

HEDIS[®] Measure Guide

Comprehensive Diabetes Care (CDC) and Controlling High Blood Pressure (CBP)

Comprehensive Diabetes Care

Who qualifies for the CDC measure?

Members 18 to 75 years of age, as of December 31 of the measurement year (2020) with diabetes (type 1 and type 2).

Each year, members with type 1 or type 2 diabetes should have:

- Hemoglobin A1c (HbA1c) testing.
- HbA1c poor control (> 9%).
- HbA1c control (< 8%).
- Eye exam (retinal) performed.
- BP control (< 140/90 mm Hg).

Hemoglobin A1c (HbA1c) testing:

At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result or finding. Count notation of the following in the medical record:

A1c	HB1c	Glycohemoglobin
HbA1c	Hemoglobin A1c	Glycated hemoglobin
HgbA1c	Glycohemoglobin A1c	Glycosylated hemoglobin

HbA1c poor control (> 9%):

- A lower rate indicates better performance for this indicator.
- Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance.

HbA1c control (< 8%):

- The most recent HbA1c level (performed during the measurement year)
- At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result.
- Ranges and thresholds do not meet criteria for this indicator. A **distinct numeric result** is required for numerator compliance.

Eye exam (retinal) performed:

- A retinal or dilated eye exam 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.
- Bilateral eye enucleation any time during the member's history through December 31 of the measurement year.

BP control (< 140/90 mm Hg):

Identify the most recent BP reading (systolic blood pressure value set; diastolic blood pressure value set) taken during an outpatient visit (outpatient value set) telephone visit (telephone visits value set), e-visit or virtual check-in (online assessments value set), or a non-acute inpatient encounter (non-acute inpatient value set), or remote monitoring event (remote blood pressure monitoring value set) during the measurement year.

Helpful tips:

- Follow up on lab test results, eye exam results, or any specialist referral and document on your chart.
- Draw labs in your office if accessible or refer members to a local lab for screenings.
- Educate your members and their families, caregivers, and guardians on diabetes care
- If your practice uses EMRs, have flags or reminders set in the system to alert your staff when a patient's screenings are due.

Additional information

Though only the most recent result matters, document all diabetes evaluation notes, blood pressure, lab tests, nephrologist visit if indicated, treatment with ACE inhibitors/ARB, and eye exam results in the member's medical record. If exams listed above were not done as recommended, document the reasons.

The documentation needs to have the results of the eye exam, not just that the retinal exam was performed. There can be a large variety of notations of what can count as a result, but a notation that comprehensive ophthalmic exam was performed would be insufficient.



Controlling High Blood Pressure

Who qualifies for the CBP measure?

Members 18 to 85 years of age who have had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg) during the measurement year.

Record your efforts:

Document blood pressure and diagnosis of hypertension. Members whose BP is adequately controlled include:

- Members 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (< 140/90 mm Hg) during the measurement year.
- The most recent BP reading during the measurement year on or after the second diagnosis of hypertension:
 - If no BP is recorded during the measurement year, assume that the member *is not controlled*.

What does not count?

- If taken on the same day as a diagnostic test or procedure that requires a change in diet or medication regimen
- On or one day before the day of the test or procedure with the exception of fasting blood tests
- Taken during an acute inpatient stay or an emergency department visit

Helpful tips:

- Instruct your office staff to recheck BPs for all members with initial recorded readings greater than systolic 140 mm Hg and diastolic of 90 mm Hg during outpatient office visits; have your staff record the recheck in member's medical records.
- Refer high-risk members to our hypertension programs for additional education and support.

<https://provider.simplyhealthcareplans.com> | <https://provider.clearhealthalliance.com>

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