

Star Measures

This HEDIS® At-A-Glance Guide gives you the tools to meet, document, and code HEDIS Measures. Together, we can improve our Star Ratings by ensuring optimum care and service to our members.

ASSESSMENT, PREVENTION, AND SCREENING		
HEDIS Measure	HEDIS Tips	Sample Codes Used*
<p>Breast Cancer Screening (BCS-E) Star Weight 1</p> <p>The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.</p> <p><i>Only the electronic version of this measure will now be reported for HEDIS.</i></p> <p><i>Allowable Time Frame: Oct. 1 two years prior to the measurement year through Dec. 31 of the measurement year.</i></p>	<ul style="list-style-type: none"> Assess patient barriers to pursuing screening. Document mammograms with the date and result. Include dates of mammograms in the patient history. Do not count biopsies, breast ultrasounds, or MRIs as they are not appropriate methods for primary breast cancer screening. <p><i>EXCLUSION: Women who had bilateral mastectomies or two unilateral mastectomies 14 or more days apart.</i></p>	<p>Mammography: 77061-77063, 77065-77067</p> <p>History of Bilateral Mastectomy: Z90.13</p>
<p>Colorectal Cancer Screening (COL & COL-E) Star Weight 1</p> <p>The percentage of members 45-75 years of age who had an appropriate screening for colorectal cancer.</p> <ul style="list-style-type: none"> Colonoscopy: Measurement year or prior nine years. Flexible sigmoidoscopy, CT colonography: Measurement year or prior four years. Stool DNA with FIT test (Cologuard®): Measurement year or prior two years. iFOBT, gFOBT, FIT: Measurement year. 	<ul style="list-style-type: none"> Update the patient’s history for colorectal cancer screening at each annual exam. Offer an annual FIT screening if patient refuses a colonoscopy and advise that if the result is positive, a follow-up colonoscopy will be needed (and patient may have out-of-pocket expenses). Provide at-home screening kits. Digital rectal exams completed in the office setting are not acceptable for this measure. 	<p>Colonoscopy: 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398, G0105, G0121</p> <p>Flexible Sigmoidoscopy: 45330-45335, 45337-45338, 45340-45342, 45346-45347, 45349-45350, G0104</p> <p>sDNA with FIT Test (Cologuard®): 81528</p> <p>FOBT: 82270, 82274, G0328</p>

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ASSESSMENT, PREVENTION, AND SCREENING

HEDIS Measure	HEDIS Tips	Sample Codes Used*
<p>Controlling High Blood Pressure (CBP) Star Weight 3</p> <p>The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.</p>	<ul style="list-style-type: none"> • If initial blood pressure is 140/90 or higher, repeat the BP; for multiple readings, use the lowest systolic and lowest diastolic as the representative BP reading. • Assess patient’s response to treatment throughout the year and adjust care plan as needed. • The last BP reading of the year is used for this measure. • Patient-reported BP readings are acceptable when taken with a digital device; document in the progress note with date and reading. 	<p>Systolic: <130: 3074F 130-139: 3075F ≥140: 3077F</p> <p>Diastolic: <80: 3078F 80-89: 3079F ≥90: 3080F</p>
<p>Care for Older Adults (COA) The percentage of adults 66 years of age and older who had each of the following during the measurement year:</p> <p>Medication Review Star Weight 1</p> <ul style="list-style-type: none"> • Medications reviewed by a prescribing practitioner or pharmacist; and • A comprehensive list of medications (or documentation of “no medications”) in the medical record. <p>Pain Assessment Star Weight 1</p> <ul style="list-style-type: none"> • Documentation of presence or absence of pain. <p>Functional Status Assessment No Star Weight</p> <ul style="list-style-type: none"> • Assessment of ADLs or IADLs. 	<p>Complete the COA assessment during each annual exam.</p> <p>Medication Review A patient is not required to be present during a medication review. The medication list signed by a prescribing practitioner or clinical pharmacist is evidence of review. If the patient is taking no medication, document no medications and date.</p> <p>Pain Assessment The following do not meet criteria:</p> <ul style="list-style-type: none"> • Notations of pain management or a pain treatment plan. • Screening for chest pain or documentation of only chest pain. <p>Functional Status Assessment Utilize a standardized tool (examples are Katz Index, Independent Living Scale, Barthel Index) or document five specified ADLs or four specified IADLs.</p>	<p>Medication Review (code for both medication list and medication review):</p> <p>Med List: 1159F, G8427 <i>and</i> Med Review: 99605, 99606, 90863, 99483, 1160F</p> <p>Pain Assessment: 1125F, 1126F</p> <p>Functional Status Assessment: 1170F, 99483</p>

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ASSESSMENT, PREVENTION, AND SCREENING

HEDIS Measure	HEDIS Tips	Sample Codes Used*
<p>Monitoring Physical Activity – HOS Physical Activity in Older Adults (PAO) – HEDIS Star Weight 1</p> <p>The percentage of senior plan members 65 years of age and older who discussed exercise with their doctor and were advised to start, increase, or maintain their physical activity during the year.</p>	<ul style="list-style-type: none"> • During annual exams, ask patients about their level of activity. • Provide patient-specific rationale for physical activity. • Provide resources appropriate for the individual patient on types of beneficial activity for older adults. 	<p>Patient Survey Results</p>
<p>Reducing the Risk of Falling – HOS Fall Risk Management (FRM) – HEDIS Star Weight 1</p> <p>The percentage of plan members 65 years of age and older with a problem falling, walking, or balancing who discussed it with their doctor and received a recommendation for how to prevent falls during the year.</p>	<ul style="list-style-type: none"> • During annual exams, ask patients if they are having issues with balance or walking and if they had a fall. • Recommend patient-specific resources on ways to prevent falls or treat problems with balance or walking. 	<p>Patient Survey Results</p>
<p>Improving Bladder Control – HOS Management of Urinary Incontinence in Older Adults (MUI) – HEDIS Star Weight 1</p> <p>The percentage of plan members 65 years of age and older who, in the past six months, discussed with a provider: having urine leakage, treatment options, and impact of urinary incontinence with ADLs or sleep interference.</p>	<ul style="list-style-type: none"> • During annual exams, ask the patient about any issues with bladder control. Advising that all patients are assessed for this may help put the patient at ease in discussing a sensitive topic. • Discuss evidence-based treatment options. 	<p>Patient Survey Results</p>
<p>Annual Flu Vaccine – CAHPS Star Weight 1</p> <p>The percentage of members who received a yearly flu vaccine.</p>	<ul style="list-style-type: none"> • Encourage yearly vaccinations as a way to prevent serious illness, hospitalization, and possible death from influenza. • Address concerns patient may have about receiving the flu vaccine. • Document all immunizations from all sources in the medical record and encourage the patient to maintain a copy. 	<p>CAHPS Survey Question</p>

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ASSESSMENT, PREVENTION, AND SCREENING

HEDIS Measure	HEDIS Tips	Sample Codes Used*
<p>Adult Immunization Status (AIS-E) – HEDIS Future Star Measure</p> <p>The percentage of members who are up to date on recommended routine vaccines.</p> <ul style="list-style-type: none"> • 19 years and older for influenza and Td/Tdap. • 50 years and older for herpes zoster vaccine. • 66 years and older for adult pneumococcal. 	<ul style="list-style-type: none"> • At least annually review vaccination status of patients for: influenza, Td/ Tdap, herpes zoster, and pneumococcal. • Document all immunizations from all sources in the medical record and encourage the patient to maintain a copy. 	<p>Utilize CVX, CPT HCPCS</p> <p>Sample codes include:</p> <ul style="list-style-type: none"> • Influenza: 88, 90653 • Adult pneumococcal: 152, 90670, G0009 • Herpes zoster: 121, 187, 90736, 90750 • Td: 139, 90714 • Tdap: 115, 90715
<p>Osteoporosis Management in Women Who Had a Fracture (OMW) Star Weight 1</p> <p>The percentage of women ages 67-85 who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.</p> <p><i>Timeframe: July 1 of the year prior to the measurement year to June 30 of the measurement year.</i></p>	<ul style="list-style-type: none"> • Review history of fractures with the patient so that timely follow-up is implemented. • Within six months of a fracture, the BMD must be completed or osteoporosis medication must be dispensed. • Fractures of the finger, toe, face, and skull are not included for this measure. 	<p>BMD Tests: 76977, 77078, 77080, 77081, 77085</p> <p>Osteoporosis Medication Therapy (Injections): J0897, J1740, J3110, J3111, J3489</p> <p>Osteoporosis Medication: Pharmacy claims</p>

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DIABETES CARE

HEDIS Measure	HEDIS Tips	Sample Codes Used*
<p>Hemoglobin A1c Control for Patients with Diabetes (HBD) Star Weight 3</p> <p>The percentage of members ages 18-75 with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year:</p> <ul style="list-style-type: none"> • HbA1c control (<8.0%) • HbA1c poor control (>9.0%) 	<ul style="list-style-type: none"> • Re-check later in the year for high results. • Check HbA1c quarterly if uncontrolled. • Include the date of the test and the result in documentation. • Identify any barriers the patient may have in completing the treatment plan. • Consider point-of-care HbA1c testing, if applicable. • The last HbA1c test of the year is used for this measure. • Consider a case management referral for high-risk patients. 	<p>Hemoglobin A1c Levels:</p> <p><7%: 3044F</p> <p>≥7% and <8%: 3051F</p> <p>≥8% and ≤ 9%: 3052F</p> <p>>9%: 3046F</p>
<p>Eye Exam for Patients with Diabetes (EED) Star Weight 1</p> <p>The percentage of members ages 18-75 with diabetes (types 1 and 2) who had a retinal eye exam during the measurement year or a negative dilated eye exam in the year prior to the measurement year.</p>	<ul style="list-style-type: none"> • Reinforce the importance of annual eye exams for patients with diabetes. • Follow-up on referrals to eye care providers. • If no eye exam report in chart, document the date of eye exam, note dilated or retinal test, result, and eye care provider in documentation. 	<p>Measurement Year Exam (no retinopathy): 2023F, 2025F, 2033F</p> <p>Measurement Year Exam (Retinopathy): 2022F, 2024F, 2026F</p> <p>No Retinopathy in Prior Year Exam: 3072F</p> <p>Automated Eye Exam/Retina Imaging: 92229</p>
<p>Statin Use in Persons with Diabetes (SUPD) Star Weight 1</p> <p>The percentage of members ages 40-75 who were dispensed at least two diabetes medication fills and received a statin medication fill of any intensity.</p>	<ul style="list-style-type: none"> • Review the patient’s medication list each visit. • Provide education on rationale for statin therapy and the importance of medication adherence. • Encourage the patient to contact the office for concerns with the medication. • Monitor statin therapy compliance as this measure overlaps the triple-weighted Medication Adherence measure. 	<p><i>Captured with pharmacy claims.</i></p> <p>Statin Medications <i>Not an all-inclusive list of statins. Check the patient’s plan formulary.</i></p> <p>High-Intensity: Atorvastatin 40 mg, 80 mg Rosuvastatin 20 mg, 40 mg</p> <p>Moderate-Intensity: Atorvastatin 10 mg, 20 mg Lovastatin 40 mg Pravastatin 40 mg, 80 mg Rosuvastatin 5 mg, 10 mg Simvastatin 20 mg, 40 mg</p>

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MEDICATIONS

HEDIS Measure	HEDIS Tips	
<p>Adherence to Medication Diabetes Medication Star Weight 3</p> <p>Cholesterol Medication (statin) Star Weight 3</p> <p>Hypertension Medication (RAS antagonist) Star Weight 3</p> <p>The percentage of members 18 years and older who filled their prescription for diabetes, cholesterol, and/or hypertension medication often enough to cover at least 80% of the time that they are supposed to be taking the medication.</p> <p><i>Timeframe: The calendar year.</i></p>	<ul style="list-style-type: none"> • These triple-weighted measures have a significant impact on overall quality scores. • Talk with patients about why they are taking the medication and the importance of taking the medication as prescribed. • Confirm that the patient understands the medication instructions. • Share tips with the patient for remembering to take medications, including the use of pill boxes, taking the medication at the same time every day, setting an alarm, etc. • Assess barriers the patient may be experiencing in acquiring or taking the medication, which may include issues with transportation, costs, or unreported side effects. • Consider converting 30-day prescriptions to 90-day, which may increase adherence to treatment. • Wellcare offers a free application called RxEffect to help manage patients who are identified as at high-risk for not complying with their medication regimen. • Pharmacy claims are used to calculate rates. 	
<p>Statin Therapy for Patients with Cardiovascular Disease (SPC) Star Weight 1*</p> <p>The percentage of members during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:</p> <ol style="list-style-type: none"> *Received Statin Therapy. Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year. Statin Adherence 80%. Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period. <p>Ages: Males 21-75 years Females 40-75 years</p>	<ul style="list-style-type: none"> • Talk with patients about why they are taking the medication and the importance of taking the medication as prescribed. • Confirm that the patient understands the medication instructions. • Share tips with the patient for remembering to take medications, including the use of pill boxes, taking the medication at the same time every day, setting an alarm, etc. • Assess barriers the patient may be experiencing in acquiring or taking the medication, which may include issues with transportation, costs, or unreported side effects. • Consider converting 30-day prescriptions to 90-day, which may increase adherence to treatment. 	<p><i>Captured with pharmacy claims.</i></p> <p>Statin Medications <i>Not an all-inclusive list of statins. Check the patient's plan formulary.</i></p> <p>High-Intensity: Atorvastatin 40 mg, 80 mg Rosuvastatin 20 mg, 40 mg</p> <p>Moderate-Intensity: Atorvastatin 10 mg, 20 mg Lovastatin 40 mg Pravastatin 40 mg, 80 mg Rosuvastatin 5 mg, 10 mg Simvastatin 20 mg, 40 mg</p>

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MEDICAL MANAGEMENT

HEDIS Measure	HEDIS Tips	Sample Codes Used*
<p>Transitions of Care (TRC) Star Weight 1</p> <p>The percentage of discharges for members ages 18 and older who had each of the following:</p> <ul style="list-style-type: none"> • Notification of Inpatient Admission: Documentation of receipt of notification of inpatient admission on the day of admission through two days after the admission (three total days). • Receipt of Discharge Information: Documentation of receipt of discharge information on the day of discharge through two days after the discharge (three total days). • Patient Engagement After Inpatient Discharge: Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge. • Medication Reconciliation Post-Discharge: Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days). <p><i>Timeframe for discharges: Jan. 1 through Dec. 1 of the measurement year.</i></p> <p><i>Members are placed in the denominator based on discharges, so one member may be included more than one time.</i></p>	<p>Notification of Inpatient Admission Documentation can include:</p> <ul style="list-style-type: none"> • Notification or discussion between PCP and inpatient staff or emergency dept, admitting specialist, patient’s health plan, shared EMR, health information exchange, or automated alert system notification of a planned admission. • The PCP performed preadmission exam, admitted the patient, and ordered tests or treatments during the member’s inpatient stay. <p>Receipt of Discharge Information must include all of the following:</p> <ul style="list-style-type: none"> • Name of responsible care provider during the inpatient stay. • Services and treatments during the inpatient stay. • Test results or note that results are pending. • Directions for PCP on future care needs of the patient. • Discharge diagnoses. • Current medication list. <p>Patient Engagement:</p> <ul style="list-style-type: none"> • Patient engagement on the day of discharge is not counted. • Can include outpatient visit in home or office, telehealth visit, or transitional care management. <p>Medication Reconciliation:</p> <ul style="list-style-type: none"> • Can be completed by a prescribing practitioner, clinical pharmacist, physician assistant, or registered nurse. • The intent is to reconcile discharge medications and outpatient medications. This should be made evident in the documentation. • The patient does not need to be present. • A medication list must be in the outpatient record. 	<p><i>Claims are not used for Notification of Inpatient Admission or Receipt of Discharge Information; they are hybrid sub-measures only.</i></p> <p>Patient Engagement includes many commonly used outpatient codes: 99202-99205, 99211-99215, 99241-99245</p> <p>or</p> <p>G0402, G0438, G0439, G0463, T1015</p> <p>Medication Reconciliation Encounter: 99483, 99495, 99496</p> <p>Medication Reconciliation: 1111F</p>

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MEDICAL MANAGEMENT

HEDIS Measure	HEDIS Tips	Sample Codes Used*
<p>Plan All-Cause Readmissions (PCR) Star Weight 3</p> <p>The number of acute inpatient and observation stays for members ages 18 and older that was followed by an unplanned acute readmission for any diagnosis within 30 days after the discharge and the predicted probability of an acute readmission.</p> <p><i>Timeframe for discharges: Jan. 1 through Dec. 1 of the measurement year.</i></p> <p><i>Members are placed in the denominator based on discharges, so one member may be included more than one time.</i></p>	<ul style="list-style-type: none"> Based on acute discharges from any type of facility, including behavioral health facilities. Follow-up with patients within one week of discharge to assess medication compliance, understanding of post-discharge instructions, and assistance with obtaining any needed appointments. Identify any barriers the patient may have in completing the treatment plan. <p>Not included are principal discharge diagnoses of pregnancy or a condition in the perinatal period, chemotherapy maintenance, rehabilitation, or organ transplant.</p>	<p>Identified by claims for acute inpatient and observation stays.</p>
<p>Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC) Star Weight 1</p> <p>The percentage of emergency department (ED) visits for members ages 18 and older who have multiple high-risk chronic conditions and who had a follow-up service within seven days of the ED visit.</p> <p><i>Timeframe for ED visits: Jan. 1 through Dec. 24 of the measurement year.</i></p> <p><i>Based on ED visits, so one member may be in the denominator more than one time.</i></p>	<ul style="list-style-type: none"> Utilize reports to identify patients seen in the ED. See the patients within seven days after the ED visit (total eight days). Promote use of telehealth, in-person office visits, or urgent care as alternatives to the ED. Increase engagement with patients diagnosed with multiple chronic conditions to potentially decrease ED utilization. Refer patients with multiple high-risk chronic conditions to case management services. <p>ED visits which result in an inpatient stay on or within seven days after the ED visit are not counted.</p>	<p>Captured by many of the codes typically used for:</p> <ul style="list-style-type: none"> Medical or behavioral outpatient visits. Telephone encounters. Transitional care management. Case management. Complex care management.

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PATIENT EXPERIENCE

HEDIS Measure	HEDIS Tips	Sample Codes Used*
<p>CAHPS Survey Star Weight 4</p> <p>Core areas:</p> <ul style="list-style-type: none"> • Getting needed care. • Getting appointments and care quickly. • Care coordination. • Rating of health plan, healthcare, personal doctor, specialist. 	<ul style="list-style-type: none"> • Establish office practices to help patients get appointments and needed care quickly. • Consistently communicate with patients to demonstrate care and understanding. • Establish a referral system for follow-up care and for getting specialists reports. • Communicate results to patients. • Encourage patients to provide feedback on their healthcare experiences by completing surveys. 	<p>Scores from CAHPS patient surveys</p> <ul style="list-style-type: none"> • Annual patient survey sent to a group of randomly selected members. • Patients evaluate their healthcare services, providers, and health plan.

*Codes and medication lists are subject to change.

Measurement Year = Jan. 1 to Dec. 31 of the year being reviewed.



Best Practice Tips

- ✓ Identify processes to facilitate closing care gaps in your practice, including alerting the provider of care gaps due at each visit.
- ✓ Refer to patient care gap reports to facilitate outreach.
- ✓ Submit NCAQ-specified billing codes to close gaps in care.
- ✓ Proactively schedule appointments for time-sensitive measures
- ✓ Send text messages or cards, or telephone patients to remind them of upcoming appointments.
- ✓ Reschedule missed appointments as soon as possible.
- ✓ Utilize telehealth services.
- ✓ Discuss the importance of treatment recommendations with patients and ensure their understanding.
- ✓ Assess any barriers the patient may have in following their treatment plan.
- ✓ Establish a system to track referrals for external testing and specialists.



What are -E Measures?

NCQA is encouraging the secure sharing of patient medical information electronically. The HEDIS® Electronic Clinical Data System (ECDS) provides health plans with a method to collect and report electronic clinical data for HEDIS quality measurement and quality improvement. The systems are in a variety of formats, including electronic health records, health information exchange, case management registries, and administrative claims processing.