2015
Diabetes Recognition Program (DRP) Requirements

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Overview

The National Committee for Quality Assurance (NCQA) is pleased to present the 2015 Diabetes Recognition Program (DRP) requirements. The DRP program recognizes clinicians and group practices for the delivery of quality ambulatory care to persons who have diabetes. To earn NCQA Recognition, applicants submit data documenting their delivery of care to patients with diabetes. Recognition status lasts for three years. Since its launch in 1997, the DRP has resulted in clinicians across the United States documenting their delivery of quality diabetes care in various ambulatory settings, such as solo practices, group practices. Currently, more than 10,000 clinicians hold recognition through the DRP for providing quality care for their patients with diabetes.

About DRP

Why recognition?

Concern about the cost and quality of health care services in the United States is driving demand for development of initiatives using performance standards to encourage the delivery of high-quality health care. This demand and activity led NCQA to work with stakeholders to create the DRP, to encourage standardization of performance measurement for diabetes care and to acknowledge clinicians who demonstrate high levels of performance.

NCQA believes that by maintaining this program and encouraging clinicians to achieve Recognition, care given to patients with diabetes will improve. The DRP's primary goal is to help recognized clinicians gain visibility for providing high quality diabetes care. Secondary goals are to support use of national performance standards, identify best practices and encourage dissemination of effective intervention programs.

DRP features

DRP requirements are based on scientific evidence supporting their relevancy to improved care for people with diabetes. Clinicians who demonstrate high-quality performance based on these key requirements will help their patients avoid additional complications from diabetes.

The program focuses on care for people with diabetes, defined as the following categories of diagnoses:

- Diabetes mellitus.
- Diabetic polyneuropathy.
- Diabetic retinopathy.
- Diabetic cataract.

Individual clinicians and group practices voluntarily apply for recognition and submit data on their patients for the following requirements:

- Hemoglobin (HbA1c) Control.
- Blood Pressure Control.
- Eye Examination.
- Smoking and Tobacco Use Status and Cessation and Treatment Assistance.
- Nephropathy Assessment.
- Foot Examination.

Benefits of recognition

Health plans across the country and other sponsors of provider report cards are including recognition status in the information they offer to consumers.

- Through a press release and by having their achievement posted on the NCQA Web site, clinicians can demonstrate to the public and to their professional peers that they meet requirements for providing quality diabetes care.
- When contracting with health organizations and purchasers of health care services, clinicians can use their recognition status to demonstrate that they meet requirements for providing quality diabetes care.
- Clinicians can identify areas where their practice varies from the performance criteria and take steps to improve quality of care.
- Where applicable, recognized clinicians may also meet the requirements of other performance measurement entities and may establish eligibility for pay-for-performance bonuses or differential reimbursement from payers and health plans.
- Recognized clinicians may be eligible to receive credit toward maintenance of board certifications.
- Providers with DRP recognition who are applying with a practice for NCQA PCMH or PCSP recognition may potentially use their DRP clinical data submissions toward earning points for their practice's PCMH or PCSP recognition score.

Development of DRP

Clinicians who demonstrate high-quality performance based on key measures are expected to have fewer patients who develop the serious complications of diabetes, such as kidney disease, heart disease, stroke, amputations and blindness. Clinical measures in DRP assess the quality of diabetes care delivered by providers are updated using current guidelines in the field.

Earlier versions of this program included mandatory and optional measures for reporting. DRP has since evolved and consists of a consolidated set of required measures focused on quality care for patients with diabetes.

NCQA maintains and periodically updates program requirements based on the latest clinical evidence and nationally accepted clinical guidelines. NCQA publishes specifications for the DRP requirements, evaluates individual clinicians and group practices that voluntarily apply for recognition and publicly recognizes clinicians who meet the standards.

In accordance with updating the measure set to align with current guidelines, several measures are no longer part of DRP 2015. Due to recent guideline changes for treatment of blood cholesterol and blood pressure, NCQA removed the following measures from DRP 2015:

- LDL- Control ≥130 mg/dl
- LDL-Control <100 mg/dl
- Blood Pressure Control <130/80 mm Hg

Refer to Table 1 for a list of DRP expectations.

Contributors

NCQA is grateful to members of the NCQA Clinical Programs Committee (CPC) for their contribution to this program update.

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Policies and Procedures

Eligibility for Participation

An individual clinician or a group of clinicians may apply for recognition from the DRP. To be eligible, applicants must meet the following criteria:

- Hold a current, unrestricted license as a doctor of medicine (MD), doctor of osteopathy (DO), nurse practitioner (NP) or physician assistant (PA).
- Provide continuing care for adults with diabetes.
- Submit data documenting their delivery of care for a sample of patients with diabetes.
- Use NCQA-supplied or NCQA-approved materials to submit data electronically.

Individual applicants One physician or nurse practitioner or physician assistant who provides continuing care for patients with diabetes in any ambulatory setting. Individual applicants must have had face-to-face contact with and submit data on care delivered for a 12-month period to at least 25 different eligible adult patients with diabetes.

Group practice applicants Clinicians (i.e., physicians, nurse practitioners, physician assistants) who, by formal arrangement, share responsibility for a common panel of patients and practice at the same site, defined as a physical location.

What Does Recognition Require?

Applicants seeking NCQA Recognition must submit information demonstrating that they meet specific performance criteria for the DRP clinical measures. Table 1 shows the program requirements and the associated point values for scoring performance. To achieve recognition, applicants must score at least 70 of 100 available points.

Table 1. DRP Adult Standards, Performance Criteria and Scoring

Clinical Measures (Required)	Criteria	Points
HbA1c Poor Control >9.0%*	≤15% of patients in sample	15.0
HbA1c Control <8.0%	65% of patients in sample	10.0
HbA1c Control <7.0%	40% of patients in sample	7.0
Blood Pressure Control ≥140/90 mm Hg*	≤35% of patients in sample	30.0
Retinal Screening	60% of patients in sample	12.0
Smoking and Tobacco Use Status and Cessation and Treatment Assistance	85% of patients in sample	12.0
Nephropathy Assessment	85% of patients in sample	7.0
Foot Examination	80% of patients in sample	7.0
	Total Points	**100.0**
	Points Needed to Achieve Recognition	**70.0**

*Denotes poor control.

Participating individual applicants or lead clinicians in participating group practices are responsible for appropriate patient identification and data accuracy, but do not have to complete each required task for data submission on their own. One or more individuals within the applicant's practice may:

- Serve as a liaison between the site and NCQA.
- Identify eligible patients, following the DRP instructions, until the required sample size is met.
- Abstract data from medical records and administrative data systems.

Readiness Evaluation

Clinicians and practices can conduct a readiness self-evaluation on the DRP measure criteria before submitting the Data Collection Tool (DCT) to NCQA[1]. The DCT estimates the score for each measure and provides an overall preliminary score.

Readiness evaluation reports and results

While a clinician or practice conducts its readiness evaluation, NCQA does not have access to the DCT, to data or to referenced documentation. The information is secure and confidential and for the practice's use only. NCQA does not access the clinician or practice's DCT or information during this period, except for system maintenance.

DCT caveats

The following activities are prohibited in connection with the DCT:

- No individual or entity may purchase from NCQA or use the DCT, regardless of its source, to evaluate another individual clinician or group practice against DRP requirements. This prohibition does not apply to individuals or entities that are assisting the clinician or group practice with its readiness evaluation and preparation for applying for recognition under the DRP.
- The individual clinician or group practice may not use the DCT to evaluate another clinician or group practice against DRP requirements.
- The individual clinician or group practice may not allow a third party to use the DCT it has purchased to evaluate another individual or group practice against DRP requirements.

Following the readiness evaluation, clinicians or group practices may elect to apply for Recognition by submitting data to NCQA using the DCT. This submission begins the formal survey process by NCQA.

[1] Before entering any patient-level data (which may include protected health information) into the DCT, applicants must agree to and sign the Business Associate Agreement contained in the DCT.

Applying for Recognition

Step 1 **Order the free application packet.** Call NCQA Customer Support at 888-275-7585 or visit www.ncqa.org/drp.

Step 2 **Purchase the DRP Package.** Includes the DCT and application materials. The DCT is a Web-based program that enables you to collect and submit your data for evaluation. The package contains all the information you need to apply for NCQA Recognition. It is available to purchase online or through NCQA Customer Support.

Step 3 **Complete the NCQA legal documents.** The Business Associate Agreement and Diabetes Recognition Review Agreement must be signed electronically or downloaded and mailed to NCQA.

Note: Unless state law requires modifications, all applicants are expected to sign NCQA's standard agreements. Requests for proposed changes to the standard agreement should be submitted at least three months before the preferred application submission date.

Step 4 **Identify the patient sample, enter data into the DCT and evaluate your performance.** Applicants must identify the patient sample using the DRP patient selection methodology described in Appendix 2 or must use an alternative selection methodology approved in advance by NCQA. Abstract data from your patient sample and enter it into the DCT. The DCT automatically scores your performance and lets you know if you meet DRP requirements.

Step 5 **Pay application fees.** Mail application fees to the address below. Application fees may be paid by a check made payable to NCQA or by credit card.

NCQA Diabetes Recognition Program
1100 13th Street NW
Suite 1000
Washington, DC 20005

Step 6 **Submit data**. NCQA is notified electronically when you submit your application and data.

Note:

- *Protected health information (PHI), as defined by the Health Insurance Portability and Accountability Act (HIPAA) and implementing regulations, must be removed or blocked out from submitted documents, including patient identifiers, unless the DCT requests the information. If performance criteria requests an aspect of PHI (e.g., a date of service), include only the minimum information necessary to satisfy the intent of the performance criteria. Do not include additional identifiers as part of the documentation (e.g., a member's chart number or account number).*
- *NCQA does not require (and applicants should never submit) documentation with patient names, social security numbers, dates of birth, street addresses, e-mail addresses or telephone numbers.*

Step 7 **NCQA review and notification**. NCQA evaluates your data and notifies you of the results within 30 days. If you achieve recognition, your name and practice are posted to the NCQA Web site as recognized.

The Evaluation Process

DRP staff review and assess the completeness of application data and other materials, and notify applicants if additional information is required. Completed applications are processed for compliance with performance criteria, and applicant-specific results for all DRP measures are determined.

NCQA makes its final scoring decision within 30 days of receiving a complete application that includes appropriate fees and the DCT.

Audit

NCQA reserves the right to audit a clinician or practice that has applied for or holds a current NCQA Recognition, including while the applicant's survey is under review. An audit validates documentation and stated procedures and responses given by a clinician or practice in its application and DCT. NCQA audits 5 percent of practices, either by specific criteria or randomly.[1] Audits may be completed by e-mail, teleconference, Webinar or other electronic means, or by onsite review.

Clinicians and practices selected for audit are notified and sent instructions. The established current procedures for audit will be applied. The first level of review is verification of the submitted DCT. The clinician or practice may be asked to forward copies of the source documents and explanations, to substantiate the information in the DCT.

- *If the application is verified and no issues are discovered,* the clinician or practice is notified that the audit is complete and the application for recognition is processed.
- *If an audit requires an onsite review,* NCQA conducts the review within 30 calendar days of notifying the practice of its intent to conduct an audit.
- *If audit findings indicate that information submitted by the clinician or practice is incorrect or documentation does not meet the DRP standards,* the application for NCQA Recognition may be denied, scores may be reduced or additional documentation may be required. NCQA notifies the clinician or practice of audit findings and the recognition decision within 30 days after conclusion of the audit.

If a clinician's or practice's application for recognition is denied because of an audit, it may request Reconsideration of the decision. Refer to *Reconsideration* for more information.

Failure to agree to an audit, failure to pass an onsite audit or failure to pass an audit of DCT responses may result in a status of "Not Recognized."

[1]Random selection of applications is based on a predetermined target to achieve a 5 percent audit rate.

Computing results

NCQA awards recognition for overall performance against the criteria. Recognition decisions are based on a numeric score. Scoring is built into the DCT and is described below.

Scoring an element

NCQA evaluates performance against each applicable element in a standard, and assigns a scoring level of *Met* (the element score is 100%) or *Not Met* (the element score is 0%). The DCT multiplies the scoring level for the element by the element's points to determine the element score.

Example

CM 1: Hemoglobin (HbA1c) Control, Element A (HbA1c Poor Control >9.0%) has a possible 15 points.

- If 15 percent or less of the patient sample have HbA1c>9%, the clinician has met the criteria for the element and receives 15 points.
- If more than 15 percent of the patient sample have HbA1c>9%, the clinician has not met the criteria for the element and receives 0 points.

Preliminary results

The preliminary results of DRP scoring decisions are shown in the summary page in the DCT. This page displays tabular findings based on the preliminary scores for each standard for each clinician or group seeking recognition.

NCQA notifies applicants if they do not have enough points to achieve recognition. If requested, applicants must submit additional documentation or data within 30 calendar days, but may only submit documentation that was available before the original submission of the DCT and the new data must meet all patient eligibility and abstraction requirements.

NCQA decides if data are valid and relevant to meeting the requirements.

Final decision and status

NCQA completes reviews and makes recognition status determinations.

The scoring threshold is shown in the table below. For the DRP, there are two statuses: *Recognized* and *Not Recognized.*

DRP Status	Score
Recognized	70–100 points
Not Recognized	0–69 points

Recognized. The applicant meets or exceeds the requirements and has earned NCQA Recognition.

Not Recognized. The applicant does not meet the requirements and did not earn NCQA Recognition. NCQA does not release names of individual clinicians or group practices that do not achieve recognition.

NCQA reports results...

…to the individual clinician or group practice	NCQA provides the final DRP status.
…to the public	Individual clinicians and group practices that achieve recognition are added to the list of DRP-recognized clinicians on the NCQA Web site (http://recognition.ncqa.org). DRP only reports the names of individual clinicians and group practices that achieve recognition. NCQA also provides the list of recognized clinicians to health plans and others for use in provider directories. Individual clinicians or group practices that achieve recognition receive the NCQA *Guidelines for Marketing and Advertising Recognition,* which provides guidelines and sample language to illustrate how recognition may be advertised or communicated. The guidelines are also available at www.ncqa.org/marketing.aspx.
…to organizations	NCQA periodically provides data about recognized practices and clinicians to a variety of organizations that use or reward NCQA Recognition. The data about Recognition NCQA provides may include type of recognition program, recognition level, effective dates, practice site address, tax identification number, clinician name, specialties, state, license number, and NPI.
Certificates	NCQA issues an official certificate of recognition to clinicians and group practices that achieve recognition.
Duration of recognition	Recognition status remains in effect for three years from the date of the award. A renewal notice is sent six months before the end of the three-year recognition period.

Reconsideration of DRP Decision

Applicants may request Reconsideration of any recognition status decision of Not Recognized. NCQA must receive a Reconsideration request within 30 calendar days after an applicant is notified that it has received a status of Not Recognized.

The applicant must describe the reason for requesting the Reconsideration and list the measures for which it requests Reconsideration. Additional documentation may not be submitted, but the applicant may state how it believes NCQA misinterpreted the original documentation.

NCQA refers the request to the Reconsideration Committee. The Reconsideration Committee's decision is final and is sent to the applicant in writing. There is no further right of appeal.

Policies

By submitting the application for recognition to NCQA, the applicant agrees to:

- Release to NCQA the information that NCQA deems pertinent.
- Hold NCQA, its employees, directors, officers, contractors, surveyors and agents harmless from any claims the clinician or group practice may have relating to the DRP recognition review, all review and reconsideration processes, any determinations made by NCQA relating thereto and publication of the DRP status of individual applicants and aggregated performance results for all applicants.

- Abide by the terms of the signed Recognition Review Agreement, NCQA *Guidelines for Marketing and Advertising Recognition*, these procedures and instructions for recognition and all other published NCQA policies, procedures and rules.
- Notify NCQA of the final determination by a state or federal agency with respect to an investigation, request for corrective action, imposition of sanctions or changes in licensure or qualification status. Such notification must be sent to NCQA no later than 30 days after the clinician or group practice receives notice of such action.
- Accept all NCQA determinations regarding the applicant's status.
- Agree that NCQA makes no representations to others about the quality of applicant's care and that the provision of health care advice is solely the responsibility of the clinician or group practice or a third party.
- Agree that NCQA Recognition does not constitute a warranty or any other representation by NCQA to any third parties (including, but not limited to, employers, consumers or payers) regarding the quality or nature of the health-related services provided or arranged for by the clinician or group practice.
- Agree that any information created as a part of the DRP evaluation of the clinician or group practice by NCQA shall be kept confidential, except as indicated in the section *Reporting results*, above, unless otherwise agreed to by NCQA.
- Agree that recognition is not a replacement for a clinician or group practice evaluation, assessment and monitoring of its own services and programs.
- Not misrepresent its status (including, but not limited to, the scope and meaning of such status as defined herein) or suggest that it has received recognition when such representation is not accurate.
- Notify NCQA of any material changes in the structure or operation of the individual clinician or group practice, including merger, acquisition or consolidation in accordance with these policies within 30 calendar days.
- Notify NCQA of any change in address and agree that recognition is not transferable to another office location.

If NCQA identifies a deficiency in a clinician or group practice's operations that poses a threat to patient or public health or safety, it may notify the applicable regulatory agencies, following notice to the individual clinician or the chief executive officer or clinical director of the group practice.

Complaint Review Process

NCQA accepts written complaints from patients, members or practitioners regarding Recognized clinicians and practices. Upon receipt of such complaint, NCQA will:

1. Review the complaint to determine that the clinician or practice referenced is recognized by NCQA.
2. Determine if the complaint is germane to the recognition held by the clinician or practice.
3. Obtain a release to share the complaint with the clinician or practice if the complaint involves personal health information or a quality care issue.
4. Forward the complaint to the clinician or practice with a request that the clinician or practice review and respond directly to the individual filing the complaint, within 30 calendar days and copy NCQA on the response.

5. Review the response from the clinician or practice to determine whether the complaint was handled in accordance with NCQA requirements and that all issues raised in the complaint have been addressed.

Failure to comply with NCQA's complaint review process is grounds for revocation of recognition status.

Discretionary Survey

At its discretion, NCQA may review a clinician or practice while a Recognition status is in effect. The purpose of such review is to validate the appropriateness of an existing Recognition decision.

Structure

Discretionary Surveys are targeted to address issues indicating that a clinician or practice may not continue to meet the NCQA standards in effect at the time of recognition. The scope and content of the review are determined by NCQA. NCQA conducts the survey using the requirements in effect at the time of the clinician or practice's last survey.

If a Discretionary Survey requires an onsite review, NCQA conducts the review within 60 calendar days of the notification by NCQA of the intent to conduct a Discretionary Survey.

Survey costs are borne by the practice and correspond to the complexity and scope of the survey and NCQA pricing policies in effect at the time of survey.

Change in status

NCQA may suspend a clinician or group practice's Recognized status pending completion of a Discretionary Survey. Upon completion of the survey, the clinician or group practice's status may remain the same as it was before notification of the Discretionary Survey, or it may change. The clinician or group practice has the right to Reconsideration of the determination if its Recognition status changes because of the Discretionary Survey.

Suspension of Recognition

Grounds for suspending a clinician or practice's Recognized status pending a Discretionary Survey include, but are not limited to the following circumstances:

- Facts or allegations suggesting an imminent threat to the health and safety of patients.
- Allegations of fraud or other improprieties in information submitted to NCQA to support recognition.
- The clinician or practice has been placed in receivership or rehabilitation.
- State, federal or other duly authorized regulatory or judicial action restricts or limits the clinician or practice's operations.

Revoking Decisions

NCQA may revoke DRP recognition in the following circumstances:

- The clinician or practice submits false data.
- The clinician or practice misrepresents the credentials of a clinician.
- The clinician or practice misrepresents its NCQA DRP recognition status.
  - When communicating with patients, third-party payers, health plans and others, clinicians and practices that earn DRP recognition may represent themselves as having been recognized by NCQA for meeting DRP standards, but may not characterize themselves as "NCQA approved," "NCQA endorsed," or "NCQA Certified." The use of this (mis)characterization or other similarly inappropriate statements is grounds for revocation of status.

- An eligible clinician or practice is suspended or the professional license is revoked.
- The clinician or practice has been placed in receivership or rehabilitation and is being liquidated.
- State, federal or other duly authorized regulatory or judicial action restricts or limits the clinician or practice's operations.
- NCQA identifies a significant threat to patient safety or care.
- The practice fails to remain in compliance with DRP requirements.

Mergers, Acquisitions and Consolidations

Recognized clinicians and group practices must report to NCQA any merger, acquisition or consolidation activity in which they are involved. Based on the circumstances, NCQA makes a determination about the need for additional information and the need for a Merger, Acquisition and Consolidation (MAC) Survey.

Revisions to Policies and Procedures

At its sole discretion, NCQA may amend any of its recognition policies and procedures. Notice of and information about modifications or amendments are sent to individuals or group practices that purchased this manual 30 calendar days before the effective date of the modifications or amendments.

Disclaimer

A recognition decision and the resulting status designation are based on the exercise of NCQA's professional evaluative judgment.

NCQA is not bound by any numerical or quantitative scoring system or other quantitative guidelines or indicators that in its sole discretion it may have used, consulted or issued to assist reviewers and others during the course of the evaluative process.

NOTE

NCQA RECOGNITION DOES NOT CONSTITUTE A WARRANTY OR ANY OTHER REPRESENTATION BY NCQA TO THIRD PARTIES (INCLUDING, BUT NOT LIMITED TO, EMPLOYERS, CONSUMERS OR PATIENTS) REGARDING THE QUALITY OR NATURE OF THE HEALTH CARE SERVICES PROVIDED OR ARRANGED FOR BY THE PRACTICE.

THE PROVISION OF MEDICAL CARE IS SOLELY THE RESPONSIBILITY OF THE PRACTICE AND ITS CLINICIANS. RECOGNITION IS NOT A REPLACEMENT FOR THE PRACTICE'S EVALUATION, ASSESSMENT AND MONITORING OF ITS PROGRAMS AND SERVICES.

Requirements for 2015 DRP

CM 1: Hemoglobin (HbA1c) Control

Patients with diabetes have HbA1c levels that are in control.

Intent

The clinician or group practice works with patients to control their HbA1c level and avoid further complications of diabetes.

Element A: HbA1c Poor Control — 15.0 points

No more than 15 percent of patients in the sample have an HbA1c >9 percent.

Scoring

Met (100%)	Not Met (0%)
No more than 15% of patients have an HbA1c value >9.0%	>15% of patients have an HbA1c value >9.0%

Data source Records or files.

Scope of review Each clinician or group practice seeking recognition.

Explanation American Diabetes Association (ADA) guidelines recommend a treatment goal of ≤7 percent for HbA1c for most adult patients with diabetes. An HbA1c >9 percent is considered poor control and calls for treatment to improve glycemic control.

Denominator The total patient sample, based on the number of clinicians seeking recognition. Refer to appendix 1 for patient eligibility criteria.

Numerator The number of patients in the sample whose most recent HbA1c result during the 12-month abstraction period is >9 percent, with the date and value of the measurement documented.

Patients are included in the numerator in the following circumstances:

- The result of the most recent HbA1c test during the 12-month abstraction period is >9 percent.
- The most recent HbA1c result is missing.
- An HbA1c test was not done during the 12-month abstraction period.

Data collection The following are acceptable documentation of HbA1c results:

- A1c.
- HbA1c.
- Hemoglobin A1c.
- Glycohemoglobin A1c.
- HgbA1c.

The following **are not** acceptable documentation of HbA1c results:

- Fructosamine.
- Hgb.
- Hemoglobin.
- Hb and Hg without reference to "A1c."
- Patient self-report, including home or self-administered test.

Element B: HbA1c Control <8.0% — 10.0 points

At least 65 percent of patients in the sample have an HbA1c <8 percent.

Scoring

Met (100%)	Not Met (0%)
At least 65% of patients have an HbA1c value of <8%	<65% of patients have an HbA1c value of <8%

Data source Records or files.

Scope of review Each clinician or group practice seeking recognition.

Explanation The ADA's position recommends a general A1C goal of <7 percent for most adults with diabetes. The ADA states that A1C targets should be individualized and less stringent glycemic goals are appropriate for certain patients.

NCQA's expert panels also emphasized that significantly lowering A1C (even if not reaching the target A1C) provides a benefit for patients, and this benefit could be recognized by adding an A1c <8 percent measure. Although the measure should not be construed as encouraging the use of less stringent goals than <7 percent for patients other than those suggested by ADA guidelines and informed clinical judgment, an A1C goal of <8 percent may be appropriate for some patients. An A1C >9 percent remains as a marker of poor control. Refer to appendix 1 for the guidelines.

Denominator The total patient sample, based on the number of clinicians seeking recognition. Refer to appendix 1 for patient eligibility criteria.

Numerator The number of patients in the sample whose most recent HbA1c result during the 12-month abstraction period was less than 8 percent, with date and value of the measurement documented.

Patients are included in the numerator if the result of the most recent HbA1c test with a date during the 12-month abstraction period is <8 percent.

Patients **are not** included in the numerator if:

- The most recent HbA1c result is missing.
- The most recent HbA1c result is 8 percent or greater.
- An HbA1c test was not done during the 12-month abstraction period.

Data collection The following are acceptable documentation of HbA1c results:

- A1c.
- HbA1c.
- Hemoglobin A1c.
- Glycohemoglobin A1c.
- HgbA1c.

The following **are not** acceptable documentation of HbA1c results:

- Fructosamine.
- Hgb.
- Hemoglobin.
- Hb and Hg without reference to "A1c."
- Patient self-report, including home or self-administered test.

Element C: HbA1c Control <7.0% — 7.0 points

At least 40 percent of patients in the sample have an HbA1c <7 percent.

Scoring

Met (100%)	Not Met (0%)
At least 40% of patients have an HbA1c value of <7%	<40% of patients have an HbA1c value of <7%

Data source Records or files.

Scope of review Each clinician or group practice seeking recognition.

Explanation ADA guidelines recommend a treatment goal of less than 7 percent for HbA1c for most adult patients with diabetes.

Denominator The total patient sample, based on the number of clinicians seeking recognition. Refer to appendix 1 for patient eligibility.

Numerator The number of patients in the sample whose most recent HbA1c result during the 12-month abstraction period was less than 7 percent, with date and value of the measurement documented.

Patients are included in the numerator if the result of the most recent HbA1c test with a date during the 12-month abstraction period is <7 percent.

Patients **are not** included in the numerator in the following circumstances.

- The most recent HbA1c result is missing.
- The most recent HbA1c result is 7 percent or greater.
- An HbA1c test was not done during the 12-month abstraction period.

Data collection

The following are acceptable documentation of HbA1c results:

- A1c.
- HbA1c.
- Hemoglobin A1c.
- Glycohemoglobin A1c.
- HgbA1c.

The following **are not** acceptable documentation of HbA1c results:

- Fructosamine.
- Hgb.
- Hemoglobin.
- Hb and Hg without reference to “A1c.”
- Patient self-report, including home or self-administered test.

CM 2: Blood Pressure Control

Patients with diabetes have their blood pressure in control.

Intent

The clinician or group practice works with patients to control their blood pressure and avoid further complications of diabetes.

Element A: Blood Pressure (Poor) Control 140/90 mm Hg* 30.0 points

No more than 35 percent of patients in the sample have blood pressure ≥140/90 mm Hg.

Scoring

Met (100%)	Not Met (0%)
No more than 35% of patients have blood pressure ≥140/90 mm Hg	>35% of patients have blood pressure ≥140/90 mm Hg

Data source Records or files.

Scope of review Each clinician or group practice seeking recognition.

Explanation ADA guidelines recommend treatment for adult patients with diabetes who have blood pressure ≥140/90 mm Hg. Refer to Appendix 1 for the guidelines. Patients exceeding this target are considered to be in poor control.

Denominator The total patient sample, based on the number of clinicians seeking recognition. Refer to appendix 1 for patient eligibility criteria.

Numerator The number of patients in the sample whose most recent blood pressure result during the 12-month abstraction period is ≥140/90 mm Hg with date and value of the measurement documented.

Patients are included in the numerator in the following circumstances:

- The result of either the systolic or diastolic measurement meets or exceeds the threshold of 140/90 mm Hg.
- The most recent blood pressure measurement result is missing.
- A blood pressure measurement was not done during the 12-month abstraction period.

If there are multiple blood pressure readings recorded for a single date, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure. The systolic and diastolic results do not need to be from the same reading when multiple readings are recorded for a single date.

Data collection Identify the most recent blood pressure reading noted during the abstraction period.

The following **are not** acceptable documentation of blood pressure results:

- Patient self-report, including home or self-administered test.
- Use of terms “VS within normal limits” or “Vital signs normal” without recording the numeric result.

CM 3: Eye Examination

Patients with diabetes have a recent screening for diabetic retinal disease.

Intent

The clinician or group practice screens patients for retinopathy, a complication of diabetes.

Element A: Retinal Screening — 12.0 points

At least 60 percent of patients in the sample have retinal screening with documentation of date.

Scoring

Met (100%)	Not Met (0%)
At least 60% of patients have retinal screening with documentation of date	<60% of patients have retinal screening with documentation of date

Data source Records or files.

Scope of review Each clinician or group practice seeking recognition.

Explanation *No exam documented during abstraction period.* If an eye exam is not performed during the abstraction period, an exam performed in the 12 months prior to the abstraction period is acceptable if the patient showed no evidence of retinopathy.

Blindness is not an exclusion for a diabetic eye exam because it is difficult to distinguish between individuals who are legally blind but require a retinal exam and those who are completely blind and therefore do not require an exam.

Denominator The total patient sample, based on the number of clinicians seeking recognition. Refer to appendix 1 for patient eligibility criteria.

Numerator The number of patients in the sample with date and result of a retinal or dilated eye examination documented:

- During the 12-month abstraction period, ***or***
- During the 12 months prior to the abstraction period if the patient showed no evidence of retinopathy.

Data Collection The following **are not** acceptable documentation for eye examination:

- Referral for an eye exam with no documentation that an eye exam was completed.
- An eye exam that simply states the eyes were within normal limits (WNL).
- Primary care physician notes state only that the fundi were normal without specifically stating that eyes were dilated.
- Visits to eye care professionals where it is clear that a dilated exam was not performed.
- Patient self-report of an eye examination.

CM 4: Smoking and Tobacco Use and Cessation and Treatment Assistance

Patients with diabetes have documentation of smoking or tobacco use status and for those who are current smokers or tobacco users, cessation advice or treatment is given.

Intent

The clinician or group practice determines the smoking or tobacco use status of patients and encourages cessation or treatment for those who are smokers or tobacco users.

Element A: Smoking and Tobacco Use Status and Cessation and Treatment 12.0 points

At least 80 percent of patients in the sample have documentation of smoking or tobacco use status and cessation counseling or treatment during the abstraction period if they are a smoker or tobacco user.

Scoring

Met (100%)	Not Met (0%)
At least 85% of patients have documentation of their smoking/tobacco status and receive cessation advice or treatment if they are a smoker/ tobacco user	<85% of patients have documentation of their smoking/tobacco use status and receive cessation advice or treatment if they are a smoker/tobacco user

Data source Records or files.

Scope of review Each clinician or group practice seeking recognition.

Explanation U.S. Preventive Services Task Force recommends that those who do smoke/ use tobacco receive cessation counseling or treatment.

Denominator The total patient sample, based on the number of clinicians seeking recognition. Refer to appendix 1 for patient eligibility criteria.

Numerator The number of patients in the sample with documentation of smoking/tobacco use status and if the patient currently smokes/uses tobacco, documentation of the date of cessation counseling or treatment during the 12-month abstraction period.

Data collection The most recent notation of smoker/tobacco user or nonsmoker/nontobacco user status may be from a period prior to the 12-month abstraction period, but once a patient is documented as a smoker/tobacco user, the standard requires annual counseling and treatment to encourage smoking/tobacco cessation.

CM 5: Nephropathy Assessment

Patients with diabetes have a recent nephropathy assessment.

Intent

The clinician or group practice assesses patients for nephropathy to help them avoid progression of their diabetes to end stage renal disease.

Element A: Nephropathy Assessment — 7.0 points

At least 85 percent of patients in the sample have documentation of assessment for nephropathy during the abstraction period.

Scoring

Met (100%)	Not Met (0%)
At least 85% of patients have microalbuminuria testing or positive urinalysis or medical attention for nephropathy or ACE inhibitor/ARB therapy with documentation of date	<85% of patients have microalbuminuria testing or positive urinalysis or medical attention for nephropathy or ACE inhibitor/ARB therapy with documentation of date

Data source Records or files.

Scope of review Each clinician or group practice seeking recognition.

Explanation ADA guidelines recommend routine urinalysis and microalbuminuria testing for adult patients with diabetes to detect nephropathy. Refer to Appendix 1 for guidelines.

Denominator The total patient sample, based on the number of clinicians seeking recognition. Refer to appendix 1 for patient eligibility criteria.

Numerator The number of patients in the sample with microalbuminuria testing, ***or*** positive urinalysis for protein ***or*** medical attention for nephropathy ***or*** evidence of ACE inhibitor/ARB therapy during the 12-month abstraction period, with date of the assessment documented.

Data collection Patient self-report, including home or self-administered test, **is not** acceptable documentation.

Documentation of a nephropathy assessment must include one of these methods:

- Microalbuminuria test (including a microalbumin/creatinine ratio, a 24-hour urine for microalbuminuria, timed urine for microalbuminuria, spot urine for microalbuminuria, 24-hour urine for total protein or a random urine for protein/creatinine ratio).
- Positive urinalysis for protein (macroalbuminuria) test (including a positive urinalysis (random, spot or timed) for protein, positive urine (random, spot or timed) for protein, positive urine dipstick for protein, positive tablet reagent for urine protein, positive result for albuminuria, positive result for macroalbuminuria, positive result for proteinuria, positive result for gross proteinuria).

Note: *"Trace" urine macroalbumin test results are not considered numerator compliant.*

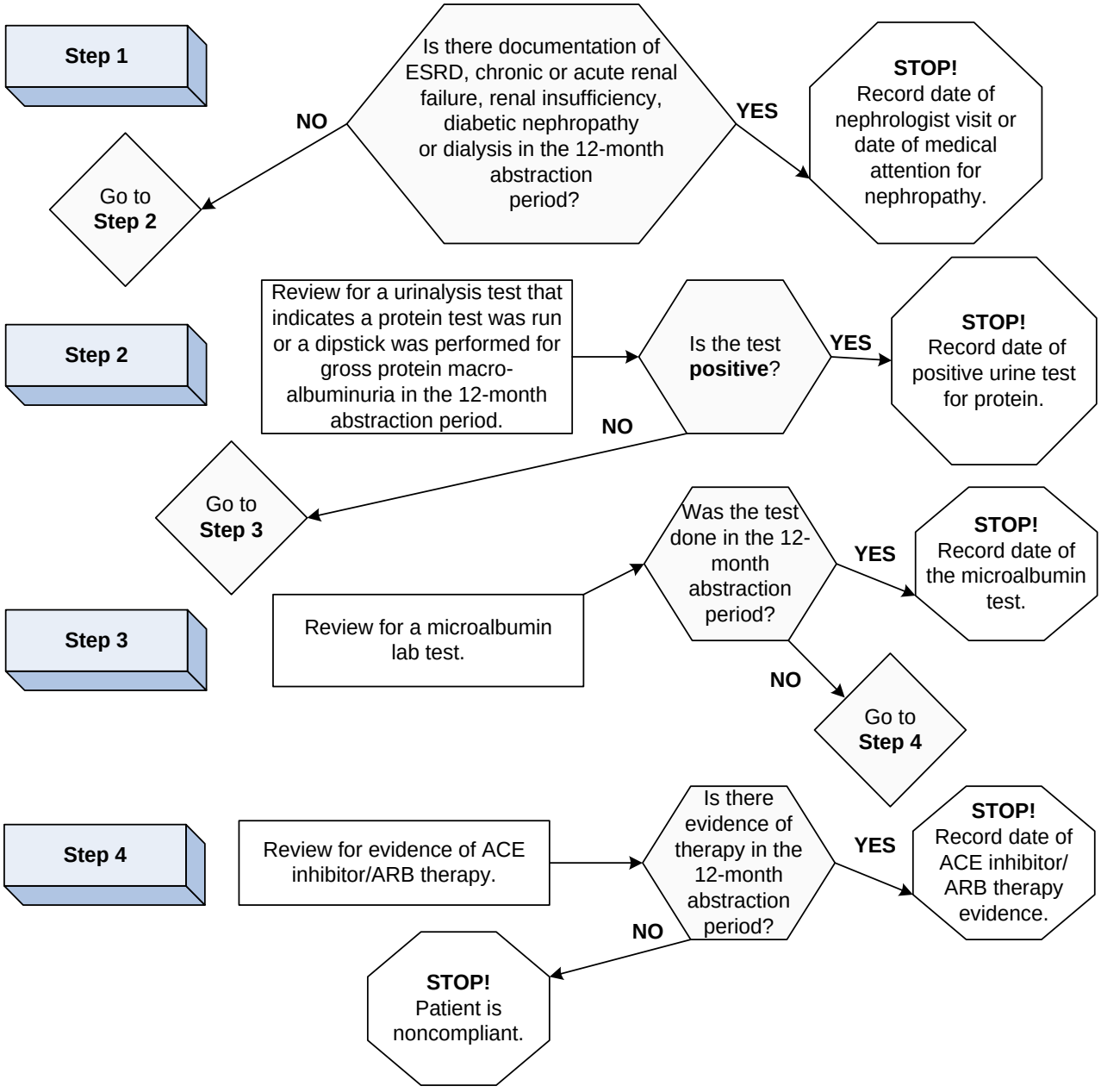
- Medical attention for nephropathy, including any of the following:

– Any nephrologist visit.

– Documentation of any of the following (no restriction on provider type): diabetic nephropathy, ESRD, CRF, chronic kidney disease (CKD), renal insufficiency, proteinuria, abuminuria, renal dysfunction, acute renal failure (ARF), dialysis, hemodialysis or peritoneal dialysis.

– Evidence of ACE inhibitor/ARB therapy.

Nephropathy Assessment Decision Tree



CM 6: Foot Examination

Patients with diabetes have a recent foot examination.

Intent

The clinician or group practice identifies patients who have or who are at high risk for foot problems and screen for the presence of clinically significant neuropathy or vascular disease.

Element A: Foot Examination — 7.0 points

At least 80 percent of patients in the sample have documentation of a foot examination that includes a visual inspection, sensory exam with monofilament AND pulse exam during the abstraction period.

Scoring

Met (100%)	Not Met (0%)
At least 80% of patients have a foot examination with documentation of date	<80% of patients have a foot examination with documentation of date

Data source Records or files.

Scope of review Each clinician or group practice seeking recognition.

Explanation ADA guidelines recommend foot examination, with shoes and socks removed, for adult patients with diabetes to avoid lower extremity amputations, foot ulcers and other foot problems.

Denominator The total patient sample, based on the number of clinicians seeking recognition. Refer to appendix 1 for patient eligibility criteria.

Numerator The number of patients in the sample with a foot examination that includes a visual inspection, a sensory exam and pulse exam during the 12-month abstraction period with date of the exam documented.

Data collection Documentation of a foot examination must include a visual inspection, a sensory exam with monofilament and a pulse exam.

The following **are not** acceptable documentation of a foot exam:

- Documentation of general extremity exam without mention of the foot, such as extremities—no edema or Doppler.
- Range of motion or ROM exams.
- Patient self-report, including home or self-administered exam.

APPENDIX 1

EXECUTIVE SUMMARY:

STANDARDS OF MEDICAL CARE IN DIABETES

ADA Standards of Medical Care in Diabetes -2014, Diabetes Care, Volume 37, Supplement 1, January 2014.

(See Resource Section of the DRP Web-based Tool)

Note: NCQA will update guidelines as new versions are made available.

APPENDIX 2

PATIENT ELIGIBILITY CRITERIA, PATIENT SELECTION AND SAMPLE SIZE REQUIREMENTS

Patient Eligibility

Eligibility criteria

An **eligible** diabetes patient is one who meets *all three* criteria:

1. Is between 18 and 75 years of age.
2. Has had an active diagnosis of diabetes for at least 12 months.[1]
3. Has been under the care of the applicant clinician or group practice for at least 12 months. This is defined by documentation of a face-to-face visit for diabetes care between the clinician and the patient that *predates* the most recent visit by at least 12 months.[2]

DRP Coding Convention

Unless otherwise noted, codes are stated to the minimum specificity required. For example, if a three-digit code is listed, it is valid as a three-, four- or five-digit code. When necessary, a code may be specified with an "x," which represents a required digit: for example, ICD-9-CM diagnosis code 640.0x means that a fifth digit is required, but the fifth digit could be any number allowed by the coding manual.

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

Diagnosis Codes			
ICD-9 Code* and Criteria	**Definition**	**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 (IDDM), non-insulin dependent diabetes (NIDDM), Type I, Type II, DM, 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), R/O diabetes, diabetes insipidus, questionable or "?" diabetes mellitus, or hyperglycemia, glucose intolerance, borderline diabetes
357.2 **Diabetic polyneuropathy**	Any mention of a diagnosis of diabetic 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 R/O neuropathy, extremity weakness, or probable or "?" neuropathy
362.0 **Diabetic retinopathy**	Any mention of a diagnosis of diabetic retinopathy in the medical record	Diabetic eye changes: • Proliferative diabetic retinopathy • New vessels on the disc (NVD) – New vessels elsewhere in iris or retina – Preretinal or vitreous hemorrhage – Fibrosis rubeosis diabetic retinal changes – Macular lesion – Background retinopathy • Preproliferative retinopathy – Venous beading/looping – Large retinal blot hemorrhages – Multiple cotton wool spots – Multi-preintroretinal microvascular abnormalities – Diabetic macular edema • Nonproliferative diabetic retinopathy – Microaneurysms – Blot hemorrhage – Hard exudates – 1-2 soft exudates	Rule out or R/O 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

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	Glimepiride-pioglitazone Glimepiride-rosiglitazone Glipizide-metformin Glyburide-metformin Linagliptin-metformin Metformin-pioglitazone Metformin-rosiglitazone Metformin-saxagliptin Metformin-sitagliptin Saxagliptin Sitagliptin-simvastatin
Insulin	Insulin aspart Insulin aspart-insulin aspart protamine Insulin detemir Insulin glargine Insulin glulisine Insulin inhalation Insulin isophane beef-pork Insulin isophane human Insulin isophane-insulin regular Insulin lispro Insulin lispro-insulin lispro protamine Insulin regular human
Meglitinides	Nateglinide Repaglinide
Miscellaneous antidiabetic agents	Exenatide Linagliptin Liraglutide Metformin-repaglinide Sitagliptin
Sodium glucose cotransporter 2 (SGLT2) inhibitor	Canagliflozin
Sulfonylureas	Acetohexamide Chlorpropamide Glimepiride Glipizide Glyburide Tolazamide Tolbutamide
Thiazolidinediones	Pioglitazone Rosiglitazone

Note: *Glucophage/metformin 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.*

Identification of Patient Sample

To begin, applicants must establish a "start date" and identify eligible patients. Once the patient sample is identified, applicants abstract the required data and complete the DRP Data Collection Tool (DCT). **Applicants must submit the completed DCT to NCQA within 180 calendar days of the start date.**

The DRP patient sample:

1. Is identified using the DRP patient selection methodology or an alternative selection methodology approved in advance by NCQA.
2. Is selected across the entire patient population regardless of the patient's method of payment (e.g., health plan, Medicare, Medicaid, employer, self-pay or other payment mechanism.)
3. Includes all eligible patients (i.e., eligible patients must not be excluded from the sample).

Patient Selection Methodology

<table>
<tr><th>Action</th><th>Process</th><th>Example</th></tr>
<tr><td>Step 1 Establish a start date</td><td>Applicants must first select a start date. The start date is the date applicants begin to identify eligible patients for the sample.</td><td>An applicant establishes December 31, 2014, as the start date.</td></tr>
<tr><td>Step 2 Identify eligible patients moving backwards from the start date</td><td>• On each day moving backward from the start date, consecutively evaluate the eligibility of each patient seen for an office visit.
• Patients meeting the 3 eligibility criteria are selected for the sample until the required sample size is met. (Refer to Sample Size Requirements in the next section.)
• Applicants may not go back more than 12 months from the start date to select patients.
• Applicants may review patient medical records or set up a query of the administrative data system for patients who meet the eligibility requirements and who have had a visit with a clinician prior to the selected start date.
• Administrative data sources include medical encounters, medical claims and ambulatory pharmacy records. In some practices or organizations, a separate diabetes patient database exists for this purpose.
• Determination of patient eligibility may be based on an administrative data system, but must be supported by documentation found in the medical record.</td><td>Moving consecutively backward from 12/31/13, an applicant identifies 25 eligible patients who had office visits on the following dates.
<table><tr><th>Visit Date Identified as Eligible</th><th>Number of Patients Identified</th></tr><tr><td>12/30/2014</td><td>3</td></tr><tr><td>12/29/2014</td><td>6</td></tr><tr><td>12/28/2014</td><td>5</td></tr><tr><td>12/27/2014</td><td>7</td></tr><tr><td>12/26/2014</td><td>4</td></tr></table></td></tr>
</table>

<table>
<tr><th>Action</th><th>Process</th><th>Example</th></tr>
<tr><td>Step 3 Determine the abstraction period</td><td>• When moving backward from the start date, the visit date that a patient is identified as eligible establishes that patient's 12-month abstraction period.
• After determining each patient's 12-month abstraction period, abstract data for care completed for each patient in the sample.</td><td>12-month abstraction periods for the 25 patients identified.
<table>
<tr><th>Visit Date Identified as Eligible</th><th>12-Month Abstraction Period</th><th>Number of Patients</th></tr>
<tr><td>12/30/2014</td><td>12/30/2014-12/30/2013</td><td>3</td></tr>
<tr><td>12/29/2014</td><td>12/29/2014-12/29/2013</td><td>6</td></tr>
<tr><td>12/28/2014</td><td>12/28/2014-12/28/2013</td><td>5</td></tr>
<tr><td>12/27/2014</td><td>12/27/2014-12/27/2013</td><td>7</td></tr>
<tr><td>12/26/2014</td><td>12/26/2014-12/26/2013</td><td>4</td></tr>
</table></td></tr>
<tr><td>Step 4 Complete the DCT</td><td colspan="2">Completion of the DCT requires the following:
• Review of consecutive patients seen based on a start date.
• Response to eligibility criteria questions to confirm eligibility for the patient sample.
• Entry of clinical data for the DRP measures for eligible patients.
After completion of data entry in the DCT, results on the Preliminary Results screen help applicants determine if they are ready to apply for recognition.</td></tr>
</table>

Sample Size Requirements

Applicants must determine the required patient sample size, as outlined in the options below.

<table>
<tr><td>Option 1: Individual clinician applicants applying for individual recognition</td><td>An individual applicant represents one clinician (physician, nurse practitioner or physician assistant) practicing in any ambulatory setting who provides continuing care for patients with diabetes. Individual clinician applicants must have had face-to-face contact with and submit data on care delivered for a 12-month period to at least 25 different eligible patients with diabetes. The sample must be identified using the DRP patient selection methodology described in the section above.</td></tr>
<tr><td>Option 2: Group practice applicants applying for group recognition</td><td>Group practice applicants represent 2 or more clinicians (i.e., physicians, nurse practitioners, physician assistants) who, by formal arrangement, share responsibility for a common panel of patients and practice at the same site.
To qualify for group recognition, applicants must include all eligible clinicians practicing at the site. The sample size is 25 eligible patients per site, as shown in the table below.
<table><tr><th>Number of Clinicians in Practice</th><th>Sample Size per Site</th></tr><tr><td>2</td><td>50</td></tr><tr><td>3</td><td>75</td></tr><tr><td>4</td><td>100</td></tr><tr><td>5</td><td>125</td></tr><tr><td>6</td><td>150</td></tr><tr><td>7</td><td>175</td></tr><tr><td>8</td><td>200</td></tr><tr><td>9 or more</td><td>200*</td></tr></table>*An alternate sampling option for individual recognition is available for group practices of 9 or more clinicians at one site. See “Option 3” below.</td></tr>
<tr><td>Option 3: Group practices with 9 or more clinicians at one site applying for individual recognition (alternate sampling option)</td><td>Group practices with 9 or more clinicians at a single site may apply for individual recognition by submitting a sample of 25 eligible patients per clinician for at least 8 clinicians. Using this option:
The group practice provides NCQA with a list of all clinicians at the site and an estimate (or an actual count, if available) of the number of patients with diabetes in each clinician’s panel. NCQA uses this list to:
– Select a weighted random sample of clinicians.
– Provide the target list of clinicians to the group practice.
– Upon receipt of the list, the group practice identifies 25 eligible patients per specified clinician using the same patient identification methodology for individual clinician applicants. See “patient identification” above.</td></tr>
</table>

APPENDIX 3
SCORING

Scoring for Individual Clinicians

Individual clinician applicants achieve recognition by meeting program performance criteria for DRP standards and receiving a total score of at least 70 of 100 available points. Program standards, performance criteria and scoring are below.

Table 1: DRP Adult Standards, Performance Criteria and Scoring

Clinical Measures (Required)	Criteria	Points
HbA1c Poor Control >9.0%*	≤15% of patients in sample	15.0
HbA1c Control <8.0%	65% of patients in sample	10.0
HbA1c Control <7.0%	40% of patients in sample	7.0
Blood Pressure Control ≥140/90 mm Hg*	≤35% of patients in sample	30.0
Eye Examination	60% of patients in sample	12.0
Smoking and Tobacco Use and Cessation and Treatment Assistance	85% of patients in sample	12.0
Nephropathy Assessment	85% of patients in sample	7.0
Foot Examination	80% of patients in sample	7.0
	Total Points	**100.0**
	Points Needed to Achieve Recognition	**70.0**

*Denotes poor control.

Scoring for Group Practices With Nine or More Clinicians at One Site *(Alternate Sampling Option for Individual Recognition)*

There is an option that allows individual clinicians in group practices with nine or more clinicians practicing at one site to achieve individual recognition based on the scores earned by a sample of clinicians who practice at the site.

If every clinician in the sample scores at least 70 points and if the mean score for the clinicians in the sample meets requirements, NCQA awards individual recognition to each clinician in the group at that site, even if the clinician is not part of the sample.

The mean score requirement for individual recognition of clinicians in this type of application depends on the total number of clinicians in the group, as shown in Table 2 below.

Table 2: DRP Scoring Requirements for Group Practices With Nine or More Clinicians at One Site

Number of Clinicians in Group	Number of Clinicians in Sample	Total Patient Sample	Required Mean Sample Score
9	8	200	**87.50**
10	8	200	**90.00**
11	8	200	**92.50**
12-13	8	200	**95.00**
14-16	8	200	**97.50**
17-23	8	200	**100.00**
24-30	10	250	**100.00**
31-40	13	325	**100.00**
41-50	17	425	**100.00**
51-60	20	500	**100.00**
61-70	23	575	**100.00**
71-80	27	675	**100.00**

Example If the group has 12 clinicians, NCQA recognizes all of the group's clinicians individually if all 8 clinicians in the sample score at least 70 and if the mean score of the clinicians in the sample is at least **95.00**.

If the group practice does not meet performance criteria for recognition based on the clinicians in the sample, the group must submit 25 eligible patients for each clinician seeking recognition.

Scoring for Group Practices With Two or More Clinicians at One Site Applying for Group Recognition

For group practices with two or more clinicians practicing at the same site, the entire patient sample is pooled and scored on each measure. If the score for the pooled sample of patients is at least 70, the group receives recognition.

APPENDIX 4
GLOSSARY

abstraction time frame	The relevant 12-month period for each eligible patient from which the applicant abstracts required data for an application for recognition.
applicant	One clinician or a group of individuals affiliated with a practice that is applying for recognition.
business associate	A person or organization that on behalf of a covered entity (health plan, health care clearinghouse or health care provider) or organized health care arrangement (which includes a covered entity) performs or assists in the performance of (but not in the capacity of a workforce member) functions or activities involving the use or disclosure of individually identifiable health information from the covered entity or organized health care arrangement.
element	The scoreable component of a standard. A standard comprises elements, which can be separately assessed and which provide details about performance expectations.
evidence based	Clinical practice guidelines that are known to be effective in improving health outcome. Effectiveness is determined by scientific evidence, or, in the absence of scientific evidence, professional standards, or, in the absence of professional standards, expert opinion.
records or files	Actual patient medical records, patient registry data or administrative files that document an action taken.
registry	A searchable list of patient data that the practice actively uses to assist in patient care.
sample	A statistically valid representation of the applicant's patient population, which is identified using the instructions for identification of eligible patients for the recognition program.
standard	A description of clinical outcome and performance expectation.
start date	The self-selected date that an applicant for recognition uses to begin identification of eligible patients for its sample of patients. Moving backward from this date, each patient seen must be consecutively assessed for eligibility for the patient sample.