

- Albuminuria.
- Renal dysfunction.
- Acute renal failure (ARF).
- Dialysis, hemodialysis or peritoneal dialysis.
- Evidence of ACE inhibitor/ARB therapy. Documentation in the medical record must include evidence that the member received ACE inhibitor/ARB therapy during the measurement year. Any of the following meet criteria:
 - Documentation that a prescription for an ACE inhibitor/ARB was written during the measurement year.
 - Documentation that a prescription for an ACE inhibitor/ARB was filled during the measurement year.
 - Documentation that the member took an ACE inhibitor/ARB during the measurement year.

BP Control <140/90 mm Hg The *most recent* BP level (taken during the measurement year) is <140/90 mm Hg, as documented through administrative data or medical record review.

Administrative Refer to *Administrative Specification* to identify positive numerator hits from administrative data.

Medical record The organization should use the medical record from which it abstracts data for the other CDC indicators. If the organization does not abstract for other indicators, it should use the medical record of the provider that manages the member's diabetes. If that medical record does not contain a BP, the organization may use the medical record of another PCP or specialist from whom the member receives care.

Identify the most recent BP reading noted during the measurement year. Do not include BP readings that meet the following criteria:

- Taken during an acute inpatient stay or an 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 the test or procedure, with the exception of fasting blood tests.
- Reported by or taken by the member.

BP readings from remote monitoring devices that are digitally stored and transmitted to the provider may be included. There must be documentation in the medical record that clearly states the reading was taken by an electronic device, and results were digitally stored and transmitted to the provider, and interpreted by the provider.

Note: Member-reported results to the provider from a remote monitoring device are not acceptable.

Identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record. If multiple readings were recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading.

The member is not numerator compliant if the BP does not meet the specified threshold or is missing, or if there is no BP reading during the measurement year or if the reading is incomplete (i.e., the systolic or diastolic level is missing).

Exclusions (optional)

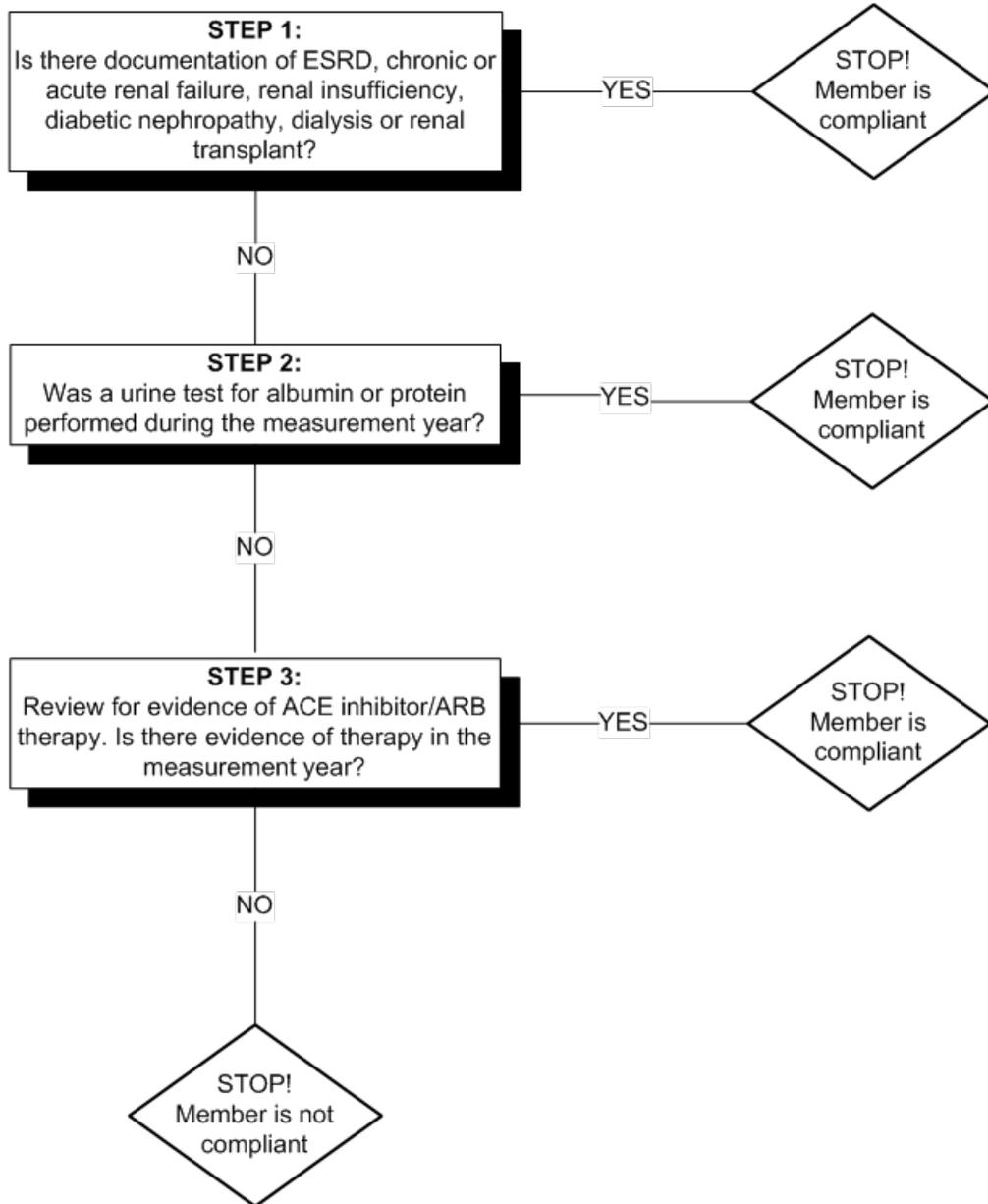
Refer to *Administrative Specification* for exclusion criteria. Identify members who did not have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year, **and** who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.

Note

- Organizations may select a data collection method (Administrative vs. Hybrid) at the indicator level, but the method used for HbA1c testing and control rates must be consistent.
- 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.
- To facilitate HEDIS reporting the denominator for all rates ~~(with the exception of the HbA1c Control (<7.0%) for a Selected Population)~~ must be the same. While an eye exam is not possible, services measured in the other indicators are important for members with bilateral eye enucleation. For these reasons bilateral eye enucleation is considered a numerator hit (rather than an optional exclusion).
- Hypertensive retinopathy is not handled differently from diabetic retinopathy when reporting the Eye Exam indicator; for example, an eye exam documented as positive for hypertensive retinopathy is counted as positive for diabetic retinopathy and an eye exam documented as negative for hypertensive retinopathy is counted as negative for diabetic retinopathy. The intent of the Eye Exam indicator is to ensure that members with evidence of any type of retinopathy have an eye exam annually, while members who remain free of retinopathy (i.e., the retinal exam was negative for retinopathy) are screened every other year.
- If a combination of administrative, supplemental or hybrid data are used, the most recent result must be used, regardless of data source, for the indicators that require use of the most recent result.
- If an organization chooses to apply the optional exclusions, members must be numerator negative for at least one indicator, with the exception of HbA1c Poor Control (>9%). Remove members from the eligible population who are numerator negative for any indicator (other than for HbA1c Poor Control [>9%]) and substitute members from the oversample. Do not exclude members who are numerator compliant for all indicators except HbA1c Poor Control (>9%), because a lower rate indicates better performance for this indicator.
- When excluding BP readings from the BP Control <140/90 mm Hg indicator, the intent is to identify diagnostic or therapeutic procedures that require a medication regimen, a change in diet or a change in medication. For example (this list is just for reference, and is not exhaustive):
 - A colonoscopy requires a change in diet (NPO on the day of procedure) and a medication change (a medication is taken to prep the colon).
 - Dialysis, infusions and chemotherapy (including oral chemotherapy) are all therapeutic procedures that require a medication regimen.
 - A nebulizer treatment with albuterol is considered a therapeutic procedure that requires a medication regimen (the albuterol).
 - A patient forgetting to take regular medications on the day of the procedure is not considered a required change in medication, and therefore the BP reading is eligible.

- *BP readings taken on the same day that the patient receives a common low-intensity or preventive procedure are eligible for use. For example, the following procedures are considered common low-intensity or preventive procedures (this list is just for reference, and is not exhaustive):*
 - *Vaccinations.*
 - *Injections (e.g., allergy, vitamin B-12, insulin, steroid, toradol, Depo-Provera, testosterone, lidocaine).*
 - *TB test.*
 - *IUD insertion.*
 - *Eye exam with dilating agents.*
 - *Wart or mole removal.*

Monitoring for Nephropathy



Data Elements for Reporting

Organizations that submit HEDIS data to NCQA must provide the following data elements.

Table CDC-1/2/3: Data Elements for Comprehensive Diabetes Care

	Administrative	Hybrid
Measurement year	✓	✓
Data collection methodology (Administrative or Hybrid)	Each of the 7 6 rates	Each of the 7 6 rates
Eligible population with required exclusions applied	Each of the 7 6 rates	Each of the 7 6 rates
Number of numerator events by administrative data in eligible population (before optional exclusions)		Each of the 7 6 rates
Current year's administrative rate (before optional exclusions)		Each of the 7 6 rates
Minimum required sample size (MRSS)		Each of the 7 6 rates
Oversampling rate		Each of the 7 6 rates
Number of oversample records		Each of the 7 6 rates
Number of numerator events by administrative data in MRSS		Each of the 7 6 rates
Administrative rate on MRSS		Each of the 7 6 rates
Number of medical records excluded because of valid data errors		Each of the 7 6 rates
Number of optional administrative data records excluded		Each of the 7 6 rates
Number of optional medical records excluded		Each of the 7 6 rates
Number of employee/dependent medical records excluded		Each of the 7 6 rates
Number of HbA1c <7 required medical records excluded		HbA1c <7 Rate
Number of HbA1c <7 required administrative data records excluded		HbA1c <7 Rate
Records added from the oversample list		Each of the 7 6 rates
Denominator		Each of the 7 6 rates
Numerator events by administrative data	Each of the 7 6 rates	Each of the 7 6 rates
Numerator events by medical records		Each of the 7 6 rates
Numerator events by supplemental data	Each of the 7 6 rates	Each of the 7 6 rates
Reported rate	Each of the 7 6 rates	Each of the 7 6 rates

Table CDC-3-B: Data Elements for Comprehensive Diabetes Care: Eye Exam (Medicare SES Stratifications only. Report the Total Medicare population in Table CDC-1/2/3)

	Administrative	Hybrid
Eligible population	<i>Each of the 6 stratifications</i>	<i>Each of the 6 stratifications</i>
Denominator		<i>Each of the 6 stratifications</i>
Numerator events by administrative data	<i>Each of the 6 stratifications</i>	<i>Each of the 6 stratifications</i>
Numerator events by medical records		<i>Each of the 6 stratifications</i>
Numerator events by supplemental data	<i>Each of the 6 stratifications</i>	<i>Each of the 6 stratifications</i>
Reported rate	<i>Each of the 6 stratifications</i>	<i>Each of the 6 stratifications</i>