



# HEDIS<sup>®</sup> Lunch and Learn

August 2020

Comprehensive Diabetes Care

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August 2020

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# **What are HEDIS® Lunch and Learns?**

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**HEDIS<sup>®</sup>**

**News You can Use**

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# Monthly Webinars: 30 minutes, 1 HEDIS topic



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# **Diabetes Care and Management (CDC, SPD, KED)**

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# Comprehensive Diabetes (CDC) - Criteria

## Who is in the measure (denominator)?

- Members aged 18 – 75 with Diabetes (Type 1 or Type 2) as of 12/31
- **Diagnosis of Diabetes** is determined by any of the following in the measurement year (MY) or year prior:
  - Two outpatient, Obs, ER or non-acute inpt encounters with any dx of diabetes
  - One acute inpt encounter with any dx of diabetes
  - One dispensed prescription for insulin or hypoglycemic/antihyperglycemic
- Continuous enrollment = one calendar year

# Comprehensive Diabetes Care (CDC) – Criteria (cont.)

## What makes the member compliant (numerator)?



### HbA1c Testing

Must be **most recent** in MY

Performed *at least* annually

### HbA1c Control

Must be **most recent** in MY

Goal <8.0%

If no A1c, member is automatically “uncontrolled” or >9.

### Blood Pressure

Must be **most recent** in MY

Performed *at least* annually

Goal – control <140/<90

**2020:** Now allows telehealth/self-reported BPs

ER and inpatient BPs do NOT count

### Dilated or Retinal Eye Exam

Annual dilated retinal eye exam performed or interpreted by an eye care professional

(Or every other year if negative)

# Comprehensive Diabetes Care (CDC)- Coding

## HBA1c Test:

- 83036, 83037

Don't forget in-office A1cs!

## HBA1c Results:

- 3044F (<7), 3046F (>9)
- 3051F (greater than or equal to 7, and less than 8)
- 3052F (greater than or equal to 8 and less than or equal to 9)

Can decrease chart review!

## Blood Pressure Reading

- Systolic: 3074F, 3075F, 3077F
- Diastolic: 3078F, 3079F, 3080F

Can decrease chart review!

## Eye Exam billed by ANY Provider

- 2022F – 2026F, 2033F, 3072F





# Challenges

## Why Gaps in Care?



- **No coding, billing or A1c in timeframe** (member is classified as “poor control”)
- **A1c results not found in medical record** – sometimes A1c order but no results
- **Need to go to another facility for A1c if not able to be performed in-office**
- **Premature coding of Diabetes diagnosis before confirmed**
- **Diabetes dx carryover in EMR not always current/accurate**



- **No letter or results of diabetic eye exam from eye care provider in medical record**
- **Denial for some members – a “touch of sugar”**
- **Member misconception of glucose testing versus HbA1c testing**
- **Member utilization of community resources without claim submission**
- **Member misunderstanding of benefits – diabetes eye exams ARE covered under their medical benefit!**

## Special Note

**What CDC challenges do you encounter in practice?**



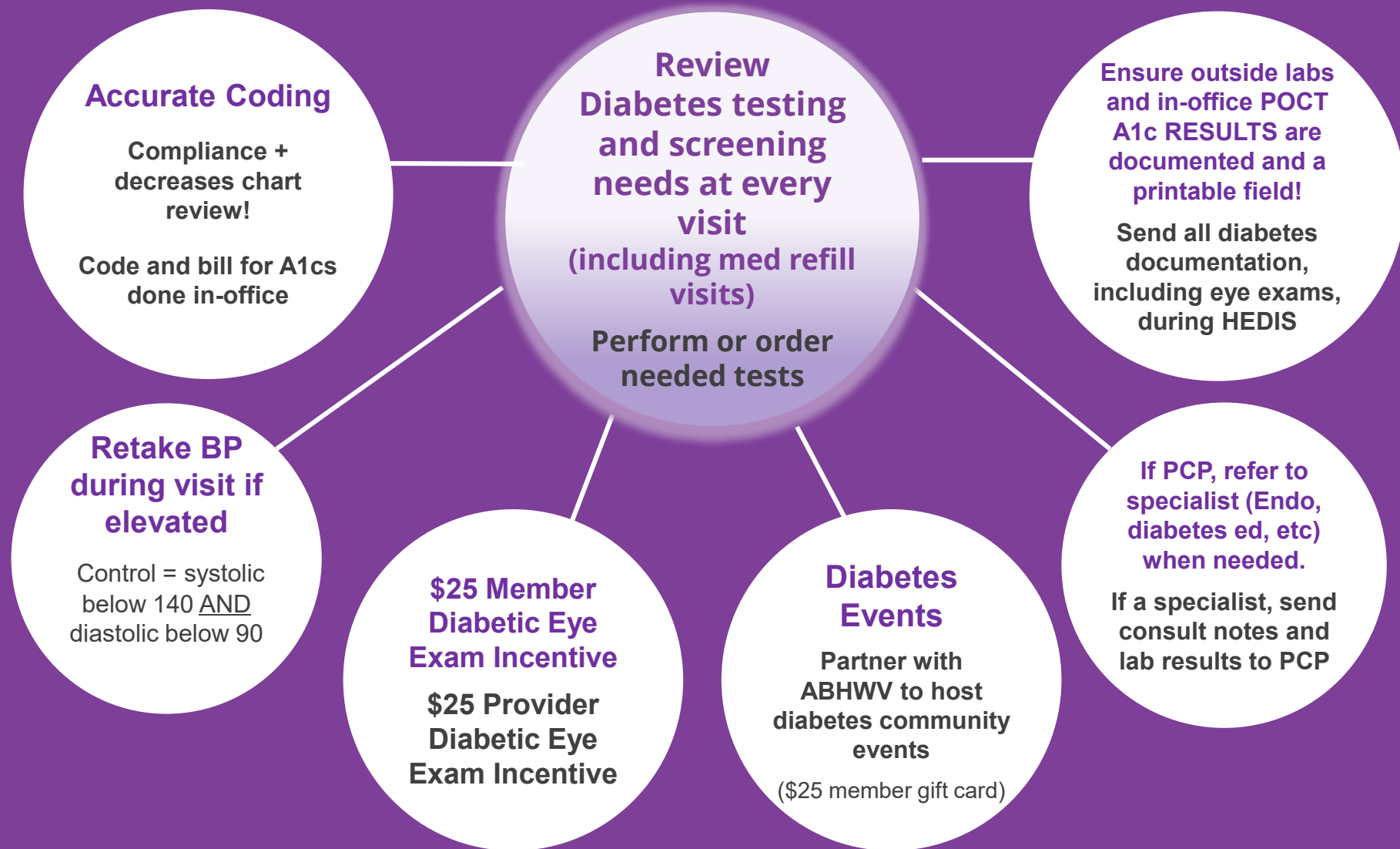
- **Elevated BPs not retaken**
- **Members who have an ER visit with Diabetes Dx that result in a diabetes medication end up in measure for 2 years**
- **Minimal focus on nutrition, exercise and lifestyle changes that can significantly impact A1c and BP control**
- **ABHWV not receiving all documentation during HEDIS**

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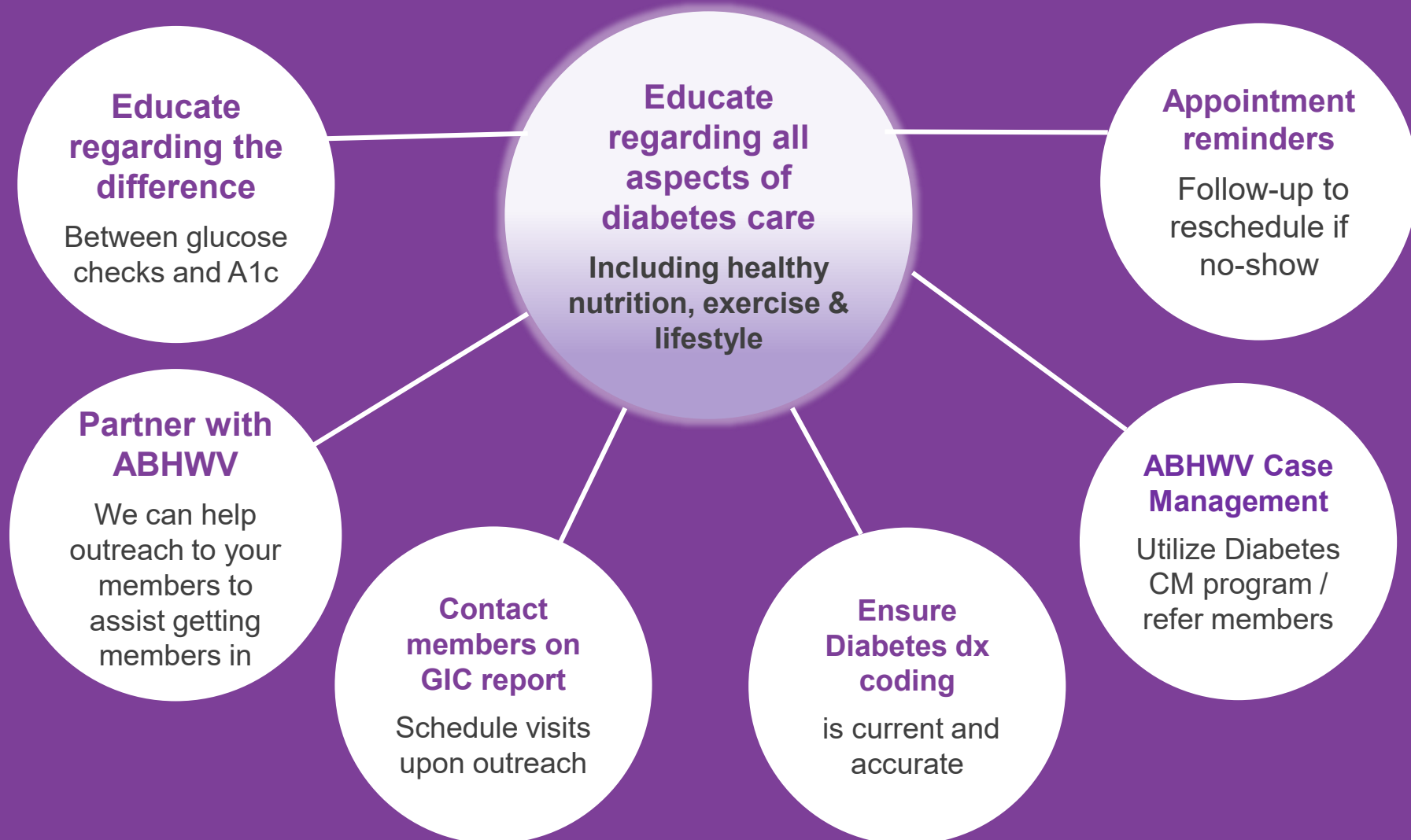
**Take Action!**

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# Take-Away Actions- CDC



# Take-Away Actions- CDC



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# **Statin Therapy for Patients with Diabetes (SPD)**

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# Statin Therapy for Patients with Diabetes - Criteria

## Who is in the measure (denominator)?

- **Members age 40 – 75 as of 12/31**
- **Diagnosis of Diabetes determined by:**
  - Same criteria as CDC!
- **Continuous Enrollment – MY + year prior to MY**

## What makes the member compliant (numerator)?

1. **Received Statin Therapy** - Dispensed at least one statin medication (of any intensity) during the MY
2. **Statin Adherence 80%** - Remained on statin medication for at least 80% of treatment period
  - Treatment period = first day med is prescribed through 12/31

# Statin Therapy for Patients with Diabetes - Criteria



**Received  
Statin  
Therapy**



**Remained on  
Statin at least  
80%**



**Compliance**

# Statin Therapy for Patient with Diabetes - **EXCLUSIONS**

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1. Anyone with MI, CABG, PCI or other revascularization in the prior year
2. Diagnosed with Ischemic Vascular Disease during at least one outpatient/inpatient visit in MY AND also one outpatient/inpatient visit in prior year
3. Pregnancy, In Vitro Fertilization, Rx for clomiphene, or a diagnosis of ESRD, Cirrhosis during MY or year prior to MY
4. Diagnosis of Myalgia, Myositis, Myopathy, or Rhabdomyolysis during MY



**Statin therapy  
for members  
with ASCVD  
are covered  
under a different  
HEDIS measure  
(SPC)**



# Challenges

## Why Gaps in Care?



- No statin therapy ordered at all
- Premature coding of Diabetes diagnosis before confirmed
- Diabetes dx carryover in EMR not always current/accurate
- **No chart review allowed!**



- Misunderstanding medication regime instructions
- Non-compliance – not taking as prescribed (time, dose, frequency)
- Side effects
- Stop taking medication without consulting physician

**Special Note**  
**What SPD challenges do you encounter in practice?**



- Transportation/access to appointments and perhaps pick up prescriptions
- Members who have an ER visit with Diabetes Dx that result in a diabetes medication end up in measure for 2 years

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**Take Action!**

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# Take-away Actions - SPD



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**Kidney Health Evaluation  
for Patients with Diabetes  
(KED)**  
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# Kidney Health Evaluation - Criteria

**\*NEW 2020 Measure\*** (replaces Attention for Nephropathy)

## Who is in the measure (denominator)?

- Members 18-85 years of age with diabetes (Type 1 or Type 2)
- Diabetes Dx = same criteria as CDC and SPD
- Continuous enrollment = the measurement year
- **No chart review allowed!**

## What makes the member compliant (numerator)?

**A Kidney Health Evaluation during the measurement year:**

1. Estimated Glomerular Filtration Rate (eGFR)  
**AND**
2. Urine albumin-creatinine ratio (uACR) – identified by:
  - Quantitative albumin test, **AND**
  - Urine creatinine test

# Kidney Health Evaluation

## - Coding

### Estimated Glomerular Filtration Rate (eGFR):

- 80047
- 80048
- 80050
- 80053
- 80069
- 82565

### Urine Albumin-Creatinine Ratio (uACR):

- **Urine Albumin:**
  - 82043
- **Urine Creatinine**
  - 82570



# Challenges

## Why Gaps in Care?



- No kidney evaluation tests ordered/performed at all in MY
- Premature coding of Diabetes diagnosis before confirmed
- **NEW 2020: No chart review allowed to capture kidney evaluation testing!**



- General member non-compliance
- Lack of member understanding regarding the importance of kidney health (especially if no symptoms/ feels well)

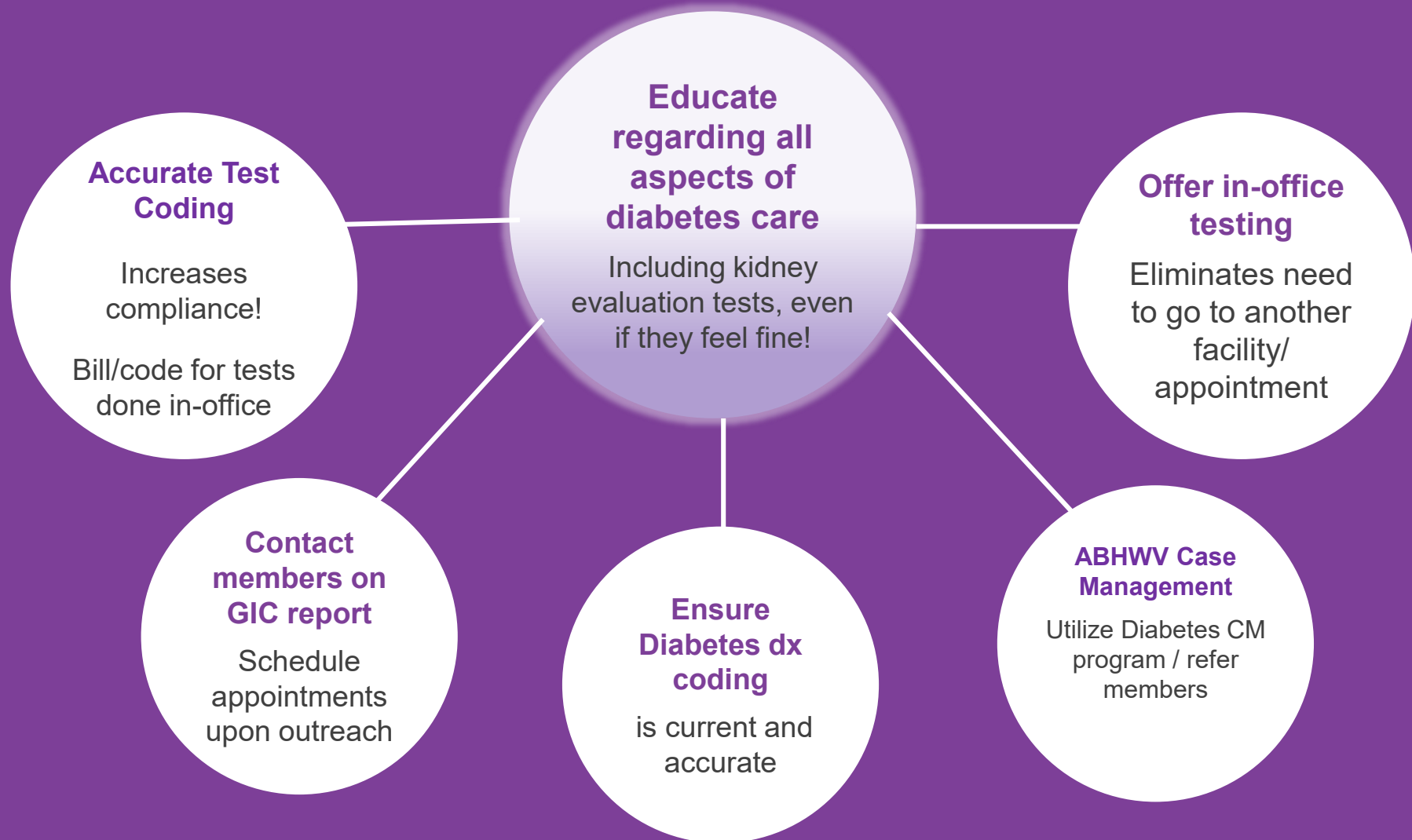
**Special Note**  
**What KED challenges do you encounter in practice?**



- Transportation/access to appointments
- Potential need for member to possibly go to another facility/lab appointment
- Members who have an ER visit with Diabetes Dx that result in a diabetes medication end up in measure for 2 years

# Take-Away Actions- KED

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# **Closing Thoughts and Resources**

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# Closing Thoughts and Resources

## Members trust you!

Patients consider you their most trusted source of medical information.

Your guidance and encouragement is critical in their diabetes management.

Allow time for discussion and questions. Hearing your answers can help patients feel more confident and comfortable.

## ABHWW Quality Partnerships

**Shelly Rouse, ABHWW Quality HEDIS Manager**

[ABHWWHEDIS@aetna.com](mailto:ABHWWHEDIS@aetna.com)

**304-348-2923**

- ABHWW can outreach to your members to assist in getting them into the office.
- Contact us if interested in exploring EMR data file transfer options

**Diabetes Event Partnering**

**Candace Smith**

[csmith19@aetna.com](mailto:csmith19@aetna.com)

**304-348-2008**

## Other Resources

**ABHWW Integrated Care Management**

Refer member to Aetna Better Health of West Virginia Case Management:

- Fax to 844-330-1001
- Call 1-888-348-2922.

**Diabetes links:**

<https://professional.diabetes.org/content-page/practice-guidelines-resources>

<https://www.onlinejacc.org/guidelines>

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**Questions?**  
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Thank  
You for  
making a  
difference!



