



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](https://www.medicare.gov) to raise the quality of care for Medicare beneficiaries, strengthen beneficiary protections and help consumers compare health plans more easily.

Measure Description

Weight: 1

The percentage of members 18 to 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 measurement year or year prior **and** who had a diagnosis of PCOS, gestational diabetes or steroid-induced diabetes during the measurement year or year prior.

Members 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.