



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 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

- Claims & Supplemental Data.
- 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.

Strategies for Success

- Educate and encourage members with diabetes to get annual kidney health evaluation screenings.
- Maximize blood pressure control to reduce the risk or slow progression of kidney disease.
- Maximize glucose control to reduce the risk or slow progression of kidney disease.
- Consider a referral for medical nutrition counseling. Medical nutrition counseling is covered by Medicare with a diagnosis of renal disease or diabetes. Three hours of administration with the first year and two hours in subsequent years for renal disease or diabetes are a covered benefit.

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 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.