



Diabetes Measures

QUALITY CARE



Quality measures help ensure our members receive appropriate care. We collect data from claims or chart review related to Healthcare Effectiveness Data and Information Set (HEDIS®) measures on diabetes care:

- **Glycemic Status Assessment for Patients with Diabetes**
- **Blood Pressure Control for Patients with Diabetes**
- **Eye Exam for Patients with Diabetes**
- **Kidney Health Evaluation for Patients with Diabetes**
- **Statin Therapy for Patients with Diabetes**

Quality measures evaluate a prior calendar year performance. Following are more details about the measures and tips to close care gaps:

Glycemic Status Assessment for Patients with Diabetes

What it measures: Members ages 18 to 75 years with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1C) or glucose management indicator was at the following levels during the measurement year:

- Glycemic status <8%
- Glycemic status >9%

Documentation: Must include the date the glycemic status assessment was performed and the result. If documenting GMI, include the date range and value.

- Use Current Procedural Terminology (CPT®) II codes to identify the most recent HbA1C test during the measurement year
- The member is not compliant if the result for the most recent HbA1c or GMI level during the measurement year is greater than or equal to 8.0% or is missing

Blood Pressure Control for Patients with Diabetes

What it measures: Members ages 18 to 75 years with diabetes (type 1 and 2) whose blood pressure was adequately controlled (<140/90mmHg) during the measurement year. Learn more from the [National Committee for Quality Assurance](#).

Documentation: Identify the most recent blood pressure reading taken during the measurement year. Use the lowest systolic and lowest diastolic blood pressure reading on the most recent note. The systolic and diastolic results don't need to be from the same reading.

Exclude blood pressure readings taken:

- In an acute inpatient setting or during an emergency department visit
- On the same day as a diagnostic test or therapeutic procedure
- By the member using a nondigital device

Eye Exam for Patients with Diabetes

What it measures: Members ages 18 to 75 years with diabetes (types 1 and 2) who had a retinal eye exam. Learn more from [NCQA](#).

Screening or monitoring for diabetic retinal disease is identified by one of the following:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in a measurement year
- A negative retinal or dilated exam (negative for retinopathy) by an eye care professional

Documentation: Documentation in the medical record must include one of the following:

- A note or letter prepared by an ophthalmologist, optometrist, primary care provider or other health care professional indicating that an ophthalmoscopic exam was completed by an eye care professional (optometrist or ophthalmologist), the date the procedure was performed and the results
- A chart or photograph indicating the date the fundus photography was performed and one of the following:
 - Evidence an eye care professional reviewed the results
 - Evidence results were read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist
 - Evidence results were read by a system that provides an artificial intelligence interpretation
- Documentation of a negative retinal or dilated exam by an eye care professional in the year prior to the measurement year, where results indicate retinopathy was not present

Kidney Health Evaluation for Patients with Diabetes

What it measures: Members 18 to 85 years of age with diabetes (type 1 and type 2) who received a kidney evaluation, defined by an estimated glomerular filtration rate and a urine albumin-creatinine ratio during the measurement year.

The uACR must contain both a quantitative urine albumin test and a urine creatinine test with service dates four or less days apart. Learn more from [NCQA](#).

Statin Therapy for Patients with Diabetes

What it measures: Members 40 to 75 years of age who have diabetes and who do not have clinical atherosclerotic cardiovascular disease who received and adhered to statin therapy. Learn more from [NCQA](#).

Required exclusions for diabetes measures

Members who meet any of the following criteria are excluded from the measures:

- Members in hospice or using hospice services anytime during the measurement year
- Members receiving palliative care anytime during the measurement year or who had an encounter for palliative care
- Members 66 and older as of Dec. 31 of the measurement year with both frailty and advanced illness

Additional exclusion for Eye Exams

- Bilateral eye enucleation anytime during the member's history through Dec. 31 of the measurement year

Additional exclusions for Kidney Health

- Members with a diagnosis of end-stage renal disease anytime during the member's history on or prior to Dec. 31 of the measurement year
- Members who had dialysis anytime during the member's history on or prior to Dec. 31 of the measurement year
- Members age 81 as of Dec. 31 of the measurement year with at least two indications of frailty

Tips to close gaps in care for members

- Identify care gaps and schedule lab tests before office visits to review results
- Monitor blood pressure status at each visit and adjust medications as needed for control
- Document medication adherence to angiotensin-converting enzyme inhibitors and angiotensin II receptor blockers when applicable
- Repeat abnormal lab tests later in the year to document improvement
- Encourage members with diabetes to have annual retinal or dilated eye exams by an eye care specialist
- Communicate with members and other treating providers to ensure all tests are completed and results are documented in the medical record
- For our members on statin therapy, discuss the proper dose, frequency and the importance of staying on the medication. Discuss common side effects. Document any diagnosis indicating an intolerance to statin therapy and drug interactions with current medications.

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