

Kidney Health Evaluation for Patient with Diabetes (KED)

Description of Measure

The percentage of members 18-85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year (MY).¹

Members are identified with diabetes by one or both of the following:

- Have two diagnoses of diabetes on different dates of service during the measurement year (MY) or prior year (PY)
- Dispensed insulin or hypoglycemics/antihyperglycemics and have at least one diagnosis of diabetes during the measurement year (MY) or prior year (PY)

Diabetes Medication

Drug Class	Prescription		
Alpha-glucosidase inhibitors	<ul style="list-style-type: none"> Acarbose 	<ul style="list-style-type: none"> Miglitol 	
Amylin analogs	<ul style="list-style-type: none"> Pramlintide 		
Antidiabetic combinations	<ul style="list-style-type: none"> Alogliptin-metformin Alogliptin-pioglitazone Canagliflozin-metformin Dapagliflozin-metformin Dapagliflozin-saxagliptin Empagliflozin-linagliptin Empagliflozin-linagliptin-metformin 	<ul style="list-style-type: none"> Empagliflozin-metformin Ertugliflozin-metformin Ertugliflozin-sitagliptin Glimepiride-pioglitazone Glipizide-metformin Glyburide-metformin Metformin-pioglitazone 	<ul style="list-style-type: none"> Metformin-repaglinide Metformin-rosiglitazone Metformin-saxagliptin Metformin-sitagliptin Linagliptin-metformin
Insulin	<ul style="list-style-type: none"> Insulin aspart Insulin aspart-insulin aspart protamine Insulin degludec Insulin degludec-liraglutide 	<ul style="list-style-type: none"> Insulin detemir Insulin glargine Insulin glargine-lixisenatide Insulin glulisine Insulin isophane human 	<ul style="list-style-type: none"> Insulin isophane-insulin regular Insulin lispro Insulin lispro-insulin lispro protamine Insulin human inhaled
Meglitinides	<ul style="list-style-type: none"> Nateglinide 	<ul style="list-style-type: none"> Repaglinide 	
Biguanides	<ul style="list-style-type: none"> Metformin 		
Glucagon-like peptide-1 (GLP1) agonists	<ul style="list-style-type: none"> Albiglutide Lixisenatide Tirzepatide 	<ul style="list-style-type: none"> Liraglutide Exenatide 	<ul style="list-style-type: none"> Dulaglutide Semaglutide
Sodium glucose cotransporter 2 (SGLT2) Inhibitor	<ul style="list-style-type: none"> Canagliflozin Empagliflozin 	<ul style="list-style-type: none"> Ertugliflozin 	<ul style="list-style-type: none"> Dapagliflozin
Sulfonylureas	<ul style="list-style-type: none"> Chlorpropamide Glimepiride 	<ul style="list-style-type: none"> Glipizide Glyburide 	<ul style="list-style-type: none"> Tolazamide Tolbutamide
Thiazolidinediones	<ul style="list-style-type: none"> Pioglitazone 	<ul style="list-style-type: none"> Rosiglitazone 	
Dipeptidyl peptidase-4 (DDP-4) inhibitors	<ul style="list-style-type: none"> Alogliptin Sitagliptin 	<ul style="list-style-type: none"> Saxagliptin 	<ul style="list-style-type: none"> Linagliptin

Documentation

Members who receive **both** an eGFR and a uACR during the measurement year on the same or different dates of service.

- At least one eGFR
- At least one uACR identified by either of the following:
 - **Both** a quantitative urine albumin test **and** a urine creatinine test **with** services dates four days or less apart.
 - A uACR

Exclusions

Exclusions	Timeframe								
<ul style="list-style-type: none"> ■ Members 81 years of age and older Dec. 31, MY with at least two indications of frailty with different dates of service during the MY. 	<p>Indications of frailty with 2 different DOS in MY</p>								
<ul style="list-style-type: none"> ■ Members who elect or use hospice services ■ Member who died ■ Members receiving palliative care 	<p>Any time during MY</p>								
<ul style="list-style-type: none"> ■ ESRD ■ Dialysis 	<p>Any time during MY</p>								
<p>Members 66 – 80 years of age and older by Dec. 31 MY with Advanced Illness and Frailty.</p> <p>Members must meet BOTH frailty and advanced illness criteria to be excluded.</p>	<ul style="list-style-type: none"> ■ Frailty diagnosis in MY on 2 different DOS during the MY ■ Advanced Illness: Either of the following during the MY or PY <ul style="list-style-type: none"> - Advanced illness on 2 different DOS - OR Dispensed a dementia medication <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Dementia Med Description</th> <th style="text-align: left;">Prescription</th> </tr> </thead> <tbody> <tr> <td>Cholinesterase inhibitors</td> <td> <ul style="list-style-type: none"> • Donepezil • Galantamine • Rivastigmine </td> </tr> <tr> <td>Misc. Central Nervous System Agents</td> <td> <ul style="list-style-type: none"> • Memantine </td> </tr> <tr> <td>Dementia Combinations</td> <td> <ul style="list-style-type: none"> • Donepezil-memantine </td> </tr> </tbody> </table>	Dementia Med Description	Prescription	Cholinesterase inhibitors	<ul style="list-style-type: none"> • Donepezil • Galantamine • Rivastigmine 	Misc. Central Nervous System Agents	<ul style="list-style-type: none"> • Memantine 	Dementia Combinations	<ul style="list-style-type: none"> • Donepezil-memantine
Dementia Med Description	Prescription								
Cholinesterase inhibitors	<ul style="list-style-type: none"> • Donepezil • Galantamine • Rivastigmine 								
Misc. Central Nervous System Agents	<ul style="list-style-type: none"> • Memantine 								
Dementia Combinations	<ul style="list-style-type: none"> • Donepezil-memantine 								

Exclusions

Exclusion Codes	Definitions
N18.5	Chronic kidney disease Stage 5
N18.6	End stage renal disease
Z99.2	Dependence on renal dialysis

Tips for Success	<ul style="list-style-type: none"> ■ Educate patients that some complications from diabetes may be asymptomatic. Routine testing may help prevent/delay some life-threatening complications. ■ Testing should be completed annually. ■ Review diabetic services needed at each visit ■ Order labs to be completed prior to patient appointments ■ Utilize the Annual Wellness Visit to document a screening schedule ■ Utilize a diabetic EMR template

Resources

- I. National Committee for Quality Assurance, HEDIS® Measurement Year 2025 Volume 2 Technical Specifications for Health Plan

Arkansas Blue Medicare is an affiliate of Arkansas Blue Cross and Blue Shield. Arkansas Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association. © 2023 Arkansas Blue Cross and Blue Shield. All rights reserved.