

REFERENCE GUIDE PURPOSE:

The purpose of this Reference Guide is to outline the process for documenting Quality HEDIS measures within the Cardiovascular Conditions and Diabetes HEDIS sub-domains. This reference guide includes documentation for the following measures, Controlling High Blood Pressure, Hemoglobin A1c Control for Patients With Diabetes, Blood Pressure Control for Patients With Diabetes, Eye Exam for Patients With Diabetes, and Kidney Health Evaluation for Patients With Diabetes.

DEFINITIONS & ACRONYMS:

- HEDIS: Health Effectiveness Data and Information Set
- MY: Measurement Year
- Measurement Year: The audit year in which quality measure data is collected from.
- DOS: Date of Service
- Date of Service: The date a rendered service was provided.
- Ongoing Care Providers: Clinicians who manage the member's ongoing care, such as: NP, PA, MD, DO
- Clinical Staff: LPN, RN
- Non-clinical staff: Non licensure holding staff including, but not limited to health information management specialist, health outreach workers, etc.
- Qualifying Event: Specified event, such as diagnosis code, event code, etc. as detailed per measure, that will count towards a member's compliance.
- Measure Cohort: All the details which create a measure, be it a specific set of diagnosis, an age range, or other parameters which are defined to calculate a measure population.
- Denominator: All members with qualifying events defined by a measure cohort to make them a part of the eligible population.
- Numerator: All the members within a specified measure denominator that have had a qualifying event such as diagnosis code, event code, or whatever is detailed in the measure that shows the member has had a qualifying event to be counted as having the service of interest.
- Numerator Compliant member: A member with a qualifying event for a measure.
- Administrative Data: Transaction data, or other administrative data used to identify the eligible population and numerator. This information includes both claims and other transaction data, as well as supplemental data.
- Supplemental Data: Data used to capture missing service data not received through administrative sources (claims or encounters) or by standard electronically generated files from the service providers.
- Hybrid Data: Medical record data used to identify eligible numerator events.
- Transaction Data: Data that is created and updated within operational systems, which collects information related to intake, service, diagnostic testing, procedures, purchasing, billing, accounts receivable and accounts payable. Can be from claims, EMR data exports, etc.



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Controlling Blood Pressure (CBP)

Measure Member Cohort Age Range: 18-75 years of age

Measure Lookback: 1 year

Description: The percentage of members whose last BP during the MY was controlled (<140/<90)

Intent: Controlling high blood pressure is an important step in preventing heart attacks, stroke, and kidney disease.

Virtual or telephone visits are accepted for this measure.

WHAT DOES HEDIS REQUIRE AND BY WHOM?

Credentials	Documentation Requirement
Clinical staff, ongoing care provider	Blood pressure reading <140/90, the lowest systolic and diastolic taken during a visit (Can collect multiple readings and use the lowest systolic and diastolic values from the same visit)
Non-clinical staff, clinical staff, ongoing care provider	Member reported blood pressure, home reading taken by a digital device (Manual cuff readings taken by member is not compliant), average BP

EXAMPLES OF HOW TO DOCUMENT AND WHERE.

Visit Information	Electronic Health Record <ul style="list-style-type: none"> - Defined Structed Data Location <ul style="list-style-type: none"> o Vitals Section <ul style="list-style-type: none"> ▪ Blood pressure reading <ul style="list-style-type: none"> • Systolic Reading • Diastolic Reading
Report Information	Electronic Health Record <ul style="list-style-type: none"> - Defined Structed Data Location <ul style="list-style-type: none"> o HPI Section <ul style="list-style-type: none"> ▪ Date member reported BP collected ▪ Blood pressure reading <ul style="list-style-type: none"> • Systolic Reading • Diastolic Reading

Hemoglobin A1c Control for Patients With Diabetes (HBD)

Measure Member Cohort Age Range: 18-75 years of age

Measure Lookback: 1 year

Description: The percentage of members who had a diagnosis of diabetes and who had a Hemoglobin A1c test during the MY and a result <9

Intent: Diabetes is a complex of disease evidenced by high blood glucose due to the body's inability to make or use insulin. Proper diabetes management is essential to control blood glucose, reduce risk for complications and prolong life.

Virtual or telephone visits are not acceptable to complete a A1c lab tests, however virtual or telephone visits are acceptable to collect member reported information about previously completed A1c lab tests and results.

WHAT DOES HEDIS REQUIRE AND BY WHOM?

Credentials	Documentation Requirement
Ongoing care provider	Hemoglobin A1c Test, Collection Date, and Result <9
Non-clinical staff, clinical staff, ongoing care provider	A1c lab report uploaded into the legal health record.

EXAMPLES OF HOW TO DOCUMENT AND WHERE.

Visit Information	Electronic Health Record <ul style="list-style-type: none"> - Defined Structed Data Location <ul style="list-style-type: none"> o HPI <ul style="list-style-type: none"> ▪ Hemoglobin A1c <ul style="list-style-type: none"> • Collection Date • Result
Report Information	Electronic Health Record <ul style="list-style-type: none"> - Defined Folder <ul style="list-style-type: none"> o Labs <ul style="list-style-type: none"> ▪ Defined Document Naming Convention <ul style="list-style-type: none"> • A1c <ul style="list-style-type: none"> o Collection Date o Result

Blood Pressure Control for Patients With Diabetes (BPD)

Measure Member Cohort Age Range: 18-75 years of age

Measure Lookback: 1 year

Description: The percentage of members 18-75 y/o who had a diagnosis of diabetes and whose latest BP during the MY was controlled (<140/<90)

Intent: Diabetes is a complex of disease evidenced by high blood glucose due to the body's inability to make or use insulin. Proper diabetes management is essential to control blood glucose, reduce risk for complications and prolong life.

Virtual or telephone visits are accepted for this measure.

WHAT DOES HEDIS REQUIRE AND BY WHOM?

Credentials	Documentation Requirement
Clinical staff, ongoing care provider	Blood pressure reading <140/90, the lowest systolic and diastolic taken during a visit
Non-clinical staff, clinical staff, ongoing care provider	Member reported blood pressure, home reading taken by a digital device (Manual cuff readings taken by member is not compliant), average BP

EXAMPLES OF HOW TO DOCUMENT AND WHERE.

Visit Information	Electronic Health Record <ul style="list-style-type: none"> - Defined Structed Data Location <ul style="list-style-type: none"> o Vitals Section <ul style="list-style-type: none"> ▪ Blood pressure reading <ul style="list-style-type: none"> • Systolic Reading • Diastolic Reading
Member Reported Information	Electronic Health Record <ul style="list-style-type: none"> - Defined Structed Data Location <ul style="list-style-type: none"> o HPI Section <ul style="list-style-type: none"> ▪ Date member reported BP collected ▪ Blood pressure reading <ul style="list-style-type: none"> • Systolic Reading • Diastolic Reading

Eye Exam for Patients With Diabetes (EED)

Measure Member Cohort Age Range: 18-75 years of age

Measure Lookback:

1 Year	2 Years
Retinopathy or unknown result of retinopathy	No Retinopathy

Description: The percentage of members who had a retinal eye exam during MY or prior year if negative for retinopathy.

Intent: Diabetes is a complex of disease evidenced by high blood glucose due to the body's inability to make or use insulin. Proper diabetes management is essential to control blood glucose, reduce risk for complications and prolong life.

Virtual or telephone visits are not acceptable to complete an Eye Exam, however virtual or telephone visits are acceptable to collect member reported information about previously completed Eye Exams.

WHAT DOES HEDIS REQUIRE AND BY WHOM?

Credentials	Documentation Requirement
Non-clinical staff, clinical staff, ongoing care provider	Retinal eye exam report, with findings of retinopathy *Results must be read and interpreted by an Ophthalmologist, Optometrist, qualified reading center which operates under the direct supervision of a medical director who is a retinal specialist, or by a system that provides artificial intelligence (AI) interpretation

EXAMPLES OF HOW TO DOCUMENT AND WHERE.

Report Information	Electronic Health Record <ul style="list-style-type: none"> - Defined Folder <ul style="list-style-type: none"> o Diagnostic Imaging Folder <ul style="list-style-type: none"> ▪ Defined Document Naming Convention <ul style="list-style-type: none"> • MM DD YYYY Eye Exam
Report Information	Electronic Health Record <ul style="list-style-type: none"> - Defined Folder <ul style="list-style-type: none"> o Consultation Notes <ul style="list-style-type: none"> ▪ Defined Document Naming Convention <ul style="list-style-type: none"> • MM DD YYYY Ophthalmology

Kidney Health Evaluation for Patients with Diabetes (KED)

Measure Member Cohort Age Range: 18-85 years of age

Measure Lookback: 1 year

Description: The percentage of members 18-85 y/o with diabetes who received a kidney health evaluation.

Intent: Diabetes is a complex group of diseases marked by high blood glucose due to the body's inability to make or use insulin. Proper diabetes management is essential to control blood glucose, reduce risk for complications and prolong life.

Virtual or telephone visits are not acceptable to complete eGFR and uACR lab tests, however virtual or telephone visits are acceptable to collect member reported information about previously completed eGFR and uACR lab tests.

WHAT DOES HEDIS REQUIRE AND BY WHOM?

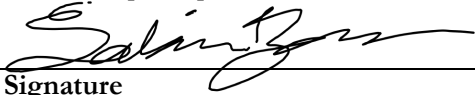
Credentials	Documentation Requirements
	Both tests are required
Non-clinical staff, clinical staff, ongoing care provider	Estimated glomerular filtration rate (eGFR) lab report
Non-clinical staff, clinical staff, ongoing care provider	Urine albumin-creatinine ratio (uACR) (Urine dipstick with albumin/creatinine evaluation meets requirements) lab report (For Urinalysis with creatinine and Urinalysis with quantitative albumin, both tests are required)

EXAMPLES OF HOW TO DOCUMENT AND WHERE.

Report Information	Electronic Health Record <ul style="list-style-type: none"> - Defined Folder <ul style="list-style-type: none"> o Labs <ul style="list-style-type: none"> ▪ Defined Document Naming Convention <ul style="list-style-type: none"> • eGFR Test (*also included in Metabolic panel with eGFR) <ul style="list-style-type: none"> o Collection Date
Report Information	Electronic Health Record <ul style="list-style-type: none"> - Defined Folder <ul style="list-style-type: none"> o Labs <ul style="list-style-type: none"> ▪ Defined Document Naming Convention <ul style="list-style-type: none"> • <u>Urinalysis with creatinine</u> <ul style="list-style-type: none"> o Collection Date <ul style="list-style-type: none"> ▪ Result • <u>Urinalysis with quantitative albumin</u> <ul style="list-style-type: none"> o Collection Date <ul style="list-style-type: none"> ▪ Result <p>Both tests must be within 4 days of each other to meet compliance</p>

RELATED DOCUMENTS:

APPROVALS:

Sabrina N Zecher	Manager, HEDIS
CCA SUBJECT MATTER EXPERT [Print]	Title [Print]
	12/01/2021
Signature	Date