



2026 Measurement Year

STAR MEASURE: KIDNEY HEALTH EVALUATION FOR PATIENTS WITH DIABETES (KED)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan Total Care Advantage’s (HMO D-SNP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) / Centers for Medicare & Medicaid (CMS) Star measure scores by providing guidance and resources. This tip sheet provides the key components to the Star measure, “Kidney Health Evaluation for Patients with Diabetes (KED).”

Measure Description: This measures the percentage of members 18 to 85 years of age with diabetes (type 1 and type 2) as of Dec. 31 of the measurement year 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 Specification: Identify persons with a diagnosis of diabetes. EITHER of the following meets criteria:

- Claim / encounter data. At least two diagnoses of diabetes on different dates of service during the measurement period or the year prior to the measurement period.
- Pharmacy data. At least one diagnosis of diabetes and at least one diabetes medication dispensing event of insulin or a hypoglycemic/ antihyperglycemic medication (Diabetes Medications List) during measurement period.

Data Collection Method: Administrative¹

KED Clinical Code Set

- ▶ For billing, reimbursement, and reporting of services completed, submit claims timely with the appropriate medical codes for all clinical conditions evaluated and services completed.

Methods used to identify members diagnosed with diabetes

Method 1: Members with at least two diagnoses of diabetes on different dates of service during the measurement year (MY) or year prior to measurement year (PMY).	Click here for the list of diabetes diagnosis codes.
Method 2: Members with at least one diagnosis of diabetes and at least one diabetes medication dispensing event of insulin or hypoglycemic medication during the MY or PMY.	Click above for the list of diabetes diagnosis codes. Click here for the list of diabetes medications.

Codes to identify a member who received both an eGFR and a uACR during the measurement year on the same or different dates of service. Note: a uACR can be completed by (1) a quantitative urine albumin test and urine creatinine test or (2) a urine albumin creatinine ratio lab test.

Description	CPT	LOINC
Estimated Glomerular Filtration Rate Lab Test	80047, 80048, 80050, 80053, 80069, 82565	102097-3, 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 94677-2, 98979-8, 98980-6
Quantitative Urine Albumin Test	82043	100158-5, 14957-5, 1754-1, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 57369-1, 89999-7
Urine Creatinine Test	82570	20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5
Urine Albumin Creatinine Ratio Tet		13705-9, 14958-3, 14959-1, 30000-4, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7



Compliant Measure Summary: A diabetic member meets the measure if they have had BOTH of these during the measurement year: at least one eGFR test result and at least one uACR test result.

Medical Record Must Include:

- ▶ Claims / encounter data must include valid codes for both eGFR to meet the measure.
- ▶ The medical record must clearly document the below to meet the measure:
 - Both eGFR and uACR were performed
 - Results
 - Date of the test

Exclusion Criteria – Members with any of the following conditions are excluded from the EED measure:

- ▶ Members who do not have a diagnosis of diabetes during the measurement year or the year prior.
- ▶ Members with a diagnosis of end stage renal disease (ESRD) or who had dialysis at any time in their history or during the measurement year.
- ▶ Members who have received hospice services any time during the measurement year.
- ▶ Members who received palliative care during the measurement year.
- ▶ Members 66 years of age and older with advanced illness and frailty.
- ▶ Members who passed away during the measurement year.
- ▶ Medicare members 66 years of age and older as of Dec. 31 of the measurement year who are either enrolled in an institutional Special Needs Plan (I-SNP) or living long term in an institution (LTI).

Best Practices:

- ▶ Use the Inovalon® Provider Enablement Quality Gaps Insights to identify members with gaps in care.
- ▶ Make outreach calls and/or send letters to advise members of the need for a visit.
- ▶ Ensure that outreach methods include educational information.
- ▶ Order laboratory tests ahead of a patient's appointment.
- ▶ Routinely refer members with a diagnosis of diabetes for both eGFR and uACR.
 - A quantitative urine albumin test and a urine creatinine test require service dates four or less days apart
- ▶ Include electronic lab results or scanned lab reports in the medical record.
- ▶ Ensure provider notes specifically reference:
 - Test performed
 - Date of the test
 - Result of the test
- ▶ While claims / encounter data or medical records alone can satisfy the measure, having both documented ensures star measure capture and audit readiness.
- ▶ Follow up with patients to discuss and educate on lab results.
- ▶ Total Care Advantage offers free health education services, materials, classes, and online resources to help members achieve a healthy lifestyle. Providers can contact the Health Education Department or refer patients / guardians / caregivers to the following information:
 - Providers, call: 1-805-437-5961
 - Members, call: 1-888-301-1228 / TTY 711
 - GCHP website, Health Education Resources (provided in English and Spanish): [Click Here](#)
- ▶ Total Care Advantage's Care Management Team is made up of registered nurses, care management coordinators, and social workers who are ready to help Total Care Advantage members manage their health. Total Care Advantage Care Management referrals can be made by submitting the referral form available on the GCHP website or by contacting the Care Management team by phone or email.
 - Care Management Contact: 1-805-437-5656
 - Care Management Email: CareManagement@goldchp.org
 - English Referral Form: [Click Here](#)
 - Spanish Referral Form: [Click Here](#)
- ▶ Ensure your documentation is clear and concise.
- ▶ Use proper coding for conditions evaluated and services provided.



¹ Measures reported using the *administrative* data collection method report on the entire eligible population and use only administrative data sources (e.g. claims, encounter, lab, immunization registries) to evaluate if services were performed.