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HEDIS 2024: Caring for a member with diabetes

This slide deck will provide you with information on the five HEDIS performance measures which are used to evaluate the care of our members with Diabetes.

Learning objectives

- HEDIS overview
- Discuss the five diabetes performance measures in detail
- Review biannual diabetes management report sent to providers

This slide deck will first give a brief overview of the HEDIS standards and how we collect the data that is used for the performance measures.

Then it will move into how the National Committee for Quality Assurance (NCQA) structures the diabetes measures for HEDIS, which consists of three stand-alone hybrid measures and two administrative ONLY measures.

Next, it will overview each of these measures, reviewing how members become eligible for these measures, the specifications, requirements for compliance, and exclusions for each.

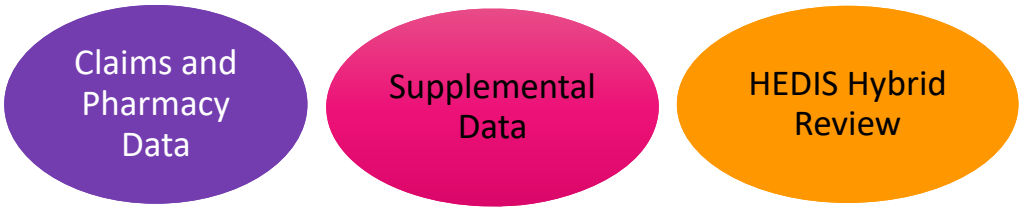
Lastly, the slide deck will preview the Diabetes Management Report and show you how this information can be utilized to address any gaps in care for your assigned patients.

HEDIS overview

Healthcare Effectiveness Data and Information Set (HEDIS)

Measurement Year 2024 (MY2024) = 1/1/2024 – 12/31/2024

Data is collected through:



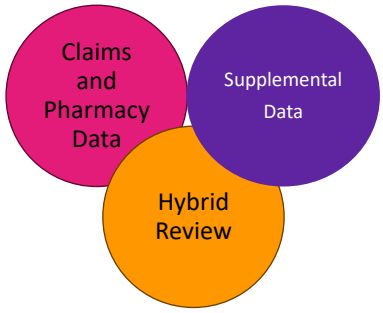
HEDIS, or the Healthcare Effectiveness Data and Information Set, is one of the most widely used performance improvement tools in the United States and consists of more than 90 performance measures across six domains of care. The data which is gathered from these measures allows many Health Plans, including Mercy Care, to evaluate the care that is provided and identify areas for improvement; thereby assisting to provide our members with the most positive health outcomes.

The performance measures achieve compliance by collecting data from several different sources: Claims and Pharmacy data, Supplemental data – such as that provided through our partnerships with Sonora Quest Laboratories and Nationwide Vision, and Hybrid review, which involves requesting and reviewing medical records from your offices.

HEDIS MY2024

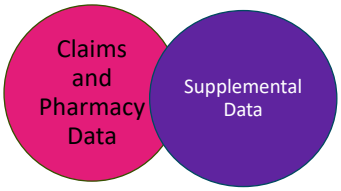
Diabetes consists of three standalone measures (hybrid):

- GSD – Glycemic Status Assessment for Patients with Diabetes
- BPD – Blood Pressure Control for Patients with Diabetes
- EED – Eye Exam for Patients with Diabetes



Two administrative only measures:

- KED – Kidney Health Evaluation for Patients with Diabetes
- SPD – Statin Therapy for Patients with Diabetes



The diabetes measures, which evaluate the care of members with type 1 or type 2 diabetes, include three separate standalone measures : Glycemic Status Assessment (GSD), Blood pressure control (BPD), and Eye Exam (EED). These measures are hybrid measures, and compliance is obtained utilizing a combinations of claims and pharmacy data; supplemental data; and/or conducting medical record review during HEDIS.

There are two diabetes performance measures which are administrative ONLY measures: Kidney Health Evaluation (KED) and Statin Therapy (SPD). The data for these measures is collected through claims and pharmacy data, and supplemental data.

GSD – Glycemic status assessment for patients with diabetes

Description: The percentage of members 18-75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (HbA1c) or glucose management indicator (GMI) was at the following levels during the measurement year:

Glycemic Status <8.0%

Glycemic Status >9.0%

GSD- Glycemic Status Assessment for patients with diabetes.. This measure is defined as the percentage of members 18-75 years of age with types 1 and types 2 diabetes whose most recent glycemic status (hemoglobin A1c) or glucose management indicator (GMI) was at the following levels during the measurement year:

- Glycemic Status less than 8% or
- Glycemic Status greater than 9%

For the GSD measure the most recent glycemic status assessment (hemoglobin A1c or GMI) performed during 2024, with documentation of the date performed and the result is used to show compliance. To meet compliance for controlled GSD, the result of the most recent glycemic status assessment during the 2024 must be less than 8%.

Utilizing CPT category II codes to share data with Mercy Care

Blood sugar control – HbA1c screening	
CPT-CAT-II Code	**Description**
3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0%
3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0%
3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0%
3046F	Most recent hemoglobin A1c level greater than 9.0%

Utilizing CPT Category II coding can make it easier for providers to share data with Mercy Care and ensure that any gap in care for our members is met prior to the HEDIS audit.

Remember to use the correct CPT II codes in addition to the correct procedure codes when completing claims for the care that was provided. This can demonstrate that HEDIS measure requirements are completed timely, documented correctly, and reduce the number of medical record requests sent to your offices.

On this slide are the CPT Category II codes utilized in the HBD measure, which are specific enough to reveal the correct A1C category for the member, based on their result.

BPD – Blood pressure control for patients with diabetes

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

Adequate control– Both a representative systolic BP of 139 mm Hg or less and a representative diastolic BP of 89 mm Hg or less

For compliance for adequate control, both a representative systolic BP of 139 or less and a representative diastolic BP of 89 or less must be documented as the most recent reading for the measurement year. The member is not compliant for this measure if the BP is greater than or equal to 140/90; if no BP reading was taken during the measurement year; or if the reading is incomplete (for example, when the systolic or diastolic level is missing).

BPD – medical record requirements

Identify the **most recent BP reading** during the measurement year

BP readings that ARE acceptable:

- BP readings that are member-reported or taken by the member using a digital device.
- BP documented as an average (e.g., “average BP 139/70”).
- Distinct numeric results for both the systolic and diastolic BP are required, and ranges and thresholds are accepted if they are distinct (BP 115-135/ 75-79).

Acceptable blood pressure readings include:

- BP readings that are member reported or taken by the member using a digital device, as well as BP readings from remote monitoring devices that are digitally stored and transmitted to the provider
- Blood pressures documented as an average ; for example, average BP 139/70, is acceptable
- Distinct numeric results are required, and ranges and thresholds are accepted if they are distinct (for example BP 115-135/ 75-79)

BPD – Medical record requirements cont'd

Identify the **most recent BP reading** during the measurement year.

BP readings that are NOT acceptable:

- Taken during an acute inpatient stay or 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 test or procedure, except for fasting blood tests.
- Taken by the member using a non-digital device such as with a manual BP cuff and stethoscope.
- Non-distinct ranges and thresholds (BP 130-140**s**/80-90**s**).

Blood pressure readings that ARE NOT acceptable include:

- BPs taken during an acute inpatient stay or emergency room visit
- Blood pressures 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 date of the test or procedure, apart from fasting blood tests.
    - Examples include a colonoscopy, dialysis, infusions, chemo, nebulizer treatments with albuterol, etc.
- Taken by the member using a non-digital device such as with a manual BP cuff and stethoscope
- And non-distinct ranges and thresholds. Documentation noted as "home bp 130-140**s** over 80-90**s**, does **NOT** meet compliance.

Utilizing CPT category II codes to share data with Mercy Care

Blood pressure control	
CPT-CAT-II Code	**Description**
3074F	Systolic less than 130
3075F	Systolic between 130 to 139
3077F*	Systolic greater than or equal to 140*
3078F	Diastolic less than 80
3079F	Diastolic 80-89
3080F*	Diastolic greater than or equal to 90*

These are CPT Category II codes utilized in the Blood Pressure Control measure.

To reiterate, a blood pressure reading of greater than or equal *to* 140/90 would **not** meet compliance for this measure.

*You may note, the codes with the asterisk – 3077F and 3080F – are both codes that are reportable, but they do not meet compliance for this measure as they indicate readings at or above 140/90, respectively.

EED – Eye exam for patients with diabetes

Description: The percentage of members 18-75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year (2024)
- A *negative* retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year (2023)
- Bilateral eye enucleation any time during the member's history through December 31 of the measurement year (2024)

Utilizing CPT category II codes to share data with Mercy Care

Eye exam performed	
CPT-CAT-II Code	**Description**
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; **with** evidence of retinopathy
2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; **without** evidence of retinopathy
2024F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; **with** evidence of retinopathy
2025F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; **without** evidence of retinopathy
2026F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; **with** evidence of retinopathy
2033F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; **without** evidence of retinopathy
3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year)

There are seven codes available for use.
Two for each test are listed: Retinal eye exam, Stereoscopic retinal photos, and other eye imaging, with one representing a positive and the other a negative finding for retinopathy.
The last code, 3072F, indicates the member is at a low risk for retinopathy due to having a negative retinopathy screening in the prior year.

Exclusions for GSD, BPD and EED

- Members who use hospice services or elect to use a hospice benefit any time during the measurement year
- Members who die any time during the measurement year
- Members receiving palliative care any time during the measurement year

KED – Kidney health evaluation for patients with diabetes

Description: The percentage of members 18-85 years of age with diabetes (types 1 and 2) who received a kidney health evaluation (see below) during the measurement year.

Estimated Glomerular Filtration Rate (eGFR)

- ✓At least one eGFR during the measurement year

Urine Albumin-Creatinine Ratio (uACR) – at least one of the below

- ✓Both a quantitative urine albumin test ***and*** a urine creatine test with service dates four days or fewer apart, or
- ✓A uACR

As noted earlier, KED is a non-hybrid measure meaning that records will not be requested from the provider. The data collected for these measures relies upon claims and pharmacy data and supplemental data for evidence of compliance.

*NOTE: The 4-day proximity language is specific to a reporting option for uACR, where a quantitative urine albumin test and a urine creatinine test may be billed separately. In practice, the quantitative urine albumin and urine creatinine tests are performed on the same date, from the same urine sample, to produce a single ratio. The 4-day proximity language intends to account only for potential billing lags between the separate quantitative urine albumin and urine creatinine administrative codes that indicate a single uACR evaluation; it is not intended for separate samples from different dates.

Exclusions for KED

- Members with a diagnosis of ESRD or had dialysis any time during the member's history on or prior to December 31 of the measurement year.
- Members who use hospice services or elect to use a hospice benefit anytime during the measurement year.
- Members who died any time during the measurement year.
- Members receiving palliative care or had any encounter for palliative care any time during the measurement year.

Utilizing CPT category II codes to share data with Mercy Care

Kidney evaluation performed		
Code Class	Codes	Description
CPT	80047; 80048; 80050; 80053; 80069; 82565	Estimated Glomerular Filtration Rate Lab Test
CPT	82043	Quantitative Urine Albumin Lab Test
CPT	82570	Urine Creatinine Lab Test

Listed here are the CPT Category II codes that can be used for KED. These codes can be referenced with the matching description of the kidney evaluation performed, such as eGFR lab test, the quantitative urine albumin lab test, and the urine creatine lab test.

SPD – Statin therapy for patients with diabetes

Description: The percentage of members 40-75 years of age during the measurement year with diabetes who do not have ASCVD who met the following criteria. 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.

The aim of this measure is to determine the percentage of members aged 40-75 during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) and met the above listed criteria.

The treatment period is calculated by the earliest prescription dispensing date for any statin medication of any intensity through the last day of the measurement year. Adherence is defined by the number of days the member is covered by at least one statin medication prescription of appropriate intensity, divided by the number of days in the treatment period.

Exclusions for SPD

- Members with MI, CABG, PCI, or had other revascularization procedures.
- Had at least one encounter with a diagnosis of IVD, IVF, pregnancy, or dispensed at least one prescription for Estrogen Agonists medications.
- Members with evidence of myalgia, myositis, myopathy or rhabdomyolysis.
- Members with evidence of ESRD, dialysis or cirrhosis.
- Members who use hospice services or receiving palliative care.
- Members who died any time during the measurement year.

SPD does not have any associated CPT category II codes because it is triggered by pharmacy claims.

SPD – Statin therapy for patients with diabetes

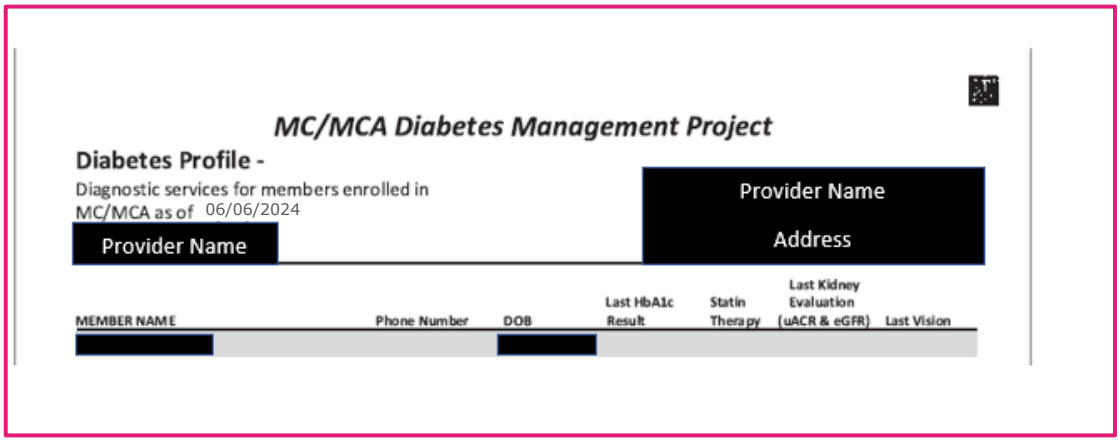
High-intensity statin therapy	Moderate-intensity statin therapy	Low-intensity statin therapy
Atorvastatin 40-80 mg	Atorvastatin 10-20 mg	Ezetimibe-simvastatin 10 mg
Amlodipine-atorvastatin 40-80 mg	Amlodipine-atorvastatin 10-20 mg	Fluvastatin 20 mg
Rosuvastatin 20-40 mg	Rosuvastatin 5-10 mg	Lovastatin 10-20 mg
Simvastatin 80 mg	Simvastatin 20-40 mg	Pravastatin 10–20 mg
Ezetimibe-simvastatin 80 mg	Ezetimibe-simvastatin 20-40 mg	Simvastatin 5-10 mg
	Pravastatin 40-80 mg	
	Lovastatin 40 mg	
	Fluvastatin 40-80 mg	
	Pitavastatin 1–4 mg	

Please note, the medications listed above are approved by NCQA.

SPD – Statin therapy for patients with diabetes continued

- These medications are approved by NCQA.
- Prior to prescribing a medication for Statin Therapy, please check the MCA formulary to ensure the medication is covered and to determine if prior authorization is needed as updates and changes occur frequently.
- You will find the formulary on our website: **Part D: Prescription Drug Information | MCA Formulary.**
- For a complete NCQA approved med list, visit: **NCQA | HEDIS Measures** and search under HEDIS Technical Resources for the Measurement Year 2024 Medication List Directory.

Biannual diabetes management report



MC/MCA Diabetes Management Project

Diabetes Profile -

Diagnostic services for members enrolled in MC/MCA as of 06/06/2024

Provider Name

Provider Name

Address

MEMBER NAME	Phone Number	DOB	Last HbA1c Result	Statin Therapy	Last Kidney Evaluation (uACR & eGFR)	Last Vision
[redacted]		[redacted]				

The “Diabetes Management Report” is an outreach Mercy Care sends to provider partners.

To capture claims more appropriately, this report is sent twice a year to all PRIMARY CARE providers and lists their assigned members who fall into the diabetes measures. This list includes the date of the most recent known A1C test, the date of the last known Statin medication dispensed, the last kidney evaluation screening, and the date of the last known eye exam. It is recommended that you use the report and cross-check with your own records to address any gaps in care for your assigned patients. If your office uses point-of-care A1C testing or uses a lab other than Sonora Quest - we MAY NOT have the result to report.

As an example, in the form listed here – please look at spaces that are blank and at dates that are outside of the current year and focus on those member measures for your outreach efforts.

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