



IMPROVING HEALTH CARE QUALITY

Kidney Health Evaluation for Patients with Diabetes

Blue Cross and Blue Shield of Illinois (BCBSIL) collects quality data from our providers to measure and improve the quality of care our members receive. Kidney Health Evaluation for Patients with Diabetes (KED) is one aspect of care we measure in our quality programs. Quality measures evaluate a prior calendar year performance.

What We Measure

We capture the percentage of members ages 18 to 85 with type 1 and type 2 diabetes who received a kidney health evaluation during the measurement year. The kidney health evaluation is defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR). The uACR must contain both a quantitative urine albumin test and a urine creatinine test with service dates four or less days apart.

KED is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure. See the [National Committee for Quality Assurance \(NCQA\) website](#) for more details.

Why It Matters

Diabetes is the leading cause of kidney disease in the U.S., according to the [National Institute of Diabetes and Digestive and Kidney Diseases](#). High blood glucose can damage blood vessels, which can lead to a loss of kidney function. Since 10% of Americans have a form of diabetes and most people with kidney disease don't show symptoms, it's important that people with diabetes receive regular kidney health evaluations. Kidney damage caused by diabetes usually happens slowly, so early detection can help prevent or delay further damage. Learn more from the [National Institutes of Health](#).

Eligible Population

Members ages 18 to 85 during the measurement year are included in this measure.

- Report three age categories (18 to 64, 65 to 74, and 75 to 85) as well as the total rate for all members ages 18 to 85.



Exclusions:

- Members with End-Stage Renal Disease (ESRD), or who were on dialysis, or who received palliative care during the measurement year
- Medicare members ages 66 and older who were enrolled in an Institutional Special Needs Plan or were living long-term in an institution
- Members ages 66 and older with frailty and advanced illness, or members ages 81 and older with frailty

Tips to Consider

- Discuss the importance of regular kidney health evaluations with members.
- Submit claims and encounter data in a timely manner.

How to Document

Quality data for this measure is collected from claims.

For more information, see [NCQA's HEDIS Measures and Technical Resources](#).



Questions?

Contact your BCBSIL Provider Network Consultant.



The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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