Kidney Health Evaluation for Patients with Diabetes (KED) Tip Sheet

What is the CMS Star Rating Program?

CMS uses a five-star quality rating system to measure the experiences Medicare beneficiaries have with their health plan and healthcare system – the Star Rating Program. Health plans are rated on a scale of 1 to 5 stars, with 5 being the highest. These ratings are then published on the Medicare Plan Finder at medicare.gov to raise the quality of care for Medicare beneficiaries, strengthen beneficiary protections and help consumers compare health plans more easily.

Measure Description

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.

Measure Source

- Chart Review & Claims.
- 1/1 – 12/31.

Stars/Quality Specifications

Members who received 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 service dates four days or less apart.
  - A uACR alone.

Best Practice/Call to Action

- Educate and encourage members with diabetes to get annual kidney health evaluation screenings.
- Improve blood pressure control to reduce the risk or slow progression of kidney disease.
- Improve glucose control to reduce the risk or slow progression of kidney disease.

Coding and Documentation Tips

- Documentation must be in the record that is accessible to the member’s primary care physician or ongoing care provider.
- Members are excluded with presence of ESRD or dialysis anytime during the member’s history.
- Members are excluded with hospice, palliative care, or deceased during the measurement year.
- Members are excluded who do not have a diagnosis of diabetes during the MY or year prior and who had a diagnosis of PCOS, gestational diabetes, or steroid-induced diabetes during the MY or year prior.

Member may be excluded from this measure due to frailty and/or advanced illness codes. Click the following link to review master code list for exclusions: Exclusion Codes

If you have any questions, please contact your Provider Relations Specialist.