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Diabetes Eye Exam Playbook

Purpose: The purpose of this document is to assist health centers with optimizing performance for the Diabetes Eye Exam measure as well as to increase access and completion of this necessary health screening for the patients they serve.

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INTRODUCTION

Overview: This section contains background information to level-set the importance of screening for retinopathy in patients with diabetes.

Background: Diabetic retinopathy is a leading cause of blindness among working-age adults in the United States. [cited] While there are often no symptoms, diabetic retinopathy can be prevented by working to keep blood sugar and blood pressure under control. [cited]. The 2023 Diabetes Standards of Care recommend [cited] that patients with type 2 diabetes should have an initial dilated and comprehensive eye examination by an ophthalmologist or optometrist at the time of the diabetes diagnosis and if there is no evidence of retinopathy, regular screening every 1-2 years is recommended. While we know that FQHC patients often face barriers to accessing care, one way to ameliorate this is to provide as many services as possible at the point of care. Implementing a RetinaVue program at your health center can help patients obtain the necessary screenings for diabetic retinopathy in a way that reduces their barriers to care. Note that retinal screening should not replace a comprehensive diabetic eye exam but represents one way to improve access to care. When RetinaVues are not available onsite, referring patients to your onsite or community eye specialists is best practice.

ONSITE VISION CENTERS

Overview: This section provides recommendations and best practices for health centers with onsite vision centers within their practice.

Recommendations & Best Practices:

Coding Investigation

1. Complete a coding investigation to determine what codes are used for onsite diabetic eye exams at your health center.
    a. **Recommend:** Compare the codes used to both the CMS and HEDIS value sets to ensure you're getting credit for services completed (See **Appendix Table 1** for a matrix of codes that are in both value sets at the time of this playbook's creation).
2. If you find that the codes being used do not satisfy both value sets, evaluate the possibility of updating these codes. Adding a code to those past encounters that satisfy both value sets can ensure you are getting proper credit for services completed in the measurement year.
    a. **Recommend:** Implement the use of CPT II codes (2022F and 2023F)
    b. **Example:** One FQHC discovered codes being used did not satisfy the CMS measure. They addended encounters for diabetic eye exams completed in 2023 at their vision centers with a code that satisfied both measures and saw a 13%+ increase in their CMS measure performance after ensuring they were receiving credit for services completed.

Optimize Internal Referrals

3. Optimize Internal Medical to Vision Referrals
    a. Determine the current workflow at your sites with a vision center. Is it standard work to place an internal referral when staff see the Eye Exam Alert? Do medical

staff schedule on the vision center schedule? Who is responsible for ensuring this takes place regularly?

i. **Recommend:** Observation of care teams' workflow to determine follow-through of established best practices
ii. **Recommend:** Pull a baseline report of internal medical to vision referrals placed in your EMR

b. Work with care teams, the vision center team, the IT/EHR team, and the quality department to develop or optimize an internal referral workflow. Provide workflow education to care teams on multiple occasions and modalities.

i. **Recommend:** Set measurable targets for implementation. What is your baseline number of medical-to-vision referrals? How many patients are seen with an Eye Exam alert at your site with a vision center that should be sent a referral to vision? What % of patients with an alert do you expect your care teams to refer to vision?
ii. **Recommend:** Plan the 'Check' or 'Study' piece of PDSA. How will you follow up and ensure the uptake of the new workflow?

1. **Example:** At one FQHC, the Quality department generates a report out of Azara PVP for each site with a vision center, and filters to patients with a scheduled appointment that month who have an Eye Exam alert. The vision department can generate a report for how many referrals were received from medical each month. This provided a rough comparison of the volume of patients coming in due for their diabetic eye exam, and how many referrals were placed internally to their vision department to measure uptake of the new workflow.

Scheduling and Outreach

4. Scheduling Diabetic Eye Exams at Onsite Vision Centers

a. Determine the current state of scheduling at your vision center. Do you have the correct appointment slots for diabetic eye exams? Who has access to schedule on the vision center schedule? Are there automated appointment reminders for these appointments?

i. **Recommend:** Ensure staff have training and education on scheduling on the vision department schedule, including medical, front desk/registration, and call center staff have access to the schedule.
ii. **Example:** One FQHC had the MAs place the internal referral from medical to vision and schedule the patient for their eye exam before leaving their medical appointment. Adjustments to the vision schedule to create new visit slots for diabetic eye exams and education to MAs on how to schedule these visits were key in implementing this new workflow.

b. Appointment Metrics

i. Define metrics and goals for the vision department (e.g., kept appointment rates, no-show rates, cancel rates, TNAA, etc.). Document the current process for rescheduling patients who do not show up or cancel their eye exam appointments.

1. **Recommend:** Document baseline data and set specific and measurable goals related to these metrics.
2. **Recommend:** If you experience high no-show rates, complete a root-cause analysis and develop PDSAs to address the root causes.

3. **Recommend:** Implementing or optimizing the workflow to reschedule patients who miss their appointments. This should be occurring regularly within the vision department.

5. Outreach
    a. Identify who, if anyone, at your health center, is reaching out to patients who are due for their diabetic eye exam.
        i. **Recommend:** Create scripting for outreach phone calls, including how to address refusals.
        ii. **Recommend:** Identify any member incentives from payers for completing their diabetic eye exam. Consider including this information in your outreach & scheduling messaging. In 2023, two Medicaid Health Plans offered member incentive gift cards for members who completed their diabetic eye exam.
        iii. **Example:** For another measure of focus, one FQHC saw increased completion rates among patients who received a tailored text message that included the payer gift card incentive, compared to those who received their standard outreach text message with no mention of a payer incentive. This could be tested for diabetic eye exam text campaigns.

COMMUNITY VISION PROVIDERS

Overview: This section provides recommendations and best practices for health centers to optimize the workflow of patients completing diabetic eye exams in the community, outside their health center. All health centers will have some portion of their patients seeking vision care outside their health center. For some centers, this may be a small portion if they have onsite vision centers and/or RetinaVue cameras for POC screenings, while other health centers may rely 100% on community vision providers, and many fall somewhere in between.

Recommendations & Best Practices:

1. Determine current practice at your health center for addressing Diabetic Eye Exams that patients receive outside of your health center in the community.
    a. **Considerations:** Do care teams verbally remind patients to get their annual eye exam? Is an order or referral placed? Are there ongoing outreach efforts?
    b. **Recommendation:** Additional touch points and support to patients, above and beyond a verbal reminder or a reminder on the After Visit Summary, will help ensure they complete the community eye exam. Decide what level of support is right for your health center.
2. Identify if you have an existing list of community vision providers. This may be from your referral or medical records departments. If you have an onsite vision center within your practice, they may have a list of community vision providers.
3. **Recommend:** Complete Community Research to determine resources in your area
    a. Work from your existing list or start anew using google and google maps to identify vision providers in your area.
    b. Use an Excel document to log these providers. See the example below.
    c. Optional: create a Google map. See **Appendix Figure 1** for an example Google Map.

Site	Vision Office	Address	Complete diabetic eye exams?	Accepted Insurances	Self-Pay Cost	How to get documentation back to PCP?	Optometrists	Opthalmologists	Can We Schedule?	Need a release of info?	RetinaVue Follow Up	Notes	Website
1	Huron Eye Care 989-269-9855 810-648-4838	1040 S Van Dyke Rd #3 Bad Axe, MI 48413 444 Sanilac Rd Sandusky, MI 48471	Yes, Bad Axe location closing. 12/19 last day Sandusky office already open, certain days of the week.	**No medicaid.** Do accept medicare	not sure	Prefer referrals, send back to PCP	No	Yes	Y	Call is fine	Y	M-Th 8-3 no website Dr. Nicholas Leone, MD & DR. Jeffrey Robinson, MD	https://doctor.webmd.com/practice/huron-eye-care-92a7e6c7-4703-e211-a62b-001f29e3eb44/physicians
1	Keith J Messing, OD 989-269-6222	1226 Sand Beach Rd Bad Axe, MI 48413	Yes	**no medicaid.** Medicare yes.	$120-135	we can if patient requests. No PCP referral required	Yes	No	Y	Call and fax them over	Y	M-F 9-5p booking out into sept. Recommends Dr. Miranda Renfrow (MD) - 989-453-5248 Schuer but on her own	https://www.drkeithmessing.com/
1	OptiCare Vision Center 989-269-3937 989-673-3332	119 N Hanselman St Bad Axe, MI 48413 810 S State St Caro, MI 48723	Yes	accept meridian, mclaren, bc complete, UHC, molina, straight medicaid. Do not accept medicare - same at both locations	budget plans available $61 - glasses $185 - exam	referrals not required. Do not usually send back records to PCP, if pt asks could fax.	Yes	No	Y	need release	Y	M-Th 9-5, Fri 9-12 (closed for lunch daily 12:30-1:30p)	https://opticarevisioncenters.com/eye-care-optometrist-in-bad-axe/
2	Family Eye Care of Sandusky 810-648-2020 810-359-2020	454 Sanilac Rd Sandusky, MI 48471 5590 Main St, Ste 1 Lexington, MI 48450	Yes	McLaren, UHC medicaid, no straight. Medicare yes.	$150 for new pt (includes dilation), + $30 refraction	referral not required. **Do send back.**	Yes	No	Y	Call is fine	Y	M, T, W, Fr 9a-5p, Th 9a-7p, Sat 9a-1p Wyatt Lexington - insurance same except for a HAP HMO plan. Also have camera there.	http://www.family-eye-care.com/
2	Star Vision Center 989-672-7827	170 N State St Caro, MI 48723	Yes	**No medicaid.** Yes to medicare	$220 new pt 30% discount if pay at time of service for exam	Do like referrals, do send back, can fax or mail.	Yes	No	Y - need insurance info	call is fine	Y	M, Th, F 8:30a-5p, T 9a-7p, W 9a-1p, Sat 8:30a-12p 2 providers full time - very friendly Beth - think have camera, double checking w/ doc and will call back 10/12	https://visionsource-starvision.com/
2	Greater Thumb Eyecare, PLC 989-823-8559	136 S Main St Vassar, MI 48768	Yes	McLaren and Molina medicaid, no straight medicaid. Medicare accepted.	$ can't estimate, what they find discount for self-pay	prefer a referral, do send back results.	Yes	No	Y - 24 hr no show $35 fee, call us to tell us they NS	like a release, some wiggle room	Y	M 8:30a-6p, T, Th 8:30a-5p, W 7:30a-5p Not in Martlette is not open. Do fundus camera.	http://thumbeye.com/
2	Scheurer Vision - Optometry 989-453-2025	7484 W Michigan Ave Pigeon, MI 48755	Yes	Straight medicaid, Meridian, McLaren, medicaid accepted. Medicare accepted	can't quote	referral not required. Do send back as long have that information.	Yes	No	Y	call should be fine	Y	M-Th 8a-5p, F 8a01p	http://www.scheurer.org/vision
3	Dr. Miranda Renfrow - Scheurer Opthalmology 989-453-5248	170 N Caseville Rd Pigeon, MI 48755	Yes	BC complete, Mclaren, mereidian, molina, UHC, priority, aetna all accepted. Aceept medicare - may have copay - day of.	not sure	Referral required - fax is 855-916-1783. If requested will send back. Put 'please send over office note of visit' with refferal. Then can send auto w/p med records. Also pt will sign release form.	No	Yes	Y - Jeannette does all the scheduling	need to release	Y	Friendly, but said PCP has never asked for records, not sure how to go about sending records back. side of hospital in long-term care wing, north entrance. M-F - see pts all days except for Thurs. Surgical pts on Thurs. Super friendly and helpful.	https://www.scheurer.org/provider-directory/providers/miranda-renfrow-do/
3	Envision Eye Care 989-872-4900	4515 Nestle St Cass City, MI 48726	Yes	Molina, Meridian, UHC, accepted, straight medicaid. Think McLaren (no glasses). Medicare. No BC complete.	$95 office visit + more (MD) $75 office visit + more (OD) Additional $45 for refraction	If needed by insurance, if request in referral yes, or by pt, but not automatic.	Yes	Yes	Y	Calling is fine	Y	M am only (MD), Tues all day (OD). Also have Saginaw office	http://envisioneyemichigan.com/
3	Thumb Family Vision 989-912-3131	6867 Cass City Rd, Ste 2 Cass City, MI 48726	Yes	Mclaren, UHC medicaid. No meridian or straight. Medicare accepted	$95 and up	If required yes. As long as pt lets us know, will send back.	Yes	No	Y	Calling is fine	Y	M 9a-5p, T 9a-6p, W 9a-4p, Th 9a-5p, Fr 9a-1p OD here T, Th for apts	http://thumbfamilyvision.com/
3	Walmart Vision Center - Sandusky 810-648-4541	655 Sanilac Rd Sandusky, MI 48471	Yes	UHC medicaid. Medicare	basic eye exam - $67 and up	Up to us to send. If requested by PCP or pt	Yes	No		Call or send a fax	Y	Friendly but rushed off phone. Optometrist is independent of Walmart.	
3	Walmart Vision Center - Caro 989-672-2700	1121 E Caro Rd Caro, MI 48723	Yes	**no medical billing**	$65 for routine and DM eye exam out of pocket.	does not need referral, but cannot bill medical insurance. Does send back	Yes	No	Y	Calling is fine	N	M-F 9a-8p, Sat 9a-7p, Sun 12p-5p Marie - 10/12 - has pts, call back	https://www.walmart.com/store/1798-caro-mi/

d. Call each office to gather helpful information and log in the Excel file (i.e., type of providers, hours, if/how they send results back to PCP, out-of-pocket cost, insurances accepted, and more). An example is above.
    i. *When asking if they complete diabetic eye exams, specify the need for a dilated exam and/or retinal imaging to be compliant with the measures. It was discovered that some front desk staff did not know what a diabetic eye exam entailed.*
    ii. *Diabetic eye exams are billed to medical insurance, not vision insurance. Most offices have a long list of insurance they accept. Gather the most common Medicaid plans at your health center to inquire about.*
    iii. *Chain offices may accept different insurances at different locations, be sure to check for each location. Options like Walmart Vision Centers will vary greatly from city to city depending on what provider is available in each location.*
    iv. *If you also have a RetinaVue, it is recommended that you ask if they have a fundus camera and/or the ability to follow up on diabetic retinopathy detected with the RetinaVue at your health center. This will allow you to have a list of offices to send patients for follow up from positive RetinaVue screenings.*
e. Narrow to a 'Best Case' or 'Short List' based on the information gathered above. For example, there may be an optometry office in your community that does not accept Medicaid or does not automatically share results back to the PCP, which you may decide is not the best option for you or your patients and leave them off the 'best case' list you provide to patients.
f. Create the list of community options to provide to patients that you narrowed down in the step above. Include helpful information such as address, phone number, what insurance they accept, etc. If you have multiple sites, we recommend creating a list specific to each site. See **Figure 2 in the Appendix** for an example.

4. Draft and mail letter to community vision providers to build rapport and coordinate care (See **Appendix Figure 3**)
5. Create or edit education materials for patients about the importance of diabetic eye exams (See **Appendix Figure 4**)
6. Determine a workflow for care teams to educate patients about the importance of diabetic eye exams and make an order or referral they can place for their community eye exam.

a. **Recommend:** Planning the 'Check' or 'Study' piece of your PDSA. How will you follow up and ensure the uptake of the new workflow?
b. **Recommend:** Determine a way to follow up on open orders. Who is responsible for follow-up, and in what time frame? What modality is best?
c. **Example:** At one FQHC, which relied solely on community vision providers, they developed a workflow to place a 'Community Optometry' order in their EMR. They trained care teams to place this order when they saw the "Eye Exam" alert on the Azara PVP report. Care teams printed out the order and the list of community vision providers and provided these to the patient with directions to schedule their eye exam. The quality department could then follow up via text if the eye exam order remained open.

7. **Recommend:** Search for resources for diabetic eye exam coverage for uninsured patients in your area. During your community research, we also recommend asking about out-of-pocket costs for diabetic eye exams for uninsured patients. Note that some offices may charge an additional fee for retinal images.

RETINAVUE CAMERAS AT POINT OF CARE

Overview: This section discusses the workflows and best practices for implementing and optimizing point-of-care retinal screening.

Pre-Implementation: Prior to rolling out new RetinaVue cameras at your health center, a variety of tasks and training should be completed.

1. Initial investigation of appropriate coding and documentation
    a. Select the appropriate procedure code to capture the retinal screening at your health center. See **Appendix Table 1** for the codes in both the HEDIS and CMS measure value sets.
        i. **Recommend:** Use the CPT codes below based on your RetinaVue arrangement and at the direction of your billing and coding department:
            1. **92227 or 92228** - If the vision provider interpreting the images is located at a different site than where the image was taken. This applies if you are using the Welch-Allyn overread service, or your vision providers within your organization if they are at a different site.
            2. **92250** – If the vision provider interpreting the images is at the same location where the images were taken but interprets the images at a later time.
        ii. **Recommend:** Add CPT II codes based on the result of the screening:
            1. **2022F** – eye exam *with* evidence of retinopathy
            2. **2023F -** eye exam *without* evidence of retinopathy
        iii. **Recommend:** If diabetic retinopathy is found, update the patient's problem list with a diabetic retinopathy diagnosis
    b. Test your specific EMR documentation requirements to ensure that work completed is captured by both their EMR and properly flows to the CMS and HEDIS measures in Azara.
        i. This may include ordering the exam, using CPT and CPT II codes, choosing from a pick list, date of completion, or filling in discreet data.
        ii. **Recommend:** Coordinate with your billing, coding, and IT/EMR departments to ensure appropriate documentation

c. Create a RetinaVue Order. Use the CPT code decided on above. This process may be impacted by the decision on EMR Integration (see #2 below).
    i. **Recommend:** Update your existing Diabetes Standing Order to include this RetinaVue order or create a new standing order or protocol.

2. Decide on EMR Integration. Some health centers may opt for direct connectivity between the camera and your EMR, while others may not. No matter what decision your health center makes, you can be successful in implementing retinal screening.
    a. EMR Integration can save time for staff at the time of taking images and in getting results back into your EMR. However, there are additional costs and time required to set up this integration.
    b. Pricing varies by the cost each EMR vendor has for integration.
    c. Please contact Dwana King and Julie Helinski for more information on EMR Integration.
    d. Of note, this is a non-reimbursable service for Medicaid patients outside of the PPS rate.
3. Other Considerations during the planning & pre-implementation phase include:
    a. Determine which site the camera will be placed at, and where the imaging will take place (in the exam room, a separate room or office, etc.)
    b. Identify the staff to be trained to take images. As long as they receive training, no credentials are required. See **Appendix Figure 5** for an example competency form.
    c. Who will be monitoring the portal and doing data validation?
    d. Who is responsible for adding CPT II codes?
    e. How will you notify patients of their results? If disease is detected and follow-up is needed, how will those referrals be made?

RetinaVue Workflows: The following section outlines an example recommended workflow for RetinaVue implementation at an FQHC. Each health center has its own resources and barriers, thus this workflow should be adapted and tailored to your specific health center needs.

- Pre-Visit Planning: Care teams should utilize Azara PVP or EMR CDSS alerts before patients arrive to determine who is due for diabetic retinal screening. The goal should be to obtain RetinaVue screenings on all eligible patients, not just those care teams may have extra time to screen. Of note, it is important to keep medical records up to date and document all care a patient has received inside and outside of your institution so that you can have confidence in PVP alerts.
    - **Example**: When an MA is rooming a patient, they may say, "According to our records, you are due for your diabetic eye exam. While you're here today, we'd like to give you a retinal screening to check for eye damage that can happen with high blood sugars in diabetes. Before we do that, I want to make sure you haven't already gotten an eye exam this year? Including anyone coming to do healthcare in your home, from HealPros or another company?" *Wait for the patient's answer*. "No? Okay, great, let's plan to give you the screening today while you're here. It should only take 15 minutes, and you'll get the results in a day or two."
- Depending on your workflow and connectivity of the camera to your EMR, once the patient agrees, providers or staff using the camera will place the order for the RetinaVue screening in your EMR.
    - The designated staff takes the images at some point before the patients leave
    - **Example**: This may be before or after the provider meets with the patient in the exam room. This may also look like a warm hand-off to another room following their medical visit.

- Through trial and error with this work, it has been discovered that the providers will likely need to leave the encounter open until the results are received. This is because a CPT II code can only be added after results have been obtained. Additionally, some images may come back unreadable, and a health center may want to remove the code since the image interpretation is part of the service required for these codes.
- The retinal images will go to Welch Allyn virtual ophthalmologists for official reading, and results will be sent back to the portal or your EMR within 72 hours (typically takes less than 24 hours).
    - Depending on your workflow and health center resources, you may prefer to send the results to your health center vision providers for review instead of using the Welch-Allyn service.
- Primary Care Providers should review the screening results and document them appropriately in the EMR, as established in the pre-implementation phase. Of note, if the patient screens positive for retinopathy, it is recommended that this be added to the patient's problem list for appropriate documentation. Your health center will also need to determine who notifies patients of their results and follow through on this workflow. See **Figure 6 in the Appendix** for a high-level workflow example.

RetinaVue Implementation: When implementing new RetinaVue workflows, it is recommended to start with either one care team or one site location. This will allow care teams to identify gaps and barriers in established workflows that may be rectified before spreading and scaling to all health center locations.

1. All staff, including MAs, providers, front desk staff, medical records staff, and the billing department, should be trained and educated on these workflows. **Appendix Figure 7** indicates that example training is available upon request.

RetinaVue Billing and Reimbursement: This section gives an overview of the best practices determined regarding RetinaVue finance workflows.

- Due to a partnership between some VBA health plans and MCHN, health centers have an opportunity to be reimbursed for the overread fees for some patients
- Although health centers are submitting the code on a claim to the health plans, Medicaid will not reimburse for this service as it is part of your PPS rate. However, you may receive some reimbursement for other commercial or Medicare payers
- As of 2024, MCHN has committed to covering the $15 overread fee for all Medicaid patients.
- The health center will be responsible for the $15 overread fee to Welch Allyn for all non-Medicaid members
- MCHN will front all payments to Welch Allyn for overread fees and then produce invoices to health centers and health plans based on patient eligibility. See workflow in **Figure 8 in the Appendix** for more details.

Data Validity and Hygiene work:

- An employee at your health center should be responsible for performing data validity for RetinaVue screenings at regular intervals.
- Data hygiene work should include running Azara PVP reports regularly to understand what patients are coming into the health center and ensuring that those patients did in fact receive a RetinaVue screening after they leave
- Data hygiene work should also include comparing patients and data in both the CMS and HEDIS diabetic eye exam measures. This can help ensure that your health center receives credit from the

health plan for work completed, as well as ensuring your health center obtains and documents results for procedures completed outside of the health center for accurate medical records

- You may also use the list from the Welch Allyn portal of billable images to check these patients landed in the numerator for the CMS and HEDIS measures

GENERAL FAQs AND IMPORTANT INFORMATION

Measure Definitions: Below are the definitions of the CMS and HEDIS measures in Azara that relate to diabetes eye exams.

HEDIS Diabetes Eye Exams (EED): The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam, which is defined as *one of the following*: A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year, **or** a negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year, **or** bilateral eye enucleation any time during the member's history through December 31 of the measurement year.

Diabetes: Eye Exam (CMS 131v9): Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period.

Frequently Asked Questions:

1) Does an ophthalmologist have to complete a retinal exam or does an optometrist count?
   - An Optometrist or Ophthalmologist can complete diabetic eye exams and interpret retinal imaging from a RetinaVue camera.
2) How does **HEIDS** determine whether patients need to be screened every year or every two years?
   - The HEDIS measure uses CPT II codes to keep patients in the numerator for 24 months if the eye exam is negative. If the previous eye exam is positive for retinopathy and was coded accordingly using a CPT II code, that patient will only remain in the numerator for one year and will need to be screened every 12 months.
3) How does the **CMS measure** in Azara determine whether patients need to be screened every year or every two years?
   - The CMS measure in Azara looks for a Diabetic Retinopathy diagnosis in the problem list to determine if a patient stays in the numerator for 12 vs 24 months. The CMS measure does not look for a CPT II code like the HEDIS measure. The CMS measure also does not look for the result entered as 'positive' or 'negative' in the EMR or 'result' column from structured clinical data.
4) What if we find patients in the denominator who do not have diabetes?
   - If you find patients in the denominator who do not have diabetes, contact your payer representative to provide evidence of a diabetes diagnosis. Unfortunately, NCQA does not require these patients to be removed from the denominator of the HEDIS measure.
5) Does RetinaVue Imaging count for a full diabetic eye exam?

- While retinal imaging does close the gap for clinical quality measures, retinal imaging alone is not equal to a comprehensive diabetes eye exam. Your organization will determine if you still recommend the patients to receive an eye exam in addition to a negative POC retinal screening.

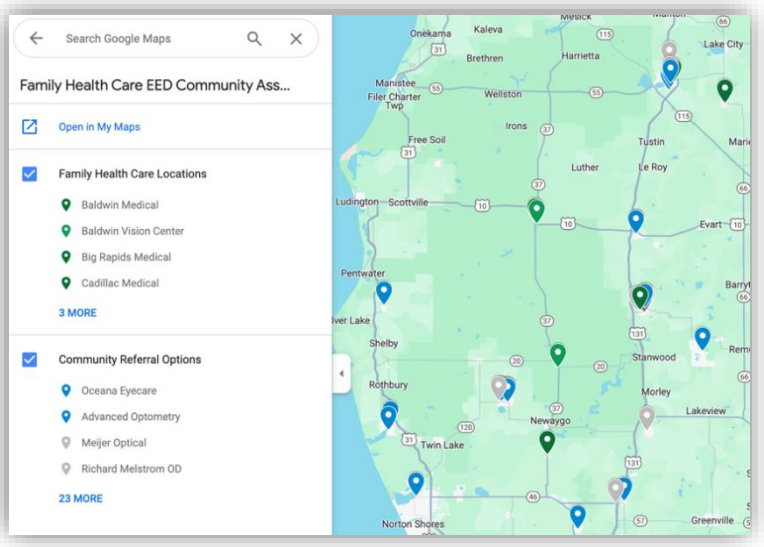
6) How is insurance used for a diabetic eye exam at an FQHC vision center or community vision center?
   - Diabetic Eye Exams are billed through medical insurance, not vision insurance. However, vision insurance may be used for refraction, glasses, and/or contacts a patient may need outside of their medical diabetes eye exam. RetinaVue screenings are not separately reimbursable through Medicaid insurance at FQHCs, as they are included in the PPS rate.
7) What should health centers recommend to patients who need both glasses and a diabetic eye exam?
   - Although annual eye exams are recommended and covered by insurance, patients may not be eligible for new glasses every year (Medicaid covers every 24 months). Communicating this nuance is important, and we recommend emphasizing the importance of getting an eye exam annually, even if they are not due for new glasses.

APPENDIX

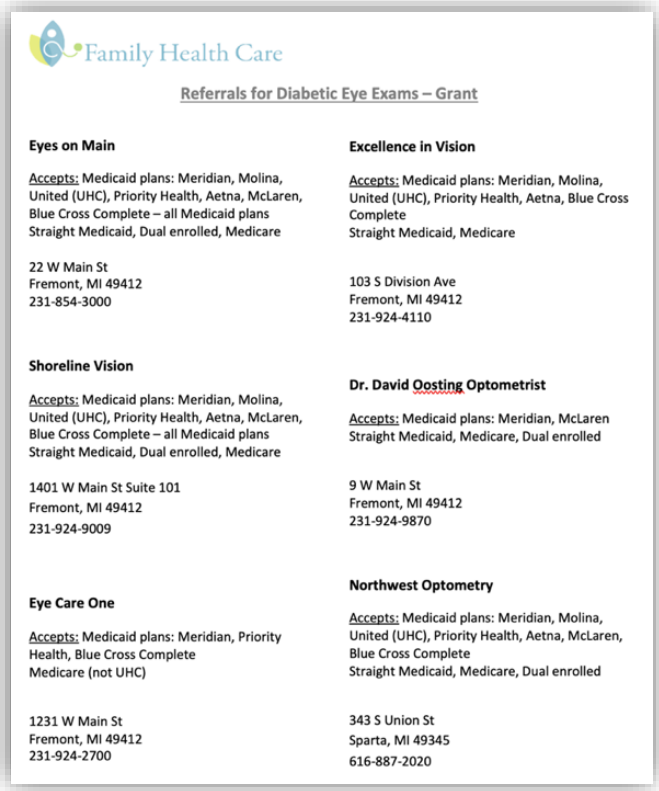
- **Table 1:** Matrix of codes that count for both CMS and HEDIS value sets.

Value Set Name	Code	Definition	Code System
Diabetic Retinal Screening	**92134**	Scanning Computerized Ophthalmic Diagnostic Imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	CPT
Diabetic Retinal Screening	**92227**	Ophthalmoscopy Procedures - The patient undergoes retinal imaging on one or both eyes in a location other than the reviewing clinical staff's location. The clinical staff analyzes the images remotely and prepares a report. The imaging helps with diagnosing and monitoring retinal disease.	CPT
Diabetic Retinal Screening	**92228**	Ophthalmoscopy Procedures - The patient undergoes retinal imaging on one or both eyes in a location other than the reviewing provider's location. The provider interprets the images remotely and prepares a report. The imaging helps with diagnosing and monitoring retinal disease.	CPT
Diabetic Retinal Screening	**92250**	Ophthalmoscopy Procedures - the taking of fundus photographs, that is, photographs of the posterior segment of the inner aspect of the eye, to document alterations in the optic nerve head, retinal vessels, and retinal epithelium. It can be used to document baseline retinal findings and track disease progression. Fundus photography with interpretation and report	CPT
Eye Exam With Evidence of Retinopathy	**2022F**	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)	CPT-CAT-II
Eye Exam Without Evidence of Retinopathy	**2023F**	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)	CPT-CAT-II
Eye Exam With Evidence of Retinopathy	**2024F**	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)	CPT-CAT-II
Eye Exam With Evidence of Retinopathy	**2026F**	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy (DM)	CPT-CAT-II
Diabetic Retinal Screening Negative In Prior Year	**3072F**	Low risk for retinopathy (no evidence of retinopathy in the prior year) (DM)	CPT-CAT-II

- **Figure 1:** Example Google Map for Community Referrals



- **Figure 2:** Example Community Referral Summary Handout for Patients



Family Health Care

Referrals for Diabetic Eye Exams – Grant

Eyes on Main

Accepts: Medicaid plans: Meridian, Molina, United (UHC), Priority Health, Aetna, McLaren, Blue Cross Complete – all Medicaid plans
Straight Medicaid, Dual enrolled, Medicare

22 W Main St
Fremont, MI 49412
231-854-3000

Shoreline Vision

Accepts: Medicaid plans: Meridian, Molina, United (UHC), Priority Health, Aetna, McLaren, Blue Cross Complete – all Medicaid plans
Straight Medicaid, Dual enrolled, Medicare

1401 W Main St Suite 101
Fremont, MI 49412
231-924-9009

Eye Care One

Accepts: Medicaid plans: Meridian, Priority Health, Blue Cross Complete
Medicare (not UHC)

1231 W Main St
Fremont, MI 49412
231-924-2700

Excellence in Vision

Accepts: Medicaid plans: Meridian, Molina, United (UHC), Priority Health, Aetna, Blue Cross Complete
Straight Medicaid, Medicare

103 S Division Ave
Fremont, MI 49412
231-924-4110

Dr. David Oosting Optometrist

Accepts: Medicaid plans: Meridian, McLaren
Straight Medicaid, Medicare, Dual enrolled

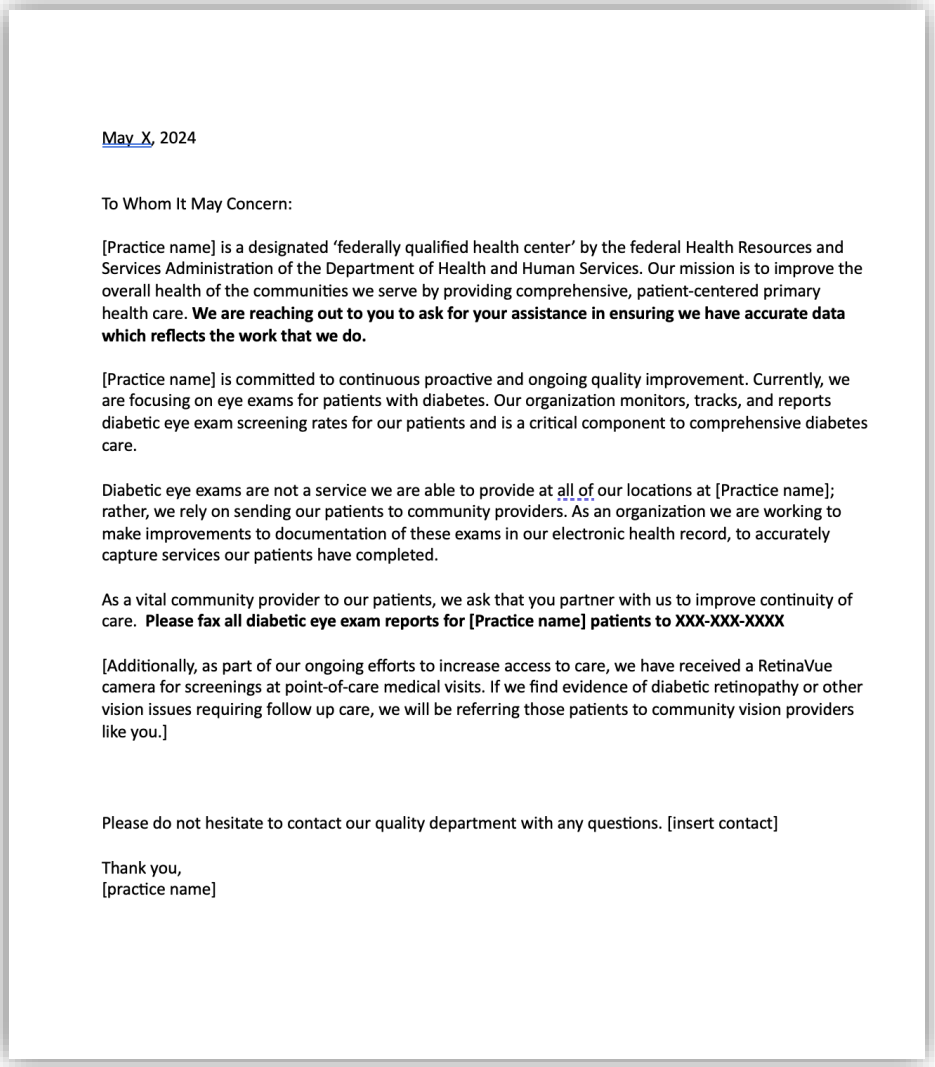
9 W Main St
Fremont, MI 49412
231-924-9870

Northwest Optometry

Accepts: Medicaid plans: Meridian, Molina, United (UHC), Priority Health, Aetna, McLaren, Blue Cross Complete
Straight Medicaid, Medicare, Dual enrolled

343 S Union St
Sparta, MI 49345
616-887-2020

- **Figure 3:** Example Letter to Community Vision Providers



May X, 2024

To Whom It May Concern:

[Practice name] is a designated 'federally qualified health center' by the federal Health Resources and Services Administration of the Department of Health and Human Services. Our mission is to improve the overall health of the communities we serve by providing comprehensive, patient-centered primary health care. **We are reaching out to you to ask for your assistance in ensuring we have accurate data which reflects the work that we do.**

[Practice name] is committed to continuous proactive and ongoing quality improvement. Currently, we are focusing on eye exams for patients with diabetes. Our organization monitors, tracks, and reports diabetic eye exam screening rates for our patients and is a critical component to comprehensive diabetes care.

Diabetic eye exams are not a service we are able to provide at all of our locations at [Practice name]; rather, we rely on sending our patients to community providers. As an organization we are working to make improvements to documentation of these exams in our electronic health record, to accurately capture services our patients have completed.

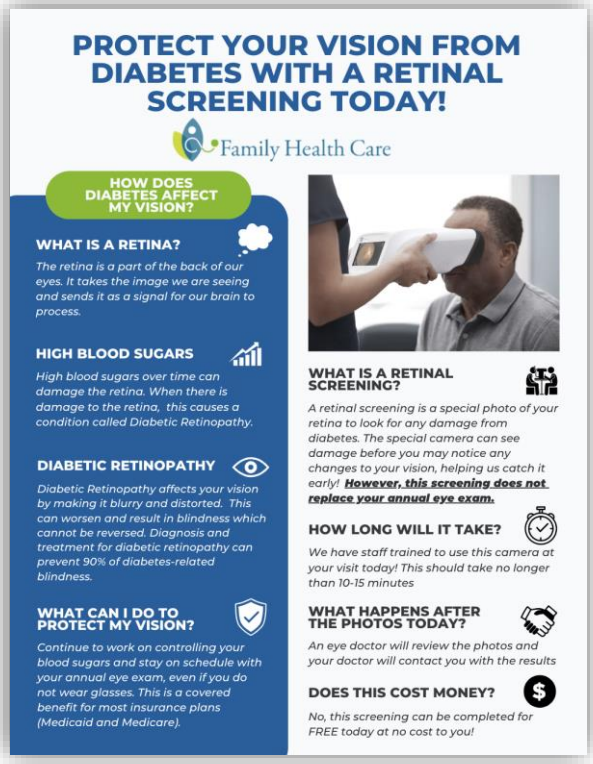
As a vital community provider to our patients, we ask that you partner with us to improve continuity of care. **Please fax all diabetic eye exam reports for [Practice name] patients to XXX-XXX-XXXX**

[Additionally, as part of our ongoing efforts to increase access to care, we have received a RetinaVue camera for screenings at point-of-care medical visits. If we find evidence of diabetic retinopathy or other vision issues requiring follow up care, we will be referring those patients to community vision providers like you.]

Please do not hesitate to contact our quality department with any questions. [insert contact]

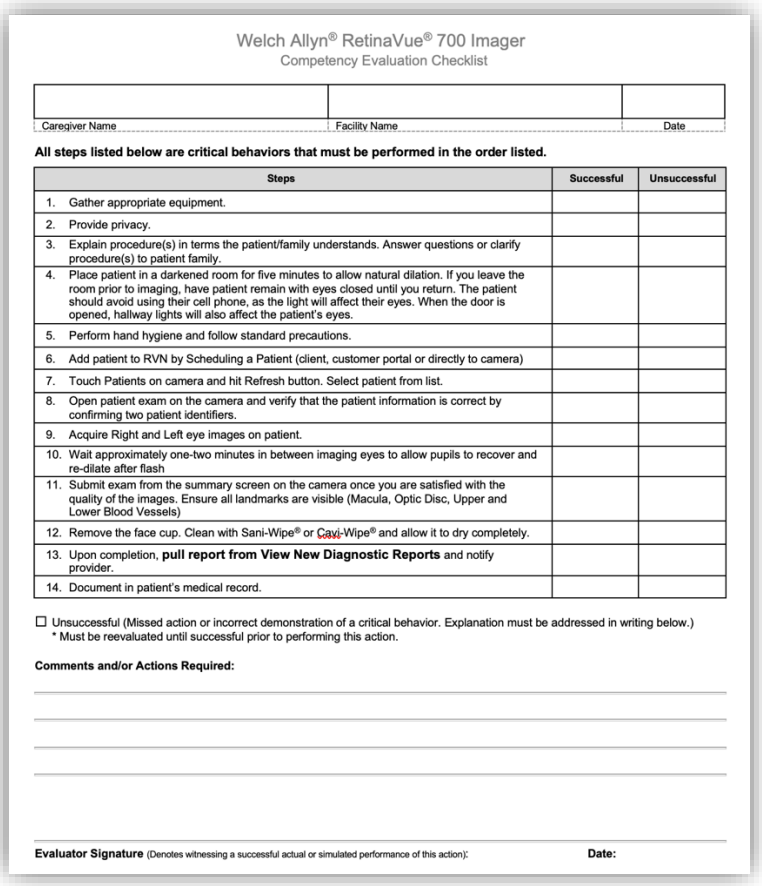
Thank you,
[practice name]

- **Figure 4:** Examples of Education Material for Patients.



  - For a guide of how to edit these education materials to tailor to your health center, see the 'Canva Editing Quick Tips' file.

- **Figure 5:** Example Competency Form for staff using the RetinaVue camera.



Welch Allyn® RetinaVue® 700 Imager
Competency Evaluation Checklist

Caregiver Name	Facility Name	Date

All steps listed below are critical behaviors that must be performed in the order listed.

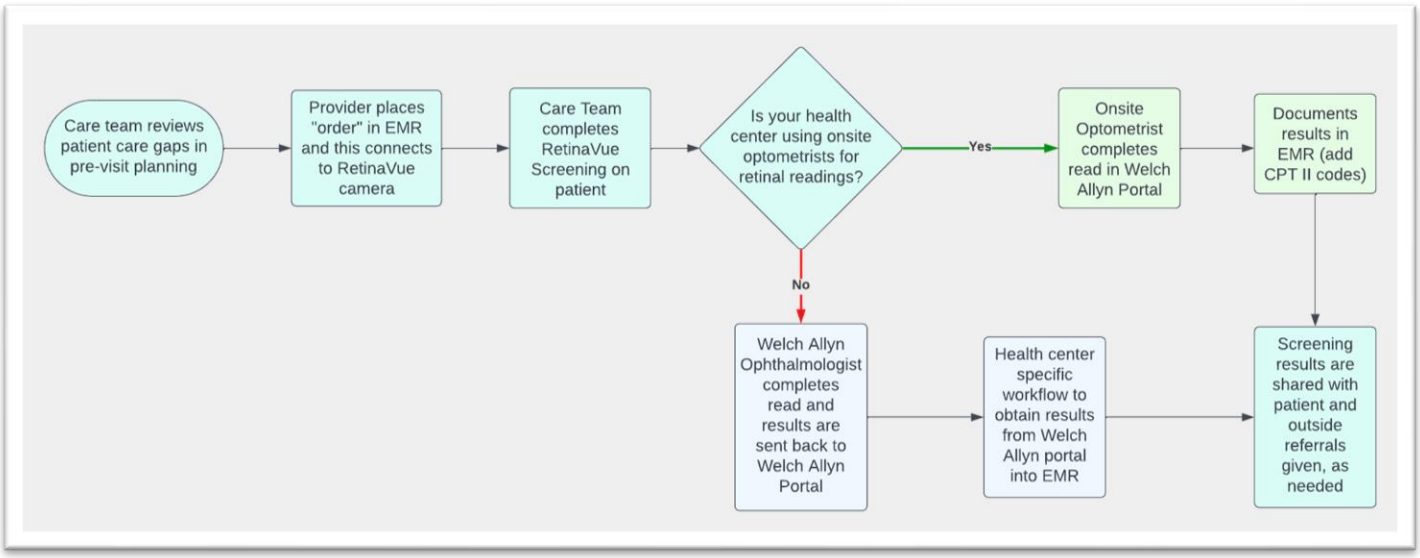
Steps	Successful	Unsuccessful
1. Gather appropriate equipment.		
2. Provide privacy.		
3. Explain procedure(s) in terms the patient/family understands. Answer questions or clarify procedure(s) to patient family.		
4. Place patient in a darkened room for five minutes to allow natural dilation. If you leave the room prior to imaging, have patient remain with eyes closed until you return. The patient should avoid using their cell phone, as the light will affect their eyes. When the door is opened, hallway lights will also affect the patient's eyes.		
5. Perform hand hygiene and follow standard precautions.		
6. Add patient to RVN by Scheduling a Patient (client, customer portal or directly to camera)		
7. Touch Patients on camera and hit Refresh button. Select patient from list.		
8. Open patient exam on the camera and verify that the patient information is correct by confirming two patient identifiers.		
9. Acquire Right and Left eye images on patient.		
10. Wait approximately one-two minutes in between imaging eyes to allow pupils to recover and re-dilate after flash		
11. Submit exam from the summary screen on the camera once you are satisfied with the quality of the images. Ensure all landmarks are visible (Macula, Optic Disc, Upper and Lower Blood Vessels)		
12. Remove the face cup. Clean with Sani-Wipe® or Cavi-Wipe® and allow it to dry completely.		
13. Upon completion, **pull report from View New Diagnostic Reports** and notify provider.		
14. Document in patient's medical record.		

☐ Unsuccessful (Missed action or incorrect demonstration of a critical behavior. Explanation must be addressed in writing below.)
* Must be reevaluated until successful prior to performing this action.

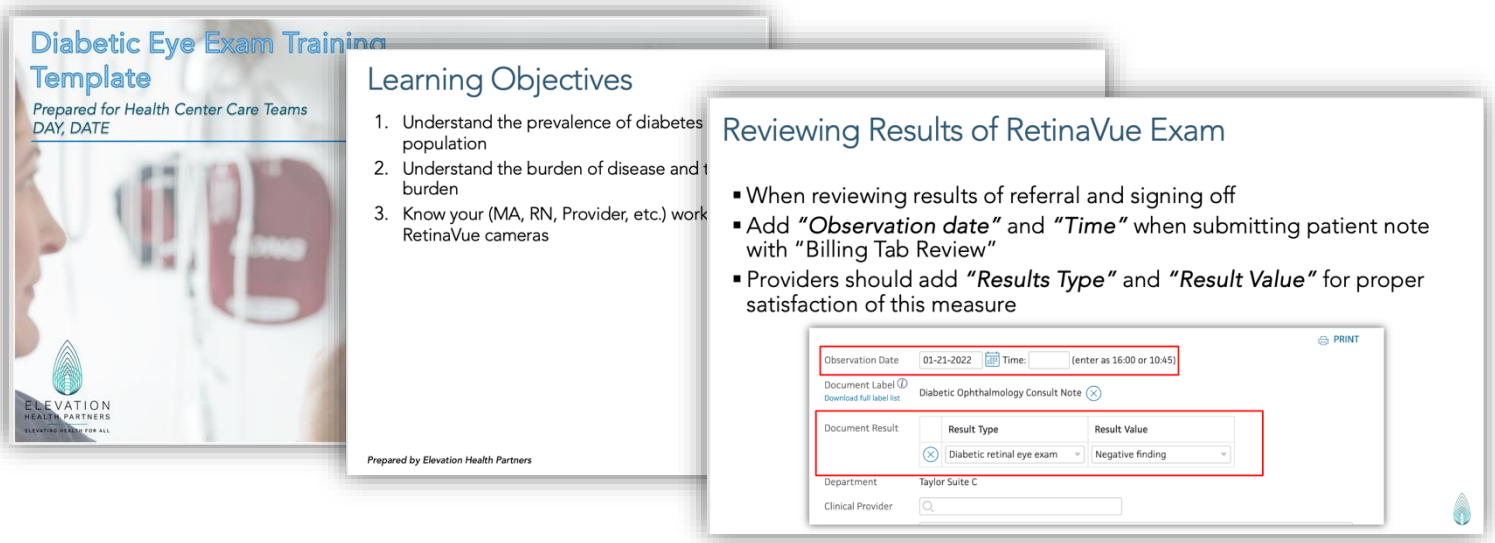
Comments and/or Actions Required:

Evaluator Signature (Denotes witnessing a successful actual or simulated performance of this action): **Date:**

- **Figure 6:** High Level RetinaVue Workflow example



- **Figure 7:** Example Staff Trainings available upon request



- **Figure 8:** RetinaVue Financial Workflow Overview