Closing Quality Care Gaps for Patients with Diabetes

How to Meet the MY2022 HEDIS Diabetes Measures

At Network Health we partner with providers to ensure members receive high-quality care. One of the ways we evaluate quality is through HEDIS (Healthcare Effectiveness Data and Information Set). Every year, HEDIS data is collected through medical record review (MRR) and is used to measure quality improvement processes and preventive care programs.

One preventive care program encourages members with diabetes to monitor their condition through annual tests and screenings. We prompt members to see their personal doctors and get the screenings recommended by national care guidelines through year-round member outreach processes as well as through condition management outreach. This coordinates with the MY2022 HEDIS Diabetes Measures which include Hemoglobin A1c Control for Patients with Diabetes (HBD), Blood Pressure Control for Patients with Diabetes (BPD), Eye Exam for Patients with Diabetes (EED), Kidney Health Evaluation for Patients with Diabetes (KED), and Statin Therapy for Patients with Diabetes (SPD).

Hemoglobin A1c Control for Patients with Diabetes (HBD)

HEDIS Measurement Year 2022

Measure Description – The percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year are as follows.

- HbA1c control (<8.0%)
- HbA1c poor control (>9.0%)

Blood Pressure Control for Patients with Diabetes (BPD)

HEDIS Measurement Year 2022

Measure Description – The percentage of members 18-75 years of age with diabetes (type 1 or type 2) whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.

Eye Exam for Patients with Diabetes (EED)

HEDIS Measurement Year 2022

Measure Description – The percentage of members 18-75 years of age with diabetes (type 1 or type 2) who had a retinal eye exam.

An eye screening for diabetic retinal disease includes 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.

For the above measures, exclude members who meet any of the following criteria.

- Members who do 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 polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes in any setting, during the measurement year of the year prior to the measurement year.

- Members in hospice or using hospice services anytime during the measurement year.

- Members receiving palliative care during the measurement year.

Also 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 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, observation visits, ED visits, telephone visits, e-visits or virtual check-ins, nonacute inpatient encounters or nonacute inpatient discharges (instructions below; the diagnosis must be on the discharge claim) on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge, do the following.

       1. Identify all acute and nonacute inpatient stays.

       2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.

       3. Identify the discharge date for the stay.

     - At least one acute inpatient encounter with an advanced illness diagnosis.

     - At least one acute inpatient discharge with an advanced illness diagnosis on the discharge claim. To identify an acute inpatient discharge, do the following.

       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.

Kidney Health Evaluation for Patients with Diabetes (KED)

HEDIS Measurement Year 2022

Measure Description – The percentage of members 18-85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defines by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.

Members are required to receive both an eGFR and a uACR during the measurement year on the same or different dates of service.

- A least one eGFR is required during the measurement year

- At least one uACR is required during the measurement year by either of the following.

  - ☐ Both a quantitative urine albumin test and a urine creatinine test with service dates four days or less apart.

  - ☐ A urine albumin-creatinine ratio (uACR).

Care must be captured administratively for the KED measure. Medical record submission will not be acceptable.

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 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, observation visits, ED visits, telephone visits, e-visits or virtual check-ins, nonacute inpatient encounters or nonacute inpatient discharges (instructions below; the diagnosis must be on the discharge claim) on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge, do the following.

       1. Identify all acute and nonacute inpatient stays.

       2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.

       3. Identify the discharge date for the stay.

     - At least one acute inpatient encounter with an advanced illness diagnosis.

- At least one acute inpatient discharge with an advanced illness diagnosis on the discharge claim. To identify an acute inpatient discharge, do the following.

  1. Identify all acute and nonacute inpatient stays.

  2. Exclude nonacute inpatient stays.

  3. Identify the discharge date for the stay.

- A dispensed dementia medication.

- Members 81 years of age and older as of December 31 of the measurement year (all product lines) with frailty during the measurement year.

Statin Therapy for Patients with Diabetes (SPD)

HEDIS Measurement Year 2022

Measure Description – The percentage of members 40-75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. The following two rates are reported.

- Received Statin Therapy. Members who were dispensed at least one statin medication of any intensity during the measurement year.

- Statin Adherence 80%. Members who remained on a statin medication of any intensity for at least 80% of the treatment period.

Network Health collects HEDIS data through MRR and supplemental data extracts. Providers can help improve scores by providing data in the following ways.

- Submit claims with proper ICD-10 or CPT codes for all services rendered.

- Document services completely to accurately reflect all services billed.

- Submit accurate and complete supplemental data file extracts monthly.

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