office: Solo practitioners with one office may submit **one application** and apply for **individual recognition**. A physician who achieves individual DRP recognition will have his/her name and practice name posted in the NCQA Recognition Directory located on the NCQA website and listed in an NCQA press release.

B. Solo practitioner, multiple offices: Solo practitioners with multiple offices may submit **one application for every office** and apply for **individual recognition**. However, the patient data submitted for each application **must be unique**—even if a patient sees a physician in multiple offices, his/her data may only be used in one application. A physician who achieves individual DRP recognition will have his/her name and practice name posted in the NCQA Recognition Directory located on the NCQA website and listed in an NCQA press release.

C. Group practitioner, one office: Group practitioners with one office may apply for **either group or individual recognition**:

C1. *Group recognition*: All practitioners in the group may submit one DRP application under the name of the group, and apply for group recognition. The group will submit data for 25 patients per practitioner. A group that achieves individual DRP recognition will have its practice name posted in the NCQA Recognition Directory located on the NCQA website and listed in an NCQA press release.

C2. ***Individual recognition***: Each practitioner in a group practice may submit an individual application, and apply for individual recognition. Each physician must choose a **unique** sample of patients from the practice; there can be no overlap in patients submitted for each application. A physician who achieves individual DRP recognition will have his/her name and practice name posted in the NCQA Recognition Directory located on the NCQA website and listed in an NCQA press release.

D. **Group practitioner, multiple offices**: Group practitioners with multiple offices may submit **one application for each office**, and apply for **either group or individual recognition**:

D1. ***Group recognition***: All practitioners in the group may submit one DRP application under the name of the group, and apply for group recognition. The group will submit data for 25 patients per practitioner. A group that achieves individual DRP recognition will have its practice name posted in the NCQA Recognition Directory located on the NCQA website and listed in an NCQA press release.

D2. ***Individual recognition***: Each practitioner in a group practice may submit an individual application, and apply for individual recognition. Each physician must choose a **unique** sample of patients from the practice; there can be no overlap in patients submitted for each application. A physician who achieves individual DRP recognition will have his/her name and practice name posted in the NCQA Recognition Directory located on the NCQA website and listed in an NCQA press release.

Examples: Dr. A and Dr. B are members of Medical Practice X, with offices in Brooklyn, Queens and Manhattan. They can choose to submit any of the following types of applications:

- ***Group recognition, single office***: Dr. A and Dr. B can submit one application under the name of Medical Practice X, and select one of their three offices from which to choose a patient sample. In this case, they would submit a total of one application.
- ***Group recognition, two or more offices***: Dr. A and Dr. B can submit two or more applications under the name of Medical Practice X, and select two or more of their three offices from which to choose patient samples. For example, they might submit a group recognition application for their Queens office, and another one for their Manhattan office. In this case, they would submit a total of two applications.
- ***Individual recognition, single office***: Dr. A and Dr. B can each submit individual applications under their own names, and each select one of their three offices from which to choose a patient sample. In this case, they would each submit one application.
- ***Individual recognition, two or more offices***: Dr. A and Dr. B can each submit individual applications under their own names, and each select two or more of their three offices from which to choose a patient sample. In this case, they would each submit two or more applications.

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Step 3. **UNDERSTANDING THE START DATE, THE SELECTION PERIOD AND THE PATIENT DATA COLLECTION PERIOD**

The DRP examines the standard of care provided to a sample of patients with diabetes. There are three important dates and periods of time that will help determine the specific patient data that is submitted to the DRP. They are:

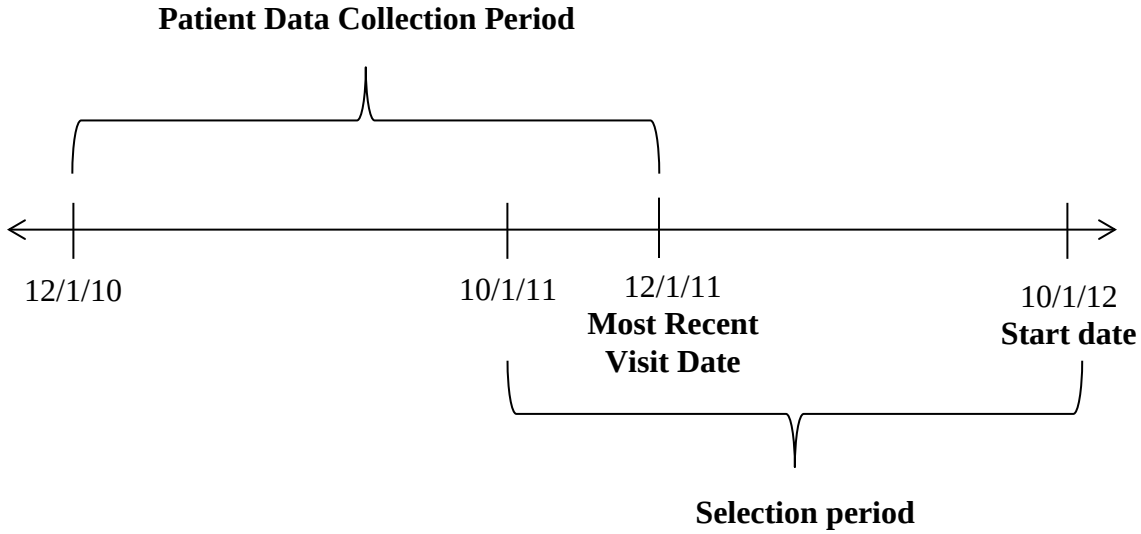
- **The start date:** The start date determines the period of time during which patients will be selected to participate in the DRP. Physicians may choose their own preferred start date, although they are encouraged to pick a recent one (within the past month).

- **The selection period**: The selection period is the period of time beginning with the start date and moving backwards 12 months. This is the period of time from which eligible patients are selected.

  Example: A physician chooses December 1, 2012 as her start date. Her selection period is then December 1, 2011 to December 1, 2012. She may choose diabetes patients beginning with those seen on December 1, 2012, and moving backwards, until she reaches December 1, 2011.

- **The patient data collection period**: The patient data collection period is first determined by finding the patient's most recent visit date within the selection period. The 12-month period preceding the most recent visit date is the patient data collection period. For example, if a patient's most recent visit date is December 1, 2011, the patient data collection period extends from December 1, 2010 to December 1, 2011.

Please see the diagram below for a visual explanation.



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Step 4. **DETERMINING PATIENT ELIGIBILITY**

Physicians must select a sample of eligible patients whose data will be submitted to the DRP. The selected patients must meet the following criteria to be eligible for the DRP:

- Be between 18 and 75 years of age.
- Have had a diagnosis of diabetes or notation of prescribed insulin or oral hypoglycemics/antihyperglycemics for at least 12 months.
- Have been under the care of the applicant clinician or group practice for at least 12 months, defined by documentation of a face-to-face visit for diabetes care that predates the most recent visit by at least 12 months.

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Please see Attachment B for a list of the diagnosis codes and insulin/oral hypoglycemic/antihyperglycemic prescriptions that may be used to identify a diabetic patient.

Step 5. **SELECTING A PATIENT SAMPLE**

Practitioners applying for individual recognition are required to submit data for a sample of the first 25 eligible patients identified in the selection process. Groups applying for group recognition are required to submit data for 25 patients multiplied by the number of practitioners in the group (ex. A group of 3 physicians must submit data for 75 patients). The patient sample is determined in the same way for both individual and group applicants, and is selected according to the following criteria:

- Must be selected regardless of the patient's method of payment—i.e., a patient must be included in a sample regardless of the patient's health insurance. **The DRP is not limited to Medicare patients.**
- Must include **all** eligible patients—that is, any eligible patient **cannot** be excluded from the sample. You cannot simply pick your patients who best fulfill the DRP criteria—you must include any patient who is eligible.

Patients will be selected beginning with the start date and moving backwards in time until the desired sample size has been met. For example, if a physician chooses October 1, 2012 as his start date, he will begin selecting patients on October 1, 2012; then September 30, 2012; then September 29, 28, 27 and so on, until the required number of patients has been met. Please see the following chart for an example of how to select a patient sample:

Example: This physician is a CCACO member and his start date is October 1, 2012. He begins identifying eligible patients who were seen on October 1, 2012 and works backwards until he achieves a sample of 25 patients.

Date of Visit	Eligible Patients Identified	Patient Data Collection Period
10/1/12	4	10/1/11—10/1/12
9/30/12	0	No eligible patients identified
9/29/12	1	9/29/11—9/29/12
9/28/12	2	9/28/11-9/28/12
9/27/12	0	No eligible patients identified
9/26/12	7	9/26/11—9/26/12
9/25/12	2	9/25/11—9/25/12
9/24/12	4	9/24/11—9/24/12
9/23/12	0	No eligible patients identified
9/22/12	0	No eligible patients identified
9/21/12	1	9/21/11—9/21/12
9/20/12	3	9/20/11—9/20/12
9/19/12	1	9/19/11—9/19/12
Total	***25 patients***	

By September 19, 2012, he has identified 25 eligible patients. These patients will make up his patient sample.

Step 6. SUBMITTING PATIENT DATA

CCACO will assist each physician in submitting data to the NCQA. However, physicians must gather and provide the data to CCACO.

- For all physicians, EXCLUDING those who use **v12.1** of MDLand, please refer to Attachment D for further instructions.

- For physicians who use **v12.1** of MDLand, an NCQA-certified DRP vendor, please refer to Attachment E for further instructions.

  NOTE: Only physicians who use v12.1 of MDLand will be able to execute these instructions. If you use any other version of MDLand, please refer to the instructions above.

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Step 7. **SCORING AND DRP CLINICAL MEASURES**

The standard of patient care will be scored according to the following DRP clinical measures. These measures and their associated points are:

- Hemoglobin (HbA1c) Control
  - HbA1c Poor Control >9.0% (12 points)
  - HbA1c Control <8.0% (8 points)
  - HbA1c Control <7.0% (5 points)
- Blood Pressure Control
  - Blood Pressure Control ≥140/90 mm Hg (15 points)
  - Blood Pressure Control <130/80 mm Hg (10 points)
- Eye Examination (10 points)
- Smoking and Tobacco Use and Cessation and Treatment Assistance (10 points)
- Lipid Control
  - LDL Control ≥130 mg/dl (10 points)
  - LDL Control <100 mg/dl (10 points)
- Nephropathy Assessment (5 points)
- Foot Examination (5 points)

For each measure, a given number of points is awarded based on whether or not the percentage of patients in the sample meets the minimum requirement to fulfill the criteria for the measure. Points are awarded on an all-or-nothing basis.

Example: Under the HbA1c Poor Control >9.0% measure, if 15% or less of the patients in the sample have an HbA1c over 9.0%, 12 points will be awarded. If more than 15% of the patients in the sample have an HbA1c over 9.0%, no points will be awarded.

Applicants may earn a maximum of 100 points. To achieve DRP Recognition, each physician must earn at least 75 points.

Please see Attachment C (Scoring Sheet) for more details on the clinical measures.

Step 8. **DRP APPLICATION SUBMISSION AND DATA VERIFICATION**

When the Patient Data Spreadsheet has been filled out, please email or fax the spreadsheet back to CCACO. CCACO will calculate the preliminary score for each physician and also upload the application. Applicants will be asked to sign an Attestation Form indicating that they have reviewed the final version of their DRP application, which will then be submitted to the National Committee for Quality Assurance.

Five percent of all submitted applications will be audited by the National Committee for Quality Assurance. CCACO will provide additional instructions to any physicians whose applications are selected for audit.

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Step 9. DRP RECOGNITION

Through a grant with the New York State Health Foundation, CCACO will receive $2500 for each physician who successfully achieves recognition. Each successfully recognized physician will receive $2000 of this incentive. CCACO will retain $500 for facilitating and administering the application process. Successful physicians will also receive a letter and a certificate of recognition. In addition, each physician/group and his/her practice site name will be posted on the Recognition Directory on the NCQA website, and named in a press release. Recognition is valid for a three-year period.

ATTACHMENT B

DIABETES RECOGNITION PROGRAM:
CODES AND DESCRIPTIONS TO IDENTIFY A PATIENT WITH A DIAGNOSIS OF DIABETES

Table 1. Codes and Descriptions to Identify a Patient With a Diagnosis of Diabetes

Description	ICD-9-CM Diagnosis
Diabetes	250, 357.2, 362.0, 366.41, 648.0

ICD-9 Code and Criteria	Definition	Diagnosis Codes Synonyms	Exclusions
250 or 648.0 Diabetes mellitus	The need for diet management, insulin or oral hypoglycemic agent, report of home urine or home blood glucose testing or the presence of an insulin pump anywhere in the medical record	Insulin-dependent diabetes mellitus (IOOM), non-insulin dependent diabetes (NIDDM), Type I, Type II, OM, AODM, sugar diabetes, maturity onset diabetes, diet controlled diabetes	Documentation of a family history of diabetes without personal diagnosis, steroid-induced diabetes, gestational diabetes (ICD-9 code 648.8), RIO diabetes, diabetes insipidus, questionable or"?" diabetes mellitus, or hyperglycemia, glucose intolerance, borderline diabetes
357.2 Diabetic polyneuropathy	Any mention of a diagnosis of ciabetic polyneuropathy in the medical record	Neuropathy or peripheral neuropathy, decreased or altered sensation, extremity numbness or tingling, paresthesia in the lower extremity, foot ulcers, distal symmetric polyneuropathy, loss of sensation (vibration/touch) in the feet, loss of ankle reflexes, Charcot's joints, malperforans ulcer, loss of light touch and pin prick, knife-like or burning pain of feet, sensory loss or pain in hands, or mononeuropathy.	Rule out or RIO neuropathy, extremity weakness, or probable or"?" neuropathy
362.0 Diabetic retinopathy	Any mention of a diagnosis of diabetic retinopathy on the medical record	Diabetic eye changes: • Proliferative diabetic retinopathy • New vessels on the disc (NVD) -New vessels elsewhere in iris or retina -Macular lesion -Preretinal or vitreous hemorrhage - Background retinopathy -Fibrosis rubeosis diabetic retinal changes • Preprdiferative retinopathy -Venous beading/looping -Large retinal blot hemorrhages -Multiple cotton wool spots -Diabetic macular edema -Multi-preintroretinal microvascular abnormalities • Nonproliferative diabetic retinopathy - Microaneurysms - Blot hemorrhage -Hard exudates -1-2 soft exudates	Rule out or RIO diabetic retinopathy
366.41 Diabetic cataract	Any mention of a diagnosis of diabetic cataract in the medical record	NA	Patients with congenital cataract, senile cataract, traumatic cataract, cataract secondary to ocular disorders or after- cataract

ATTACHMENT B

DIABETES RECOGNITION PROGRAM:
CODES AND DESCRIPTIONS TO IDENTIFY A PATIENT WITH A DIAGNOSIS OF DIABETES

Table 2: Prescriptions to Identify Patients with Diabetes

(Any mention of routine use during the past 12 months in the medical record)

Description	Prescription
Alpha-glucosidase inhibitors	• Acarbose • Miglitol
Amylin analogs	• Pramlinitide
Antidiabetic combinations	• Gimepiride-pioglitazone • Glyburide-metformin • Metformin-sitagliptin • Gimepiride-rosiglitazone • Metformin-pioglitazone • Saxagliptin • Gipizide-metformin • Metformin-rosiglitazone • Sitagliptin-simvastatin
Insulin	• Insulin aspart • Insulin isophane human • Insulin aspart-insulin aspart protamine • Insulin isophane-insulin regular • Insulin detemir • Insulin lispro • Insulin glargine • Insulin lispro-insulin lispro protamine • Insulin glulisine • Insulin regular human • Insulin inhalation • Insulin zinc human • Insulin isophane beef-pork
Meglitinides	• Nateglinide • Repaglinide
Miscellaneous antidiabetic agents	• Exenatide • Liraglutide • Metformin-repaglinide • Sitagliptin
Sulfonylureas	• Acetohexamide • Glimepiride • Gyburide • Tolbutamide • Chlorpropamide • Gipizide • Tolazamide
Thiazolidinedones	• Pioglitazone • Rosiglitazone

Exclusion

Insulin given only during hospitalization, or briefly to help a patient through an acute illness, such as with steroid treatment or active infection, does not constitute documentation of insulin use for diabetes

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ATTACHMENT C

DIABETES RECOGNITION PROGRAM: SCORING SHEET

Physicians may achieve NCQA DRP recognition by achieving the DRP criteria outlined below and receiving a total score of at least 75 out of 100 available points. Please see the table below, which provides an explanation of each clinical measure and its associated points. **Points are awarded on an all-or-nothing basis.** If the criteria is met, full points will be awarded. If the criteria is not met, or results are missing, no points will be awarded.

Clinical Measure	Percentage of Patients in Sample	Points	Explanation
HbA1c Poor Control >9.0%	≤15%	12	If 15% or less of the patient sample has an HbA1c score of greater than 9%, 12 points will be awarded.
HbA1c Control <8.0%	≥65%	8	If 65% or more of the patient sample has an HbA1c score of less than 8%, 8 points will be awarded.
HbA1c Control <7.0%	≥40%	5	If 40% or more of the patient sample has an HbA1c score of less than 7%, 5 points will be awarded.
Blood Pressure Control ≥140/90 mm Hg	≤35%	15	If 35% or less of the patient sample has blood pressure above 140/90, 15 points will be awarded. Note that if the systolic blood pressure exceeds 140 and/or the diastolic blood pressure exceeds 90, the patient will be considered to have blood pressure above 140/90.
Blood Pressure Control <130/80 mm Hg	≥25%	10	If 25% or more of the patient sample has blood pressure below 130/80, 10 points will be awarded.
Eye Examination	≥60%	10	If 60% or more of the patient sample has had an eye exam administered, 10 points will be awarded.
Smoking and Tobacco Use and Cessation and Treatment Assistance	≥85%	10	If 85% or more of the patient sample has documentation of their smoking status, and those patients who are smokers or tobacco users have received counseling or treatment to encourage them to quit, 10 points will be awarded.
LDL Control ≥130 mg/dl	≤35%	10	If 35% or less of the patient sample has an LDL ≥130 mg/dl, 10 points will be awarded.
LDL Control <100 mg/dl	≥50%	10	If 50% or more of the patient sample has an LDL <100 mg/dl, 10 points will be awarded.
Nephropathy Assessment	≥85%	5	If 85% or more of the patient sample has undergone a nephropathy assessment (defined as microalbuminiuria testing, positive urinanalysis, medical attention for nephropathy or ACE inhibitor/ARB therapy), 5 points will be awarded.
Foot Examination	≥80%	5	If 80% or more of the patients who have not had both their feet or legs amputated have received a foot examination, 5 points will be awarded.
	Total Points	*100*	
	Points Needed for Recognition	*75*	

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ATTACHMENT D

DIABETES RECOGNITION PROGRAM:
GLOSSARY OF TERMS AND DATA ENTRY INSTRUCTIONS
FOR ALL USERS (EXCLUDING MDLAND V12.1 USERS)

GLOSSARY OF TERMS

Start date: the date that you choose to begin your selection period. You may choose your own preferred start date, although you are encouraged to pick a recent one (within the past month).

Selection period: the 12-month period of time that begins with your chosen start date and, moving backwards, ends 12 months earlier. This is the period of time from which eligible patients are selected. For example, if you choose December 1, 2012, as your start date, your selection period would extend from December 1, 2012, backwards to December 1, 2011.

Patient data collection period: the 12-month period of time that begins with a patient's Most Recent Visit Date, and moving backwards, ends 12 months earlier. For example, if a patient's Most Recent Visit Date is January 12, 2012, his/her patient data collection period would be January 12, 2011 through January 12, 2012.

DATA ENTRY INSTRUCTIONS

Please refer to these instructions as you complete the spreadsheet containing the data on your patients with diabetes.

Column A: Patient Number
The patient number does not need to be altered. Please only submit data for 25 patients, as numbered in the spreadsheet.

Column E: Diabetes Diagnosis
Please enter the method that was used to identify that the patient was diagnosed with diabetes.

- If the patient was identified using a diagnosis code, please enter the diagnosis code. You may choose from the following codes:
  - Diagnosis 250
  - Diagnosis 357.2
  - Diagnosis 362.0
  - Diagnosis 366.41
  - Diagnosis 648.0

- If the patient was diagnosed using pharmacy data, enter "PHARMACY."

Column F: Date of Birth
Please enter the date in which the patient was born. Please enter the date using the format MM/DD/YYYY.

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Column G: Most Recent Visit Date
Within your selection period, identify the patient's most recent visit date. Enter this date into Column C.

> **Example**: If your selection period is from October 1, 2011 to October 1, 2012, and a patient is seen on the following three dates:
>
> - 08/03/2012
> - 06/20/2012
> - 11/8/2011
>
> you would enter the most recent date of visit, 08/03/2012, into Column C.

Column H: Patient Under Care for 12 Months?
A patient must have been under your care for 12 months prior to the Most Recent Visit Date to be eligible for submission to the Diabetes Recognition Program. Please indicate whether or not the patient has been under your care for at least 12 months prior to his/her Most Recent Visit Date.

- Enter "YES," if the patient has been under your care for at least 12 months prior to his/her Most Recent Visit Date.
- Enter "NO," if the patient has not been under your care for at least 12 months prior to his/her Most Recent Visit Date,
- Leave this section blank if you are not sure.

Column I: Gender
Please enter the patient's gender.

- Enter "M" for male.
- Enter "F" for female.

Column J: HbA1c Date
Enter the date of the patient's most recent HbA1c test performed within the 12-month patient data collection period (use the format MM/DD/YYYY). If an HbA1c test was not completed during the 12-month patient data collection period, leave the field blank.

Column K: HbA1c Test Result
Enter the value of the patient's most recent HbA1c test performed within the 12-month patient data collection period. The HbA1c test result should correspond to the date entered into Column F. If an HbA1c test was not completed during the 12-month patient data collection period, or if the HbA1c test result is missing, leave the field blank.

NOTE: A patient with an HbA1c test that was performed outside of the 12-month patient data collection period, or a patient with an HbA1c test with a missing result will be considered in the same category as patients with an HbA1c result above 9.0%. All patients who:

- *Have an HbA1c result above 9.0%*

- *Had an HbA1c test that was performed outside of the 12-month patient data collection period*
- *Had an HbA1c test with a missing result*

will be included in the category of patients with an HbA1c result above 9.0%.

Column L: Blood Pressure Measurement Date
Enter the date of the patient's most recent blood pressure measurement performed within the 12-month patient data collection period (use the format MM/DD/YYYY). If a blood pressure measurement was not performed during the 12-month patient data collection period, leave the field blank.

Column M: Systolic Blood Pressure Reading
Enter the systolic value of the patient's most recent blood pressure measurement performed within the 12-month patient data collection period. If a blood pressure measurement was not performed during the 12-month patient data collection period**,** leave the field blank.

Column N: Diastolic Blood Pressure Reading
Enter the diastolic value of the patient's most recent blood pressure measurement performed within the 12-month patient data collection period. If a blood pressure measurement was not performed during the 12-month patient data collection period**,** leave the field blank.

NOTE: A patient with a blood pressure measurement that was performed outside of the 12-month patient data collection period, or a patient with a missing blood pressure measurement result will be considered in the same category as patients with blood pressure measurements that exceed 140/90. All patients who:

- *Have a blood pressure measurement above 140/90*
- *Had a blood pressure test that was performed outside of the 12-month patient data collection period*
- *Had a blood pressure test with a missing result*

will be included in the category of patients with blood pressure results above 140/90.

Column O: Eye Exam Showing Retinopathy?
Indicate whether a retinal or dilated eye exam conducted during the 12 months prior to the patient data collection period showed evidence of retinopathy.

- Enter "YES," if there was evidence of retinopathy.
- Enter "NO," if there was no evidence of retinopathy.
- Leave this section blank if you are not sure.

Column P: Date of Eye Exam
Enter the date of patient's most recent retinal or dilated eye exam during the 12-month patient data collection period (use the format MM/DD/YYYY). An exam performed in the 12 months prior to the patient data collection period is acceptable if the patient showed no evidence of retinopathy during this exam.

> **Example**: A patient's patient data collection period extends from January 12, 2011 to January 12, 2012, and no retinal or dilated eye exam was performed during that period. An

eye exam performed between January 12, 2010 and January 12, 2011 is acceptable ***only if the patient showed no signs of retinopathy during this exam.*** However, an eye exam performed on January 2, 2010 is not acceptable because it did not take place during the 12 months prior to the patient data collection period.

NOTE: Notes, reports, letters and/or photographs from eye care professionals are acceptable documentation for this measure. If the exam was performed by a non-eye care professional, the documentation must state that a dilated eye exam was performed. Patient self-reporting is NOT acceptable.

Column Q: Smoking/Tobacco Use Status
Enter the patient's smoking status.

- Enter "CURRENT-SMOKER," if the patient smokes.
- Enter "NON-SMOKER," if the patient does not smoke.
- Leave this section blank if you are not sure of the patient's smoking/tobacco use status.

Column N: Date of Smoking/Tobacco Use Cessation Counseling or Treatment
Enter the date when the patient received counseling or treatment to help him/her stop smoking.

- If the patient is a non-smoker, no date is required. Leave the field blank.
- For smokers or unknowns, enter the date within the 12-month patient data collection period when the patient received counseling or treatment for smoking cessation (use the format MM/DD/YYYY). If no date for counseling or treatment is found, leave the field blank.

Column O: LDL Test Date
Enter the date of the patient's most recent LDL test per within the 12-month patient data collection period (use the format MM/DD/YYYY). If an LDL test was not completed during the 12-month patient data collection period, leave the field blank.

Column P: LDL Level
Enter the value of patient's most recent LDL test performed within the 12-month patient data collection period. If an LDL test was not performed during the 12-month patient data collection period, leave the field blank.

NOTE: A patient with an LDL test that was performed outside of the 12-month patient data collection period, or a patient with a missing LDL result will be considered in the same category as patients with LDL levels greater than or equal to 130 mg/dl. All patients who:

- *Have an LDL level above 130 mg/dl*
- *Had an LDL test that was performed outside of the 12-month patient data collection period*
- *Had an LDL test with a missing result*

will be included in the category of patients with LDL levels above 130 mg/dl.

Column Q: Nephropathy Assessment Date
Enter the date of the patient's most recent nephropathy assessment done within the 12-month patient data collection period. If a nephropathy assessment was not completed during the 12-month patient data collection period, leave the field blank. Documentation of a nephropathy assessment must include one of the methods below.

- Microalbuminuria test
- Positive urinalysis for protein
- Medical attention for nephropathy
- Evidence of angiotensin-converting-enzyme (ACE) inhibitor/ angiotensin receptor blocker (ARB) therapy

Column R: Had Amputation of Both Feet and Legs?
Indicate whether the patient has had **both** feet or legs amputated (not just one).

- Enter "YES," if the patient has had **both** feet or legs amputated.
- Enter "NO," if the patient has not had **both** feet or legs amputated (i.e., no amputation of the feet or legs, or amputation of just one foot and/or leg).
- Leave this section blank if you are unsure.

Column S: Foot Exam Date
Enter the date of the most recent foot exam.

- If the patient has had **both** feet or legs amputated, no date is required. Leave the field blank.
- If the patient has not had **both** feet or legs amputated, enter the date of the patient's most recent foot exam during the 12-month patient data collection period.
- If a foot exam was not completed during the 12-month patient data collection period, leave the field blank.

NOTE: Notes, reports, letters and/or assessments from podiatrists, other PCPs or from the applicant are all acceptable forms of documentation. Documentation must state that the feet were examined with shoes and socks removed.

ATTACHMENT D

DIABETES RECOGNITION PROGRAM:
ALL USERS (EXCLUDING MDLAND V12.1 USERS) SAMPLE EXCEL SPREADSHEET

Patient Number	NPI	Age	Diabetes Diagnosis	Date of Birth	Most Recent Visit Date	Patient Under Care for 12 Months?	Gender	HbA1c Test Date	HbA1c Test Result	Blood Pressure Measurement Date	Systolic Blood Pressure Reading	Diastolic Blood Pressure Reading	Eye Exam Showing Retinopathy?	Retinal Exam Date	Smoking/ Tobacco Use Status	Date of Smoking Cessation/ Counseling	LDL Test Date	LDL Level	Nephropathy Assessment Date	Had Amputation of Both Feet and Legs?	Foot Exam Date
Example	4444444444	ADULT	362.02	10/06/1965	10/25/2011	YES	F	08/31/2011	8.6	06/23/2011	95	107	YES	08/09/2011	CURRENT SMOKER	06/23/2011	07/08/2011	115.25	08/14/2011	No	08/11/2011
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ATTACHMENT E

DIABETES RECOGNITION PROGRAM:
GLOSSARY OF TERMS AND DATA ENTRY INSTRUCTIONS
FOR MDLAND V12.1 USERS

GLOSSARY OF TERMS

Start date: the date that you choose to begin your selection period. You may choose your own preferred start date, although you are encouraged to pick a recent one (within the past month).

Selection period: the 12-month period of time that begins with your chosen start date and, moving backwards, ends 12 months earlier. This is the period of time from which eligible patients are selected. For example, if you choose December 1, 2012, as your start date, your selection period would extend from December 1, 2012, backwards to December 1, 2011.

Patient data collection period: the 12-month period of time that begins with a patient's Most Recent Visit Date, and moving backwards, ends 12 months earlier. For example, if a patient's Most Recent Visit Date is January 12, 2012, his/her patient data collection period would be January 12, 2011 through January 12, 2012.

DATA ENTRY INSTRUCTIONS

MDLand is an NCQA-certified Diabetes Recognition Program Vendor. As a result, if you use **MDLand v12.1,** a report containing your diabetic patient data can be easily generated by using the MDLand Portal.

Go to the "Reports" tab and select "Dashboard Reports," and then "Diabetes Management Report."

Once in the report, select your start date and click "Generate Report."

After the report is run, MDLand will give you the option of exporting the data to Excel or generating a file for submission (in XML machine readable form). Choose the option of exporting the data to XML. You will be prompted to enter necessary information about you and your practice that was not auto-populated by iClinic.

Save the XML document to your computer as "Last Name, First Name – DRP Data" and email the completed file to CCACO at ccaco.dzhu@gmail.com. Please be sure to add "DRP Data Submission" in the subject line. CCACO will upload the file to the DRP Portal on your behalf.