Comprehensive Diabetes Care — Medical Attention for Nephropathy

Star Measure 2021

Topic	Explanation
Measure Type	Static Star Measure
Description of the Measure	The percentage of adult diabetic members who had medical attention for nephropathy in the measurement year.
Eligible Population	Diabetic members age 18–75 years as of December 31 of the measurement year who were identified as diabetic using the following criteria: • Pharmacy data — Members who were dispensed insulin or hypoglycemic/antihyperglycemics during the measurement year or year prior to the measurement year on an ambulatory basis. – Regardless of usage, diabetic medications when used to treat a condition other than diabetes, will cause the member to fall into the diabetes denominator. Example as prescribing Victoza® for weight loss. OR • Claim encounter data — Members who had: – At least two outpatient settings including outpatient visits, observation visits, telephone visits, e-visits or virtual check-ins, ED visits, or non-acute inpatient encounters (without telehealth) on different dates of service with a diagnosis of diabetes, during the measurement year or year prior to the measurement year. Visit type need not be the same for the two visits. – At least one encounter in an acute inpatient setting, with diagnosis of diabetes, during the measurement year or the year prior to the measurement year. • Members are indentified as diabetic by medical claims and pharmacy claims data as described above. – If you believe a member may be erroneously identified as a diabetic through submitted medical claims diagnosis coding, then document in the member's medical record that the member is not diabetic and identify claims that have been erroneously coded to replace and remove the incorrect diagnosis. Members will remain in the eligible population until claims data identifying them as diabetic are no longer in member claim history for measurement year and year prior. **Exclusions:** • Members who were dispensed Glucophage®/metformin when used as monotherapy are not included because it is used to treat conditions other than diabetes. • Members who did not have a diagnosis of diabetes, in any setting, and who had a diagnosis of gestational or steroid-induced diabetes, in any setting, during measurement year or the year prior to the measurement year. • Diagnosis of polycystic ovarian syndrome during the measurement year or the year prior to the measurement year.

Topic	Explanation
Eligible Population (continued)	• **Advanced Illness and Frailty:** Members 66 years of age and older as of Dec 31st of the measurement year with frailty AND advanced illness diagnoses (exclusions applied based on processed claims data only). • Members receiving palliative care (as defined by the HEDIS value sets) during the measurement year.
Compliant Member	Diabetic members are considered to be compliant with this measure if there is: • Evidence of nephropathy in the measurement year: – A claim/encounter with a code to indicate evidence of treatment for nephropathy. – A nephrologist visit during the measurement year identified by Highmark specialty provider codes (no restriction on the diagnosis or procedure code submitted). – Evidence of renal transplant. **OR** • Evidence of ACE inhibitor or ARB therapy in the measurement year. – Pharmacy claim as evidence of a dispensed ambulatory prescription for ACE or ARB therapy. – Documentation in medical record of ACE or ARB therapy during the measurement year (Submit 4010F via claims). – For a complete list of National Drug Codes that will meet compliance, please visit: **https://www.ncqa.org/hedis/measures** **OR** • A nephropathy screening or monitoring test during the measurement year.
How to Submit to Highmark Inc.	• Submit lab claim for a urinalysis that includes microalbumin (CPT® code: 81000, 81001, 81002, 81003 and 81005, 82042, 82043, 82044, 84156). **OR** • Submit CPT II codes during the measurement year to identify nephropathy screening tests or therapy: – 3060F — Positive microalbumin test result (30–300). – 3061F — Negative microalbumin test documented and reviewed (< 30). – 3062F — Positive macroalbumin test result documented and reviewed. – 3066F — Receiving dialysis, treatment for ESRD, CRF, ARF, or renal insufficiency, and any visit to a nephrologist. – 4010F — ACE inhibitor/ARB therapy. • Submit proof of screening or therapy via the Clinical Quality Feedback Loop only if not captured by Highmark claims. Allow at least 45 days for claims to process before submitting through the CQF Loop.

Topic	Explanation
Best Practices	• Identify non-compliant patients and provide order for testing to allow for completion and claim submission during the measurement year. • Review chart to find documentation for numerator compliance — submit via Clinical Quality Feedback Loop. • Evidence of compliance — documentation of medical attention for any of the following: diabetic nephropathy, ESRD, CRF, renal insufficiency, proteinuria, albuminuria, renal dysfunction, ARF chronic kidney disease, dialysis, hemodialysis, or peritoneal dialysis. • Review recent hospitalizations within the measurement year for evidence of a urine protein screen while member was in the inpatient setting. Services billed during an inpatient setting will typically be billed in a bundle format and may not be coded for numerator capture. • Obtain urine specimen in office and submit appropriate CPT code for lab service (can be sent to lab for analysis). • Refer patient to a nephrologist. • Provide ongoing outreach to non-compliant patients. • For ACE inhibitor/ARB therapy consider effective but low cost treatment options that are on Tier 1 of the Highmark Medicare Part D formularies. • Review quarterly Suspicious Diagnosis Report for members meeting the eligibility for denominator inclusion by way of a questionable diagnosis, e.g., an inpatient diagnosis for diabetes, with no previous or follow-up diabetes diagnosis. • Utilize Highmark's predesigned member letter templates and other informational resources that are located on the Provider Resource Center. • Be proactive. Evaluate practice processes for opportunities to close gaps every time the patient is seen rather than reacting to gap closure reports.

Key Additional Resources

Additional information can be found on the Provider Resource Center under Value-Based Reimbursement Programs Overview, in the Medicare Advantage Stars section.

Information on formulary medications and Utilization Management restrictions can be found in the Pharmacy Program/ Formularies section on the Provider Resource Center.