Kidney Health Evaluation for Patient with Diabetes (KED)

Description of Measure

The percentage of members 18-85 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 (MY).[I]

Members are identified with diabetes by one or both of the following:

- Have two diagnoses of diabetes on different dates of service during the measurement year (MY) or prior year (PY)
- Dispensed insulin or hypoglycemics/antihyperglycemics and have at least one diagnosis of diabetes during the measurement year (MY) or prior year (PY)

Diabetes Medication

Drug Class	Prescription		
Alpha-glucosidase inhibitors	▪ Acarbose	▪ Miglitol	
Amylin analogs	▪ Pramlintide		
Antidiabetic combinations	▪ Alogliptin-metformin ▪ Alogliptin-pioglitazone ▪ Canagliflozin-metformin ▪ Dapagliflozin-metformin ▪ Dapagliflozin-saxagliptin ▪ Empagliflozin-linagliptin ▪ Empagliflozin-linagliptin-metformin	▪ Empagliflozin-metformin ▪ Ertugliflozin-metformin ▪ Ertugliflozin-sitagliptin ▪ Glimepiride-pioglitazone ▪ Glipizide-metformin ▪ Glyburide-metformin ▪ Metformin-pioglitazone	▪ Metformin-rosiglitazone ▪ Metformin-saxagliptin ▪ Metformin-sitagliptin ▪ Linagliptin-metformin
Insulin	▪ Insulin aspart ▪ Insulin aspart-human aspart protamine ▪ Insulin degludec ▪ Insulin degludec-liraglutide	▪ Insulin detemir ▪ Insulin glargine ▪ Insulin glargine-lixisenatide ▪ Insulin glulisine ▪ Insulin isophane human	▪ Insulin isophane-insulin regular ▪ Insulin lispro ▪ Insulin lispro-insulin lispro protamine
Meglitinides	▪ Nateglinide	▪ Repaglinide	
Biguanides	▪ Metformin		
Glucagon-like peptide-1 (GLP1) agonists	▪ Albiglutide ▪ Lixisenatide ▪ Tirzepatide	▪ Liraglutide ▪ Exenatide	▪ Dulaglutide ▪ Semaglutide
Sodium glucose cotransporter 2 (SGLT2) Inhibitor	▪ Canagliflozin ▪ Empagliflozin	▪ Ertugliflozin	▪ Dapagliflozin
Sulfonylureas	▪ Chlorpropamide ▪ Glimepiride	▪ Glipizide ▪ Glyburide	▪ Tolazamide ▪ Tolbutamide

Arkansas BlueCross BlueShield
An Independent Licensee of the Blue Cross and Blue Shield Association

01554.20.02-v062326-1527

Drug Class	Prescription
Thiazolidinediones	▪ Pioglitazone ▪ Rosiglitazone
Dipeptidyl peptidase-4 (DDP-4) inhibitors	▪ Alogliptin ▪ Saxagliptin ▪ Linagliptin ▪ Sitagliptin

Documentation

Members who receive ***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*** services dates four days or less apart.
  - A uACR

Exclusions

Exclusions	Timeframe
▪ Members 81 years of age and older Dec. 31, MY with at least two indications of frailty with different dates of service during the MY.	Indications of frailty with 2 different DOS in MY
▪ Members who elect or use hospice services ▪ Member who died ▪ Members receiving palliative care	Any time during MY
▪ ESRD ▪ Dialysis	Any time during MY
Members 66 – 80 years of age and older by Dec. 31 MY with Advanced Illness and Frailty. Members must meet **BOTH** frailty and advanced illness criteria to be excluded.	▪ Frailty diagnosis in MY on 2 different DOS during the MY ▪ Advanced Illness: Either of the following during the MY or PY - Advanced illness on 2 different DOS - **OR** Dispensed a dementia medication

Dementia Med Description	Prescription
Cholinesterase inhibitors	• Donepezil Hydrochloride • Galantamine • Rivastigmine
Misc. Central Nervous System Agents	• Memantine Hydrochloride
Dementia Combinations	• Donepezil Hydrochloride

Exclusions

Exclusion Codes	Definitions
N18.5	Chronic kidney disease Stage 5
N18.6	End stage renal disease

Tips for Success

- Educate patients that some complications from diabetes maybe asymptomatic. Routine testing may help prevent/delay some life-threatening complications.
- Testing should be completed annually.
- Review diabetic services needed at each visit
- Order labs to be completed prior to patient appointments
- Utilize the Annual Wellness Visit to document a screening schedule
- Utilize a diabetic EMR template

Resources

I. National Committee for Quality Assurance, HEDIS® Measurement Year 2026 Volume 2 Technical Specifications for Health Plan

Arkansas BlueCross BlueShield
An Independent Licensee of the Blue Cross and Blue Shield Association

Arkansas Blue Medicare is an affiliate of Arkansas Blue Cross and Blue Shield. Arkansas Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association. © 2023 Arkansas Blue Cross and Blue Shield. All rights reserved.

Last Reviewed 06/08/2026