2019 HEDIS® AT-A-GLANCE GUIDE
STAR MEASURES

This guide alerts you to important preventive care and services that you can provide to patients to help boost Star Ratings.

At 'Ohana, we value everything you do to deliver quality care to our members – your patients – and to make sure they have a positive healthcare experience. That's why we're emphasizing significant new measures that will impact 2018-2019 Star Ratings in the At-A-Glance Guide below.

You can do even more to improve Star Ratings by encouraging patients to have preventive healthcare visits, screenings and tests, educating them about medication adherence and side effects, and reaching out to those who do not comply with their care plan.

Quality care is a team effort. Thank you for playing a starring role!

*Measurement year 2018

	Measure	Provider Actions	Sample Codes Used
ASSESSMENT AND SCREENING	★**Adult BMI Assessment (ABA)** Those who had an outpatient visit and had their Body Mass Index (BMI) documented during the measurement year or year prior. *Performed: Measurement year or prior year** **STAR Weight: 1** **Ages:** 18-74 years	To be calculated and documented at every visit. • For members ≥ 20, documentation must include weight and BMI value. • For members younger than 20, documentation must include height and weight and be represented as a percentile. **EXCLUSION:** Females diagnosed as pregnant during the measurement year or year prior.	**Members 20 years and older:** Use BMI Values diagnosis codes. **ICD-10-Dx:** Z68.1, Z68.20-Z68.39, Z68.41-Z68.45 **Members younger than 20:** Use BMI Percentile diagnosis codes. **ICD-10-Dx:** Z68.51-Z68.54
	★**Breast Cancer Screening (BCS)** Women who had one or more mammograms to screen for breast cancer during the measurement year or the two years prior. *Performed: Oct. 1 two years prior to the measurement year through Dec. 31 of measurement year** **STAR Weight: 1** **Ages:** 50-74 years (Women)	• Include documentation of mammogram or exclusions. This measure is to evaluate preventive screening. Do not count biopsies, breast ultrasounds or MRIs as they are not appropriate methods for primary breast cancer screening. • **EXCLUSIONS:** Women who had a bilateral mastectomy or two unilateral mastectomies 14 or more days apart. Medicare members 66 years of age and older; living long term in an institution or enrolled in I-SNP, or with frailty and advanced illness during measurement year.	**CPT Codes:** 77055-77057, 77061-77063, 77065-77067 **HCPCS:** G0202, G0204, G0206

*Indicates STAR Measures.

www.ohanahealthplan.com/medicare

'OHANA℠ HEALTH PLAN

HI9PROGDE15675E_0000

ASSESSMENT AND SCREENING

Measure	Provider Actions	Sample Codes Used

★**Colorectal Cancer Screening (COL)**
Those members who received one or more of the following screenings:
• Colonoscopy (past 10 years)
  • *Performed by: Measurement year or nine years prior**
• Flexible Sigmoidoscopy (past 5 years)
  • *Performed by: Measurement year or four years prior**
• Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT) annually
  • *Performed by: Measurement year**
• FIT-DNA (Cologuard)
  • *Performed by: during the measurement year or the 2 years prior**
• CT Colonography
  • *Performed by: Measurement year or four years prior**
STAR Weight: 1
Ages: 50-75 years
	A note indicating the date the test was performed. A result is not required if the documentation is clearly part of the "medical history" section of the record. If it is not clear, the result or finding must also be present.
	Digital rectal exams do not count. FOBT tests performed in the office setting or performed on a sample collected via DRE do not count.
	EXCLUSIONS: Those with diagnosis of colorectal cancer or total colectomy. Medicare members 66 years of age and older; living long term in an institution or enrolled in I-SNP, or with frailty and advanced illness during measurement year.
		FOBT: 82270, 82274
		HCPCS: G0328
		Flexible Sigmoidoscopy: 45330-45335, 45337-45342, 45345-45347, 45349, 45350
		HCPCS: G0104
		Colonoscopy: 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398
		HCPCS: G0105, G0121
		FIT-DNA/Cologuard: 81528
		HCPCS: G0464
		CT Colonography: 74261-74263

★**Care of Older Adults (COA)** Those members who had ***each*** of the following during the measurement year: Advance Care Planning *Performed: Measurement year** **No STAR Weight** Medication Review *Performed: Measurement year** **STAR Weight: 1** Functional Status Assessment *Performed: Measurement year** **STAR Weight: 1** Pain Assessment *Performed: Measurement year** **STAR Weight: 1** **Ages:** 66 years and older	• **Advance care planning** – Evidence must include either the presence of advance care plan (ACP) in the medical record or documentation of advance care planning discussion with the provider and date when it was discussed. Examples of ACP: advance directives, actionable medical orders, living wills and surrogate decision maker. • **Medication review** – At least one medication review conducted by a prescribing practitioner or clinical pharmacist during the measurement year ***and*** the presence of a medication list in the medical record. • **Functional status assessment** – Documentation must include evidence of a complete functional status assessment and the date completed. A functional status assessment limited to an acute or single condition does not meet criteria.	CPT Codes: **Advance Care Planning** – 99497 **Medication Review** – 90863, 99605, 99606 **Transition of Care 7 Days** – 99496 **Transition of Care 14 Days** – 99495 CPT II Codes: **Advance Care Planning** – 1157F (ACP in Medical Record); 1123F, 1124F, 1158F (ACP discussion documented) **Medication Review** – 1160F **Medication List** – 1159F **Functional Status Assessment** – 1170F **Pain Screening** 1125F (pain present); 1126F (no pain present)

	Measure	Provider Actions	Sample Codes Used
CONTINUED		• **Pain screening** – Documentation must include an assessment for pain (which may include positive or negative findings) or the result of an assessment using a standardized tool ***and*** the date the assessment was completed.	
BLOOD PRESSURE	★**Controlling High Blood Pressure (CBP)** Those with a diagnosis of hypertension (HTN) and whose blood pressure (BP) was controlled. **STAR Weight: 3** **Control being defined as:** **Ages:** 18-85 BP <140/<90 or Systolic <140 and Diastolic <90 *Performed by: Measurement year** Members who had at least two visits on different dates of service with a **diagnosis of hypertension during the measurement year or the year prior to the measurement year** (count services that occur over both years). Visit type need not be the same for the two visits. Only one of the two visits may be a telephone visit, an online assessment or a telehealth visit.	Documentation: • BP can be taken from remote monitor devices that are digitally stored and transmitted directly to provider. • The **most recent BP reading during the measurement year** on or after the second diagnosis of hypertension. BP must be the last of the year. If multiple BP measurements occur on the same date, or are noted in the chart on the same date, lowest systolic and lowest diastolic BP reading. The systolic and diastolic results do not need to be from the same reading. • If the BP reading is high at the beginning of the visit, retake it at the end of the visit and record the lowest systolic and diastolic reading. EXCLUSIONS: Members 66 years of age and older; living long term in an institution or enrolled in I-SNP, or with frailty and advanced illness during measurement year.	**ICD-10-Dx:** **HTN:** I10 **CPT Codes:** 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456 **CPT II:** 3074F, 3075F, 3077F, 3078F, 3079F, 3080F **HCPCS:** G0402, G0438, G0439, G0463, T1015 **Remote BP Monitoring:** 93784, 93788, 93790, 99091 **Online Assessments:** 98969, 99444 **Telehealth Modifier:** 95, GT **Telephone Visits:** 98966-98968, 99441-99443
MUSCULOSKELETAL	★**Osteoporosis Management in Women Who Had a Fracture (OMW)** Women who had a fracture and had either a bone mineral density (BMD) test or prescription drug to treat osteoporosis in the 6 months post fracture. *Performed: July 1 year prior to measurement year to June 30 of measurement year** **STAR Weight: 1** **Ages:** 67-85 years	Appropriate testing or treatment for osteoporosis after the fracture defined by any of the following criteria: • A BMD test on the date of fracture or in the 6-month period after fracture • A BMD test during the inpatient stay for the fracture • Osteoporosis therapy on the date of fracture or in the 6-month period after the fracture • A dispensed prescription to treat osteoporosis on the date of fracture or in the 6-month period after the fracture Fractures of finger, toe, face and skull are not included in this measure.	**Bone Mineral Density Tests** **CPT Codes:** 76977, 77078, 77080-77082, 77085, 77086 **HCPCS:** G0130 **Osteoporosis Therapy (after fracture) HCPCS:** J0630, J0897, J1740, J3110, J3487-J3489, Q2051 Telehealth Modifier: 95, GT Telehealth POS: 02 Telephone Visits: 98966-98968, 99441-99443

	Measure	Provider Actions	Sample Codes Used
CONTINUED		For a complete list of medications and NDC codes, **visit www.ncqa.org.** EXCLUSIONS: Members 66 years of age and older; living long term in an institution or enrolled in I-SNP, or with frailty and advanced illness during measurement year.	
DIABETES	★**Comprehensive Diabetes Care (CDC)** ★HbA1C Controlled *Performed: Measurement year** **STAR Weight: 3** ★Eye Exam (Retinal) Performed *Performed: Measurement year or a negative exam in the prior year** **STAR Weight: 1** ★Kidney Disease Monitoring *Performed: Measurement year** **STAR Weight: 1** Blood Pressure Controlled *Performed: Measurement year** **No STAR Weight (CBP measure is weighted as 3)** **Ages:** 18-75 years	Blood and/or urine samples should be sent to lab vendor for analysis. • Notation of the ***most recent*** HbA1C screening (expanded to include glycohemoglobin, glycated hemoglobin, and glycosylated hemoglobin) and result performed in current year. • A retinal or dilated eye exam by an optometrist or ophthalmologist in current year or a negative retinal or dilated exam (negative for retinopathy) done by an optometrist or ophthalmologist in previous year. A bilateral eye enucleation anytime during members history through Dec. 31 of the measurement year. • A nephropathy screening test – the date when a urine microalbumin test was performed and the result, or evidence of nephropathy (visit to nephrologist, renal transplant, positive urine macroalbumin test, or prescribed ACE/ARB therapy). • Notation of the most recent BP in the medical record. • BP can be taken from remote monitor devices that are digitally stored and transmitted directly to provider. • EXCLUSIONS: Members 66 years of age and older; living long term in an institution or enrolled in I-SNP, or with frailty and advanced illness during measurement year.	**HbA1C Controlled** **CPT Codes:** 83036, 83037 **CPT II & PQRS Codes:** <7%: 3044F; 7% - 9%: 3045F; >9%: 3046F **ICD-10-Dx:** Use appropriate code family: E or O **Eye Exam (Retinal) Performed** Diabetic Retinal Screening Negative **CPT II:** 3072F Diabetic Retinal Screening With Eye Care Professional **CPT II & PQRS Codes:** 2022F, 2024F, 2026F **Kidney Disease Monitoring** **ICD-10-Dx:** Use appropriate code family: E, I, N, Q, R **CPT Codes:** 81000-81003, 81005, 82042-82044, 84156 **CPT II & PQRS Codes:** 3060F, 3061F, 3062F, 3066F, 4010F **Control of Blood Pressure** **Systolic:** <140: 3074F; 130-139: 3075F; ≥140: 3077F **Diastolic:** < 80: 3078F; 80-89: 3079F; ≥90: 3080F **Remote BP Monitoring:** 93784, 93788, 93790, 99091 **Online Assessments:** 98969, 99444 **Telehealth Modifier:** 95, GT **Telehealth POS:** 02 **Telephone Visits:** 98966-98968, 99441-99443

	Measure	Provider Actions	Sample Codes Used
RHEUMATOID	★**Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)** Those diagnosed with rheumatoid arthritis (RA) and dispensed at least one ambulatory prescription for a Disease Modifying Anti-Rheumatic Drug (DMARD). *Performed: Measurement year* **STAR Weight: 1** **Ages:** 18 years and older	As appropriate, refer to network rheumatologists for consultation and/or management. For a complete list of medications and NDC codes, **visit www.ncqa.org**. **EXCLUSIONS:** Diagnosis of HIV or pregnancy during the measurement year. Members 66 years of age and older; living long term in an institution or enrolled in I-SNP, or with frailty and advanced illness during measurement year.	HCPCS & PQRS Codes: **DMARDs:** J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515-J7518, J9250, J9260, J9310 **Telehealth Modifier:** 95, GT **Telehealth POS:** 02 **Telephone Visits:** 98966-98968, 99441-99443
MEDICATION MANAGEMENT	★**Medication Reconciliation Post-Discharge (MRP)** A type of review in which the discharge medications are reconciled with the most recent medication list in the outpatient medical record. Those whose medications were reconciled the date of discharge through 30 days after discharge (31 total days) by PCP, PA, NP, Clinical Pharmacist or RN. *Performed: Jan. 1 – Dec. 1 of measurement year** **Ages:** 18 years of age and older *STAR Weight: 1	Document any of the following on or within 30 days of discharge: • Discharge and current medications were reviewed and reconciled • Current medications were reviewed with reference to discharge medication status (e.g., no changes) • No medication changes or additions were prescribed upon discharge	CPT Codes: **Transition of Care 7 Days:** 99496 **Transition of Care 14 Days:** 99495 **CPT II Code:** 1111F
HEALTH OUTCOMES SURVEY (HOS)	★**Management of Urinary Incontinence in Older Adults (MUI)** The percentage of Medicare members 65 years of age and older who reported having urine leakage in the past six month: • Discuss Urinary Incontinence - who discussed their urinary leakage problem with a healthcare provider • Discuss Treatment of Urinary Incontinence - who discussed treatment options for their current urine leakage problem • Impact of Urinary Incontinence - who reported that urine leakage made them change their daily activities or impacted their sleep	Overactive bladder issues are often underreported by patients. Be sure to: • Encourage your patient to inform you if they have any urine leakage issues – Ask your patient if bladder control is a problem – If so, ask if it interferes with sleep or daily activities • Gather a complete medical history and physical examination • Provide education on bladder control issues and treatment options • Evaluate ongoing symptoms to determine the best course of treatment • Discuss treatment options with those members who reported having urine incontinence problems within the past six months	Intentionally left blank

CARDIOVASCULAR DISEASE

Measure	Provider Actions	Sample Codes Used
★**Statin Therapy for Patients with Cardiovascular Disease (SPC)** Those identified as having atherosclerotic cardiovascular disease (ASCVD) and have met the following criteria: • **Received Statin Therapy.** Members who were dispensed at least one high- or moderate-intensity statin medication during the measurement year. • **Statin Adherence 80%.** Members who remained on a high- or moderate-intensity statin medication for at least 80% of the treatment period. *Performed: Jan. 1–Dec. 31* **Ages:** Males 21–75 & Females 40–75 *STAR Weight: 1	• Select lowest tier medication on formulary that will treat the patient – Visit **www.wellcare.com** to utilize our formulary search tool. • Consider prescribing the medication electronically to the patient's pharmacy of choice. • Make it easier for the patient to adhere to treatment by suggesting a 90-day supply, mail order or auto-refills – especially for patients stable on therapy. • Assess health literacy to determine need for additional support in medication management. • Educate the member on the role the medication plays in their disease process and what to do if they experience a side effect. • Focus on chronic disease self-management for the patient – For CM Referrals, please contact **1-866-635-7045** – For DM Referrals, please contact **1-877-393-3090** – Connect patient to community resources – For CommUnity Assistance Line, please contact **1-866-775-2192**	During the measurement year, patients were dispensed high- or moderate-intensity statin medications: Please refer to HEDIS® 2017 Final NDC Lists **http://www.ncqa.org/hedis-quality-measurement** Table SPC-B: High- and Moderate-Intensity Statin Medications **MI – ICD-10:** I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I22.0, I22.1, I22.2, I22.8, I22.9, I23.0-I23.8, I25.2 **CABG** – 33510-33514, 33516-33519, 33521-33523, 33533-33536 **PCI – CPT:** 92920, 992924, 992928, 992933, 92937, 92941, 92943, 92980, 92982, 92995 **Outpatient – CPT:** 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456 **IVD – Use appropriate code family:** I, T **Acute Inpatient** – 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291

PHARMACY (PART D)

Measure	Provider Actions	Sample Codes Used
★**Statin Use in Persons with Diabetes (SUPD)** Percentage of patients with at least 2 diabetes medications dispensed, and who also received a statin medication fill during the year. *Performed: Jan. 1–Dec. 31* **Ages:** 40–75 *STAR Weight: Currently 1 Star and will be 3 Star for 2020	• Select lowest tier medication on formulary that will treat the patient – Visit **www.wellcare.com** to utilize our formulary search tool. • Consider prescribing the medication electronically to the patient's pharmacy of choice. • Make it easier for the patient to adhere to treatment by prescribing a 90-day supply, mail order or auto-refills – especially for patients stable on therapy. • Assess health literacy to determine need for additional support in medication management. • Educate the member on the role the medication plays in their disease process and what to do if they experience a side effect. • Focus on chronic disease self-management for the patient. – For CM Referrals, please contact **1-866-635-7045.** – For DM Referrals, please contact **1-877-393-3090.** • Connect patient to community resources – For CommUnity Assistance Line, please contact **1-866-775-2192.** *For Providers engaged in RxEffect:* RxEffect FAQ **https://s3.amazonaws.com/rxeffect/wellcare/pdf/WellCare%2BFAQ%2BUpdate-5+8+17.pdf** *For Providers not yet engaged in RxEffect:* RxEffect Overview **https://www.rxante.com/ and click on Client Portal** *Why should you use RxEffect?* • Providers may not always have insight into how compliant their patients are with their medications once they leave the office. • RxEffect can be insightful for providers to see whether or not their patients are filling their prescriptions. • If patients are not taking their medications as prescribed, this could lead to short-term and long-term complications such as strokes and heart attacks. • Use of RxEffect can help practices perform better on quality measures and drive Star Ratings. • RxEffect can help improve the member experience (CAHPS®) by providing real time data to the prescriber, allowing for timely, meaningful discussions on medication management.	Intentionally left blank

PHARMACY (PART D)

Measure	Provider Actions	Sample Codes Used
★**Medication adherence for: Diabetes, Hypertension (RAS antagonists), Cholesterol (statins)** Plan members who adhere to their prescribed drug therapy. Adherence is defined as the proportion of days covered (PDC) of 80 percent or more during the measurement period. *Performed: Measurement year* ★Diabetes Meds **STAR Weight: 3** ★HTN Meds (RAS antagonists) **STAR Weight: 3** ★Cholesterol Meds (statin) **STAR Weight: 3** **Ages:** 18 years and older	**Diabetes Meds:** Diabetes medications include: biguanides, sulfonylureas, thiazolidinediones, and DiPeptidyl Peptidase (DPP)-IV Inhibitors, incretin mimetics, meglitinides, and sodium glucose cotransporter 2 (SGLT) inhibitors **HTN Meds:** Blood pressure medications include angiotensin converting enzyme (ACE) inhibitor, angiotensin receptor blocker (ARB), and direct renin inhibitors. These are examples and not an all inclusive list. 1. ACE inhibitors: lisinopril and benazepril 2. ARB: losartan and valsartan 3. Direct renin inhibitors: aliskiren **Cholesterol Meds:** Common generic statins: simvastatin, rosuvastatin and atorvastatin. Engage your patient in a discussion about adherence and identify their barriers such as cost, side effects and forgetting to take medication. Select lowest tier medication on formulary that will treat the patient. Visit **www.wellcare.com** to utilize our formulary search tool. • Consider prescribing the medication electronically to the patient's pharmacy of choice • Make it easier for the patient to adhere to treatment by prescribing a 90-day supply, mail order or auto-refills – especially for patients stable on therapy • Assess health literacy to determine need for additional support in medication management • Educate the member on the role the medication plays in their disease process and what to do if they experience a side effect • Focus on chronic disease self-management for the patient For CM Referrals, please contact **1-866-635-7045** For DM Referrals, please contact **1-877-393-3090** • Connect patient to community resources For CommUnity Assistance Line, please contact **1-866-775-2192**	Intentionally left blank

Measure	Provider Actions	Sample Codes Used
CONTINUED	*For Providers engaged in RxEffect:* RxEffect FAQ **https://s3.amazonaws.com/rxeffect/wellcare/pdf/WellCare%2BFAQ%2BUpdate-5+8+17.pdf** *For Providers not yet engaged in RxEffect:* RX Effect Overview **https://www.rxante.com/ and click on Client Portal** *Why should you use RxEffect?* • Providers may not always have insight into how compliant their patients are with their medications once they leave the office. • RxEffect can be insightful for providers to see whether or not their patients are filling their prescriptions. • If patients are not taking their medications as prescribed, this could lead to short-term and long-term complications such as strokes and heart attacks. • Use of RxEffect can help practices perform better on quality measures and drive Star Ratings. • RxEffect can help improve the member experience (CAHPS®) by providing real time data to the prescriber, allowing for timely, meaningful discussions on medication management.	

UTILIZATION

Measure	Provider Actions	Sample Codes Used
★**Plan All-Cause Readmissions (PCR)** Those with an acute inpatient stay during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. (Lower rate reflects better performance.) • Count of Index Hospital Stays (IHS) (denominator) • Count of 30-day readmissions (numerator) • Average adjusted probability of readmission Ages: 18 years and older as of the Index Discharge Date *STAR Weight: 3	*Post-Discharge* • Outreach to your patient and see them within 7 days of discharge • Reconcile current and discharge medications when applicable • If medications are prescribed, provide education to the patient including side effects, importance of adherence, etc. *Provide high-quality care coordination* • Identify patient's needs and preferences • Organize patient care activities • Share information among all participants involved in your patient's care (at the right time to the right people) • Assist with care transitions *Focus on chronic disease self-management for the patient* • For CM Referrals, please contact **1-866-635-7045** • For DM Referrals, please contact **1-877-393-3090** *Connect patient to community resources* • For CommUnity Assistance Line, please contact **1-866-775-2192**	Intentionally left blank

Quality care is a team effort.

Thank you for playing a starring role!

PRO_15675E_Internal Approved 08082018