

Proposed Retirement for HEDIS®¹ **Comprehensive Diabetes Care (CDC)—Medical Attention for Nephropathy**

Proposed New Measure for HEDIS MY 2020 **Kidney Health Evaluation for Patients With Diabetes (KED)**

NCQA seeks comments on the proposed retirement of the HEDIS *Comprehensive Diabetes Care—Medical Attention for Nephropathy* indicator as well as a proposed new measure for inclusion in HEDIS Measurement Year 2020:

- ***Kidney Health Evaluation for Patients With Diabetes:*** The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) **and** a urine albumin-creatinine ratio (uACR), during the measurement year.

The American Diabetes Association and the National Kidney Foundation (NKF) recommend annual kidney health evaluation for patients with diabetes, including both an eGFR and a uACR. Evaluation of kidney health is more accurate when both eGFR and uACR are completed, as eGFR assesses kidney function by testing for waste products (creatinine) in the blood and uACR assesses kidney damage by testing for proteins (albumin) in the urine. Having both results allows appropriate identification, staging, monitoring and treatment of diabetic kidney disease. However, despite the evidence and clinical practice guideline recommendations, kidney health evaluation is underperformed for patients with diabetes. NCQA advisory panels, as well as the NKF and its expert panel, provided feedback that the current HEDIS *Medical Attention for Nephropathy* indicator is not precise enough to meet the needs of kidney health evaluation as an aspect of diabetes management. To address this gap in care and measurement, NCQA proposes the new *Kidney Health Evaluation for Patients With Diabetes* measure.

Development of this HEDIS measure concept at the health-plan level aligns with work currently underway by the NKF focused on a clinician level measure. NCQA tested this measure concept in 2019 using claims data; testing demonstrated that more than half of Medicare Advantage and commercial members with diabetes did not receive annual kidney health evaluation. Overall variation in performance within and across product lines suggests significant room for improvement.

The NKF technical expert panel and the NCQA advisory panels support retirement of the *Medical Attention for Nephropathy* indicator because it does not align with clinical practice guideline recommendations and provides an unclear signal of quality related to care for kidney health. Stakeholders agree that the new stand-alone *Kidney Health Evaluation for Patients With Diabetes* measure would supersede the existing indicator and would provide more actionable information for health plans.

NCQA seeks general feedback on both measures and on the following question:

1. The proposed new measure assesses members 18–75 years of age. During development, advisory members suggested that NCQA consider raising the upper age limit. NCQA seeks feedback on the current age range and potential age limit above 75 years of age.

Supporting documents include the current and draft measure specifications and evidence workup.

NCQA acknowledges the contributions of the Diabetes Measurement Advisory Panel and the Technical Measurement Advisory Panel.

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Comprehensive Diabetes Care (CDC)

SUMMARY OF CHANGES TO HEDIS MEASUREMENT YEAR 2020

- Removed the “HbA1c Control (<7.0%) for a Selected Population” indicator.
- Removed the “Medical Attention for Nephropathy” indicator for the commercial and Medicaid product lines. The indicator will be removed for the Medicare product line for HEDIS Measurement Year 2022.
- Removed *Note* from the Exclusions to allow use of supplemental data.

Description

The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:

- Hemoglobin A1c (HbA1c) testing.
- HbA1c poor control (>9.0%).
- HbA1c control (<8.0%).
- Eye exam (retinal) performed.
- Medical attention for nephropathy*.
- BP control (<140/90 mm Hg).
- ~~HbA1c control (<7.0%) for a selected population*.~~

~~*Additional exclusion criteria are required for this indicator that will result in a different eligible population from all other indicators. This indicator is only reported for the commercial and Medicaid product lines.~~

~~*This indicator is only reported for the Medicare product line.~~

Eligible Population

Note: Members in hospice are excluded from the eligible population. If an organization reports this measure using the Hybrid method, and a member is found to be in hospice or using hospice services during medical record review, the member is removed from the sample and replaced by a member from the oversample. Refer to General Guideline 17: Members in Hospice.

Product lines	Commercial, Medicaid, Medicare (report each product line separately).
Stratification	For only Medicare, for only the Eye Exam (retinal) indicator, report the following SES stratifications and total: • Non-LIS/DE, Nondisability. • LIS/DE. • Disability. • LIS/DE and Disability. • Other. • Unknown. • Total Medicare. Note: The stratifications are mutually exclusive, and the sum of all six stratifications is the Total population. The stratifications are reported in a separate table.
Ages	18–75 years as of December 31 of the measurement year.
Continuous enrollment	The measurement year.

Allowable gap	No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).
Anchor date	December 31 of the measurement year.
Benefit	Medical.
Event/diagnosis	There are two ways to identify members with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a member only needs to be identified by one method to be included in the measure. Members may be identified as having diabetes during the measurement year or the year prior to the measurement year.

Claim/encounter data. Members who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):

- At least one acute inpatient encounter (Acute Inpatient Value Set) with a diagnosis of diabetes (Diabetes Value Set) **without** telehealth (Telehealth Modifier Value Set; Telehealth POS Value Set).
- At least one acute inpatient discharge with a diagnosis of diabetes (Diabetes Value Set) on the discharge claim. To identify an acute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
 2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).
 3. Identify the discharge date for the stay.
- At least two outpatient visits (Outpatient Value Set), observation visits (Observation Value Set), telephone visits (Telephone Visits Value Set), online assessments (Online Assessments Value Set), ED visits (ED Value Set), nonacute inpatient encounters (Nonacute Inpatient Value Set) or nonacute inpatient discharges (instructions below; the diagnosis must be on the discharge claim), on different dates of service, with a diagnosis of diabetes (Diabetes Value Set). Visit type need not be the same for the two encounters. To identify a nonacute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
 2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim.
 3. Identify the discharge date for the stay.

Only include nonacute inpatient encounters (Nonacute Inpatient Value Set) **without** telehealth (Telehealth Modifier Value Set; Telehealth POS Value Set).

Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify outpatient telehealth visits by the presence of a telehealth modifier (Telehealth Modifier Value Set) or the presence of a telehealth POS code (Telehealth POS Value Set) associated with the outpatient visit.

Pharmacy data. Members who were dispensed insulin or hypoglycemics/ antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year (Diabetes Medications List).

Diabetes Medications

Description	Prescription		
Alpha-glucosidase inhibitors	• Acarbose	• Miglitol	
Amylin analogs	• Pramlinitide		
Antidiabetic combinations	• Alogliptin-metformin • Alogliptin-pioglitazone • Canagliflozin-metformin • Dapagliflozin-metformin • Empagliflozin-linagliptin	• Empagliflozin-metformin • Glimepiride-pioglitazone • Glipizide-metformin • Glyburide-metformin • Linagliptin-metformin	• Metformin-pioglitazone • Metformin-repaglinide • Metformin-rosiglitazone • Metformin-saxagliptin • Metformin-sitagliptin
Insulin	• Insulin aspart • Insulin aspart-insulin aspart protamine • Insulin degludec • Insulin detemir • Insulin glargine • Insulin glulisine	• Insulin isophane human • Insulin isophane-insulin regular • Insulin lispro • Insulin lispro-insulin lispro protamine • Insulin regular human • Insulin human inhaled	
Meglitinides	• Nateglinide	• Repaglinide	
Glucagon-like peptide-1 (GLP1) agonists	• Dulaglutide • Exenatide	• Albiglutide • Liraglutide	
Sodium glucose cotransporter 2 (SGLT2) inhibitor	• Canagliflozin	• Dapagliflozin	• Empagliflozin
Sulfonylureas	• Chlorpropamide • Glimepiride	• Glipizide • Glyburide	• Tolazamide • Tolbutamide
Thiazolidinediones	• Pioglitazone	• Rosiglitazone	
Dipeptidyl peptidase-4 (DDP-4) inhibitors	• Alogliptin • Linagliptin	• Saxagliptin • Sitagliptin	

Note: *Glucophage/metformin as a solo agent 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.*

Exclusions

Exclude members who meet any of the following criteria:

~~Note: Supplemental and medical record data may not be used for these exclusions.~~

- Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
 - Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.
 - Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement year.
- Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty **and** advanced illness. Members must meet **BOTH** of the following frailty and advanced illness criteria to be excluded:
 1. At least one claim/encounter for frailty (Frailty Device Value Set; Frailty Diagnosis Value Set; Frailty Encounter Value Set; Frailty Symptom Value Set) during the measurement year.
 2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):
 - At least two outpatient visits (Outpatient Value Set), observation visits (Observation Value Set), ED visits (ED Value Set), nonacute inpatient encounters (Nonacute Inpatient Value Set) or nonacute inpatient discharges (instructions below; the diagnosis must be on the discharge claim) on different dates of service, with an advanced illness diagnosis (Advanced Illness Value Set). Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
 2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim.
 3. Identify the discharge date for the stay.
 - At least one acute inpatient encounter (Acute Inpatient Value Set) with an advanced illness diagnosis (Advanced Illness Value Set).
 - At least one acute inpatient discharge with an advanced illness diagnosis (Advanced Illness Value Set) on the discharge claim. To identify an acute inpatient discharge:
 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
 2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).
 3. Identify the discharge date for the stay.
 - A dispensed dementia medication (Dementia Medications List).

Dementia Medications

Description	Prescription
Cholinesterase inhibitors	• Donepezil • Galantamine • Rivastigmine
Miscellaneous central nervous system agents	• Memantine

Administrative Specification

Denominator

The eligible population.

Note: The eligible population for the HbA1c Control <7% for a Selected Population indicator is reported after required exclusions are applied.

Required exclusions for HbA1c Control <7% for a Selected Population indicator

Exclude members who meet any of the following criteria:

- ~~65 years of age and older as of December 31 of the measurement year.~~
- ~~CABG. Members who had CABG (CABG Value Set) in any setting during the measurement year or the year prior to the measurement year.~~
- ~~PCI. Members who had PCI (PCI Value Set), in any setting, during the measurement year or the year prior to the measurement year.~~
- ~~IVD. Members who met at least one of the following criteria during both the measurement year and the year prior to the measurement year. Criteria need not be the same across both years.~~
 - ~~At least one outpatient visit (Outpatient Value Set) with an IVD diagnosis (IVD Value Set).~~
 - ~~A telephone visit (Telephone Visits Value Set) with an IVD diagnosis (IVD Value Set).~~
 - ~~An online assessment (Online Assessments Value Set) with an IVD diagnosis (IVD Value Set).~~
 - ~~At least one acute inpatient encounter (Acute Inpatient Value Set) with an IVD diagnosis (IVD Value Set) **without** telehealth (Telehealth Modifier Value Set; Telehealth POS Value Set).~~
 - ~~At least one acute inpatient discharge with an IVD diagnosis (IVD Value Set) on the discharge claim. To identify an acute inpatient discharge:~~
 1. ~~Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).~~
 2. ~~Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).~~
 3. ~~Identify the discharge date for the stay.~~

~~Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify outpatient telehealth visits by the presence of a telehealth modifier (Telehealth Modifier Value Set) or the presence of a telehealth POS code (Telehealth POS Value Set) associated with the outpatient visit.~~

- ~~Thoracic aortic aneurysm. Members who met at least one of the following criteria during both the measurement year and the year prior to the measurement year. Criteria need not be the same across both years.~~
 - ~~At least one outpatient visit (Outpatient Value Set), with a diagnosis of thoracic aortic aneurysm (Thoracic Aortic Aneurysm Value Set).~~
 - ~~At least one acute inpatient encounter (Acute Inpatient Value Set), with a diagnosis of thoracic aortic aneurysm (Thoracic Aortic~~

~~Aneurysm Value Set) **without** (Telehealth Modifier Value Set; Telehealth POS Value Set).~~

- ~~— At least one acute inpatient discharge with a diagnosis of thoracic aortic aneurysm (Thoracic Aortic Aneurysm Value Set). To identify an acute inpatient discharge:~~
 - ~~1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).~~
 - ~~2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).~~
 - ~~3. Identify the discharge date for the stay.~~
- ~~• Any of the following, in any setting, any time during the member's history through December 31 of the measurement year:~~
 - ~~— Chronic heart failure. A diagnosis of chronic heart failure (Chronic Heart Failure Value Set).~~
 - ~~— Prior MI. A diagnosis of MI (MI Value Set).~~
 - ~~— ESRD. ESRD (ESRD Diagnosis Value Set) or dialysis (Dialysis Procedure Value Set).~~
 - ~~— Chronic kidney disease (stage 4). Stage 4 chronic kidney disease (CKD Stage 4 Value Set).~~
 - ~~— Dementia. A diagnosis of dementia (Dementia Value Set; Frontotemporal Dementia Value Set).~~
 - ~~— Blindness. A diagnosis of blindness (Blindness Value Set).~~
 - ~~— Amputation (lower extremity). Lower extremity amputation (Lower Extremity Amputation Value Set).~~

Numerators

HbA1c Testing An HbA1c test (HbA1c Lab Test Value Set; HbA1c Test Result or Finding Value Set) performed during the measurement year.

HbA1c Poor Control >9% Use codes (HbA1c Lab Test Value Set; HbA1c Test Result or Finding Value Set) to identify the *most recent* HbA1c test during the measurement year. The member is numerator compliant if the most recent HbA1c level is >9.0% or is missing a result, or if an HbA1c test was not done during the measurement year. The member is not numerator compliant if the result for the most recent HbA1c test during the measurement year is ≤9.0%.

Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent code during the measurement year to evaluate whether the member is numerator compliant.

Value Set	Numerator Compliance
<u>HbA1c Level Less Than 7.0 Value Set</u>	Not compliant
<u>HbA1c Level 7.0–9.0 Value Set</u>	Not compliant
<u>HbA1c Level Greater Than 9.0 Value Set</u>	Compliant
<u>HbA1c Level Greater Than or Equal To 7.0 and Less Than 8.0 Value Set</u>	<u>Not compliant</u>
<u>HbA1c Level Greater Than or Equal To 8.0 and Less Than or Equal To 9.0 Value Set</u>	<u>Not compliant</u>

Note: A lower rate indicates better performance for this indicator (i.e., low rates of poor control indicate better care).

**HbA1c Control
<8%**

Use codes (HbA1c Lab Test Value Set; HbA1c Test Result or Finding Value Set) to identify the most recent HbA1c test during the measurement year. The member is numerator compliant if the most recent HbA1c level is <8.0%. The member is not numerator compliant if the result for the most recent HbA1c test is ≥8.0% or is missing a result, or if an HbA1c test was not done during the measurement year.

Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent code during the measurement year to evaluate whether the member is numerator compliant.

Value Set	Numerator Compliance
<u>HbA1c Level Less Than 7.0 Value Set</u>	Compliant
<u>HbA1c Level 7.0–9.0 Value Set</u>	Not compliant*
<u>HbA1c Level Greater Than 9.0 Value Set</u>	Not compliant
<u>HbA1c Level Greater Than or Equal To 7.0 and Less Than 8.0 Value Set</u>	<u>Compliant</u>
<u>HbA1c Level Greater Than or Equal To 8.0 and Less Than or Equal To 9.0 Value Set</u>	<u>Not compliant</u>

**~~HbA1c Control
<7% for a
Selected
Population~~**

~~Use codes (HbA1c Lab Test Value Set; HbA1c Test Result or Finding Value Set) to identify the most recent HbA1c test during the measurement year. The member is numerator compliant if the most recent HbA1c level is <7.0%. The member is not numerator compliant if the result for the most recent HbA1c test is ≥7.0% or is missing a result, or if an HbA1c test was not performed during the measurement year.~~

* The CPT Category II code (3045F) in this value set indicates most recent HbA1c (HbA1c) level 7.0%–9.0% and is not specific enough to denote numerator compliance for this indicator. For members with this code, the organization must use other sources (laboratory data, hybrid reporting method) to identify the actual value and determine if the HbA1c result was <8%. Because providers assign the Category II code after reviewing test results, the date of service for the Category II code may not match the date of service for the HbA1c test found in other sources; if dates differ, use the date of service when the test was performed. The date of service for the Category II code and the test result must follow the requirements outlined in *General Guideline 33: Measures That Require Results From the Most Recent Test or Measurement* (i.e., the dates of service for the code and the test result must be no more than seven days apart).

Value Set	Numerator Compliance
<u>HbA1c Level Less Than 7.0 Value Set</u>	Compliant
<u>HbA1c Level 7.0–9.0 Value Set</u>	Not compliant
<u>HbA1c Level Greater Than 9.0 Value Set</u>	Not compliant
<u>HbA1c Level Greater Than or Equal To 7.0 and Less Than 8.0 Value Set</u>	Not compliant
<u>HbA1c Level Greater Than or Equal To 8.0 and Less Than or Equal To 9.0 Value Set</u>	Not compliant

~~Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent code during the measurement year to evaluate whether the member is numerator compliant.~~

~~**Note:** This indicator uses the eligible population with additional eligible population criteria (e.g., removing members with required exclusions).~~

Eye Exam Screening or monitoring for diabetic retinal disease as identified by administrative data. This includes diabetics who had one of the following:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year.
- A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year.
- Bilateral eye enucleation any time during the member's history through December 31 of the measurement year.

Any of the following meet criteria:

- Any code in the Diabetic Retinal Screening Value Set billed by an eye care professional (optometrist or ophthalmologist) during the measurement year.
- Any code in the Diabetic Retinal Screening Value Set billed by an eye care professional (optometrist or ophthalmologist) during the year prior to the measurement year, with a negative result (negative for retinopathy).
- Any code in the Diabetic Retinal Screening Value Set billed by an eye care professional (optometrist or ophthalmologist) during the year prior to the measurement year, with a diagnosis of diabetes without complications (Diabetes Mellitus Without Complications Value Set).
- Any code in the Diabetic Retinal Screening With Eye Care Professional Value Set billed by any provider type during the measurement year.
- Any code in the Diabetic Retinal Screening With Eye Care Professional Value Set billed by any provider type during the year prior to the measurement year, with a negative result (negative for retinopathy).
- Any code in the Diabetic Retinal Screening Negative Value Set billed by any provider type during the measurement year.
- Unilateral eye enucleation (Unilateral Eye Enucleation Value Set) **with** a bilateral modifier (Bilateral Modifier Value Set).
- Two unilateral eye enucleations (Unilateral Eye Enucleation Value Set) with service dates 14 days or more apart. For example, if the service date for the first unilateral eye enucleation was February 1 of the measurement year, the service date for the second unilateral eye enucleation must be on or after February 15.

- Left unilateral eye enucleation (Unilateral Eye Enucleation Left Value Set) **and** right unilateral eye enucleation (Unilateral Eye Enucleation Right Value Set) on the same or different dates of service.
- A unilateral eye enucleation (Unilateral Eye Enucleation Value Set) and a left unilateral eye enucleation (Unilateral Eye Enucleation Left Value Set) with service dates 14 days or more apart.
- A unilateral eye enucleation (Unilateral Eye Enucleation Value Set) and a right unilateral eye enucleation (Unilateral Eye Enucleation Right Value Set) with service dates 14 days or more apart.

**Medical
Attention for
Nephropathy**

A nephropathy screening or monitoring test **or** evidence of nephropathy, as documented through administrative data. This includes diabetics who had one of the following during the measurement year:

- A nephropathy screening or monitoring test (Urine Protein Tests Value Set).
- Evidence of treatment for nephropathy or ACE/ARB therapy (Nephropathy Treatment Value Set).
- Evidence of stage 4 chronic kidney disease (CKD Stage 4 Value Set).
- Evidence of ESRD (ESRD Diagnosis Value Set) or dialysis (Dialysis Procedure Value Set).
- Evidence of nephrectomy (Nephrectomy Value Set) or kidney transplant (Kidney Transplant Value Set).
- A visit with a nephrologist, as identified by the organization's specialty provider codes (no restriction on the diagnosis or procedure code submitted).
- At least one ACE inhibitor or ARB dispensing event (ACE Inhibitor and ARB Medications List).

Note: A process flow diagram is included at the end of this specification to help implement this measure.

ACE Inhibitor and ARB Medications

Description	Prescription					
Angiotensin converting enzyme inhibitors	• Benazepril	• Enalapril	• Lisinopril	• Perindopril	• Ramipril	
	• Captopril	• Fosinopril	• Moexipril	• Quinapril	• Trandolapril	
Angiotensin II inhibitors	• Azilsartan	• Eprosartan	• Losartan	• Telmisartan		
	• Candesartan	• Irbesartan	• Olmesartan	• Valsartan		
Antihypertensive combinations	• Amlodipine-benazepril	• Azilsartan-chlorthalidone	• Hydrochlorothiazide-moexipril			
	• Amlodipine-hydrochlorothiazide-valsartan	• Benazepril-hydrochlorothiazide	• Hydrochlorothiazide-olmesartan			
	• Amlodipine-hydrochlorothiazide-olmesartan	• Candesartan-hydrochlorothiazide	• Hydrochlorothiazide-quinapril			
	• Amlodipine-olmesartan	• Captopril-hydrochlorothiazide	• Hydrochlorothiazide-telmisartan			
	• Amlodipine-perindopril	• Enalapril-hydrochlorothiazide	• Hydrochlorothiazide-valsartan			
	• Amlodipine-telmisartan	• Fosinopril-hydrochlorothiazide	• Sacubitril-valsartan			
	• Amlodipine-valsartan	• Hydrochlorothiazide-irbesartan	• Trandolapril-verapamil			
		• Hydrochlorothiazide-lisinopril				
		• Hydrochlorothiazide-losartan				

BP Control <140/90 mm Hg Identify the most recent BP reading (Systolic Blood Pressure Value Set; Diastolic Blood Pressure Value Set) taken during an outpatient visit (Outpatient Value Set) or a nonacute inpatient encounter (Nonacute Inpatient Value Set), or remote monitoring event (Remote Blood Pressure Monitoring Value Set) during the measurement year.

The member is numerator compliant if the BP is <140/90 mm Hg. The member is not compliant if the BP is ≥140/90 mm Hg, if there is no BP reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP.

Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels.

Value Set	Numerator Compliance
<u>Systolic Less Than 140 Value Set</u>	Systolic compliant
<u>Systolic Greater Than or Equal To 140 Value Set</u>	Systolic not compliant
<u>Diastolic Less Than 80 Value Set</u>	Diastolic compliant
<u>Diastolic 80–89 Value Set</u>	Diastolic compliant
<u>Diastolic Greater Than or Equal To 90 Value Set</u>	Diastolic not compliant

Exclusions (optional)

Members who do not have a diagnosis of diabetes (Diabetes Value Set), in any setting, during the measurement year or the year prior to the measurement year **and** who had a diagnosis of gestational diabetes or steroid-induced diabetes (Diabetes Exclusions Value Set), in any setting, during the measurement year or the year prior to the measurement year.

Organizations that apply optional exclusions must exclude members from the denominator for all indicators. The denominator for all rates must be the same., with the exception of the *HbA1c Control (<7.0%) for a Selected Population* denominator.

If the member was included in the measure based on claim or encounter data, as described in the event/diagnosis criteria, the optional exclusions do not apply because the member had a diagnosis of diabetes.

Hybrid Specification

Denominator— Organizations Not Reporting HbA1c Control <7%

Organizations should use a sample size of 411. ~~if they do not report the HbA1c Control <7% for a Selected Population indicator. The HbA1c Control <7% for a Selected Population indicator is not collected or reported for the Medicare product line.~~

For Medicare reporting, the denominator for the Total Medicare SES stratification is the entire systematic sample. Do not pull samples for each stratification. The individual stratifications for the denominators and all numerators must sum to the total.

Denominator— Organizations Reporting HbA1c Control <7%

~~Organizations reporting the HbA1c Control <7% for a Selected Population indicator should use a sample size of 548 for each indicator. This sample size is based on the goal of achieving a denominator of at least 411 for the HbA1c <7% for a Selected Population indicator after required exclusions.~~

~~Organizations should use their prior experience with the number of required exclusions to determine the appropriate oversample percentage. Members who meet the required exclusion criteria for the HbA1c Control <7% for a Selected Population indicator are excluded from the HbA1c Control <7% for a Selected Population denominator. Report this indicator as 548 minus the required exclusions.~~

~~If the denominator drops below 411, use members from the oversample to bring the denominator back up to 411. Members added from the oversample must be added to the denominators for every measure indicator. This will result in some indicators having a denominator larger than 548. If the oversample was underestimated and all oversample members have been exhausted without satisfying the denominator of 411 for the HbA1c Control <7% for a Selected Population indicator, per the Guidelines for Calculations and Sampling, the organization must contact NCQA to determine next steps.~~

~~**Note:** The eligible population for the HbA1c Control <7% for a Selected Population indicator is reported after required exclusions are applied.~~

Denominator— Sample Size Reduction

The organization may reduce the sample size using the current year's administrative rate or the prior year's audited, product line-specific rate for the lowest rate among all the reported CDC indicators. The lowest rate for all reported indicators must be used when reducing the sample size.

~~If the organization chooses to reduce the sample size and report the HbA1c Control <7% for a Selected Population indicator, the sample size for this indicator must still be the appropriate sample size as specified in Table 2: Sample Sizes When Data Are Available on the Product Line Being Measured (in the Guidelines for Calculations and Sampling) after the required exclusions are removed.~~

***Required exclusions for
HbA1c Control <7% for
a Selected Population***

Administrative

~~Refer to *Administrative Specification* to identify required exclusions from administrative data.~~

Medical record

~~Exclude members who meet any of the following criteria:~~

- ~~• 65 years of age and older as of December 31 of the measurement year.~~
- ~~• CABG. Dated documentation of CABG in the measurement year or the year before the measurement year.~~
- ~~• PCI. Dated documentation of PCI in the measurement year or the year before the measurement year.~~
- ~~• IVD. Documentation of an IVD diagnosis. Look as far back as possible in the member's history through December 31 of the measurement year. Appropriate diagnoses include:
 - ~~— IVD.~~
 - ~~— Ischemic heart disease.~~
 - ~~— Angina.~~
 - ~~— Coronary atherosclerosis.~~
 - ~~— Coronary artery occlusion.~~
 - ~~— Cardiovascular disease.~~
 - ~~— Occlusion or stenosis of precerebral arteries (including basilar, carotid and vertebral arteries).~~
 - ~~— Atherosclerosis of renal artery.~~
 - ~~— Atherosclerosis of native arteries of the extremities.~~
 - ~~— Chronic total occlusion of artery of the extremities.~~
 - ~~— Arterial embolism and thrombosis.~~
 - ~~— Atheroembolism.~~~~
- ~~• Thoracoabdominal or thoracic aortic aneurysm. Documentation of thoracoabdominal aneurysm or thoracic aortic aneurysm. Look as far back as possible in the member's history through December 31 of the measurement year.~~
- ~~• CHF. Documentation of CHF or cardiomyopathy diagnosis. Look as far back as possible in the member's history through December 31 of the measurement year.~~
- ~~• Prior MI. Documentation of prior MI. Look as far back as possible in the member's history through December 31 of the measurement year.~~
- ~~• ESRD. Documentation of stage 5 chronic kidney disease, ESRD or dialysis. Look as far back as possible in the member's history through December 31 of the measurement year.~~
- ~~• Chronic kidney disease (stage 4). Documentation of stage 4 chronic kidney disease. Look as far back as possible in the member's history through December 31 of the measurement year.~~

- ~~*Dementia.* Documentation of dementia. Look as far back as possible in the member's history through December 31 of the measurement year.~~
- ~~*Blindness.* Documentation of blindness in one or both eyes. Look as far back as possible in the member's history through December 31 of the measurement year.~~
- ~~*Amputation (lower extremity).* Documentation of lower extremity amputation. Look as far back as possible in the member's history through December 31 of the measurement year.~~

~~**Note:** For Hybrid reporting, search the medical record for required exclusions and apply them before determining if the member has a numerator hit. Organizations are not required to search for required exclusions if a member has an administrative hit for the indicator, but must exclude these members if they are discovered during medical record review.~~

Numerators

HbA1c Testing An HbA1c test performed during the measurement year as identified by administrative data or medical record review.

Administrative Refer to *Administrative Specification* to identify positive numerator hits from administrative data.

Medical record At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result or finding. Count notation of the following in the medical record:

- | | | |
|-----------|------------------------|----------------------------|
| • A1c. | • Hemoglobin A1c. | • Glycated hemoglobin. |
| • HbA1c | • Glycohemoglobin A1c. | • Glycosylated hemoglobin. |
| • HgbA1c. | • Glycohemoglobin. | |

HbA1c Poor Control >9% The *most recent* HbA1c level (performed during the measurement year) is >9.0% or is missing, or was not done during the measurement year, as documented through laboratory data or medical record review.

Note: A lower rate indicates better performance for this indicator (i.e., low rates of poor control indicate better care).

Administrative Refer to *Administrative Specification* to identify positive numerator hits from administrative data.

Medical record At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result. The member is numerator compliant if the result for the most recent HbA1c level during the measurement year is >9.0% or is missing, or if an HbA1c test was not done during the measurement year. The member is not numerator compliant if the most recent HbA1c level during the measurement year is ≤9.0%.

Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance.

HbA1c Control <8% The *most recent* HbA1c level (performed during the measurement year) is <8.0% as identified by laboratory data or medical record review.

Administrative Refer to *Administrative Specification* to identify positive numerator hits from administrative data.

Medical record At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result. The member is numerator compliant if the most recent HbA1c level during the measurement year is <8.0%. The member is not numerator compliant if the result for the most recent HbA1c level during the measurement year is ≥8.0% or is missing, or if an HbA1c test was not performed during the measurement year.

Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance.

~~**HbA1c Control <7% for a Selected Population** The *most recent* HbA1c level (performed during the measurement year) is <7.0% as identified by laboratory data or medical record review.~~

~~**Note:** This indicator uses the eligible population with additional eligible population criteria (i.e., removing members with comorbid conditions).~~

~~**Administrative** Refer to *Administrative Specification* to identify positive numerator hits from administrative data.~~

~~**Medical record** At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result. The member is numerator compliant if the most recent HbA1c level during the measurement year is <7.0%. The member is not numerator compliant if the result for the most recent HbA1c level during the measurement year is ≥7.0% or is missing, or if an HbA1c test was not performed during the measurement year.~~

~~Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance.~~

Eye Exam Screening or monitoring for diabetic retinal disease as identified by administrative data or medical record review. This includes diabetics who had one of the following:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year.
- A *negative* retinal or dilated exam (negative for retinopathy) by an eye care professional (optometrist or ophthalmologist) in the year prior to the measurement year.
- Bilateral eye enucleation any time during the member's history through December 31 of the measurement year.

Administrative Refer to *Administrative Specification* to identify positive numerator hits from administrative data.

Medical record At a minimum, documentation in the medical record must include one of the following:

- A note or letter prepared by an ophthalmologist, optometrist, PCP or other health care professional indicating that an ophthalmoscopic exam was completed by an eye care professional (optometrist or ophthalmologist), the date when the procedure was performed and the results.
- A chart or photograph indicating the date when the fundus photography was performed and evidence that an eye care professional (optometrist or

ophthalmologist) reviewed the results. Alternatively, results may be read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist.

- Evidence that the member had bilateral eye enucleation or acquired absence of both eyes. Look as far back as possible in the member's history through December 31 of the measurement year.
- Documentation of a negative retinal or dilated exam by an eye care professional (optometrist or ophthalmologist) in the year prior to the measurement year, where results indicate retinopathy was not present (e.g., documentation of normal findings).
- Documentation does not have to state specifically "no diabetic retinopathy" to be considered negative for retinopathy; however, it must be clear that the patient had a dilated or retinal eye exam by an eye care professional (optometrist or ophthalmologist) and that retinopathy was not present. Notation limited to a statement that indicates "diabetes without complications" does not meet criteria.

***Medical
Attention for
Nephropathy***

A nephropathy screening or monitoring test during the measurement year **or** evidence of nephropathy during the measurement year, as documented through either administrative data or medical record review.

Note: A process flow diagram is included at the end of this specification to help implement this measure.

Administrative

Refer to *Administrative Specification* to identify positive numerator hits from administrative data.

Medical record

Any of the following during the measurement year meet criteria for a nephropathy screening or monitoring test or evidence of nephropathy.

- A urine test for albumin or protein. At a minimum, documentation must include a note indicating the date when a urine test was performed, and the result or finding. Any of the following meet the criteria:
 - 24-hour urine for albumin or protein.
 - Timed urine for albumin or protein.
 - Spot urine (e.g., urine dipstick or test strip) for albumin or protein.
 - Urine for albumin/creatinine ratio.
 - 24-hour urine for total protein.
 - Random urine for protein/creatinine ratio.
- Documentation of a visit to a nephrologist.
- Documentation of a renal transplant.
- Documentation of medical attention for any of the following (no restriction on provider type):
 - Diabetic nephropathy.
 - ESRD.
 - Chronic renal failure (CRF).
 - Chronic kidney disease (CKD).
 - Renal insufficiency.
 - Proteinuria.

- Albuminuria.
- Renal dysfunction.
- Acute renal failure (ARF).
- Dialysis, hemodialysis or peritoneal dialysis.
- Evidence of ACE inhibitor/ARB therapy. Documentation in the medical record must include evidence that the member received ACE inhibitor/ARB therapy during the measurement year. Any of the following meet criteria:
 - Documentation that a prescription for an ACE inhibitor/ARB was written during the measurement year.
 - Documentation that a prescription for an ACE inhibitor/ARB was filled during the measurement year.
 - Documentation that the member took an ACE inhibitor/ARB during the measurement year.

BP Control <140/90 mm Hg The *most recent* BP level (taken during the measurement year) is <140/90 mm Hg, as documented through administrative data or medical record review.

Administrative Refer to *Administrative Specification* to identify positive numerator hits from administrative data.

Medical record The organization should use the medical record from which it abstracts data for the other CDC indicators. If the organization does not abstract for other indicators, it should use the medical record of the provider that manages the member's diabetes. If that medical record does not contain a BP, the organization may use the medical record of another PCP or specialist from whom the member receives care.

Identify the most recent BP reading noted during the measurement year. Do not include BP readings that meet the following criteria:

- Taken during an acute inpatient stay or an ED visit.
- Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.
- Reported by or taken by the member.

BP readings from remote monitoring devices that are digitally stored and transmitted to the provider may be included. There must be documentation in the medical record that clearly states the reading was taken by an electronic device, and results were digitally stored and transmitted to the provider, and interpreted by the provider.

Note: *Member-reported results to the provider from a remote monitoring device are not acceptable.*

Identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record. If multiple readings were recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading.

The member is not numerator compliant if the BP does not meet the specified threshold or is missing, or if there is no BP reading during the measurement year or if the reading is incomplete (i.e., the systolic or diastolic level is missing).

Exclusions (optional)

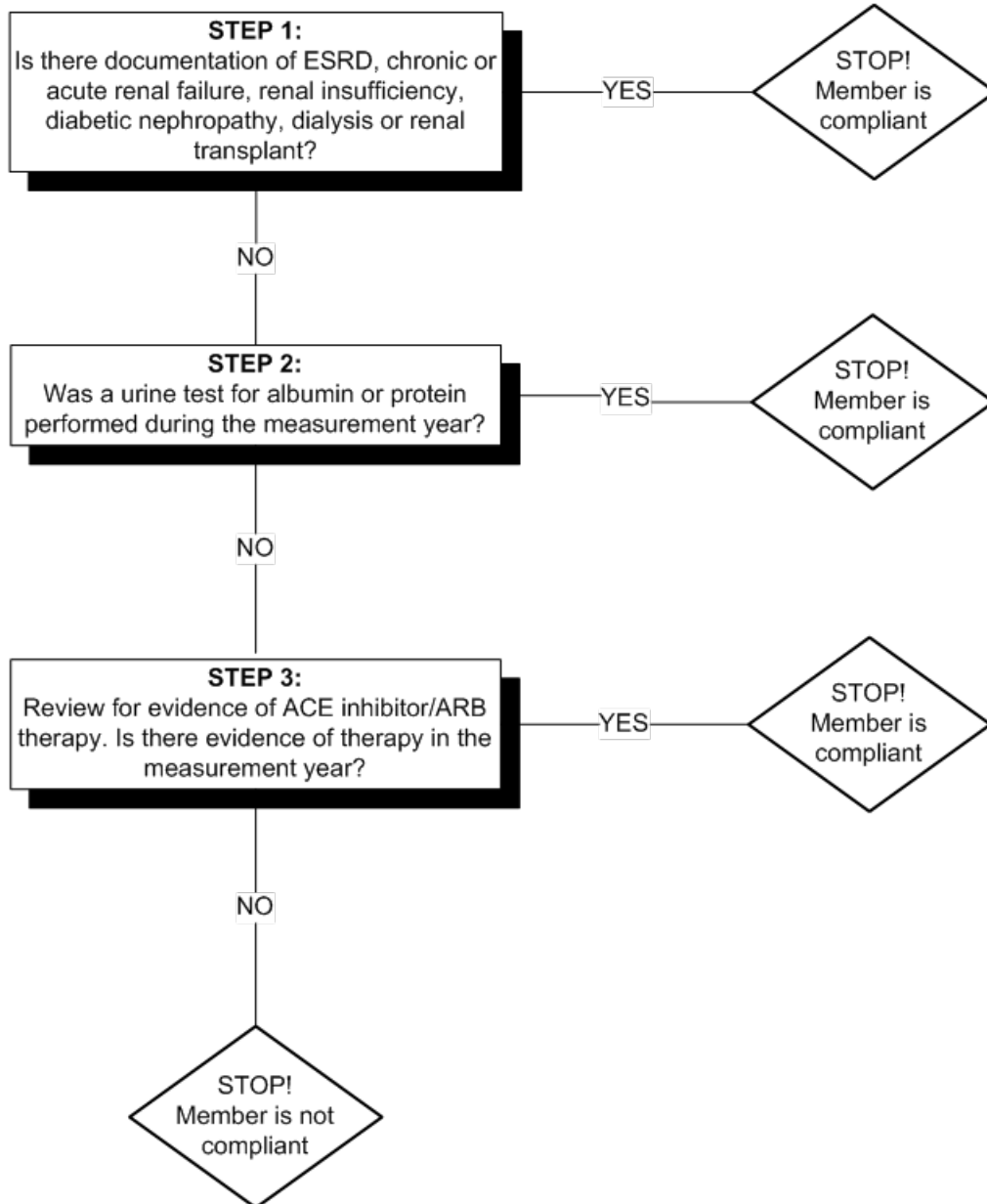
Refer to *Administrative Specification* for exclusion criteria. Identify members who did not have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year, **and** who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.

Note

- Organizations may select a data collection method (Administrative vs. Hybrid) at the indicator level, but the method used for HbA1c testing and control rates must be consistent.
- 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.
- To facilitate HEDIS reporting the denominator for all rates ~~(with the exception of the HbA1c Control (<7.0%) for a Selected Population)~~ must be the same. While an eye exam is not possible, services measured in the other indicators are important for members with bilateral eye enucleation. For these reasons bilateral eye enucleation is considered a numerator hit (rather than an optional exclusion).
- Hypertensive retinopathy is not handled differently from diabetic retinopathy when reporting the Eye Exam indicator; for example, an eye exam documented as positive for hypertensive retinopathy is counted as positive for diabetic retinopathy and an eye exam documented as negative for hypertensive retinopathy is counted as negative for diabetic retinopathy. The intent of the Eye Exam indicator is to ensure that members with evidence of any type of retinopathy have an eye exam annually, while members who remain free of retinopathy (i.e., the retinal exam was negative for retinopathy) are screened every other year.
- If a combination of administrative, supplemental or hybrid data are used, the most recent result must be used, regardless of data source, for the indicators that require use of the most recent result.
- If an organization chooses to apply the optional exclusions, members must be numerator negative for at least one indicator, with the exception of HbA1c Poor Control (>9%). Remove members from the eligible population who are numerator negative for any indicator (other than for HbA1c Poor Control [>9%]) and substitute members from the oversample. Do not exclude members who are numerator compliant for all indicators except HbA1c Poor Control (>9%), because a lower rate indicates better performance for this indicator.
- When excluding BP readings from the BP Control <140/90 mm Hg indicator, the intent is to identify diagnostic or therapeutic procedures that require a medication regimen, a change in diet or a change in medication. For example (this list is just for reference, and is not exhaustive):
 - A colonoscopy requires a change in diet (NPO on the day of procedure) and a medication change (a medication is taken to prep the colon).
 - Dialysis, infusions and chemotherapy (including oral chemotherapy) are all therapeutic procedures that require a medication regimen.
 - A nebulizer treatment with albuterol is considered a therapeutic procedure that requires a medication regimen (the albuterol).
 - A patient forgetting to take regular medications on the day of the procedure is not considered a required change in medication, and therefore the BP reading is eligible.

- *BP readings taken on the same day that the patient receives a common low-intensity or preventive procedure are eligible for use. For example, the following procedures are considered common low-intensity or preventive procedures (this list is just for reference, and is not exhaustive):*
 - *Vaccinations.*
 - *Injections (e.g., allergy, vitamin B-12, insulin, steroid, toradol, Depo-Provera, testosterone, lidocaine).*
 - *TB test.*
 - *IUD insertion.*
 - *Eye exam with dilating agents.*
 - *Wart or mole removal.*

Monitoring for Nephropathy



Data Elements for Reporting

Organizations that submit HEDIS data to NCQA must provide the following data elements.

Table CDC-1/2/3: Data Elements for Comprehensive Diabetes Care

	Administrative	Hybrid
Measurement year	✓	✓
Data collection methodology (Administrative or Hybrid)	Each of the 7 6 rates	Each of the 7 6 rates
Eligible population with required exclusions applied	Each of the 7 6 rates	Each of the 7 6 rates
Number of numerator events by administrative data in eligible population (before optional exclusions)		Each of the 7 6 rates
Current year's administrative rate (before optional exclusions)		Each of the 7 6 rates
Minimum required sample size (MRSS)		Each of the 7 6 rates
Oversampling rate		Each of the 7 6 rates
Number of oversample records		Each of the 7 6 rates
Number of numerator events by administrative data in MRSS		Each of the 7 6 rates
Administrative rate on MRSS		Each of the 7 6 rates
Number of medical records excluded because of valid data errors		Each of the 7 6 rates
Number of optional administrative data records excluded		Each of the 7 6 rates
Number of optional medical records excluded		Each of the 7 6 rates
Number of employee/dependent medical records excluded		Each of the 7 6 rates
Number of HbA1c <7 required medical records excluded		HbA1c <7 Rate
Number of HbA1c <7 required administrative data records excluded		HbA1c <7 Rate
Records added from the oversample list		Each of the 7 6 rates
Denominator		Each of the 7 6 rates
Numerator events by administrative data	Each of the 7 6 rates	Each of the 7 6 rates
Numerator events by medical records		Each of the 7 6 rates
Numerator events by supplemental data	Each of the 7 6 rates	Each of the 7 6 rates
Reported rate	Each of the 7 6 rates	Each of the 7 6 rates

Table CDC-3-B: Data Elements for Comprehensive Diabetes Care: Eye Exam (Medicare SES Stratifications only. Report the Total Medicare population in Table CDC-1/2/3)

	Administrative	Hybrid
Eligible population	<i>Each of the 6 stratifications</i>	<i>Each of the 6 stratifications</i>
Denominator		<i>Each of the 6 stratifications</i>
Numerator events by administrative data	<i>Each of the 6 stratifications</i>	<i>Each of the 6 stratifications</i>
Numerator events by medical records		<i>Each of the 6 stratifications</i>
Numerator events by supplemental data	<i>Each of the 6 stratifications</i>	<i>Each of the 6 stratifications</i>
Reported rate	<i>Each of the 6 stratifications</i>	<i>Each of the 6 stratifications</i>