MedPOINT MANAGEMENT
Pointing Healthcare In The Right Direction

2017 Medicare STARs Provider Quality Indicators Guide

Medicare STARs Rating

Centers for Medicare & Medicaid Services (CMS) created a Five-Star Quality Rating System to help measure the quality in care for Medicare Advantage (MA) and Prescription Drug Plans (Part D Plans), and assist beneficiaries in finding the best plan for them. The ratings support the efforts of CMS to improve the level of accountability for the care provided by physicians, hospitals, and other providers.

Measure	Wt	4 Stars	Requirement and Documentation	Sample Codes
Adult Body Mass Index (BMI) Assessment (C07 / ABA) Members 18 to 74 years of age who had a BMI documented during the measurement year.	1	>87%	For members **20 years and older** document **weight and BMI** value every year. For members **younger than 20 years** document **height, weight and BMI percentile** every year	**BMI ICD-10:** Z68.1, Z68.20, Z68.21, Z68.22, Z68.23, Z68.24, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29, Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 **BMI PERCENTILE ICD-10**: Z68.51, Z68.52, Z68.53, Z68.54
Breast Cancer Screening (C01 / BCS) Women 50 to 74 years old who had a mammogram.	1	>69%	Mammogram screening every two years.	**ICD-10:** Z12.31, Z12.39 **CPT®:** 77055,77056,77057 **HCPCS:** G0202, G0204, G0206 **Exclusion:** Bilateral Mastectomy; absence of breast(s) **ICD-10:** Z90.11, Z90.12, **Z90.13**
Colorectal Cancer Screening (C02 / COL) Members 50 to 75 who had appropriate screening for colorectal cancer. • Fecal occult blood test • Flexible sigmoidoscopy • Colonoscopy	1	>71%	• Fecal occult blood (FOBT, gFOBT or iFOBT) test **every year** **OR** • Flexible sigmoidoscopy every **5 years** **OR** • Colonoscopy every **10 years** **NOTE**: Clear documentation of previous colonoscopy or sigmoidoscopy, including year performed, is required	**Colonoscopy CPT:** **Colonoscopy HCPCS:** G0105, G0121 **Flexible Sigmoidoscopy CPT:** 45330-45335, 45337-45342, 45345-45347, 45349,45350 **Sigmoidoscopy HCPCS:** G0104 **FOBT CPT:** 82270, 82274 **FOBT Reply Form ICD-10:** Z12.11 **HCPCS:** G0328
Care for Older Adults (COA) *Medicare Special Needs Plan (SNP) and MMP (Cal MediConnect)* The percent of (SNP) adults 66 years and older who received the following during the measurement year: 1. **Medication Review** (C09) 2. **Functional Status Assessment** (C10) 3. **Pain Assessment** (C11) (continued)	1	 >75% >74% >75%	**Medication Review –** must include medication list in the medical record, and evidence of a medication review and the date when it was performed **or** notation that the member is not taking any medication and the date when it was noted. **Functional Status Assessment –** documentation must include evidence of functional status assessment **and** the date when it was performed. **Pain Assessment** – documentation must include evidence of a pain assessment (may include positive or negative findings for pain) and the date when it was performed.	**Medication Review**: **CPT®:** 90863, 99605, 99606 **CPT® II:** 1160F **Medication List**: **CPT® II:** 1159F **Functional Status Assessment**: **CPT® II:** 1170F **Pain Assessment:** **Pain Present CPT II:** 1125F **Pain not Present CPT II:** 1126F

MEASURE	Wt	4 Stars	WHAT SERVICE IS NEEDED	ACCEPTABLE CODES
Care for Older Adults (COA) (continued) **4. Advanced Care Planning**			**Advanced Care Planning –** evidence must include either the presence of advanced care plan in the medical record or documentation of advanced care planning discussion with the provider and the date when it was discussed.	**Advanced Care Planning:** **CPT:** 99497, 99498 **Document Present CPT II:** 1157F **Discussion Documented CPT II:** 1158F
Osteoporosis Screening and Management after Fracture (OMW / C12) Women 67–85 years who suffered a fracture and had either a bone mineral density (BMD) test **or** prescription for a drug to treat osteoporosis in the **six months** after the fracture. **Osteoporosis Therapies:** **Biphosphonates** Alendronate-cholecalciferol, Alendronate, Ibandronate, Risedronate, Zoledronic acid. **Other Agents** Calcitonin, Denosumab, Raloxifene, Teriparatide	1	>51%	Appropriate testing **or** treatment for osteoporosis after the fracture. 2017 FDA approved osteoporosis therapies are available at: http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2017/hedis-2017-ndc-license/hedis-2017-final-ndc-lists	**Bone Mineral Density Tests CPT:** 76977, 77078, 77080 -77082, 77085, 77086 **HCPCS:** G0130 **AND/OR** **Osteoporosis Medications:** **HCPCS**: J0630, J0897, J1740, J3110, J3487, J3488, J3489, Q2051 **Long-Acting Osteoporosis Medications HCPCS:** J0897, J1740, J3487 -J3489, Q2051

MEASURE	Wt	4 Stars	WHAT SERVICE IS NEEDED	ACCEPTABLE CODES
Diabetes Care – Dilated or Retinal Eye Exam (CDC / C13) Diabetic members (Type I or Type II) 18-75 years old who have received a comprehensive eye exam	1	>73%	Diabetics who had one of the following with an eye care professional (optometrist or ophthalmologist) during the current measurement year: • A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in 2017. • A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in 2016. **Note:** medical record documentation must include a note or letter from an ophthalmologist, optometrist, PCP that eye professional completed exam, date of service and result.	**Diabetic Retinal Screening CPT:** 67028-99245 **HCPCS:** S0620, S0621, S3000 **Diabetic Retinal Screening Negative (for prior year) CPT II:** 3072F **Diabetic Retinal Screening with Eye Care Professional CPT II:** 2022F, 2024F, 2026F **Exclusions:** Gestational diabetes (diabetes during pregnancy), steroid induced diabetes.
Diabetes Care – Kidney Disease Monitoring (Nephropathy) (CDC / C14) Diabetic members (Type I or Type II) 18-75 years old who received medical attention for nephropathy (nephropathy screening test or evidence of nephropathy)	1	>96%	A nephropathy screening or monitoring test or evidence of nephropathy during the measurement year. Including any one of the following: • urine protein test • nephropathy treatment • ACE/ARB therapy • evidence of stage 4 chronic kidney disease • evidence of ESRD • evidence of kidney transplant • a visit with a nephrologist • at least one ACE inhibitor or ARB dispensing event from medication list table (refer to NCQA for a comprehensive list)	**Nephropathy Treatment CPT II:** 3066F, 4010F **Nephropathy Treatment ICD-10:** E08.21- R80.9 **Urine Protein Tests CPT:** 81000, 81001, 81002, 81003, 81005, 82042, 82043, 82044, 84156 **Urine Protein Tests CPT II:** 3060F - 3062F **HCPCS:** G0257, S2065, S9339 **CKD Stage 4 ICD-10**: N18.4 **Kidney Transplant CPT**: 50300-50380 **Kidney Transplant ICD-10**: Z94.0 **ESRD CPT**: 36147- 99512 **ESRD HCPCS**: G0257, S9339 **ESRD ICD-10**: N18.5-Z99.2 **Exclusions:** Gestational diabetes, steroid induced diabetes.
Diabetes Care – Blood Sugar (HbA1c) (CDC / C15) Diabetic members 18-75 years old	3	>76%	Documentation of a hemoglobin (HbA1c) blood test in current measurement year date and result. HbA1c testing • HbA1c control <8.0% • HbA1c poor control >9.0%	**HbA1c Tests CPT:** 83036, 83037 **HbA1c Level < 7.0 CPT II:** 3044F **HbA1c Level 7.0-9.0 CPT II:** 3045F **HbA1c Level > 9.0 CPT II:** 3046F **Exclusions:** Gestational diabetes, steroid induced diabetes.

MEASURE	Wt	4 Stars	WHAT SERVICE IS NEEDED	ACCEPTABLE CODES
Controlling Blood Pressure (CBP / C16) Members 18-85 years old diagnosed with hypertension who have a blood pressure reading below 140/90 mmHg.	3	>64%	Documentation of the most recent blood pressure in current year as long as it occurred after the diagnosis of hypertension; • Ages 18-59 whose BP was <140/90; • Ages 60-85 **with** a diagnosis of Diabetes whose BP was <140/90; • Ages 60-85 **without** a diagnosis of Diabetes whose BP was <150/90.	**Essential Hypertension (primary)** **ICD-10:** I10 **CPT II:** 3074F, 3075F, 3077F – 3080F **Exclusions:** Members with evident ESRD; kidney transplant; diagnosis of pregnancy during 2017; members who had an admission to a non-acute inpatient setting in 2017.
Rheumatoid Arthritis Management (C17) Disease-Modifying Anti-Rheumatic Drug (DMARD) Therapy for Rheumatoid (ART) Members 18 and older who were diagnosed with rheumatoid arthritis and were dispensed at least one DMARD prescription in 2017. **DMARDS include**: • **Aminoquinolines:** Hydroxychloroquine • **5-Aminosalicylates:** Sulfasalazine • **Alkylating agents:** Cyclophosphamide • **Anti-rheumatics:** Auranofin, gold sodium thiomalate, leflunomide, methotrexate, penicillamine • **Immunomodulators:** Abatacept, adalimumab, anakinra, certolizumab, certolizumab pegol, etanercept, golimumab, infliximab, rituximab, Tocilizumab • **Immunosuppressive agents:** Azathioprine, cyclosporine, mycophenolate **Janus Kinase (JAK) inhibitor:** Tofacitinib • **Tetracyclines:** Minocycline	1	>76%	• Confirm rheumatoid arthritis (RA) versus osteoarthritis (OA) or joint pain. (OA) is commonly misdiagnosed as (RA). • Prescribe DMARD to members with a confirmed diagnosis of rheumatoid arthritis in 2017. • All patients *not* currently treated with a DMARD should be referred for rheumatology consultation to confirm diagnosis and assess for DMARD therapy.	**Rheumatoid Arthritis ICD-10**: M05.00 - M06.9 (189 codes available) **AND/OR** **DMARD PRESCRIPTION:** **HCPCS:** J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515-J7518, J9250, J9260, J9310 **Exclusion:** Diagnosis HIV or Pregnancy
Plan All-Cause Readmissions (PCR / C19) Readmissions to a hospital within 30 days of being discharged. Percent of members 18 years old and older discharged from a hospital stay who were readmitted to a hospital within 30 days, either for the same condition or for a different reason.	3	<8%	No specific services are needed, other than efforts from the plan and providers around coordination of care and prevention of all readmissions. Patients may have been readmitted to the same hospital or a different one. Rates of readmission are risk-adjusted and account for how sick patients were on the first admission.	No reporting is needed from the providers as data for this measure is taken from health plan data.

Centers for Medicare & Medicaid Services (CMS) Part D Safety Measures

CMS includes several Part D measures in the Star measures reporting, including the five drug safety measures listed below.

MEASURE	WT	4 Stars	WHAT IS NEEDED	MEMBER SURVEY QUESTIONS
TCM - Transitional Care Management with Medication Reconciliation Post-Discharge	3	72%	The review of medication prescribed at the hospital must take place within 30 days of discharge. Medication reconciliation can help: • Address medication errors or duplicates • Educate patients on new medications and side effects • Lower the risk of adverse interaction	**99495 –** Face-to-face visit within 14 days of discharge. **99496**- Face-to-face visit within 7 days of discharge. **1111F**- medication reconciliation post-discharge
High Risk Medication (D11) Taking High Risk Medication. Medicare Part D members 65 or older who received **two or more** prescriptions fills for certain drugs with a high risk of side effects, when there may be safer drug choices.	3	<5%	• Follow the suggestions from the Pharmacy Quality Alliance (PQA) on the cautionary use of high-risk medications in the elderly, and unless absolutely necessary, prescribe an alternative medication. This list can be found at: http://www.ncqa.org.	No reporting required from a provider's perspective. The health plan evaluates prescription claims data for this measure.
Medication Adherence for Diabetes Medications (D12) Taking Diabetes Medication as directed. Percentage of Medicare Part D beneficiaries 18 years or older with a prescription for diabetes medication who fill their prescription often enough to cover 80 percent or more of the time they are supposed to be taking the medication.	3	>79%	• Proactively assess whether the patient is taking medication as prescribed • If you identify barriers to adherence, resolve those barriers and find ways to help the member take his or her medication as directed.	No reporting required from a provider's perspective. The health plan evaluates prescription claims data for this measure.
Medication Adherence for Hypertensive (RAS antagonists) (D13) Taking blood pressure medication as directed**.** Percentage of Medicare Part D beneficiaries 18 years or older with a prescription for blood pressure medication who fill their prescription often enough to cover 80 percent or more of the time they are supposed to be taking the medication.	3	>79%	• Proactively assess whether patient is taking medication as prescribed. • If you identify barriers to adherence, resolve those barriers and find ways to help the member take their medication as directed.	No reporting required from a provider's perspective. The health plan evaluates prescription claims data for this measure.

Medication Adherence for Cholesterol (Statins) (D14) Taking cholesterol medication as directed**.** Percentage of Medicare Part D beneficiaries 18 years or older with a prescription for cholesterol medication (a statin drug) who fill their prescription often enough to cover 80 percent or more of the time they are supposed to be taking the medication.	3	>77%	• Proactively assess whether patient is taking medication as prescribed. • If you identify barriers to adherence, resolve those barriers and find ways to help the member take their medication as directed.	No reporting required from a provider's perspective. The health plan evaluates prescription claims data for this measure.

Please NOTE:

- The codes listed above are SAMPLE CODES. The codes listed are not inclusive and do not represent a complete list of codes.
- Please refer to NCQA's HEDIS 2017 Value Set Directory and HEDIS 2017 Volume 2 Technical Specifications to ensure accurate documentation.
- This list contains MedPOINT Management focus measures only and does not include all STARs measures.
- CPT II codes must be submitted together with procedure codes; they cannot be submitted alone.

Definitions:

(1) **Wt** = Measure weight - Star measures are weighted based on whether they are a procedure-based measure (counted at 1x) or an outcome-based measure (3x). A measure given a weight of 3 counts three times as much as a measure given a weight of 1.
(2) **4 Stars** = Percentage of eligible members who must meet the measure in order to attain a 4 Star rating.
(3) **Reference**: Medicare 2017 Part C & D Star Rating Technical Notes - https://www.cms.gov/medicare/prescription-drug-coverage/prescriptiondrugcovgenin/performancedata.html, 2017 Part C and D Medicare Star Ratings Data (v10 06 2015).

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CPT® codes are the Current Procedural Terminology codes. CPT® is a registered trademark of the American Medical Association.

HCPCS is the Healthcare Common Procedure Coding System used by the Centers for Medicare & Medicaid Services.

LOINC® (Logical Observation Identifiers Names and Codes) is a set of universal names and ID codes for identifying laboratory and clinical test results.

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