

2017 HEDIS® AND CMS STARS AT-A-GLANCE KEY MEASURES (SENIOR CARE)

	HEDIS MEASURE	DOCUMENTATION TIPS	SAMPLE CODES USED*
ASSESSMENT & SCREENING	<p>★ Adult BMI Assessment</p> <p>Those who had an outpatient visit and had their Body Mass Index (BMI) documented during the measurement year or year prior.</p> <p><i>Performed: Jan. 1–Dec. 31, 2016; or Jan. 1–Dec. 31, 2015</i></p> <p>STAR Weight: 1</p> <p>Ages: 18–74 years</p>	<p>To be calculated and documented at every visit.</p> <p>For members younger than 20, documentation must include height and weight and be represented as a percentile.</p> <p>EXCLUSION: Members diagnosed as pregnant during the measurement year or year prior.</p>	<p>Members 20 years and older:</p> <p>Use BMI Values diagnosis codes. ICD-10-Dx: Z68.1, Z68.20–Z68.39, Z68.41–Z68.45</p> <p>Members younger than 20:</p> <p>Use BMI Percentile diagnosis codes. ICD-10-Dx: Z68.51–Z68.54</p>
	<p>★ Breast Cancer Screening</p> <p>Women who had one or more mammograms to screen for breast cancer</p> <p><i>Performed: Oct. 1, 2014–Dec. 31, 2016</i></p> <p>STAR Weight: 1</p> <p>Ages: 50–74 years (Women)</p>	<ul style="list-style-type: none"> This measure is to evaluate primary screening. Do not count biopsies, breast ultrasounds, MRIs or diagnostic screenings because they are not appropriate methods for primary breast cancer screening. EXCLUSIONS: Women who had a bilateral mastectomy or two unilateral mastectomies. 	<p>CPT Codes: 77055–77057</p>
	<p>★ Colorectal Cancer Screening</p> <p>Members who received one or more of the following screenings:</p> <ul style="list-style-type: none"> Colonoscopy (in past 10 years) – <i>Performed: Jan. 1–Dec. 31, 2016, or 9 years prior</i> Flexible Sigmoidoscopy (in past 5 years) – <i>Performed: Jan. 1–Dec. 31, 2016, or 4 years prior</i> Fecal Occult blood test (FOBT) or Fecal Immunochemical Test (FIT) annually – <i>Performed: Jan. 1–Dec. 31, 2016</i> <p>STAR Weight: 1</p> <p>Ages: 50–75 years</p>	<p>Document in the medical record 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.</p> <ul style="list-style-type: none"> FOBT or FIT in current year, or Flexible sigmoidoscopy in current year or the 4 years prior, or Colonoscopy in current year or the 9 years prior <p>Digital rectal exams do not count.</p> <p>EXCLUSIONS: Those with diagnosis of colorectal cancer or total colectomy.</p>	<p>CPT Codes:</p> <p>FOBT: 82270, 82274</p> <p>FIT: 82274</p> <p>Flexible Sigmoidoscopy: 45330–45335, 45337–45342, 45345–45347, 45349, 45350</p> <p>Colonoscopy: 44388–44394, 44397, 44401–44408, 45355, 45378–45393, 45398</p>

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ASSESSMENT & SCREENING	<p>★ Care of Older Adults</p> <p>Those members who had <i>each</i> of the following during the measurement year:</p> <p>Advance Care Planning <i>Performed: Jan. 1–Dec. 31, 2016</i> No STAR Weight</p> <p>Medication Review <i>Performed: Jan. 1–Dec. 31, 2016</i> STAR Weight: 1</p> <p>Functional Status Assessment <i>Performed: Jan. 1–Dec. 31, 2016</i> STAR Weight: 1</p> <p>Pain Assessment <i>Performed: Jan. 1–Dec. 31, 2016</i> STAR Weight: 1</p> <p>Ages: 66 years and older</p>	<ul style="list-style-type: none"> • Advance care planning – The medical record must have the presence, discussion <i>and</i> date of, or notation of a previously executed Advance Care Plan (ACP). ACP documentation that member was asked but indicated an ACP was not in place is not considered a discussion or initiation of a discussion. • Medication review – At least one medication review conducted by a prescribing practitioner or clinical pharmacist during the measurement year <i>and</i> 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. • 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 <i>and</i> the date the assessment was completed. 	<p>CPT Codes:</p> <p>Advance Care Planning – 99497 Medication Review – 90863, 99605, 99606 Transition of Care 7 Days – 99496 Transition of Care 14 Days – 99495</p> <p>CPT II Codes:</p> <p>Advance Care Planning – 1157F (ACP in Medical Record); 1158F (ACP discussion documented) Medication Review – 1160F Medication List – 1159F Functional Status Assessment – 1170F Pain Screening 1125F (Pain present); 1126F (no pain present)</p>
	<p>★ Controlling High Blood Pressure</p> <p>Those with a diagnosis of hypertension (HTN) on or before June 30, 2016, and whose blood pressure (BP) was controlled.</p> <p><i>Performed: Jan. 1–Dec. 31, 2016</i> STAR Weight: 3</p> <p>Ages: 18-59 years– BP <140/90 Ages: 60-85 years – with diabetes BP <140/90 Ages: 60-85 years – without diabetes BP <150/90</p>	<p>Documentation must include notation of the <i>most recent</i> BP in the medical record.</p> <p>The intent is to identify the date the provider becomes aware of and documents the HTN diagnosis (versus when the patient acquired HTN).</p> <p>BPs taken during an acute inpatient stay, ER visit, an office visit with a procedure performed, surgical procedure, or major diagnostic procedure do not count.</p> <p>Documentation of member reported BP readings do not count.</p>	<p>ICD-10-Dx:</p> <p>HTN: I10 Diabetes: Use the appropriate code family: E or O</p> <p>CPT Codes: 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99281-99285, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456</p>
	<p>★ Osteoporosis Management in Women Who Had a Fracture</p> <p>Women who had a fracture and had either a bone mineral density (BMD) test or prescription drug to treat or prevent osteoporosis in the 6 months post fracture.</p> <p><i>Performed: Jan. 1–Dec. 31, 2016</i> STAR Weight: 1</p> <p>Ages: 67-85 years</p>	<p>Note: Fractures of finger, face and skull are not included in this measure. The member must be diagnosed with a fracture <i>and</i> prescribed an FDA-approved osteoporosis therapy medication.</p> <p>For a complete list of medications and NDC codes, visit www.ncqa.org (to be posted by Nov. 1, 2016).</p>	<p>ICD-10 Procedure Codes:</p> <p>Use the appropriate procedure code family: BP, BQ, BR</p> <p>CPT Codes: 76977, 77078, 77080-77082, 77085, 77086</p> <p>HCPCS:</p> <p>Bone Mineral Density Test: G0130 Osteoporosis Therapy (after fracture): J0630, J0897, J1740, J3110, J3487-J3489, Q2051</p>

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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">DIABETES</p> <p>Comprehensive Diabetes Care ★HbA1C Controlled <i>Performed: Jan. 1–Dec. 31, 2016</i> STAR Weight: 3</p> <p>★Eye Exam <i>Performed: Jan. 1–Dec. 31, 2016, or Jan. 1–Dec. 31, 2015 (for negative retinal or dilated exam)</i> STAR Weight: 1</p> <p>★Kidney Disease Monitoring <i>Performed: Jan. 1–Dec. 31, 2016</i> STAR Weight: 1</p> <p>Control of Blood Pressure <i>Performed: Jan. 1–Dec. 31, 2016</i> STAR Weight: 3</p> <p>Ages: 18-75 years</p>	<p>Blood and/or urine samples should be sent to lab vendor for analysis.</p> <ul style="list-style-type: none"> • Notation of the most recent HbA1C screening and result performed in current year • A retinal or dilated eye exam by an optometrist or ophthalmologist in current year or a negative retinal exam done by an optometrist or ophthalmologist in previous year (must be clear the patient had a dilated or retinal eye exam). Notation limited to “diabetes without complications” does not meet criteria. • 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 	<p>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</p> <p>Eye Exam For Diabetic Retinal Screening, refer to the WellCare Adult HEDIS Resource Guide</p> <p>Diabetic Retinal Screening Negative CPT II: 3072F</p> <p>Diabetic Retinal Screening With Eye Care Professional CPT II & PQRS Codes: 2022F, 2024F, 2026F</p> <p>Kidney Disease Monitoring Please refer to the WellCare Adult Resource Guide for all codes in this sub-measure. 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</p> <p>Control of Blood Pressure Systolic: < 130: 3074F; 130-139: 3075F; ≥140: 3077F Diastolic: < 80: 3078F; 80-89: 3079F; ≥90: 3080F</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">RHEUMATOID</p> <p>★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). <i>Performed: Jan. 1–Dec. 31, 2016</i> STAR Weight: 1</p> <p>Ages: 18 years and older</p>	<p>As appropriate, refer to network rheumatologists for consultation and/or management.</p> <p>For a complete list of medications and NDC codes, visit www.ncqa.org (to be posted by Nov. 1, 2016).</p> <p>EXCLUSIONS: Diagnosis of HIV or pregnancy during the measurement year.</p>	<p>ICD-10-Dx: Use the appropriate code family: M</p> <p>HCPCS & PQRS Codes: DMARDs: J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515-J7518, J9250, J9260, J9310</p>

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<p>★ High-Risk Medications</p> <p>Plan members who got prescriptions for certain drugs with high risk of serious side effects when there may be safer choices. A lower rate represents better performance.</p> <p><i>Performed: Jan. 1–Dec. 31, 2016</i></p> <p>STAR Weight: 3</p> <p>Ages: 66 years and older</p>	<p>The most commonly prescribed high-risk medications in the elderly include:</p> <ul style="list-style-type: none"> • Muscle relaxants: carisoprodol, cyclobenzaprine, and methocarbamol • Chronic use (>90 days/year) of non-benzodiazepine hypnotics: Ambien® (zolpidem), Sonata® (zaleplon), and Lunesta® (eszopiclone) • Antihistamines: hydroxyzine and promethazine • Oral estrogens: Premarin® 	<p>Intentionally left blank</p>
<p>Medication Adherence</p> <p>Plan members with an oral diabetes and/or hypertension, and/or cholesterol prescription who fill their prescription to cover 80% or more of the time they should be taking the medication.</p> <p><i>Performed: Jan. 1–Dec. 31, 2016</i></p> <p>★ Diabetes Meds STAR Weight: 3</p> <p>★ HTN Meds STAR Weight: 3</p> <p>★ Cholesterol Meds STAR Weight: 3</p> <p>Ages: 18 years and older</p>	<p>Diabetes Meds: Oral diabetes medication means a biguanide, sulfonylurea or thiazolidinedione drug; or a DPP-IV inhibitor. Members who take insulin are not included. Common generic oral diabetes medications: metformin and glipizide.</p> <p>HTN Meds: Blood pressure medication means an ACE (angiotensin converting enzyme) inhibitor or an ARB (angiotensin receptor blocker) drug. Common generic anti-hypertensives: 1) ACEI: benazepril and lisinopril; and, 2) ARB: losartan</p> <p>Cholesterol Meds: Common generic statins: simvastatin, pravastatin, and atorvastatin.</p> <p>Engage your patient in a discussion about adherence and identify their barriers such as medication routines or costs.</p>	<p>Intentionally left blank</p>

PHARMACY (PART D)

★ Indicates STAR Measure. *Please refer to the Adult or Behavioral Health Resource Guide for additional information. Reimbursement for these services is in accordance with the terms and conditions of your provider agreement. Coding is in accordance with HEDIS® 2017 Guidelines & Specifications; please use most recent CPT, HCPCS or ICD-10 codes. HEDIS® is a registered trade mark of the National Committee for Quality Assurance (NCQA). CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality. PQRS codes listed on certain measures are not all inclusive; visit www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html for all PQRS codes.