



HEDIS 2023: Caring for a member with diabetes

Kathy Rabulinski RN, MAS, HC
Quality HEDIS PM

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Good morning everyone, thank you for joining us today and welcome to the HEDIS – Caring for the Member with Diabetes - Provider webinar, which will provide you with information on the five HEDIS performance measures which are used to evaluate the care of our members with Diabetes. My name is Kathy Rabulinski and I am the HEDIS project manager for the HBD – Hemoglobin A1c Control for Patients with Diabetes measure.

Agenda

- HEDIS overview
- Measurement Year 2023 Diabetes Performance Measures

3 HYBRID MEASURES

2 ADMINISTRATIVE MEASURES

- Diabetes Management Report for Providers

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Today we will begin the presentation with a brief overview of the HEDIS standards and how we collect the data that is used for the performance measures.

Next, we will talk about the structure of the diabetes measures in HEDIS Measurement Year 2023, which consists of three standalone hybrid measures and two administrative ONLY measures.

We will then provide an overview of each of these measures, reviewing how members become eligible for these measures, the specifications, requirements for compliance, and exclusions for each.

Lastly, we will review the Diabetes Management Report and discuss 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 2023 (MY2023) = 1/1/2023 – 12/31/2023

Data is collected through:



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We will start off by reviewing the HEDIS standards and explaining how data is collected for our performance measures.

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.

Today, I will be covering HEDIS Measurement Year 2023, which covers the time period between January 1, 2023 through December 31, 2023.

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

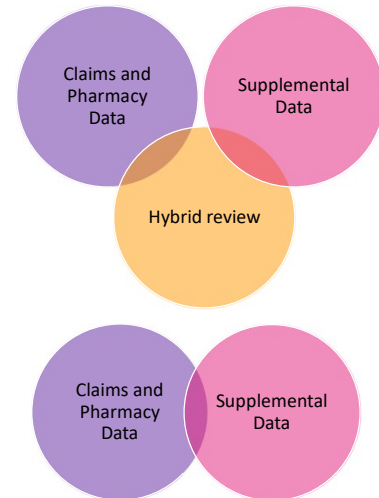
HEDIS MY2023

Diabetes consists of three standalone measures (hybrid):

- HBD – Hemoglobin A1c Control 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



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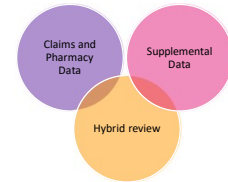


The diabetes measures, which evaluate the care of members with type 1 or type 2 diabetes, include three separate standalone measures : Hemoglobin A1c control (HBD), Blood pressure control (BPD), and Eye Exam (EED). These measures are hybrid measures, and we obtain compliance for them in three ways: utilizing claims and pharmacy data, utilizing supplemental data, and conducting hybrid review, which is through requested medical records from provider offices as mentioned earlier.

There are two diabetes performance measures which are administrative ONLY measures, and these include Kidney Health Evaluation (KED) and Statin Therapy (SPD). The data that is used for these measures is collected using ONLY claims and pharmacy data and supplemental data. Since these two measures are not collected using hybrid review, Mercy Care will not be requesting records from your offices ; however, I will still be providing an overview of what is required for these measures.

HBD – HbA1c control for patients with diabetes

Description: The percentage of members 18-75 years of age with diabetes (types 1 and 2) whose HbA1c was at the following levels during the measurement year (2023)



Exclusions:

- Members in hospice or using hospice services anytime during the measurement year
- Members receiving palliative care services during the measurement year
- Members who died any time during the measurement year
- Members who do not have a diagnosis of diabetes during MY2023 or MY2022 **AND** who had a diagnosis of PCOS, gestational diabetes or steroid-induced diabetes during MY2023 or MY2022

HbA1c Control (<8.0%)

HbA1c Poor Control (>9.0%)

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The first hybrid measure I will be discussing is HBD, or Hemoglobin A1c control for patients with Diabetes. This measure evaluates the percentage of members aged 18 to 75 with type 1 or type 2 Diabetes whose A1c was at the following levels during the measurement year: Hemoglobin A1c Control, which is indicated by an A1c reading of less than 8%, and Hemoglobin A1c poor control, or an A1c value over 9%. For the HBD measure we are looking for the most recent hemoglobin A1c completed in 2023, with documentation of the date performed and the result.

The exclusions for the three hybrid measures: HBD, BPD, and EED are the same, so I will be explaining them on this slide, and for the following measures, they will be listed on the slides for your reference. Exclusions for HBD include members in hospice or using hospice services and those receiving palliative care during the measurement year (2023). Another required exclusion is members who did NOT have a diabetes diagnosis in 2023 or 2022, AND who had a diagnosis of PCOS, gestational diabetes, or steroid-induced diabetes in the current or prior measurement year. Lastly, the exclusion of members who died any time during the measurement year has been added as an additional update to the required exclusions this year.

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%

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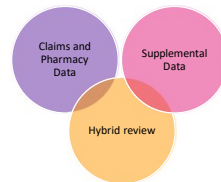


Utilizing CPT Category II coding can make it easy for providers to share data with Mercy Care. It assists us in helping to ensure that any gaps in care for our members are closed.

Please 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.

In this slide we can see 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.

Exclusions:

- Members in hospice or using hospice services anytime during the measurement year
- Members receiving palliative care during the measurement year
- Members who died any time during the measurement year
- Members who do not have a diagnosis of diabetes during MY2023 or MY2022 **AND** who had a diagnosis of PCOS, gestational diabetes or steroid-induced diabetes during MY2023 or MY2022

Adequate Control – Both a representative systolic BP <140 mm Hg and a representative diastolic BP of <90 mm Hg

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The second hybrid performance measure for the care of patients with diabetes is BPD, or blood pressure control for patients with diabetes. The description for this measure is it includes the percentage of members 18-75 years of age, with type 1 or type 2 diabetes, whose blood pressure was adequately controlled, less than 140/90, during the measurement year. For the member to demonstrate compliance for adequate control, both a representative systolic BP of less than 140 and a representative diastolic BP of less than 90 should be obtained. The member is not compliant for this measure if the BP is greater than or equal to 140/90, if there is no BP reading taken during the measurement year, or if the reading is incomplete; for example, when the systolic or diastolic level is missing.

The exclusions for the BPD measure are the same as the previously listed exclusions for the HBD measure, and these can be seen on this slide for your reference.

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)
- BP taken on same day of fasting blood tests

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
- Non-distinct ranges and thresholds (BP 130-140s/80-90s)

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For this measure, we are looking to identify the most recent blood pressure reading taken during the measurement year.

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)

and

- Blood pressures taken on the same day of fasting blood tests are acceptable

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. Some examples would

include a colonoscopy, dialysis, infusions, chemo, nebulizer treatments with albuterol, etc.

- And non-distinct ranges and thresholds. If we find documentation noted as “home bp 130-140s over 80-90s, this 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*

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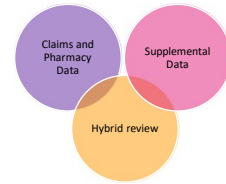
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In this slide we can see the CPT Category II codes utilized in the Blood Pressure Control measure. To reiterate, a blood pressure reading of greater than or equal to 140/90 would **not** meet compliance for this measure.

*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 (2023)

A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year (2022)

Bilateral eye enucleation any time during the member's history through December 31 of the measurement year

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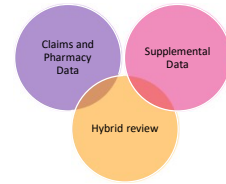


The third and final hybrid performance measure for Diabetes is EED, or eye exam for patients with diabetes. The description for EED is that it determines the percentage of members aged 18-75 with type 1 or type 2 diabetes who had a retinal eye exam. In order to meet compliance, one of the following examples should be present in the chart.

- A member received a retinal or dilated eye exam by an eye care professional in the measurement year, 2023, with any result.
- A member had a negative retinal or dilated eye exam by an eye care professional in the year prior to the measurement year, 2022. The purpose of this measure is to ensure that members with evidence of any type of retinopathy have an eye exam each year, while members who remain free of retinopathy may be screened every other year.
- A member with bilateral eye enucleation is considered meeting compliance. 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.

EED – Eye exam for patients with diabetes continued



Exclusions:

- Members in hospice or using hospice services anytime during the measurement year
- Members receiving palliative care during the measurement year
- Members who died any time during the measurement year
- Members who do not have a diagnosis of diabetes during MY2023 or MY2022 **AND** who had a diagnosis of PCOS, gestational diabetes or steroid-induced diabetes during MY2023 or MY2022

The exclusions for the EED measure are the same as the previously listed exclusions for the HBD and BPD measures, and these can be seen on this slide for your reference.

Utilizing CPT Category II codes to share data with Mercy Care

Eye exam preformed	
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)

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Here, we can see the CPT Category II codes utilized for Eye exams.

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.

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 creatinine test with service dates four days or fewer apart, or
- ✓ An uACR

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Now, we will discuss the administrative **ONLY** measures. As noted earlier, we will **NOT** be requesting medical records for these measures from your offices. The data collected for these measures will rely on claims and pharmacy data and supplemental data for evidence of compliance. The first of the two administrative measures is KED, or Kidney Health Evaluation for patients with diabetes. The description for KED is the percentage of members with type 1 or type 2 diabetes between 18 and 85 years of age who received a kidney health evaluation during the measurement year. A kidney health evaluation is evidenced by a member having both an estimated glomerular filtration rate (eGFR), **AND** a urine albumin-creatinine ratio (uACR), during the measurement year on the same or different dates of service.

Compliance for the eGFR is met by the member having at least one eGFR blood test in the measurement year (2023). Compliance for the uACR is met when the member has **both** a quantitative urine albumin test **AND** a urine creatinine test with service dates four or fewer days apart **OR** a uACR test. As an example, if the service date for the quantitative urine albumin test was December 1 of the measurement year, then the urine creatinine test must have a service date on or between November 27 and December 5th of the measurement year.

KED – Kidney Health Evaluation for patients with diabetes continued



Exclusions for members:

- With evidence of ESRD or dialysis any time during the member’s history on or prior to December 31 of the measurement year
- In hospice or using hospice services anytime during the measurement year
- Receiving palliative care during the measurement year
- Who died any time during the measurement year
- Who don’t have a diabetes diagnosis during MY2023 or MY2022 **AND** who had a diagnosis of PCOS, gestational diabetes or steroid-induced diabetes during MY2023 or MY2022

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Exclusions for this measure include :

- Members with evidence of End Stage Renal Disease or dialysis any time during the member’s history on or prior to December 31 of 2023
- Members in hospice, using hospice services, or receiving palliative care during the measurement year
- Members who died any time during the measurement year, which has been added as an additional exclusion this year and
- Members who did NOT have a diabetes diagnosis in 2023 or 2022, AND who had a diagnosis of PCOS, gestational diabetes, or steroid-induced diabetes in the current or prior measurement year, which has also been added as a required exclusion this 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 MY2023 with diabetes who do not have ASCVD who meet 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

SPD, or Statin Therapy for patients with diabetes is the second administrative ONLY measure. 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) who meet the following criteria: They have received at least one statin medication of any intensity during 2023 and they have remained on a statin medication of any intensity for at least 80% of the treatment period.

The treatment period is calculated by the earliest prescription dispensing date during the measurement year through December 31 of 2023. Adherence is defined by the total of the prescription day supply divided by the number of days in the treatment period.

SPD – Statin Therapy for patients with diabetes continued



Exclusions

- Members with cardiovascular disease
- Members with a diagnosis of pregnancy or evidence of IVF
- Members with evidence of myalgia, myositis, myopathy or rhabdomyolysis
- Members with evidence of ESRD or dialysis
- Members dispensed at least one prescription for Estrogen Agonists (Clomiphene)
- Members in hospice, using hospice services, or receiving palliative care
- Members without a diabetes diagnosis during MY2023 or MY2022 AND who had a diagnosis of PCOS, gestational diabetes or steroid-induced diabetes during MY2023 or MY2022
- Members with evidence of Cirrhosis
- Members who died any time during the measurement year

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Members can be excluded from the SPD measure for many reasons that are listed. These include having cardiovascular disease, members with a diagnosis of pregnancy or evidence of in vitro fertilization, and members with evidence of muscular conditions such as myalgia, myositis, myopathy, or rhabdomyolysis. Additionally, having evidence of end stage renal disease or dialysis, members prescribed Clomiphene, an estrogen agonist during 2023 or 2022, and members in hospice, using hospice services, or receiving palliative care are also excluded from this measure. Last, members who did NOT have a diabetes diagnosis in 2023 or 2022, AND who had a diagnosis of PCOS, gestational diabetes, or steroid-induced diabetes in the current or prior measurement year, members with cirrhosis, and members who died anytime during the measurement year are also required exclusions.

SPD does not have any associated CPT category II codes because they are 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	

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I have included a list of statin medications, listed from high to low intensity, for your reference.

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 2023 Medication List Directory.

As mentioned, the 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 Mercy Care website; the link will be embedded in this PowerPoint for reference. For a complete NCQA approved med list, visit: www.ncqa.org/ and search under HEDIS Technical Resources for the Measurement Year 2023 Medication List Directory, which is available free of charge.

Biannual Diabetes Management Report

MC/MCA Diabetes Management Project

Diabetes Profile -
Diagnostic services for members enrolled in MC/MCA as of 06/06/2023

Provider Name [Redacted] Address [Redacted]

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

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Finally, we will discuss an outreach conducted by Mercy Care for providers called the “Diabetes Management Report”.

In order to capture claims more appropriately, this report now goes out twice a year. Mercy Care sends the Diabetes Management Report 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.

Contact information



Kathy Rabulinski RN, MAS, HC Quality HEDIS PM

RabulinskiK@mercycaresaz.org

C: 480-815-3102

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This concludes the webinar of Caring for Patients with Diabetes. My contact information is listed here and please feel free to reach out to me if you have any follow up questions.

Thank you for attending

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Thank you

