

Measure specifications: Kidney Health Evaluation for Patients with Diabetes

Metric information

Metric description: The percentage of Medicaid beneficiaries, 18 – 85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation during the measurement year.

Metric specification version: HEDIS® Measurement Year 2023 Technical Specifications for Health Plans, NCQA.

Data collection method: Administrative only.

Data source: ProviderOne Medicaid claims/encounter and enrollment data.

Claim status: Include only final paid claims or accepted encounters in metric calculation.

Identification window: Measurement year.

Direction of quality improvement: Higher is better.

URL of specifications: [NCQA HEDIS measures](#)

Metric details

Eligible population

Measure	Description
Age	18 - 85 years old. Age is as of the last day of the measurement year.
Gender	N/A
Minimum Medicaid enrollment	Measurement year. Enrollment must be continuous.
Allowable gap in Medicaid enrollment	One gap of one month during the measurement year.
Medicaid enrollment anchor date	Last day of measurement year.
Medicaid benefit and eligibility	Includes Medicaid beneficiaries with comprehensive medical benefits. Excludes beneficiaries that are eligible for both Medicare and Medicaid and beneficiaries with primary insurance other than Medicaid.

Denominator

Data elements required for denominator: Medicaid beneficiaries who meet the above eligibility criteria with diabetes identified from claim/encounter data or pharmacy data, during the measurement year or the year prior to the measurement year (count services that occur in either year) and qualify for any one of the criteria in one or both years. Telehealth visits may be included. See HEDIS® for specific instructions.

Required exclusions for denominator.

- Eligible population exclusions are listed in the eligible population table above.

- Metric specific exclusions:
 - o Beneficiaries in hospice care.
 - o See HEDIS® for additional exclusions.

Deviations from cited specifications for denominator.

- HEDIS® specifications require no more than one gap in continuous enrollment of up to 45 days during each year of continuous enrollment. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, as is the case for the ProviderOne data source, the Medicaid beneficiary may not have more than a 1-month gap in coverage (i.e., a Medicaid beneficiary whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

Numerator

Beneficiaries must qualify for inclusion in the denominator to be eligible for inclusion in the numerator.

Data elements required for numerator: Members who received both at least one Estimated Glomerular Filtration Rate test AND at least one Urine Albumin and Urine Creatinine lab test in the measurement year.

Required exclusions for numerator.

- None

Deviations from cited specifications for numerator.

- None

Version control

August 2021 update: This is a new specification. For DSRIP purposes, Kidney Health Evaluation for Patients with Diabetes replaces Comprehensive Diabetes Care: Medical Attention for Nephropathy for

DY5/performance year 3 (2021). Due to the lack of available national benchmark during the baseline year (2019), this metric shifts from a gap-to-goal to an improvement over self improvement target methodology for DY5 only.

August 2023 updated: HEDIS ® clarified that hospice is a required exclusion. No substantive changes were made to the DSRIP Metric Details.

November 2024 update: MTP 1.0 DSRIP related criteria have been removed from metric production calculations. The metric aligns with HEDIS specifications.