

Quality Provider Program 2024 Performance Measures

NEPHROLOGY



Select
Health

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** Intake and measurement periods are defined as follows for each measure:

- Intake Period: The time period when a new member can be identified for inclusion in the denominator
- Measurement Period: The time period wherein data is evaluated for compliance to measure

Diabetes Care

Description	<p>The percentage of members ages 18 to 75 with diabetes (type 1 or type 2)* who had the following:</p> <ul style="list-style-type: none"> • Hemoglobin A1c (HbA1c) testing in control • Retinal eye exam performed • Blood pressure (BP) level in control <p>NOTE: The listed measures are evaluated and scored separately.</p>
Denominator	Members ages 18 to 75 who have been identified as having diabetes (type 1 or type 2) through the use of claim/encounter data and pharmacy data
Numerator	<p>Members in the denominator who had one of the following during the current measurement year:</p> <ul style="list-style-type: none"> • Hemoglobin A1c <8% (most recent HbA1c test) • A retinal eye exam performed by an eye care professional** OR a negative retinal eye exam performed in 2023 • Blood pressure <140/90 mm Hg (most recent BP level)
Intake/Measurement Period	January 1 through December 31 of the measurement year
Exclusions	<p>Members who:</p> <ul style="list-style-type: none"> • Are enrolled in hospice or palliative care any time during the measurement year • Have been prescribed dementia medication • Died any time during the measurement year • Have no diabetes diagnosis in the measurement year or year prior; but have a polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes diagnosis <p>Medicare members 66 years and older who:</p> <ul style="list-style-type: none"> • Enrolled in an I-SNP or lived in a long-term institution any time during the measurement year • Have claim-based proof of frailty and advanced illness during the measurement year
Corrections Allowed	<p>“A1c results are available.”</p> <p>“Patient had a diabetic eye exam.”</p> <p>“Patient does not have diabetes.”***</p>

* A diagnosis of prediabetes does not place the member in the diabetes measure unless there is a diagnosis of R73.03 along with any diabetes medication management, which will then include them in the measure.

** To be compliant, a retinal exam performed during the measurement year must include the result and evidence that result was read or reviewed by an eye care professional; for abnormal retinal eye exams, diabetes eye exams must be repeated annually. An eye exam with result documented as “unknown” does not meet criteria.

*** This correction can be made with complete documentation signed by MD or DO proving incorrect diagnosis as follows:

- The provider has documented that the member no longer has diabetes in the medical record (must provide complete documentation signed by MD or DO proving incorrect diagnosis).
- The medical record documentation substantiates off-label use of diabetes medications (e.g., diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes), and the health plan can verify the member has no history of diabetes in the billing codes. The medical record documentation with a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes without another diagnosis of diabetes.

Diabetes Care: Kidney Health Evaluation

Description	The percentage of members ages 18-85 with diabetes (type 1 or type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ration (uACR), during the measurement year
Denominator	Members 18 to 85 who have been identified as having diabetes (type 1 or type 2) through the use of claim/encounter data and pharmacy data
Numerator	Members who received at least one eGFR (blood test) and one uACR* (urine test) during the measurement year on the same or different dates of service
Intake/Measurement Period	January 1 through December 31 of the measurement year
Exclusions	<p>Members who:</p> <ul style="list-style-type: none"> • Are diagnosed with ESRD or put on dialysis by the end of the measurement year • Are enrolled in hospice or palliative care any time during the measurement year • Have been prescribed dementia medication • Died any time during the measurement year • Did not have a diagnosis of diabetes in the measurement year or year prior • Have a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes <p>Medicare members 66 years and older who:</p> <ul style="list-style-type: none"> • Enrolled in an I-SNP or living in a long-term institution any time during the measurement year • Have claim-based proof of frailty and advanced illness during the measurement year • Have at least two indications of frailty on different dates of service during the measurement year (Applies to members 81 years of age and older as of end of the measurement year)
Corrections Allowed	<ul style="list-style-type: none"> • "Patient does not have diabetes."** • "Patient completed an eGFR, urine albumin, and urine creatinine."***

* uACR is identified by the uACR LOINC billing codes OR by LOINC codes for a quantitative urine albumin and a urine creatinine test with service dates four or less dates apart.

** This correction can be made with complete documentation signed by MD or DO proving incorrect diagnosis as follows:

- The provider has documented that the member no longer has diabetes in the medical record (must provide complete documentation signed by MD or DO proving incorrect diagnosis).
- The medical record documentation substantiates off-label use of diabetes medications (e.g., diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes), and the health plan can verify the member has no history of diabetes in the billing codes..
- The medical record documentation indicates a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes without another diagnosis of diabetes.

*** Each missing component must be entered in as a separate correction. If both the urine albumin and urine creatinine is missing, only one uARC correction is required.

Hypertension: Controlling High Blood Pressure

Description	The percentage of members ages 18 to 85 with hypertension (HTN) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg)
Denominator	Members ages 18 to 85 who had at least two outpatient, telephone, or virtual check-in visits on different dates of service with a diagnosis of hypertension through the use of claim/ encounter data
Numerator	Members in the denominator whose most recent BP level reading is in control (BP is <140/90 mm Hg); NOTES: <ul style="list-style-type: none"> The BP reading must occur on or after the date of the second diagnosis of hypertension (identified using the event/diagnosis criteria). Access the information at the bottom of the page to use CPT Category II codes to capture numerator compliance
Intake/Measurement Periods	January 1 through December 31 of the measurement year
Exclusions	<p>Members who:</p> <ul style="list-style-type: none"> Had ESRD or dialysis by the end of the measurement year Have ESRD, dialysis, nephrectomy, or kidney transplant Are enrolled in hospice or palliative care any time during the measurement year Did not have a diabetes diagnosis in the measurement year or year prior who have a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes Have been prescribed dementia medication Died any time during the measurement year Have a diagnosis of pregnancy Had a nonacute inpatient admission <p>Medicare members (66 and older) who:</p> <ul style="list-style-type: none"> Are enrolled in an I-SNP or living in a long-term institution any time during the measurement year Have claim-based proof of frailty and advanced illness during the measurement year Had at least two indications of frailty on different dates of service during the measurement year (Applies to members 81 years of age and older, as of the end of the measurement year)

USING CPT CATEGORY II CODES

Diastolic Blood Pressure	3078F	Most recent diastolic blood pressure less than 80 mm Hg
	3079F	Most recent diastolic blood pressure 80–89 mm Hg
	3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg
Systolic Blood Pressure	3074F	Most recent systolic blood pressure less than 130 mm Hg
	3075F	Most recent systolic blood pressure 130–139 mm Hg
	3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg

Notes
