

Condition management for persons with diabetes

Please note: The information offered in this flyer is based on Healthcare Effectiveness Data and Information Set (HEDIS®) technical specifications. It is not meant to preclude your clinical judgment.

According to the Centers for Disease Control and Prevention, diabetes is the most expensive chronic condition in the U.S., with one of every four dollars in healthcare costs spent on caring for people with diabetes. The Centers for Medicare & Medicaid Services has identified several quality measures to support the health of patients with type 1 or type 2 diabetes, as listed below. Humana supports physicians by identifying quality care opportunities while providing tools and resources to assist patients with self-care.

Diabetes management quality opportunities

Measure	Eligibility requirements	Service needed for compliance
Eye Exam for Patients With Diabetes (EED)	In the measurement year or prior year: <ul style="list-style-type: none">At least two diagnoses of diabetes on different dates of serviceorA dispensed insulin or hypoglycemics/ antihyperglycemic and at least one diagnosis of diabetes	Ensure patients receive an eye exam (retinal or dilated) performed by an optometrist or ophthalmologist or have a negative retinopathy result in the prior year.
Glycemic Status Assessment for Patients With Diabetes (GSD)	In the measurement year or prior year: <ul style="list-style-type: none">At least two diagnoses of diabetes on different dates of service orA dispensed insulin or hypoglycemics/ antihyperglycemic and at least one diagnosis of diabetes	Monitor and document the most recent HbA1c or glucose management indicator (GMI) test in the current measurement year with the resulting level reported as a numeric value (with date of service), with a goal of 9% or less.
Kidney Health Evaluation for Patients With Diabetes (KED)	In the measurement year or prior year: <ul style="list-style-type: none">At least two diagnoses of diabetes on different dates of serviceorA dispensed insulin or hypoglycemics/ antihyperglycemic and at least one diagnosis of diabetes	Ensure that patients are receiving an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR) in the current measurement year.
Medication Adherence for Diabetes Medications (MAD)	At least two diabetes medication prescription fills on unique dates	Encourage patients with diabetes to take medications regularly as prescribed. To further encourage adherence, consider prescribing 90-day supplies as necessary for maintenance drugs.
Statin Use in Persons with Diabetes (SUPD)	At least two diabetes medication prescription fills on unique dates	For your patients with diabetes who also have atherosclerotic cardiovascular disease, consider prescribing a moderate- to high-intensity statin.

Physician best practices

- **Eye Exam for Patients With Diabetes (EED)** – Ensure that patients receive an eye exam (retinal or dilated) performed by an optometrist or ophthalmologist or have a negative retinopathy result in the prior year.
- **Glycemic Status Assessment for Patients With Diabetes (GSD)** (formerly Hemoglobin A1c Control for Patients With Diabetes (HBD) – Monitor and document the most recent HbA1c or glucose management indicator (GMI) test in the current measurement year with the resulting level reported as a numeric value (with date of service), with a goal of 9% or less.
- **Kidney Health Evaluation for Patients With Diabetes (KED)** – Ensure that patients are receiving an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR) in the current measurement year.
- **Medication Adherence for Diabetes Medications (MAD)** – Encourage patients with diabetes to take medications regularly as prescribed and contact their doctor or pharmacist with questions. To further encourage adherence, consider prescribing 90-day supplies as necessary for maintenance drugs.
- **Statin Use in Persons with Diabetes (SUPD)** – For your patients with diabetes who also have atherosclerotic cardiovascular disease, consider prescribing a moderate- to high-intensity statin.

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1. [www.cdc.gov/chronicdisease/programs-impact/pop/diabetes.htm#:~:text=Diabetes%20is%20the%20most%20expensive%20chronic%20condition%20in%20our%20nation.&text=%241%20out%20of%20every%20%244,caring%20for%20people%20with%20diabetes.&text=%24237%20billion%E2%80%A1\(a\)%20is,\(a\)%20on%20reduced%20productivity](http://www.cdc.gov/chronicdisease/programs-impact/pop/diabetes.htm#:~:text=Diabetes%20is%20the%20most%20expensive%20chronic%20condition%20in%20our%20nation.&text=%241%20out%20of%20every%20%244,caring%20for%20people%20with%20diabetes.&text=%24237%20billion%E2%80%A1(a)%20is,(a)%20on%20reduced%20productivity)
 2. Stone, Neil J., et al. “2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults.” Journal of the American College of Cardiology (2013)
 3. An assessment by the Statin Diabetes Safety Task Force: 2014 update; Journal of Clinical Lipidology
 4. American Diabetes Association, www.diabetes.org/diabetes/high-blood-pressure

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