

Diabetes HbA1c < 8 HEDIS guidance

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Medicare Advantage

Diabetes is a complex chronic illness requiring ongoing patient monitoring. The National Committee for Quality Assurance (NCQA) includes diabetes in its HEDIS[®] measures on which providers are rating annually.

Since diabetes HbA1c testing is a key measure to assess for future medical conditions related to complications of undiagnosed diabetes, NCQA requires that health plans review claims for diabetes in patient health records. The findings contribute to health plan Star Ratings for commercial and Medicare plans and the Quality Rating System measurement for marketplace plans. A systematic sample of patient records is pulled annually as part of the HEDIS medical record review to assess for documentation.

Which HEDIS measures are diabetes measures?

The diabetes measures focus on members 18 to 75 years of age with diabetes (type 1 and type 2) who had each of the following assessments:

- Hemoglobin A1c (HbA1c) testing
- HbA1c poor control (> 9%)
- HbA1c control (< 8%)
- Dilated retinal exam
- Medical attention for nephropathy

The American College of Physicians' guidelines for people with type 2 diabetes recommend the desired A1c blood sugar control levels remain between 7% to 8%.¹

In order to meet the HEDIS measure *HbA1c control < 8*, providers must document the date the test was performed and the corresponding result. For this reason, report one of the four Category II codes and use the date of service as the date of the test, not the date of the reporting of the Category II code.

To report most recent hemoglobin A1c level greater than or equal to 8% and less than 9%, use 3052F. To report most recent A1c level less than or equal to 9%, use codes 3044F, 3051F and 3052F:²

1. If the most recent hemoglobin A1c (HbA1c) level is less than 7%, use 3044F.
2. If the most recent hemoglobin A1c (HbA1c) level is greater than or equal to 7% and less than 8%, use 3051F.
3. If the most recent hemoglobin A1c (HbA1c) level is greater than or equal to 8% and less than or equal to 9%, use 3052F.

Continued management and diverse pathways to care are essential in controlling blood glucose and reducing the risk of complications. While it is extremely beneficial for the patient to have continuous management, it also benefits our providers. As HEDIS rates increase, there is potential for the provider to earn maximum or additional revenue through Pay for Quality, Value-Based Services and other pay-for-performance models.³

Racial and ethnic disparities with diabetes

It is also important for providers to be aware of critical diabetes disparities that exist for diverse populations.

Compared to non-Hispanic whites:⁴

- African Americans, Hispanics, and American Indian/Alaska Natives have higher mortality rates from diabetes.
- African Americans and Hispanics have higher rates of complications from uncontrolled diabetes, including lower limb amputation and end-stage renal disease.
- More than half of Asian Americans and nearly half of Hispanic Americans with diabetes are undiagnosed.⁵
- Asian Americans are at risk for type 2 diabetes at a lower body mass index (BMI); therefore, diabetes screening at a BMI of 23 is recommended.⁶

Sources include:

- **Diabetes prevalence:**
 - 2015 State Diagnosed Diabetes Prevalence, cdc.gov/diabetes/data.
 - 2012 State Undiagnosed Diabetes Prevalence, Dall et al., “The Economic Burden of Elevated Blood Glucose Levels in 2012”, *Diabetes Care*, December 2014, vol. 37.

- **Diabetes incidence:**
 - 2015 State Diabetes Incidence Rates, [cdc.gov/diabetes/data](https://www.cdc.gov/diabetes/data).
- **Cost:**
 - American Diabetes Association, “Economic Costs of Diabetes in the U.S. in 2017”, Diabetes Care, May 2018.
- **Research expenditures:**
 - 2017 National Institute of Diabetes and Digestive and Kidney Diseases funding, [projectreporter.nih.gov](https://www.projectreporter.nih.gov).
 - 2017 CDC diabetes funding, [cdc.gov/fundingprofiles](https://www.cdc.gov/fundingprofiles).

1 <https://www.medicalnewstoday.com/articles/321123#An-A1C-of-7-to-8-percent-is-recommended>

2 <https://www.ama-assn.org/system/files/2020-01/cpt-cat2-codes-alpha-listing-clinical-topics.pdf>

3 <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/value-based-programs/value-based-programs.html>

4 Office of Minority Health. Minority Population Profiles: <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlID=26>

5 U.S. Department of Health and Human Services, National Institutes of Health. (2015, September 8), More than half of Asian Americans with diabetes are undiagnosed. Retrieved from <https://www.nih.gov/news-events/news-releases/more-half-asian-americans-diabetes-are-undiagnosed>.

6 ADA; NCAPIP; AANHPI DC; Joslin Diabetes Center Asian American Diabetes Initiative. (2015, September). Screen at 23. Retrieved from <http://screenat23.org/wp-content/uploads/2015/10/Screenat23package-1.pdf>.

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URL: <https://providernews.anthem.com/georgia/article/diabetes-hba1c-8-hedis-guidance>

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