



IMPROVING HEALTH CARE QUALITY

Hemoglobin A1c Control for Patients With Diabetes

Blue Cross and Blue Shield of Illinois (BCBSIL) collects quality data from our providers to measure and improve the quality of care our members receive. Hemoglobin A1c Control for Patients With Diabetes (HBD) is one aspect of care we measure in our quality programs. Quality measures evaluate a prior calendar year performance.

What We Measure

We capture the percentage of members ages 18 to 75 with a diagnosis of diabetes (type 1 and type 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year:

- HbA1c control (<8.0%)
- HbA1c poor control (>9.0%)

HBD is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure. See the [National Committee for Quality Assurance \(NCQA\) website](#) for more details.



Why It Matters

If left unmanaged, diabetes can lead to serious comorbidities, including heart disease, stroke, hypertension, blindness, kidney disease, diseases of the nervous system, amputations and premature death. Proper diabetes management is essential to control blood glucose, reduce risks for complications and prolong life. With support from health care providers, patients can manage their diabetes by taking medications as instructed, eating a healthy diet, being physically active and quitting tobacco products. Learn more from [NCQA](#).

Eligible Population

Members ages 18 to 75 during the measurement year with either type 1 or 2 diabetes are included in this measure.

Exclusions: Members are excluded from the measure who meet any of the following criteria:

- Received palliative care or used hospice services during the measurement year
- Were ages 66 and older during the measurement year who had a diagnosis of frailty and advanced illness
- Were diagnosed with polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during the measurement year or year prior but did not have a diagnosis of diabetes

Tips to Consider

- Bill using appropriate Current Procedural Terminology (CPT®) II codes.
- Order labs prior to patient appointments.
- Adjust therapy to improve HbA1c levels and follow up with the patient to monitor changes.
- Educate patients about the importance of routine screening and medication compliance. Review the need for diabetes education during office visits.

How to Document

Quality data for this measure is collected from claims and chart review.

Document annual evaluation of HbA1c with one of the following:

- At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the distinct numeric result. Ranges and thresholds do not meet criteria for this measure. A distinct numeric value is required.
- The last HbA1c result of the year must be less than 8 showing evidence of control for the member to be compliant.

For more information, see [NCQA's HEDIS Measures and Technical Resources](#).



Questions?

Contact your BCBSIL Network Consultant.

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