

COMPREHENSIVE DIABETES CARE – NEPHROPATHY

Measurement Specifications for Star Ratings Program



Measurement Description

Percent of patients ages 18 – 75 with diabetes (type 1 or type 2) who had a kidney function test during the measurement year.

Measurement Source

HEDIS 2020-2021

Denominator

Diabetic patients ages 18 – 75 years of age by the end of the measurement year.

Patients who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):

1. Pharmacy data: Dispensed insulin or hypoglycemics / antihyperglycemics on an ambulatory basis
2. Claim/encounter data:
 - At least two outpatient visits, observation visits, ED visits or non-acute inpatient encounters on different dates of service, with a diagnosis of diabetes.
 - At least one acute inpatient encounter with a diagnosis of diabetes

Numerator

Diabetic patients who had medical attention for nephropathy during the measurement year.

- A nephropathy screening or monitoring test during the measurement year or evidence.
- Nephrologist visit during the measurement year.
- Prescribed and dispensed at least one ACE inhibitor or ARB during the measurement year.

Exclusion Criteria

Gestational or Steroid induced diabetes	Diagnosis of gestational or steroid-induced diabetes in any setting during the measurement year or the year prior to the measurement year
Hospice	For Medicare reporting, exclude patients who actively receive hospice services any time during the measurement year

Best Practice

Any of the following meet criteria for a nephropathy screening or monitoring test or evidence of nephropathy.

- A urine test for albumin or protein. At a minimum, documentation must include a note indicating the date when a urine test was performed, and the result or finding
- Documentation of a visit to a nephrologist.
- Documentation of a renal transplant.
- Documentation of medical attention for any of the following (no restriction on provider type):

- Diabetic nephropathy.
- ESRD.
- Chronic renal failure (CRF).
- Chronic kidney disease (CKD).
- Renal insufficiency.
- Proteinuria.
- 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.

Star Ratings Performance Thresholds					
Year	1 STAR	2 STARS	3 STARS	4 STARS	5 STARS
2014	< 80%	≥ 80% to < 83%	≥ 83% to < 85%	≥ 85% to < 89%	≥ 89%
2015	< 82%	≥ 82% to < 83%	≥ 83% to < 85%	≥ 85% to < 94%	≥ 94%
2016	< 85%	≥ 85% to < 89%	≥ 89% to < 93%	≥ 93% to < 97%	≥ 97%
2017	< 92%	≥ 92% to < 94%	≥ 94% to < 96%	≥ 96% to < 98%	≥ 98%
2018	< 92%	≥ 92% to < 94%	≥ 94% to < 96%	≥ 96% to < 98%	≥ 98%
2019	NA	NA	≥ 87% to < 95%	≥ 95% to < 97%	≥ 97%
2020	NA	NA	≥ 80% to < 95%	≥ 95% to < 97%	≥ 97%
2021	NA	NA	≥ 80% to < 95%	≥ 95% to < 97%	≥ 97%