



MNCM Measurement Specifications for Optimal Diabetes Care

Dates of Service: 01/01/2009 – 12/31/2009

Description	Composite (“optimal” care) measure of the percentage of adult patients who have type 1 or type 2 diabetes with optimally managed modifiable risk factors.
Methodology	Population identification is accomplished via a query of a practice management system or Electronic Medical Record (EMR) to identify the population of eligible patients (denominator). Data elements are either extracted from an EMR system or abstracted through medical record review. Submission of total patient population is preferred. Submission of a sample is an option.
Rationale	According to the MN Department of Health, diabetes is a high impact clinical condition in Minnesota. One in four Minnesotans either have diabetes or are at high risk of developing it. Each year more than 27,000 Minnesotans are newly diagnosed with diabetes. Diabetes is the sixth leading cause of death in Minnesota and is a significant risk factor in developing cardiovascular disease and stroke, non-traumatic lower extremity amputations, blindness, and end-stage renal disease. Diabetes costs Minnesota \$2.7 billion annually, including medical care, lost productivity and premature mortality. According to the American Diabetes Association, an estimated 23.6 million American children and adults have diabetes. Most people with diabetes have other risk factors, such as high blood pressure and cholesterol that increase the risk for heart disease and stroke. In fact, more than 65% of people with diabetes die from these complications.
Denominator	<p>Established patient who meets each of the following criteria is included in the population (denominator):</p> <ul style="list-style-type: none"> • Patient was age 18 to 75 during the measurement period (date of birth was 01/01/1934 to 12/31/1991). • Patient was seen by an eligible provider in an eligible specialty face-to-face at least 2 times during the last 2 years (01/01/2008 to 12/31/2009) with visits coded with a diabetes ICD-9 code (in any position, not only primary). Use this date of service range when querying the practice management or EMR system to allow a count of the visits within this time frame. • Patient was seen by an eligible provider in an eligible specialty face-to-face at least 1 time during the last 18 months (07/01/2008 to 12/31/2009) for any reason. This may or may not include one of the face-to-face diabetes visits. <p><i>Eligible specialties: Family Medicine, Internal Medicine, Geriatric Medicine, Endocrinology.</i></p> <p><i>Eligible providers: Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Nurse Practitioner (NP).</i></p> <p><i>Diabetes mellitus ICD-9 codes: 250—250.93</i></p>
Allowable Exclusions	<ul style="list-style-type: none"> • Patient was a permanent nursing home resident home during the measurement period • Patient was in hospice at any time during the measurement period • Patient died prior to the end of the measurement period • Documentation that diagnosis was coded in error



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Optimal Diabetes Care	<p>Percentage of diabetes patients age 18-75 in the measurement period (01/01/2009-12/31/2009) who met all of the following targets:</p> <ul style="list-style-type: none"> • The most recent HbA1c in the measurement period has a value <8.0 • The most recent LDL test in the measurement period has a value <100 • The most recent Blood Pressure in the measurement period has a systolic value of <130 and a diastolic value of <80 (both values must be less than) • There is documentation in the chart that the patient is currently a non-tobacco user. • If the patient is age 41 or older (born on or prior to 12/31/1968), there is documentation in the measurement period that the patient is on daily aspirin or there is documentation of an accepted contraindication (any date).
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ICD-9-CM Coding Conventions Used in MNCM Documentation

MNCM uses the standard HEDIS coding conventions from HEDIS 2010, *Comprehensive Diabetes Care*. From the HEDIS manual:

Unless otherwise noted, codes are stated to the minimum specificity required. For example, if a code is presented to the third digit, any valid fourth or fifth digits may be used. When necessary, a code may be specified with an "x," which represents a required digit; for example, ICD-9-CM Diagnosis code 640.0x indicates a fifth digit is required, but the fifth digit could be any number allowed by the coding manual.

DIABETES			
250.00	DMII WO CMP NT ST UNCINTR	250.50	DMII OPHTH NT ST UNCINTRL
250.01	DMI WO CMP NT ST UNCINTRL	250.51	DMI OPHTH NT ST UNCINTRLD
250.02	DMII WO CMP UNCINTRLD	250.52	DMII OPHTH UNCINTRLD
250.03	DMI WO CMP UNCINTRLD	250.53	DMI OPHTH UNCINTRLD
250.10	DMII KETO NT ST UNCINTRLD	250.60	DMII NEURO NT ST UNCINTRL
250.11	DMI KETO NT ST UNCINTRLD	250.61	DMI NEURO NT ST UNCINTRLD
250.12	DMII KETOACD UNCONTROLD	250.62	DMII NEURO UNCINTRLD
250.13	DMI KETOACD UNCONTROLD	250.63	DMI NEURO UNCINTRLD
250.20	DMII HPRSM NT ST UNCINTRL	250.70	DMII CIRC NT ST UNCINTRLD
250.21	DMI HPRSM NT ST UNCINTRLD	250.71	DMI CIRC NT ST UNCINTRLD
250.22	DMII HPROMLR UNCONTROLD	250.72	DMII CIRC UNCINTRLD
250.23	DMI HPROMLR UNCONTROLD	250.73	DMI CIRC UNCINTRLD
250.30	DMII O CM NT ST UNCINTRLD	250.80	DMII OTH NT ST UNCINTRLD
250.31	DMI O CM NT ST UNCINTRLD	250.81	DMI OTH NT ST UNCINTRLD
250.32	DMII OTH COMA UNCONTROLD	250.82	DMII OTH UNCINTRLD
250.33	DMI OTH COMA UNCONTROLD	250.83	DMI OTH UNCINTRLD
250.40	DMII RENL NT ST UNCINTRLD	250.90	DMII UNSPF NT ST UNCINTRL
250.41	DMI RENL NT ST UNCINTRLD	250.91	DMI UNSPF NT ST UNCINTRLD
250.42	DMII RENAL UNCINTRLD	250.92	DMII UNSPF UNCINTRLD
250.43	DMI RENAL UNCINTRLD	250.93	DMI UNSPF UNCINTRLD



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Data Elements and Field Specifications

Field Name	Notes	Excel Format	Example
Clinic ID	Enter the clinic ID for every patient/row submitted for DDS. MNCM assigns the clinic ID at the time of registration. Clinic IDs are listed in the MNCM Data Portal.	Text	9999
Patient ID	Enter a unique patient ID that will identify each patient; begin with 1 through the total number of patient records that will be submitted. <ul style="list-style-type: none"> • Do not submit an identifiable number such as MRN, account number, or SSN. • <u>REMEMBER to keep a “crosswalk” between the patient ID and the patient name and DOB to help clinic staff locate the record for the on-site validation.</u> 	Text	1
Patient’s Date of Birth	Enter the patient’s date of birth. Patient must be ages 18–75 in the measurement year with a birth date from 01/01/1934 to 12/31/1991.	Date (mm/dd/yyyy)	05/08/1985
NEW: Patient’s Gender	Enter the patient’s gender: Female = F; Male = M; Unknown = U	Text	F
NEW: Patient’s Zip Code, Primary Residence	Enter the patient’s 5-digit zip code of primary residence at the most recent encounter on or prior to 12/31/2009. <ul style="list-style-type: none"> • If EMR query extracts a 9-digit number, submit the 9-digit number (the portal will remove the last 4 digits automatically). 	Text	55111



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Field Name	Notes	Excel Format	Example
OPTIONAL Race and Ethnicity Code Up to three possible categories: <ul style="list-style-type: none"> • Race1 • Race2 • Race3 	Enter the patient-reported race/ethnicity using the codes listed below. Enter one race or up to three races for patients that report multi-racial status. If race/ethnicity data is incomplete, leave blank. Enter 97 if the patient chooses not to disclose race/ethnicity. Enter 98 if the patient reports race/ethnicity is unknown. 1 = <i>American Indian or Alaska Native</i> 2 = <i>Asian</i> 3 = <i>Black or African American</i> 4 = <i>Hispanic or Latino</i> 5 = <i>Native Hawaiian/Other Pacific Islander</i> 6 = <i>White</i> 97 = <i>Chose not to disclose/declined</i> 98 = <i>Unknown</i>	Number	Race1 = 1 Race2 = (blank or other listed code) Race3 = (blank or other listed code)
OPTIONAL Patient's Country of Origin Code	Enter the patient-reported country of origin (birth country) using one of the codes listed on Page 13. If country of origin data is incomplete, leave blank. Enter 997 if the patient does not disclose country. Enter 998 if the patient reports country is unknown. Enter 999 if the country does not match one of the codes listed and enter the country in the next field.	Number	1
OPTIONAL Patient's Country of Origin "Other" Description	If <i>Patient's Country of Origin Code</i> is 999, enter a description here. If <i>Patient's Country of Origin Code</i> is not 999, leave blank.	Text	Country XYZ
OPTIONAL Patient's Primary Language Code	Enter the patient-reported specific language preference using one of the codes listed on Page 14. If language data is incomplete, leave blank. Enter 97 if the patient does not disclose language. Enter 98 if the patient reports language is unknown. Enter 99 if the language does not match one of the codes listed and enter the language in the next field.	Number	1



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Field Name	Notes	Excel Format	Example
OPTIONAL Patient's Primary Language "Other" Description	If <i>Patient's Primary Language Code</i> is 99, enter a description here. If <i>Patient's Primary Language Code</i> is not 99, leave blank.	Text	Language XYZ
Patient Has IVD?	Enter Yes or No if the patient has a diagnosis of ischemic vascular disease that can be confirmed upon validation audit. Yes = 1; No = 0	Number	0
Type 1 or Type 2 Diabetes?	Enter the patient's diabetes diagnosis "type" (Type 1 or Type 2 diabetes) Type 1 = 1 Type 2 = 2 Not specified or documented = 3	Number	1
Provider ID	Enter a unique ID of the provider who manages the patient's care most frequently (or most recently if more than one provider saw the patient equally). <i>Recommendation: Enter the same ID used in the portal registration process.</i>	Text	16895
Provider Specialty Code	Enter the board certified specialty of the provider (if multiple specialties, choose primary specialty): Family Medicine = 1 Geriatric Medicine = 5 Internal Medicine = 2 Endocrinology = 7 Do NOT use retired codes: General Practice (3) or IM-Peds (4)	Number	1
Insurance Coverage Code	<u>This field is required.</u> Look at the patient's insurance card and note the name and logo of the payer. Enter one of the codes from Page 11 that corresponds with the patient's insurance coverage at the most recent encounter on or prior to 12/31/2009. Examples: <ul style="list-style-type: none"> • If the patient's insurance card has the Blue Cross Blue Shield of MN name and logo on the front of the card, enter 1 for BCBS of MN. • If the patient's insurance card has Medicare Health Insurance on the front of the card, enter 8 for Medicare FFS. • If the patient's insurance card has MN Department of Human Services on the front of the card, enter 13 (MN Department of Human Services, Medicaid FFS). • If the patient does not have insurance, enter 16 (Self-pay) or 29 (Uninsured). • If the patient's insurance does not match one of the listed codes, enter 99 (Other) and enter the insurance name in the Insurance Coverage "Other" Description field. 	Number	1
Insurance Coverage "Other" Description	If <i>Insurance Coverage Code</i> is 99 (Other), enter the insurance name here. If <i>Insurance Coverage Code</i> is not 99, leave blank.	Text	Assurant Health



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Field Name	Notes	Excel Format	Example
Health Plan/Insurance Plan Member ID	Enter the patient's Health Plan/Insurance Plan Member ID. <ul style="list-style-type: none"> • <i>Format field as TEXT in Excel spreadsheet to allow for leading zeros. Do not enter hyphens or spaces.</i> • <i>If the member ID is a SSN (e.g., Medicare Fee-for-Service product), leave blank.</i> • <i>If the patient does not have insurance (self-pay or uninsured), leave blank.</i> 	Text	FBOXZ7926998
HbA1c Date Target: at least one test in the measurement period (01/01/2009-12/31/2009)	Enter the date of the most recent HbA1c test on or prior to 12/31/2009 . <ul style="list-style-type: none"> • <i>If an HbA1c was never performed, leave the date and value fields blank.</i> • <i>Even if the most recent test is <u>prior</u> to the measurement period, enter this date if possible for validation audit purposes.</i> • <i>Do NOT enter any test date that occurred in 2010; enter 2009 or prior date only.</i> • <i>Test from an outside referring provider or specialist is acceptable (not required) but only if documented in the primary clinic's record and is more recent than the primary clinic's test.</i> • <i><u>Point-of-care A1c labs</u>: If the A1c is "too high to calculate," enter the A1c date field and leave the A1c value field blank.</i> 	Date (mm/dd/yyyy)	07/22/2008
HbA1c Value Target <8.0	Enter the value of the most recent HbA1c test on or prior to 12/31/2009 .	Number	6.3



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Field Name	Notes	Excel Format	Example
<p>LDL Date</p> <p>Diabetes target: at least one test in the measurement period (last 12 months, 01/01/2009-12/31/2009)</p> <p><i>FYI, Optimal Vascular Care measurement period is different; for this component see OVC specifications</i></p>	<p>Enter the date of the most recent LDL test on or prior to 12/31/2009.</p> <ul style="list-style-type: none"> • <i>If an LDL was never performed, leave the date and value fields blank.</i> • <i>Even if the most recent test is <u>prior</u> to the measurement period, enter this date if possible for validation audit purposes.</i> • <i>Do NOT enter any test date that occurred in 2010; enter 2009 or prior date only.</i> • <i>Test from an outside referring provider or specialist is acceptable (not required) but only if documented in the primary clinic's record and is more recent than the primary clinic's test.</i> • <i><u>Elevated Triglyceride</u>: If LDL is "too high to calculate," enter the LDL date field and leave the LDL value field blank.</i> 	Date (mm/dd/yyyy)	07/22/2009
<p>LDL Value</p> <p>Target <100</p>	<p>Enter the value of the most recent LDL test on or prior to 12/31/2009.</p>	Number	68
<p>Blood Pressure Date</p> <p>Target: at least one BP in the measurement period (01/01/2009-12/31/2009)</p>	<p>Enter the date of the most recent Blood Pressure (BP) test on or prior to 12/31/2009.</p> <p>Other considerations:</p> <ul style="list-style-type: none"> • <i>For multiple BPs on the same date, use the lowest systolic value and lowest diastolic value from any of the readings on that date. The systolic and diastolic results do not need to be from the same reading.</i> • <i>Even if the most recent BP is <u>prior</u> to the measurement period, enter this date if possible for validation audit purposes.</i> • <i>Do NOT enter any BP date that occurred in 2010; enter 2009 or prior date only.</i> • <i>BP from any outside referring provider or specialist is acceptable (not required) but only if documented in the primary clinic's record and is more recent than the primary clinic's reading.</i> • <i>Do not enter a BP that is associated with a surgical procedure, inpatient or ER visit, diagnostic testing or a diagnosis that is associated with acute pain.</i> • <i>Do not enter BP reported by or taken by the patient.</i> 	Date (mm/dd/yyyy)	07/22/2009



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Field Name	Notes	Excel Format	Example
BP Systolic Target <130	Enter the “systolic” value according to the rules above for selecting the correct BP date. The systolic BP is the <u>upper</u> number. For example, the systolic value for a BP 124/72 is “124.”	Number	124
BP Diastolic Target <80	Enter the “diastolic” value according to the rules above for selecting the correct BP date. The diastolic BP is the <u>lower</u> number. For example, the diastolic value for a BP 124/72 is “72.”	Number	72
Aspirin (ASA) Date Target: Patients age 41 and older, documented daily ASA or anti-platelet use <u>anytime</u> during the measurement period (01/01/2009-12/31/2009), or valid contraindication date (see below) <i>Each patient should have only one date entry in either the aspirin date field or the contraindication date field, NOT both date fields.</i>	<p>Enter the date of documented ASA or anti-platelet during the measurement period (01/01/2009-12/31/2009). Any documented date of ASA or an anti-platelet is acceptable during 2009; the date does not need to be the most recent date in 2009.</p> <p>The following are accepted ASA or anti-platelet medications (please see Page 12 for a list of ASA-containing products):</p> <ul style="list-style-type: none"> • Aspirin (ASA) • Plavix (clopidogrel) • Ticlid (ticlopidine) • Pravigard (aspirin/pravastatin) • Aggrenox (aspirin/dipyridamole) • Low dose enteric-coated 81 mg ASA (Ecotrin or Bayer) <p>Other considerations:</p> <ul style="list-style-type: none"> • <i>For EMR query, use the medication review date in which ASA (or other accepted anti-platelet) was listed as a current medication.</i> • <i>If there is no documentation of daily ASA or anti-platelet, leave this date field blank.</i> • <i>Even if the most recent date is <u>prior</u> to the measurement period, enter this date if possible.</i> • <i>Do NOT enter any 2010 date; enter 2009 or prior date only.</i> • <i>If the patient has a contraindication to ASA, leave ASA date field blank (unless patient was taking ASA any time during the measurement period).</i> • <i>Do not count an ASA/narcotic combo medication for the “daily aspirin use” component of the measure whether it is used for temporary or chronic pain.</i> 	Date (mm/dd/yyyy)	07/22/2009



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Field Name	Notes	Excel Format	Example
Aspirin (ASA) Contraindication Date	<p>If patient has a documented contraindication to ASA, enter the date of the contraindication. <u>Any</u> valid contraindication date (2009 date or prior) will be given credit.</p> <p>Accepted contraindications:</p> <ul style="list-style-type: none"> • Anticoagulant use, Lovenox (Enoxaparin) or Coumadin (Warfarin) • Any history of gastrointestinal (GI)* or intracranial bleed (ICB) • Allergy to ASA <p><i>*Gastroesophageal reflux disease (GERD) is not automatically considered a contraindication but may be included if specifically documented as a contraindication by the physician.</i></p> <p>The following may be exclusions <u>if specifically documented by the physician</u>:</p> <ul style="list-style-type: none"> • Use of non-steroidal anti-inflammatory agents • Documented risk for drug interaction • Uncontrolled hypertension defined as >180 systolic, >110 diastolic • Other provider documented reason for not being on ASA therapy <p>Other considerations:</p> <ul style="list-style-type: none"> • <i>If ASA Date field is completed (patient is taking ASA), leave the ASA Contraindication Date field blank (this field is only needed for patients <u>not</u> taking daily ASA with a documented contraindication to ASA). For patients taking Coumadin or Lovenox AND ASA, enter the aspirin use date and NOT the contraindication date.</i> • <i>Contraindication date does <u>not</u> need to be in the measurement period. If only the month and year is known like "GI Bleed- June 2007," enter a valid date to indicate the time, like 6/01/2007. Look back at least 3 years (dates of service in 2009, 2008 or 2007) for contraindication date. Looking back 4 years or more is optional. Keep in mind that the MNCM auditor will need to be able to validate the date that is submitted, so note the year found.</i> • <i>If the patient is on an anticoagulant, enter the most recent date.</i> • <i>If the ASA has been discontinued prior to a surgical procedure, do <u>not</u> count this as a contraindication, rather document this patient as taking ASA during the measurement period. NOTE: do not assume that a pre-op standing order like, "Do not take ASA seven days prior to the procedure," means that a patient is taking ASA every day; there must be other documentation in the record that the patient is taking daily ASA.</i> • <i>If there is <u>no</u> documentation of taking ASA, anti-platelets or a contraindication then both date fields should be blank.</i> 	Date (mm/dd/yyyy)	06/01/2007



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Field Name	Notes	Excel Format	Example
Tobacco Status Documentation Date	<p>Enter the most recent date (prior to and including 12/31/2009) that the patient’s tobacco status was documented. Other considerations:</p> <ul style="list-style-type: none"> • If a patient’s status is “never used” or “quit,” any documented date (2009 date or prior) is counted positively in the optimal care score. • The expectation is that current tobacco users are asked about tobacco use and counseled at least annually. • If the patient was not asked or there is no associated date with the patient’s tobacco status, leave the tobacco date field blank and enter 2 (No Documentation) for the Tobacco Status. • Do NOT enter any 2010 tobacco status date; enter 2009 or prior date only. • During the validation of clinical data, the MNCM auditor will review the patient record for the most recent documentation of tobacco status in the measurement period. If the auditor finds a more recent date with a different status than what was reported, this would be counted as an error. 	Date (mm/dd/yyyy)	07/22/2009
Tobacco Status Target: Tobacco Free Status	<p>Enter the tobacco status. Tobacco includes any amount of cigarettes, cigars, pipes, or “chew.”</p> <p>1 = Tobacco Free (patient does not use tobacco) 2 = No Documentation 3 = Current Tobacco User</p>	Number	1



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Insurance Coverage Codes (listed alphabetically)

Medical groups are required to submit the patient’s insurance coverage code and member ID. MNCM shares this information with the corresponding health plan who then maps the member ID to the appropriate insurance product category (e.g., Commercial, Medicaid, Medicare). The “self-pay” and “uninsured” codes identify patients without insurance.

Look at the patient’s insurance card and note the name and logo of the payer. Enter one of the codes below in the *Insurance Coverage Code* field that corresponds with the patient’s insurance coverage at the most recent encounter on or prior to 12/31/2009.

18	Aetna	30	MMSI (Mayo Management Services Inc.)
33	Allina Partners Care	13	MN Department of Human Services (Medicaid Fee-for-Service)
27	America’s PPO	6	Preferred One
22	American Family	10	PrimeWest (including by not limited to PMAP, MinnesotaCare, MSHO, GAMC, Medicare managed care products)
15	Blue Cross Blue Shield (not MN; Anthem, etc.)	25	Prudential
1	Blue Cross Blue Shield of Minnesota (including but not limited to Aware Gold, Blue Plus , Options Blue, Preferred Gold, Simply Blue, PMAP, MinnesotaCare, MSHO, GAMC, Medicare managed care products)	12	Sanford Health Plan
17	Cigna (Great West, etc.)	34	Security Health Plan
23	Comprehensive Care Services	16	Self-pay
2	FirstPlan Minnesota (including but not limited to PMAP, MinnesotaCare, MSHO, GAMC, Medicare managed care products)	9	South Country Health Alliance (SCHA) (including by not limited to PMAP, MinnesotaCare, MSHO, GAMC)
32	HealthEOS	24	State Farm
3	HealthPartners (including but not limited to individual or group plans, PMAP, MinnesotaCare, MSHO, GAMC, Medicare managed care products)	26	Travelers Insurance
14	Humana	7	UCare (including by not limited to PMAP, MinnesotaCare, MSHO, GAMC, Medicare managed care products)
21	Indian Health Services	29	Uninsured
11	Itasca Medical Care (including by not limited to PMAP, MinnesotaCare, MSHO, GAMC, Medicare managed care products)	31	United Health Care
4	Medica (including but not limited to Patient Choice, Definity Health, Elect, Essential, Insights, LaborCare, Medica Choice, Premier, Primary, Select Care, UHC, PMAP, MinnesotaCare, MSHO, GAMC, Medicare managed care products)	19	Veterans Administration (VA) (CHAMPVA)
20	Medicaid (not MN)	28	Wausau (not Patient Choice)
8	Medicare Fee-for-Service and supplemental plans (such as Pyramid Life, Tricare/CHAMPUS, Unicare, ZMedicare)	99	Other
5	Metropolitan Health Plan (MHP) (including by not limited to PMAP, MinnesotaCare, MSHO, GAMC, Medicare managed care products)		

Examples:

- *If the patient’s insurance card has the Blue Cross Blue Shield of MN name and logo on the front of the card, enter 1 for BCBS of MN.*
- *If the patient’s insurance card has Medicare Health Insurance on the front of the card, enter 8 for Medicare FFS.*
- *If the patient’s insurance card has MN Department of Human Services on the front of the card, enter 13 (MN Department of Human Services, Medicaid FFS).*
- *If the patient does not have insurance, enter 16 (Self-pay) or 29 (Uninsured).*
- *If the patient’s insurance does not match one of the listed codes, enter 99 (Other) and enter the insurance name in the Insurance Coverage “Other” Description field.*



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Aspirin and Anti-Platelet Medications

Products Containing Aspirin		
1/2HALFPRIN TAB 162MG EC	Aspirin Buff (Ca Carb-Mg Carb-Mg Ox)	GENACED TAB
ADLT ASA LOW TAB 81MG EC	ASPIRIN CHLD CHW 81MG	GENACOTE TAB 325MG EC
ANACIN TAB 400-30MG	ASPIRIN EC TAB 325MG	HCA ASPIRIN TAB 325MG
ASA LO-DOSE TAB 81MG EC	ASPIR-LOW TAB 81MG EC	HCA ASPIRIN TAB 325MG EC
ASA LOW DOSE TAB 81MG EC	BAYER ASA TAB 325MG	HCA ASPIRIN TAB 81MG
ASPIR-81 TAB 81MG EC	BUFFERED ASA TAB 325MG	LO-DOSE ASA TAB 81MG EC
ASPIRIN	CHILD ASA CHW 81MG	SM ASA CHLD CHW 81MG
ASPIRIN CHW 81MG	CVS ASPIRIN TAB 325MG	SM ASPIRIN CHW 81MG
ASPIRIN TAB 325MG	CVS ASPIRIN TAB 325MG EC	SM ASPIRIN TAB 325MG
ASPIRIN TAB 325MG EC	CVS ASPIRIN TAB 81MG EC	SM ASPIRIN TAB 325MG EC
ASPIRIN TAB 81MG E/C	EC ASPIRIN TAB 325MG	SM ASPIRIN TAB 81MG EC
ASPIRIN TAB 81MG EC	ECOTRIN LOW TAB 81MG EC	
ASPIRIN BUFF TAB 325MG	ECPIRIN TAB 325MG EC	
ASPIRIN BUFFERED	EXCEDRIN TAB EX STR	
Oral Anti-Platelet Medications		
Aggrenox® (aspirin and dipyridamole)	Clopidogrel (Plavix®)	Pletal® (cilostazol)
Aspirin and dipyridamole (Aggrenox®)	Dipyridamole (Persantine®)	Pravigard Pac® (aspirin/pravastatin)
Aspirin and pravastatin (Pravigard Pac®)	Plavix® (dipyridamole)	Ticlid® (ticlodipine)
Cilostazol (Pletal®)	Persantine® (dipyridamole)	Ticlodipine (Ticlid®)
Injectable Anti-Platelet Medications		
Abciximab (ReoPro®) injectable	Tirofiban (Aggrastat®) injectable	Eptifibatide (Integrelin®) Injectable

This list was compiled by a pharmacy expert at one of the MN health plans.

2010 update: ASA/narcotic combo meds were removed from this list. Do not count an ASA/narcotic combo med for the “daily aspirin use” component of the measure whether it is used for temporary or chronic pain.



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Codes for Patient Country of Origin

2	Afghanistan	52	Ecuador	102	Malawi	152	Solomon Islands
3	Albania	53	Egypt	103	Malaysia	153	Somalia
4	Algeria	54	El Salvador	104	Maldives	154	South Africa
5	American Samoa	55	Equatorial Guinea	105	Mali	155	South Korea
6	Angola	56	Eritrea	106	Malta	156	Spain
7	Argentina	57	Estonia	107	Marshall Islands	157	Sri Lanka
8	Armenia	58	Ethiopia	108	Mauritania	158	Sudan
9	Australia	59	Fiji	109	Mauritius	159	Suriname
10	Austria	60	Finland	110	Mexico	160	Swaziland
11	Azerbaijan	61	France	111	Micronesia	161	Sweden
12	Bahamas	62	Gabon	112	Moldova	162	Switzerland
13	Bahrain	63	Gambia	113	Mongolia	163	Syria
14	Bangladesh	64	Georgia	114	Montenegro	164	Taiwan
15	Barbados	65	Germany	115	Morocco	165	Tajikistan
16	Belarus	66	Ghana	116	Mozambique	166	Tanzania
17	Belgium	67	Greece	117	Namibia	167	Thailand
18	Belize	68	Grenada	118	Nepal	168	Togo
19	Benin	69	Guam	119	Netherlands	169	Tonga
20	Bhutan	70	Guatemala	120	New Zealand	170	Trinidad and Tobago
21	Bolivia	71	Guinea	121	Nicaragua	171	Tunisia
22	Bosnia Herzegovina	72	Guinea-Bissau	122	Niger	172	Turkey
23	Botswana	73	Guyana	123	Nigeria	173	Turkmenistan
24	Brazil	74	Haiti	124	North Korea	174	Uganda
25	Brunei	75	Honduras	125	Norway	175	Ukraine
26	Bulgaria	76	Hungary	126	Oman	176	United Arab Emirates
27	Burma	77	Iceland	127	Pakistan	177	United Kingdom
28	Burkina Faso	78	India	128	Palestinian State (proposed)	1	United States
29	Burundi	79	Indonesia	129	Panama	178	Uruguay
30	Cambodia	80	Iran	130	Papua New Guinea	179	Uzbekistan
31	Cameroon	81	Iraq	131	Paraguay	180	Vanuatu
32	Canada	82	Ireland	132	Peru	181	Venezuela
33	Cape Verde	83	Israel	133	Philippines	182	Virgin Islands, U.S
34	Central African Republican	84	Italy	134	Poland	183	Vietnam
35	Chad	85	Jamaica	135	Portugal	184	Western Sahara
36	Chile	86	Japan	136	Puerto Rico	185	Yemen
37	China	87	Jordan	137	Qatar	186	Yugoslavia (former)
38	Colombia	88	Kazakhstan	138	Romania	187	Zambia
39	Comoros	89	Kenya	139	Russia	188	Zimbabwe
40	Congo, Democratic Republic of	90	Kuwait	140	Rwanda	997	Chose not to disclose/declined
41	Congo, Republic of	91	Kyrgyzstan	141	Saint Lucia	998	Unknown
42	Costa Rica	92	Laos	142	Saint Vincent & the Grenadines	999	Other
43	Cote D'Ivoire	93	Latvia	143	Samoa		
44	Croatia	94	Lebanon	144	Sao Tome and Principe		
45	Cuba	95	Lesotho	145	Saudi Arabia		
46	Cyprus	96	Liberia	146	Senegal		
47	Czech Republic	97	Libya	147	Serbia		
48	Denmark	98	Lithuania	148	Sierra Leone		
49	Djibouti	99	Luxembourg	149	Singapore		
50	Dominican Republic	100	Macedonia	150	Slovakia		
51	East Timor	101	Madagascar	151	Slovenia		

From the *Handbook on the Collection of Race/Ethnicity/Language Data in Medical Groups*, www.mncm.org



MNCM Measurement Specifications for Optimal Diabetes Care

Dates of Service: 01/01/2009 – 12/31/2009

Codes for Patient Language Preference

1	Amharic	9	French	17	Laotian	25	Spanish	33	Yoruba
2	Arabic	10	German	18	Mandarin	26	Swahili	97	Chose not to disclose/declined
3	Bosnia	11	Hearing Impaired	19	Oromo	27	Tagalog	98	Unknown
4	Burmese	12	Hindi	20	Polish	28	Thai	99	Other
5	Cambodian	13	Hmong	21	Romanian	29	Tibetan		
6	Cantonese	14	Japanese	22	Russian	30	Tigrinya		
7	Chinese	15	Karen	23	Sign Language	31	Urdu		
8	English	16	Korean	24	Somali	32	Vietnamese		

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