



IMPROVING HEALTH CARE QUALITY

Comprehensive Diabetes Care – HbA1c (<8%)

Blue Cross and Blue Shield of Texas (BCBSTX) collects quality data from our providers to measure and improve the quality of care our members receive. Comprehensive Diabetes Care (CDC) 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 75 with diabetes (type 1 or type 2) who had their HbA1c levels tested at least once during each measurement year. Evidence should include the most recent and compliant Hemoglobin A1c level <8.0%.

CDC 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

If left unmanaged, diabetes can lead to serious complications, including heart disease, stroke, hypertension, blindness, kidney disease, diseases of the nervous system, amputations and premature death.

Proper diabetes management is essential to control blood glucose, reduce risks for complications and prolong life. With support from health care providers, patients can manage their diabetes by taking medications as instructed, eating a healthy diet, being physically active and quitting tobacco products.



Eligible Population

This measure includes members ages 18 to 75 during the measurement year with either type 1 or 2 diabetes.

Exclusions: Members are excluded from the measure who meet any of the following criteria:

- Received hospice care or palliative care during the measurement year.
- Were dispensed dementia medication (Donepezil, Galantamine, Rivastigmine, Memantine).
- Members ages 66 and older during the measurement year with both frailty and advanced illness.
- Members who do not have a documented diagnosis of diabetes and who had documentation in the medical record of the following: diagnosis of gestational diabetes, steroid-induced diabetes or polycystic ovarian syndrome.

Tips to Consider

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

How to Document

Quality data for this measure is collected through claims and chart review.

Document annual evaluation of HbA1c for nephropathy with one of the following:

- At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result. If the result for the most recent HbA1c level during the measurement year is $\geq 8.0\%$ or is missing, it does NOT meet this measure's criteria. To meet this measure, the HbA1c level must be $< 8.0\%$.
- Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required.
- The last HbA1c result of the year must be less than 8 showing evidence of control.
- The following notations count toward compliance:
 - A1c
 - HbA1c
 - HgbA1c
 - Hemoglobin A1c
 - Glycohemoglobin A1c
 - Glycohemoglobin
 - Glycated hemoglobin
 - Glycosylated hemoglobin

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



Questions?

Contact your BCBSTX Network Representative.

* Measurement Year (MY) 2020 and MY 2021

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