



HEDIS[®] Lunch and Learn

September 2023

Diabetes



Sherry Griffith RN, BSN

Diabetes

Hemoglobin A1c Control for Patients with Diabetes (HBD)



Hemoglobin A1c Control for Patients with Diabetes (HBD)

Members 18-75 years of age in the measurement year with a diagnosis of diabetes (Type 1 and Type 2) whose hemoglobin A1c was:

- HbA1c control <8.0%

Must be **most recent A1c** in measurement year.

Hybrid
methodology

Chart review
allowed

However,...coding!

Hemoglobin A1c Control for Patients with Diabetes (HBD) Coding

HbA1c Test

CPT: 83036, 83037

HbA1c Results – can decrease chart review!

CPT-CAT- II: 3044F, 3046F, 3051F, 3052F

3044F	3051F	3052F	3046F
<7	7.0 – 7.9	8.0 -9.0	>9

Blood Pressure Control for Patients with Diabetes (BPD)



Blood Pressure Control for Patients with Diabetes (BPD)

Members 18-75 years of age in the measurement year with a diagnosis of diabetes (Type 1 or Type 2) whose blood pressure was:

- Adequately controlled (<140/<90 mm Hg) during the measurement year

Must be **most recent** of measurement year.

Systolic AND diastolic MUST be below the thresholds (less than 140 and less than 90) to be considered compliant.

Hybrid
methodology

Chart review
allowed

However,...
coding!

Blood Pressure Control for Patients with Diabetes (BPD) Coding

CPT-CAT-II: - Can decrease chart review!

Systolic:

- **3074F** – Most recent systolic BP less than 130
- **3075F** – Most recent systolic BP 130-139
- **3077F** – Most recent systolic BP greater than or equal to 140

Diastolic:

- **3078F** – Most recent diastolic BP less than 80
- **3079F** – Most recent diastolic BP 80-89
- **3080F** – Most recent diastolic BP greater than or equal to 90

***Please bill one code each for systolic and diastolic**

Eye Exam for Patients with Diabetes (EED)

Eye Exam for Patients with Diabetes (EED)

Members 18-75 years of age in the measurement year with a diagnosis of diabetes (Type 1 or Type 2) who had:

- A retinal or dilated eye exam performed or interpreted by an eye care professional (optometrist or ophthalmologist) in the measurement year
- A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year.

**Hybrid
methodology**

**Chart review
allowed...for now!**

***However,...*
coding!**

**(MY 2024 or MY 2025
possibly no longer
hybrid)**



Eye Exam for Patients with Diabetes (EED) Coding

Eye Exam with Eye Care Professional:

CPT:67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202 , 92227-92229, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245

HCPCS: S0620, S0621, S3000

Eye Exam billed by ANY Provider

CPT-CAT-II: 2022F-2026F, 2033F, 3072F

Provider Incentives Program:



All PCPs—Encourage targeted members to obtain a diabetic eye exam with an eye care provider. For each claim we receive for this service performed on your targeted patients, you will receive **\$25**.

Statin Therapy for Patients with Diabetes (SPC)



Statin Therapy for Patients with Diabetes (SPD)

Who is in the measure (denominator)?

- Members aged 40 – 75 as of 12/31
- Diagnosis of diabetes (Type 1 or Type 2)
- **Continuous Enrollment** – MY + year prior to MY

What makes the member compliant (numerator)?

1. **Received Statin Therapy** - Dispensed at least one statin medication (of any intensity) during the MY
2. **Statin Adherence 80%** - Remained on statin medication for at least 80% of treatment period
 - Treatment period = first day med is prescribed through 12/31



Received Statin Therapy

+



Remained on Statin at least 80%

=



Compliance

Statin Therapy for Patients with Diabetes - Exclusions

1. Anyone with MI, CABG, PCI or other revascularization in the prior year
2. Diagnosed with Ischemic Vascular Disease during at least one outpatient/inpatient visit in MY AND also one outpatient/inpatient visit in prior year
3. Pregnancy, In Vitro Fertilization, Rx for clomiphene, or a diagnosis of ESRD, Cirrhosis during MY or year prior to MY
4. Diagnosis of Myalgia, Myositis, Myopathy, or Rhabdomyolysis during MY

Statin therapy
for members
with ASCVD
are covered
under a
different HEDIS
measure
(SPC)

Gaps in Care

Challenges

Why Gaps in Care?



- **Missing A1c - no evidence of A1c in chart and/or no A1c claim**
- **POCT/ in-office A1cs not billed/received on a claim**
- **Documentation of A1c results documented as a range - does not meet chart review criteria (if chart review)**
- **A1c results show poor control – member remains non-compliant**
- **ABHWV not receiving all documentation during HEDIS**
- **Elevated BPs not reassessed and documented**
- **Need to go to another facility for A1c if not able to perform in-office**
- **Hospital A1cs not available in PCP record**



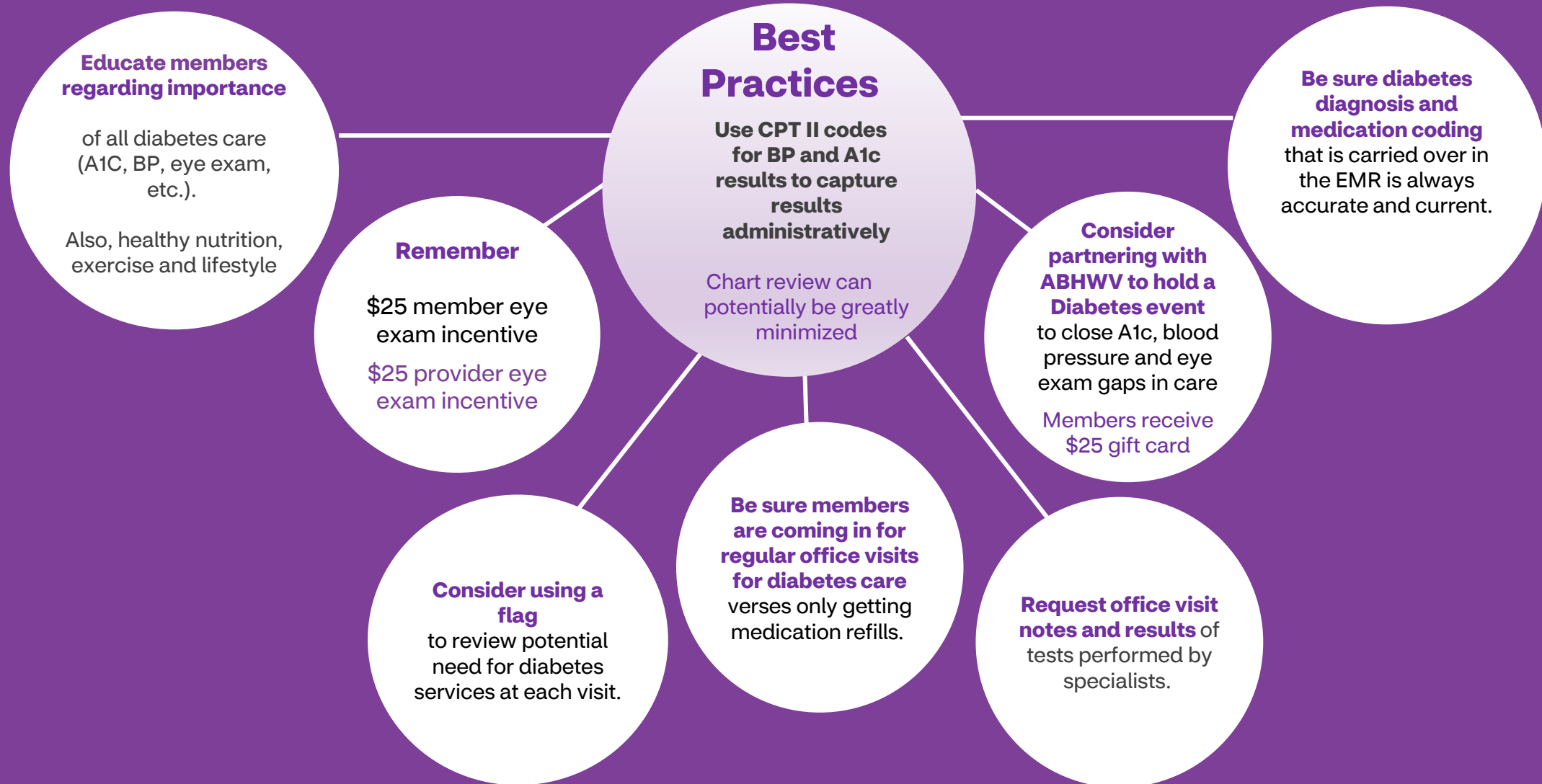
- **Member reported BPs during telehealth visits are not present in the chart – these can be used to meet compliance.**
- **Member-reported blood pressures documented as range, and not exact values**
- **Documented blood pressure readings are poorly controlled - both systolic BP must be below 140 AND diastolic BP must be below 90 (not equal to)**
- **Member misconception regarding the difference between glucose checks and A1c testing**
- **Denial for some members – “touch of sugar”**
- **No referral for eye exam**



- **Retinal eye exams results must be reviewed by an eye care professional (optometrist/ ophthalmologist)**
- **Member unaware diabetic eye exams are covered- educate members regarding \$25 gift card from ABHWV for a completed diabetic eye exam.**
- **Inconsistent focus on nutrition, exercise and lifestyle that can significantly impact BP and A1c control**
- **Not taking medication as prescribed (time, dose, frequency); feels okay**
- **Misunderstanding of medication regimen instructions, side effects**
- **Stop taking without consulting physician**

Take-Aways

Take-away Actions - Diabetes



Take-away Actions - Diabetes



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Questions?
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ABHWV website HEDIS Section

NEW Provider

There is now a HEDIS tab within the Provider Tab on the ABHWV website. The following are now available:

1. **What is HEDIS?** – a short description of HEDIS
2. **HEDIS News You Can Use** –emailed to providers each month and will be available on the website, including current and prior months
3. **HEDIS Toolkit For Provider Offices** – comprehensive document of all HEDIS measures, including a coding/billing section. This is updated annually or sooner as needed.
4. **HEDIS Lunch and Learn Webinars For Providers** – monthly webinars such as the one today. Links for past webinars and invite information for the next upcoming Lunch and Learn will be here.

<https://www.aetnabetterhealth.com/westvirginia/providers/hedis.html>

Closing Thoughts and Resources

Members trust you!

Patients consider you their most trusted source of medical information.

Your guidance and encouragement is critical in their diabetes management.

Allow time for discussion and questions. Hearing your answers can help patients feel more confident and comfortable.

ABHWV Quality Partnerships

Melani McNinch, Senior Mgr, ABHWV Quality HEDIS Manager

- ABHWWHEDIS@aetna.com

EMR data file transfer options

Tosha Morris

ABHWWHEDIS@aetna.com

304-348-2003

Wellness Event Partnering

David Roberts

ABHWWHEDIS@aetna.com

304-539-9046

Alana Hoover, ABHWV Quality Practice Liaison

HooverA2@aetna.com

Other Resources

ABHWV Integrated Care Management

Refer member to Aetna Better Health of West Virginia Case Management:

- Fax to 844-330-1001
- Call 1-888-348-2922.

Diabetes links:

<https://professional.diabetes.org/content-page/practice-guidelines-resources>

Thank
You for
making a
difference!



