

Mandatory Measures (9)

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

MEASURE	URAC DOMAIN	MEASURE NAME	MEASURE STEWARD	MEASURE DESCRIPTION	NUMERATOR	DENOMINATOR	DATA SOURCE
DM2012-02	Prevention & Treatment	Screening and Cessation Counseling for Tobacco Use	American Medical Association: Physician Consortium for Performance Improvement	Percentage of patients aged 12 years and older who were screened for tobacco use and received tobacco cessation intervention if identified as a tobacco user.	<p>Rate 1: Patients who were screened for tobacco use at least once within the last 24 months.</p> <p>Rate 2: Patients who received tobacco cessation intervention.</p> <p>Rate 3: Patients who were screened for tobacco use at least once within the last 24 months AND who received tobacco cessation intervention if identified as a tobacco user.</p>	<p>Rate 1/Rate 3: All DM program participants aged 12 years and older seen for at least two visits or at least one preventive visit during the measurement period.</p> <p>Rate 2: All DM program participants aged 12 years and older seen for at least two visits or at least one preventive visit during the measurement period who were screened for tobacco use and identified as a tobacco user.</p>	Administrative Claims; EHR
DM2012-03	Prevention & Treatment	Unhealthy Alcohol Use: Screening & Brief Counseling	American Medical Association: Physician Consortium for Performance Improvement	Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months <u>AND</u> who received brief counseling if identified as an unhealthy alcohol user.	Participants who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling, if identified as an unhealthy alcohol user.	All DM program participants aged \geq 18 years who were seen for at least two visits or at least one preventive visit during the measurement period.	Administrative Claims; EHR
DM2012-05	Prevention & Treatment	Screening for Depression & Follow-Up Plan	Centers for Medicare & Medicaid Services (CMS)	Percentage of patients aged 12 years and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool <u>AND</u> , if positive a follow-up plan is documented on the date of the eligible encounter.	Patients screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age appropriate standardized tool <u>AND</u> , if positive, a follow-up plan is documented on the date of the eligible encounter.	All patients aged 12 years and older at the beginning of the measurement period with at least one eligible encounter during the measurement period.	Administrative Claims

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



2026 DISEASE MANAGEMENT MEASURES AT A GLANCE

MEASURE	URAC DOMAIN	MEASURE NAME	MEASURE STEWARD	MEASURE DESCRIPTION	NUMERATOR	DENOMINATOR	DATA SOURCE
DM2012-30	Access & Affordable Care	Pediatric Asthma Admission Rate	AHRQ/URAC	Measures admissions with a principal diagnosis of asthma per 100,000 population, ages 2 through 17 years, during the measurement year.	The number of participants from the denominator who have been discharged from a hospital with a principal diagnosis code for asthma during the measurement year.	All eligible DM program participants 2 to 17 years old during the measurement year.	Administrative Claims
DM2012-31	Access & Affordable Care	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	AHRQ/URAC	Measures admissions with a principal diagnosis of asthma or chronic obstructive pulmonary disease (COPD) per 100,000 population, ages 40 years and older, during the measurement year.	The number of participants from the denominator who have been discharged from a hospital with a principal diagnosis code for asthma or COPD during the measurement year.	All eligible DM program participants 40 years and older during the measurement year.	Administrative Claims
DM2012-37	Access & Affordable Care	Hypertension Admission Rate	AHRQ/URAC	Measures admissions with a principal diagnosis of hypertension per 100,000 population, ages 18 years and older, during the measurement year.	The number of participants from the denominator who have been discharged from a hospital with a principal diagnosis code for hypertension during the measurement year.	All eligible DM program participants 18 years and older during the measurement year.	Administrative Claims
DM2012-38	Access & Affordable Care	Heart Failure (HF) Admission Rate	AHRQ/URAC	Measures admissions with a principal diagnosis of heart failure per 100,000 population, ages 18 years and older, during the measurement year.	The number of participants from the denominator who have been discharged from hospital with a principal diagnosis of heart failure during the measurement year.	All eligible DM program participants 18 years and older during the measurement year.	Administrative Claims
DM2012-73	Access & Affordable Care	Diabetes Short-Term Complications Admission Rate	AHRQ/URAC	Measures admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 population, ages 18 years and older, during the measurement year.	The number of participants from the denominator who have been discharged from a hospital with evidence of a principal ICD-10-CM diagnosis code for short-term diabetes complications (e.g., ketoacidosis, hyperosmolarity, or coma).	All eligible DM program participants age 18 years and older during the measurement year.	Administrative Claims

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2026 DISEASE MANAGEMENT MEASURES AT A GLANCE

MEASURE	URAC DOMAIN	MEASURE NAME	MEASURE STEWARD	MEASURE DESCRIPTION	NUMERATOR	DENOMINATOR	DATA SOURCE
DM2017-01	Access & Affordable Care	Asthma in Younger Adults Admission Rate	AHRQ/URAC	Measures admissions for a principal diagnosis of asthma per 100,000 population, ages 18 to 39 years, during the measurement year.	The number of participants from the denominator who have been discharged from a hospital with a principal ICD-10-CM diagnosis code for asthma during the measurement year.	All eligible DM program participants 18 to 39 years old during the measurement year.	EHR

Exploratory Measures (1)

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

MEASURE	URAC DOMAIN	MEASURE NAME	MEASURE STEWARD	MEASURE DESCRIPTION	NUMERATOR	DENOMINATOR	DATA SOURCE
DM2012-10	Engagement & Experience of Care	Patient Activation Measure	Insignia Health	The Patient Activation Measure (PAM) is a survey that assesses the knowledge, skills, and confidence integral to managing one's own health and health care. With the ability to measure activation and uncover related insights into consumer self-management competencies, care support and education can be more effectively tailored to help individuals become more engaged and successful managers of their health.	Part A: The number of participants in the denominator who completed the PAM baseline survey. Part B: The number of participants in the denominator who were segmented in the appropriate activation level at baseline. Part C: The number of participants in the denominator who completed a PAM re-assessment survey. Part D: The number of participants in the denominator who moved to a higher activation level in the re-assessment survey from baseline.	Part A: All participants who received a PAM baseline survey. Part B: All participants who received and completed a PAM baseline survey. Part C: All participants who received a PAM re-assessment survey. Part D: All participants who received and completed a re-assessment PAM survey.	Survey Data

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