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

At WellCare, 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 2019-2020 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. This includes educating patients about medication adherence/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 2019

*Indicates STAR Measures.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Provider Actions</th>
<th>Sample Codes Used</th>
</tr>
</thead>
</table>
| **Adult BMI Assessment (ABA)**<br>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**<br>**STAR Weight:** 1<br>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, weight and a BMI percentile. (BMI values are NOT acceptable.)  
**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)**<br>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**<br>**STAR Weight:** 1<br>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. | **CPT Codes:** 77055-77057, 77061-77063, 77065-77067 |
## Colorectal Cancer Screening (COL)
Those members who received one or more of the following screenings:
- Colonoscopy
  - **Performed:** Measurement year or nine years prior*
- Flexible Sigmoidoscopy
  - **Performed:** Measurement year or four years prior*
- CT Colonography
  - **Performed:** Measurement year or four years prior*
- FIT-DNA (Cologuard)
  - **Performed:** Measurement year or the two years prior*
- Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT)
  - **Performed:** Measurement year*

**STAR Weight:** 1
**Ages:** 50-75 years

### 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

### Provider Actions
- 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.

### Sample Codes Used
- **Colonoscopy:** 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398
  - **HCPCS:** G0105, G0121
- **Flexible Sigmoidoscopy:** 45330-45335, 45337-45342, 45345-45347, 45349, 45350
  - **HCPCS:** G0104
- **CT Colonography:** 74261-74263
- **FIT-DNA/Cologuard:** 81528
  - **HCPCS:** G0464
- **FOBT:** 82270, 82274
  - **HCPCS:** G0328

### CPT Codes:
- **Advance Care Planning**
  - 99483, 99497
- **Medication Review**
  - 90863, 99605, 99606
- **Functional Assessment**
  - 99483
- **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)

### HCPCS:
- **Advance Care Planning**
  - S0257
- **Medication List**
  - G8427
- **Functional Status Assessment**
  - G0438, G0349
**Controlling High Blood Pressure (CBP)**
Those with a diagnosis of hypertension (HTN) and whose blood pressure (BP) was controlled.

**STAR Weight: N/A for 2020**
Control being defined as:
- \(<140/\text{-}90\) or Systolic \(<140\) and Diastolic \(<90\)

**Ages:** 18-85 BP

**Performed: 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.

**EXCLUSIONS:**
- Diagnosis of pregnancy in the measurement year
- Non-acute admission in the measurement year
- Evidence of ESRD, dialysis, nephrectomy or kidney transplant any time during the member’s history through December 31 of the measurement year.

**Documentation:**
- 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.
- BP can be taken from remote monitor devices that are digitally stored and transmitted directly to provider.

**Sample Codes Used**
- **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
- **NEW:** 99453, 99454, 99457
- **Online Assessments:** 98969, 99444
- **Telephone Visits:** 98966-98968, 99441-99443
<table>
<thead>
<tr>
<th>Measure</th>
<th>Provider Actions</th>
<th>Sample Codes Used</th>
</tr>
</thead>
</table>
| ★ Comprehensive Diabetes Care (CDC) | 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-urine test for protein/albumin/microalbumin with a date and result.  
- Prescribed ACE/ARB therapy.  
- Documentation of a renal transplant.  
- 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.  
- Members with a diagnosis of gestational or steroid-induced diabetes who do NOT have a diagnosis of diabetes in the measurement year or the year prior. | HbA1c  
CPT Codes: 83036, 83037  
CPT II Codes:  
<7%: 3044F;  
7% - 9%: 3045F;  
>9%: 3046F  
NEW: ≥7%–<8%: 3051F  
≥8%–<9%: 3052F  
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 Codes: 2022F, 2024F, 2026F  
NEW: Without Retinopathy 2023F, 2025F, 2033F  
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 Codes: 3060F, 3061F, 3062F, 3066F, 4010F  
Control of Blood Pressure  
Systolic:  
<130: 3074F;  
130-139: 3075F;  
≥140: 3077F  
Diastolic:  
<80: 3078F;  
80-89: 3079F;  
≥90: 3080F  
Remote BP Monitoring: 93784, 93788, 93790, 99091  
NEW: 99453, 99454, 99457  
Online Assessments: 98969, 99444  
Telehealth POS: 02  
Telephone Visits: 98966-98968, 99441-99443 |
| ★ HbA1c Controlled Performed: Measurement year*STAR Weight: 3 |  
★ Eye Exam (Retinal or Dilated) 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  
Ages: 18-75 years |  
HbA1c  
CPT Codes: 83036, 83037  
CPT II Codes:  
<7%: 3044F;  
7% - 9%: 3045F;  
>9%: 3046F  
NEW: ≥7%–<8%: 3051F  
≥8%–<9%: 3052F  
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 Codes: 2022F, 2024F, 2026F  
NEW: Without Retinopathy 2023F, 2025F, 2033F  
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 Codes: 3060F, 3061F, 3062F, 3066F, 4010F  
Control of Blood Pressure  
Systolic:  
<130: 3074F;  
130-139: 3075F;  
≥140: 3077F  
Diastolic:  
<80: 3078F;  
80-89: 3079F;  
≥90: 3080F  
Remote BP Monitoring: 93784, 93788, 93790, 99091  
NEW: 99453, 99454, 99457  
Online Assessments: 98969, 99444  
Telehealth POS: 02  
Telephone Visits: 98966-98968, 99441-99443 |
<table>
<thead>
<tr>
<th><strong>Measure</strong></th>
<th><strong>Provider Actions</strong></th>
<th><strong>Sample Codes Used</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MUSCULOSKELETAL</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Osteoporosis Management in Women Who Had a Fracture (OMW) | 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. For a complete list of medications and NDC codes, visit [www.ncqa.org](http://www.ncqa.org). | Bone Mineral Density Tests  
CPT Codes: 76977, 77078, 77080-77082, 77085, 77086  
Osteoporosis Therapy (after fracture) HCPCS: J0897, J1740, J3110, J3489  
Telehealth POS: 02  
Telephone Visits: 98966-98968, 99441-99443 |
| **RHEUMATOID** | | |
| Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART) | As appropriate, refer to network rheumatologists for consultation and/or management. For a complete list of medications and NDC codes, visit [www.ncqa.org](http://www.ncqa.org). EXCLUSIONS: Diagnosis of HIV or pregnancy during the measurement year. | HCPCS Codes:  
DMARDs: J0129, J0135, J0717, J1438, J1602, J1745, J3262, J7502, J7515-J7518, J9250, J9260, J9310, Q5102-Q5204  
NEW: J9311, J9312, Q5109  
Telehealth Modifier: 95, GT  
Telehealth POS: 02  
Telephone Visits: 98966-98968, 99441-99443 |
| **MEDICATION MANAGEMENT** | | |
| Medication Reconciliation Post-Discharge (MRP) | Document of a current Medication List AND any of the following on or within 30 days of discharge:  
- Documentation of the current medications with evidence the member was seen for post-discharge hospital follow up with evidence of medication reconciliation or review.  
- 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:  
99483, 99495, 99496  
CPT II Code: I111F, 99483 |
<table>
<thead>
<tr>
<th>Measure</th>
<th>Provider Actions</th>
<th>Sample Codes Used</th>
</tr>
</thead>
</table>
| **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. | - 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, home delivery 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 Connections Help 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  
- **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, 99445, 99456, 99483  
- **IVD –** Use appropriate code family: I, T  
- **Acute Inpatient** – 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291 |

Performed: Jan. 1–Dec. 31  
Ages: Males 21–75 & Females 40–75  
**STAR Weight: 1**
<table>
<thead>
<tr>
<th>Measure</th>
<th>Provider Actions</th>
<th>Sample Codes Used</th>
</tr>
</thead>
</table>
| ★ Statin Use in Persons with Diabetes (SUPD) | • 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, home delivery 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 Connections Help Line, please contact 1-866-775-2192.  
For Providers engaged in RxEffect:  
RxEffect FAQ  
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 |
<table>
<thead>
<tr>
<th>Measure</th>
<th>Provider Actions</th>
<th>Sample Codes Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>★ Medication adherence for: Diabetes, Hypertension (RAS antagonists), Cholesterol (statins)</td>
<td>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 <a href="http://www.wellcare.com">www.wellcare.com</a> 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 Connections Help Line, please contact 1-866-775-2192</td>
<td>Intentionally left blank</td>
</tr>
<tr>
<td>Measure</td>
<td>Provider Actions</td>
<td>Sample Codes Used</td>
</tr>
<tr>
<td>---------</td>
<td>------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td></td>
<td><strong>For Providers engaged in RxEffect:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>RxEffect FAQ</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>For Providers not yet engaged in RxEffect:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>RX Effect Overview</td>
<td></td>
</tr>
<tr>
<td></td>
<td><a href="https://www.rxante.com/">https://www.rxante.com/</a> and click on Client Portal</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Why should you use RxEffect?</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Providers may not always have insight into how compliant their patients are with their medications once they leave the office.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• RxEffect can be insightful for providers to see whether or not their patients are filling their prescriptions.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 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.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Use of RxEffect can help practices perform better on quality measures and drive Star Ratings.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• RxEffect can help improve the member experience (CAHPS®) by providing real time data to the prescriber, allowing for timely, meaningful discussions on medication management.</td>
<td></td>
</tr>
<tr>
<td>Measure</td>
<td>Provider Actions</td>
<td>Sample Codes Used</td>
</tr>
<tr>
<td>---------</td>
<td>------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td><strong>Plan All-Cause Readmissions (PCR)</strong>&lt;br&gt;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.)&lt;br&gt;• Count of Index Hospital Stays (IHS) (denominator)&lt;br&gt;• Count of 30-day readmissions (numerator)&lt;br&gt;• Average adjusted probability of readmission&lt;br&gt;Ages: 18 years and older as of the Index Discharge Date&lt;br&gt;<strong>STAR Weight: 3</strong>&lt;br&gt;<strong>Post-Discharge</strong>&lt;br&gt;• Outreach to your patient and see them within 7 days of discharge&lt;br&gt;• Reconcile current and discharge medications when applicable&lt;br&gt;• If medications are prescribed, provide education to the patient including side effects, importance of adherence, etc.&lt;br&gt;<strong>Provide high-quality care coordination</strong>&lt;br&gt;• Identify patient’s needs and preferences&lt;br&gt;• Organize patient care activities&lt;br&gt;• Share information among all participants involved in your patient’s care (at the right time to the right people)&lt;br&gt;• Assist with care transitions&lt;br&gt;<strong>Focus on chronic disease self-management for the patient</strong>&lt;br&gt;• For CM Referrals, please contact 1-866-635-7045&lt;br&gt;• For DM Referrals, please contact 1-877-393-3090&lt;br&gt;<strong>Connect patient to community resources</strong>&lt;br&gt;• For Community Connections Help Line, please contact 1-866-775-2192</td>
<td>Intentionally left blank</td>
<td></td>
</tr>
<tr>
<td><strong>Management of Urinary Incontinence in Older Adults (MUI)</strong>&lt;br&gt;The percentage of Medicare members 65 years of age and older who reported having urine leakage in the past six month:&lt;br&gt;• Discuss Urinary Incontinence - who discussed their urinary leakage problem with a healthcare provider&lt;br&gt;• Discuss Treatment of Urinary Incontinence - who discussed treatment options for their current urine leakage problem&lt;br&gt;• Impact of Urinary Incontinence - who reported that urine leakage made them change their daily activities or impacted their sleep&lt;br&gt;<strong>STAR Weight: 3</strong>&lt;br&gt;<strong>Overactive bladder issues are often underreported by patients. Be sure to:</strong>&lt;br&gt;• Encourage your patient to inform you if they have any urine leakage issues&lt;br&gt;  – Ask your patient if bladder control is a problem&lt;br&gt;  – If so, ask if it interferes with sleep or daily activities&lt;br&gt;• Gather a complete medical history and physical examination&lt;br&gt;• Provide education on bladder control issues and treatment options&lt;br&gt;• Evaluate ongoing symptoms to determine the best course of treatment&lt;br&gt;• Discuss treatment options with those members who reported having urine incontinence problems within the past six months</td>
<td>Intentionally left blank</td>
<td></td>
</tr>
</tbody>
</table>
Quality care is a team effort.
Thank you for playing a starring role!