

HEDIS® Tip Sheet

Chronic Conditions Measures

The National Committee for Quality Assurance (NCQA) has developed Healthcare Effectiveness Data and Information Set (HEDIS) measures as a tool for performance improvement. We collect HEDIS data from our providers to measure and improve the quality of care our members receive. The NCQA recommends tracking the following HEDIS measures for our members.

HEDIS Measures

- CDC: Comprehensive Diabetes Care
- CBP: Controlling High Blood Pressure
- **SPD:** Statin Therapy for Patients with Diabetes

How to improve HEDIS scores

On the following page are measure definitions, documentation requirements and helpful tips you may choose to follow to improve HEDIS scores. Compliance with HEDIS measures reduces the need for you to send additional medical records later for review.



Comprehensive Diabetes Care (CDC):

Measure definition for CDC: Members 18 to 75 years of age with diabetes (type 1 or type 2). These members should have each of the following annually, or as indicated by the clinical guidelines:

- Hemoglobin A1c (HbA1c) testing
- Eye exam (retinal) performed

Documentation Requirements

- HbA1c test date and result
- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist)

Helpful Tips

Review diabetes services needed at each office visit

HbA1c tests:

- Order labs prior to patient appointments
- Adjust therapy to improve HbA1c levels and follow-up with patients to monitor changes

Eye exams:

- Educate patients on the risks associated with diabetic eye disease
- Encourage patients to schedule their annual preventive retinal exams

Kidney health evaluation:

 Defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), annually.

Controlling High Blood Pressure (CBP):

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

Documentation Requirements

- Document BP on the patient's medical record
- Do not round BP values up. If using an automated machine, record exact values
- If multiple BP readings are taken during the visit, record each in the medical record

Addition of Settings for BP Readings

NCQA has made changes to its HEDIS measures. Telephone visits, e-visits and virtual check-ins are now acceptable settings for BP readings.

Removal of Requirement for Remote Monitoring Device

NCQA now allows BP to be taken by any digital device

Helpful Tips

- Select appropriately sized BP cuff, and place cuff on bare arm
- Allow the patient to rest for at least 5 minutes before taking the BP
- Ensure patient is seated with feet on the floor, back supported and arm supported at heart level
- Retake the BP if it is high at the office visit (140/90 mm Hg or greater)
- Review patient's hypertensive medication history and patient compliance, and consider modifying treatment plans for uncontrolled blood pressure, as needed

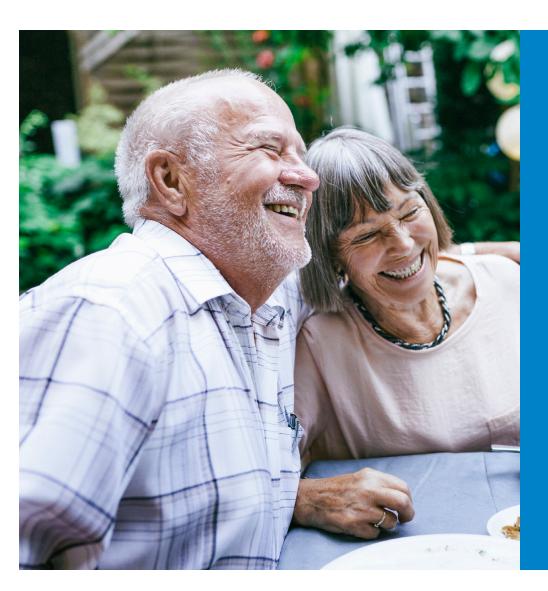
Statin Therapy for Patients with Diabetes (SPD)

Measure definition for SPD: Members 40 to 75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) and who met the following criteria. Two rates are reported:

- 1. Received Statin Therapy. Members who were dispensed at least one statin medication of any intensity during the measurement year.
- 2. Statin Adherence 80%. Members who remained on a statin medication of any intensity for at least 80% of the treatment period.

Helpful Tips

- Help patients with diabetes understand that they are more likely to develop heart disease or stroke, and Statins can help reduce their chance of developing these conditions
- Educate patients on the importance of statin medication adherence
- Discuss potential side effects and ways to treat the side effects of medications





Clinical Practice
Guidelines
can be found in the
Clinical Resources/
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Guidelines section of
our Provider website at
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