

Comprehensive Diabetes Care: HbA1c Control

Approximately 8 percent of the US population – 26 million – has diabetes, making the chronic disease a leading cause of death and disability in America.¹ The National Committee for Quality Assurance (NCQA) data reveals that 13-22 percent of patients with diabetes do not get regular Hemoglobin A1c (HbA1c) control testing and that about 30 percent of Medicare beneficiaries with diabetes are in poor control of their HbA1c levels. For every one percent reduction in HbA1c levels, the risk of developing kidney, eye and nerve disease as complication of diabetes reduces by 40 percent and the risk of heart disease is reduced by 14 percent. The U.S. Department of Health and Human Resources recommends that appropriate testing be performed every three (3) to six (6) months.²

The Measure

This measure is defined as the percentage of Medicare Advantage beneficiaries with diabetes who had a HbA1c lab test during the current year that showed their average blood sugar is under control (less than 9.0%).

Common Barriers

Members do not know their numbers or do not check their levels often. Members are noncompliant with medication and lack understanding about the disease process. When members check their levels and are out of range they do not understand the implications on their health.

Best Practices

- Refer members to a diabetes population management program to identify any financial constraints, complete a nutrition consultation, discuss importance of exercise and develop a plan for weight control.
- Schedule frequent follow up appointments for members with diabetes.
- Frank communications regarding importance of managing diabetes.
- Suggest the HbA1c home test kit available through our partners, Home Access.
- Continue to execute comprehensive care for diabetes.

How to Close the Measure

1. Submit or adjust claims with appropriate codes and be sure to include Category II Codes. See Table 1 below for codes.
2. Complete and submit the [Physician Assessment Form](#) (PAF).
3. Complete the self-report section online within the Physician Quality Incentive Program tool on [BlueAccess](#)SM.*
4. Submit an abstract of the member's medical record. This is the method of last resort and should only be used when previous methods are not feasible.

1 <http://www.mhpa.org/upload/Diabetes%20Compendium%20Final%20Web.pdf>

2 <http://www.hrsa.gov/quality/toolbox/asures/diabetes/>

Table 1

Code	Code Type	Definition
3044F	CPT II	Most recent hemoglobin A1c level less than 7%
3045F	CPT II	Most recent hemoglobin A1c level 7-9%
3046F	CPT II	Most recent hemoglobin A1c level greater than 9%

BlueCross BlueShield of Tennessee Support

- For scheduling appointments or help finding a participating facility, BlueAdvantage (PPO)SM members may call 1-800-831-BLUE (2583) or BlueChoice (HMO)SM may members call 1-800-317-BLUE (2583). Members may also use our [Find a Doctor tool](#) online at bcbst.com.
- On behalf of BlueCross BlueShield of Tennessee, Home Access Health Corporation offers our members in-home, self-administered HbA1c test kits. Members may call 1-866-435-4372 Monday through Friday 7 a.m. to 8 p.m. Eastern to request a test kit. TTY users may call 711.
- We conduct outreach campaigns via letters, postcards and calls that encourage and remind members to have their screenings.
- Members may call our Care Management nurses Monday through Friday, 9 a.m. to 6 p.m. (ET) and request Case Management at 1-800-611-3489. Our diabetes population health program offers members resources and materials to understand diabetes, important tests and exams and comprehensive management of the disease.
- Members may also call our NurseLine 24/7 for questions regarding medications or clinical care at 1-800-818-8581.
- We provide [Quality Resources](#) on our website for your convenience.

Regardless of the method or person closing the gap, all gaps closed will be credited to the attributed primary care provider on file. View more information on how we attribute members to your practice [here](#).

*We know some gaps in care may already be closed but not reported through claims. When this occurs, simply login through our secure [BlueAccess](#) tool, access the members account and self-report. This must be completed by a licensed clinician designated a BlueAccess practitioner user role. You may also see which members have gaps in care that need to be closed. If training or access to the tool's practitioner role is needed for any licensed clinician staff members, please contact:

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Technical Support

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Option 2