

MediGold

Medicare made *easy*®



2020/21 MediGold Coding Guide

We understand the challenges of working with multiple payers and meeting measurements, guidelines and documentation for Medicare beneficiaries. This Coding Guide is intended to make things easier for you and your staff when working with MediGold. The guide includes assistance in understanding:

- Star Ratings and the HEDIS reporting process.
- Your role in reporting and documenting care.
- Medical record requests (MRR).
- Star measure guidance and codes.

We always welcome your feedback on how we can make this guide better.

“Thank you for partnering with MediGold to improve the health and well-being of MediGold members. We sincerely consider you our partner and recognize that we cannot succeed without the compassionate and high-quality care delivered by the providers in our network. Working together, we can have a positive impact on patient outcomes.”



Greg Wise, MD, FAAFP,
Chief Medical Officer, MediGold

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Star Ratings, HEDIS Reporting and Documentation

What are Star Ratings?

All Medicare Advantage plans are awarded Star ratings annually by the Centers for Medicare & Medicaid Services (CMS). On a scale of one to five, a 5-Star rating is considered excellent. MediGold's overall Star rating combines rankings of quality and performance, including how well we help our members to stay healthy and manage chronic conditions. This information is gathered from HEDIS® scores, HOS and CAHPS Survey data and CMS administrative data. This guide covers the HEDIS-related Star Measures, and the needed coding and documentation for those measures, used in our HEDIS scores.

HEDIS Reporting and the Role You Play

HEDIS, the acronym for Healthcare Effectiveness Data and Information Set, is a performance measurement tool for health plans, administered by the National Committee for Quality Assurance (NCQA). HEDIS measures are a significant component of Medicare Star Ratings and the NCQA accreditation process. The coding and documentation necessary to meet measures is collected from our claims database and review of medical records. In the eyes of measurement reporting, if it isn't documented, then it didn't happen. To meet requirements, it's important to make every visit count. Useful tips include:

- Promote all patient's health and encourage an annual wellness visit before June 30 each year, when possible.
- Give patients reminder calls 48 hours before their appointments.
- Schedule follow-up visits before patients leave.
- Accurately code all claims.
- Thoroughly document all care in the patient's chart at the time service is provided, including date and provider's signature.
- Utilize MediGold's Gaps In Care report to close measures and strengthen patient relationships.

Feel free to request a gaps in care report for your office by emailing starsandhedis@mchs.com

What are CPT Category II codes?

Current Procedural Terminology (CPT) Category II codes were developed by the American Medical Association (AMA) as a supplemental performance tracking set of procedural codes in addition to the Category I and III code settings.

- Category I codes are used for tracking and billing common procedures.
- Category III codes are temporary codes for emerging technology.
- Category II codes are optional and intended to be used for measuring performance on quality metrics such as Healthcare Effectiveness Data and Information Set (HEDIS®)

Category II codes are alphanumeric and consist of four digits followed by the letter 'F'.

Category II codes are **NOT** billing codes; they are used to track services on claims for performance measurement.

Category II codes are not to be used as a substitute for Category I codes.

What is the purpose of CPT Category II codes?

Category II codes are intended to facilitate the reporting of services or test results that support quality of care performance measures. MediGold highly encourages (and even incentivizes*) clinical office staff to utilize CPT II codes.

By accurately coding you can decrease the need for manual record abstraction and chart review, minimizing the burden on physicians and office staff to report this information through other methods.

CPT Category II codes are arranged according to the following categories:

Category	Code Range	Category	Code Range
Composite measures	0001F-0015F	Therapeutic, preventive or other interventions	4000F - 4306F
Patient management	0500F - 0575F	Follow-up or other outcomes	5005F - 5100F
Patient history	1000F - 1220F	Patient safety	6005F - 6045F
Physical examination	2000F - 2050F	Structural measures	7010F - 7025F
Diagnostic/screening processes or results	3006F - 3573F		

CPT II codes allow providers to measure and display the quality of care they provide.

CPT® is a registered trademark of the American Medical Association. Copyright 2016 American Medical Association (AMA). All rights reserved.
HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

HEDIS Code	Measure	Category II CPT Code	Incentive
CDC	Comprehensive Diabetes Care-Retinal Eye Exam (Diabetic members only. One time per year.)	2022F Filed with ICD-10 Diag Codes: ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	\$20
		2023F, 2025F (NEW) Filed with ICD-10 Diag Codes: ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	
		2024F Filed with ICD-10 Diag Codes: ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	
		2026F Filed with ICD-10 Diag Codes: ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	
		3072F Filed with ICD-10 Diag Codes: ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	
CDC	Comprehensive Diabetes Care-HbA1c level less than 7.0 (Diabetic members only.)	3044F Filed with ICD-10 Diag Codes: ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	\$10
	Comprehensive Diabetes Care-HbA1c level greater than 9.0 (Diabetic members only.)	3046F Filed with ICD-10 Diag Codes: ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	\$10
	Comprehensive Diabetes Care-HbA1c level greater than or equal to 7.0 and less than 8.0 (Diabetic members only.)	3051F Filed with ICD-10 Diag Codes: ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	\$10
	Comprehensive Diabetes Care-HbA1c level greater than or equal to 8.0 and less than 9.0 (Diabetic members only.)	3052F Filed with ICD-10 Diag Codes: ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	\$10
CDC	Comprehensive Diabetes Care-Attention to Nephropathy (Diabetic members only. One time per year.)	3060F Filed with ICD-10 Diag Codes: ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	\$10
		3061F Filed with ICD-10 Diag Codes: ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	
		3062F Filed with ICD-10 Diag Codes: ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	
		3066F, 4010F Filed with ICD-10 Diag Codes: ICD-10-E08.21- E08.29, E09.21-E09.29, E10.21-E10.29, E11.21- E11.29, E13.21- E13.29, I12.0-I13.2, I15.0-I15.1, N00.0-N08, N14.0-N14.4, N17.0-N19, N25.0- N26.9, Q60.0-Q61.9, R80.0-R80.9, N18.4, N18.5, N18.6, Z91.15, Z94.0, Z99.2	
MRP	Medication Reconciliation Post- Discharge	111F	\$25

**Please note that the codes listed here, when applied correctly, will result in closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are subject to the terms and limitations of the plan.*

Documentation Requirements

Correctly documenting patient encounters is critical for quality reporting and accurate reimbursement. This is key as health care reform continues to move toward quality-driven reimbursement.

- Documentation is legible.
- Ensure correct CPT, CPT II and ICD-10 codes are used.
- Blood pressure diagnosis is documented prior to June 30.
- All patient encounters, including telephone, fax and electronic message exchanges are documented.

Common HEDIS Barriers and Obstacles

- Let us know if member attribution is incorrect (patient assigned to wrong PCP.)
- Claim submitted without correct codes will not count toward the measure. This means we will be required to ask for the medical record.
- Claim submitted with inaccurate diagnosis code will incorrectly add to a measure.
- Not coding A1c, blood pressure or BMI values/results.
- Services not documented in the patient's medical chart.
- All required components of the measure not provided, e.g., diabetes diagnosis or hypertension without blood pressure reading.
- Records not transferred when patient changed PCP.
- Appointment availability when patient tries to schedule preventive services.
- Practice not seeing new patient in a timely manner.
- PCPs should include documentation received from specialists and other sources in outpatient chart i.e. eye exams, inpatient and discharge summaries, radiology, gastro, gaps summaries from health plan

Medical Record Collection/Delivery Methods

Medical Record Confidentiality

MediGold strictly maintains the confidentiality of any records, which are accessed only by authorized people adhering to the following guidelines. Records are:

- Kept in a safe and secure location.
- Appropriately destroyed when they are no longer needed for the purpose requested.
- Not further disclosed or otherwise distributed.

We are not asking for nor do we want any medical record information related to psychotherapy, HIV, substance abuse or developmental disabilities.

Further, your MediGold Provider Agreement stipulates that copies of members' medical records shall be provided to MediGold, or its respective designees, for quality improvement activities, e.g., HEDIS.

If you have questions concerning this request, please contact: StarsAndHEDIS@mchs.com.

Medical Record Collection/Delivery Methods

Data collection methods include the following, as long as they meet HIPAA guidelines:

- Remote electronic medical record (EMR) system. EMR submissions, which are highly recommended, result in fewer visits and emails from MediGold.
- Fax.
- Hard copy, flash or CD delivered via postal service certified mail, or other signature-required service.
- Email encrypted to HIPAA standards.
- Schedule time with one of our coordinators to come into your office to collect a copy of the records on-site.
- Ask that one of our coordinators come by to pick up the records.

Online Submission of Medical Records for Stars and HEDIS Gaps In Care

1. Access the provider portal at: MediGold.com/For-Providers/Provider-Portal.
(For first-time portal users, follow the easy steps at the link to set up an account and log in.)
2. On the portal home page, select Close Gaps In Care.

Welcome to the MediGold Provider Portal!

This site will allow you to:

- [Verify eligibility and coverage](#)
- [View claims history and payment status](#)
- [Ask a Claim, Eligibility or Benefit Question](#)
- [Special Investigation Unit: upload requested medical records or documents](#)
- [Close Gaps In Care](#)

3. On the 'Gaps In Care Medical Records' page enter content in all required fields.

Gaps In Care Medical Records

Attachments (0)

Gaps In Care Medical Records

Having trouble uploading documentation? Fax to: 614-234-8838.

*PCP Name:

*Provider Group:

*Provider NPI:

*Member First Name:

*Member Last Name:

*Member ID:

*Member Date of Birth:

Submit

Note: do not hit the submit button at this point. Instead, select the Attachments tab above.

Gaps In Care Medical Records

Attachments (0)

Gaps In Care Medical Records

Having trouble uploading documentation? Fax to: 614-234-8838.

Online Submission of Medical Records for Stars and HEDIS Gaps In Care (continued)

4. Select browse to select the file, then select the Add button.

Gaps In Care Medical Records Attachments (0)

Add Attachment

*File **Browse...** No file selected.
(maximum file size: 10 MB)
Note: Uploading from certain mobile devices is not supported, i.e. iOS < 6 and older Android.

Description

Add

5. After the file(s) finish uploading it will indicate the number of attachments in the Attachments tab. Now, click the Gaps In Care Medical Records tab.

Gaps In Care Medical Records Attachments (0)

6. Select Submit.

Gaps In Care Medical Records Attachments (0)

Gaps In Care Medical Records

Having trouble uploading documentation? Fax to: 614-234-8838.

*PCP Name:

*Provider Group:

*Provider NPI:

*Member First Name:

*Member Last Name:

*Member ID:

*Member Date of Birth:

Next Step: select the Attachments tab above to attach the medical records, then return here to Submit.

Submit

Frequently Asked Questions

Who reviews the medical records?

MediGold uses our own professionals and/or partners with expert organizations working on our behalf. All professionals reviewing the medical records will treat your patient's protected health information (PHI) with total protection and confidentiality.

Is a review of medical records permitted by HIPAA without a signed member release?

HIPAA allows providers to disclose PHI to another covered entity without a signed release in reference to health care operations. These operations include activities such as quality assessment and improvement and health plan performance evaluations. HEDIS scores are a significant part of these activities.

When will I be asked to provide the records for HEDIS?

Records may be requested throughout the year. However, the majority of records are requested and reviewed between early February to middle May each year.

Is my participation in data collection mandatory and what am I required to do?

Yes. Network participants are contractually required to provide medical record information so we may fulfill our state and federal regulatory obligations. You and your staff are responsible for responding to MediGold's request for medical record documentation in a timely manner. You may provide the records yourself, or schedule time with one of our professionals to come into your office to collect a copy of the records on-site. If a patient included on the list is not part of your practice, you should notify us immediately.

Should I allow a record review for a patient who is no longer with MediGold or a patient who is deceased?

Yes. Medical record reviews may require data collection on the services obtained over multiple years when the patient was receiving benefits from MediGold.

Am I required to provide medical records for a patient who was seen by a provider who has retired, died or moved?

Yes. Data collection includes reviewing medical records as far back as 10 years (including before your patient was a MediGold member). Archived medical records and data may be required to complete data collection.

If you have further questions, please contact: StarsAndHEDIS@mchs.com.

HEDIS-Related Star Measures

Breast Cancer Screening (BCS)

Breast Cancer Screening (BCS)	<i>Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer any time on or between October 1 two years prior to the measurement year, and December 31 of the measurement year. This measure evaluates primary screening, not diagnostic screenings.</i>
Star Weight:	1
Provider Actions:	Mammogram to screen for cancer in the time period listed in measure.
Coding:	
CPT 4	77055 - 77057
	77061 - 77063
	77065 - 77067
HCPCS	G0202
	G0204
	G0206
ICD9PCS	87.36
	87.37
Revenue	0401
	0403
Exclusions:	Members with advanced illness and frailty. Members with a history of bilateral or two unilateral mastectomies. Members in hospice. Members 66 years of age and older as of December 31 of the measurement year who are enrolled in an I-SNP any time during the measurement year or living long term in an institution (LTI).

Colorectal Cancer Screening (COL)

Colorectal Cancer Screening (COL)	Percentage of members 50-75 years of age who had appropriate screening for colorectal cancer.
Star Weight:	1
Provider Actions:	Annual FOBT or FIT during the measurement year. Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year. Colonoscopy during the measurement year or the nine years prior to the measurement year. CT Colonography during the measurement year or the four years prior.
Coding:	
LOINC	Noninvasive colorectal cancer DNA and occult blood screening [Interpretation] in Stool Narrative – 77353-1 Noninvasive colorectal cancer DNA and occult blood screening [Presence] in Stool – 77354-9
CPT 4	FOBT – 82270, 82274 Flexible Sigmoidoscopy – 45330-45335, 45337-45342, 45345-45347, 45349, 45350 FIT – 81528 Colonoscopy – 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398 CT Colonoscopy – 74261-74263
HCPSC	FOBT – G0328 Flexible Sigmoidoscopy – G0104 FIT – G0464 Colonoscopy – G0105, G0121 Colorectal cancer screening; stool-based DNA and fecal occult hemoglobin (e.g., kras, ndrg4 and bmp3) –G0464
SNOMED CT US Edition	Stool DNA-based colorectal cancer screening positive (finding) –708699002
ICD-9-CM Procedure	Flexible Sigmoidoscopy – 45.24
Exclusions:	Members with advanced illness and frailty. Members with a diagnosis of colorectal cancer or total colectomy are excluded. Members in hospice. Members 66 years of age and older as of December 31 of the measurement year who are enrolled in an I-SNP any time during the measurement year or living long term in an institution (LTI).

Controlling Blood Pressure (CBP)

Controlling Blood Pressure (CBP)	Percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.
Star Weight:	1
Provider Actions:	The most recent BP reading during the measurement year on or after the second diagnosis of hypertension
Coding	
CPT 2	Systolic BP <130 mmHg. 3074F Systolic BP 130-139 mmHg. 3075F Systolic BP ≥140 mmHg. 3077F Diastolic BP <80 mmHg. 3078F Diastolic BP 80-89 mmHg. 3079F Diastolic BP ≥90 mmHg. 3080F
Exclusions:	Members with advanced illness and frailty. Members in hospice. Members with evidence of End-stage Renal Disease (ESRD) or kidney transplant on or prior to December 31 of the measurement year. Members 66 years of age and older as of December 31 of the measurement year who are enrolled in an I-SNP any time during the measurement year or living long term in an institution (LTI).

Comprehensive Diabetes Care (CDC)

Comprehensive Diabetes Care (CDC)	<p><i>The percentage of members 18-75 years of age with diabetes (Type 1 and Type 2) who had each of the following:</i></p> <ul style="list-style-type: none"> <i>Hemoglobin A1c (HbA1c) ≤ 9.0%.</i> <i>Retinal Eye Exam performed by an eye care professional.</i> <i>Medical attention for nephropathy – either evidence of nephrology or a nephropathy screen.</i> <i>BP Control (<140/90 mm Hg).</i> 																																		
HbA1C Testing																																			
Star Weight:	3																																		
Provider Actions:	<p>Annual documentation of most recent date and result of HbA1c. Members who were dispensed insulin or hypoglycemics/ antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year</p> <p>Diabetes Medications</p> <table border="1"> <thead> <tr> <th>Description</th><th colspan="2">Prescription</th></tr> </thead> <tbody> <tr> <td>Alpha-glucosidase inhibitors</td><td>• Acarbose</td><td>• Miglitol</td></tr> <tr> <td>Amylin analogs</td><td>• Pramlintide</td><td></td></tr> <tr> <td>Antidiabetic combinations</td><td> • Alogliptin-metformin • Alogliptin-pioglitazone • Canagliflozin-metformin • Dapagliflozin-metformin • Empagliflozin-linagliptin </td><td> • Empagliflozin-metformin • Glimepiride-pioglitazone • Glipizide-metformin • Glyburide-metformin • Linagliptin-metformin </td></tr> <tr> <td>Insulin</td><td> • Insulin aspart • Insulin aspart-insulin aspart protamine • Insulin degludec • Insulin detemir • Insulin glargine • Insulin glulisine </td><td> • Insulin isophane human • Insulin isophane-insulin regular • Insulin lispro • Insulin lispro-insulin lispro protamine • Insulin regular human • Insulin human inhaled </td></tr> <tr> <td>Meglitinides</td><td>• Nateglinide</td><td>• Repaglinide</td></tr> <tr> <td>Glucagon-like peptide-1 (GLP1) agonists</td><td>• Dulaglutide • Exenatide</td><td>• Albiglutide • Liraglutide</td></tr> <tr> <td>Sodium glucose cotransporter 2 (SGLT2) inhibitor</td><td>• Canagliflozin</td><td>• Dapagliflozin • Empagliflozin</td></tr> <tr> <td>Sulfonylureas</td><td>• Chlorpropamide • Glimepiride</td><td>• Glipizide • Glyburide • Tolazamide • Tolbutamide</td></tr> <tr> <td>Thiazolidinediones</td><td>• Pioglitazone</td><td>• Rosiglitazone</td></tr> <tr> <td>Dipeptidyl peptidase-4 (DDP-4) inhibitors</td><td>• Alogliptin • Linagliptin</td><td>• Saxagliptin • Sitagliptin</td></tr> </tbody> </table> <p>Note: Glucophage/metformin as a solo agent is not included because it is used to treat conditions other than diabetes; members with diabetes on these medications are identified through diagnosis codes only.</p>		Description	Prescription		Alpha-glucosidase inhibitors	• Acarbose	• Miglitol	Amylin analogs	• Pramlintide		Antidiabetic combinations	• Alogliptin-metformin • Alogliptin-pioglitazone • Canagliflozin-metformin • Dapagliflozin-metformin • Empagliflozin-linagliptin	• Empagliflozin-metformin • Glimepiride-pioglitazone • Glipizide-metformin • Glyburide-metformin • Linagliptin-metformin	Insulin	• Insulin aspart • Insulin aspart-insulin aspart protamine • Insulin degludec • Insulin detemir • Insulin glargine • Insulin glulisine	• Insulin isophane human • Insulin isophane-insulin regular • Insulin lispro • Insulin lispro-insulin lispro protamine • Insulin regular human • Insulin human inhaled	Meglitinides	• Nateglinide	• Repaglinide	Glucagon-like peptide-1 (GLP1) agonists	• Dulaglutide • Exenatide	• Albiglutide • Liraglutide	Sodium glucose cotransporter 2 (SGLT2) inhibitor	• Canagliflozin	• Dapagliflozin • Empagliflozin	Sulfonylureas	• Chlorpropamide • Glimepiride	• Glipizide • Glyburide • Tolazamide • Tolbutamide	Thiazolidinediones	• Pioglitazone	• Rosiglitazone	Dipeptidyl peptidase-4 (DDP-4) inhibitors	• Alogliptin • Linagliptin	• Saxagliptin • Sitagliptin
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Retinal Eye Exam																																			
Star Weight:	1																																		

Provider Actions:	Annual documentation of most recent retinal or dilated eye exam or documentation of a negative retinal or dilated eye exam in prior year or chart/photograph of retinal abnormalities indicating date when the fundus photography was performed and evidence it was reviewed by an eye care professional (optometrist or ophthalmologist) in current year.																																																																																					
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Star Weight:	1																																																																																					
Provider Actions:	Annual documentation of one of the following services in the measurement year: <ul style="list-style-type: none">• Nephropathy screening or monitoring test.• Evidence of nephropathy.• Urine test for albumin or protein• At least 1 dispensing medication of either an ACE inhibitor or ARB. ACE Inhibitor and ARB Medications <table><tr><th>Description</th><th colspan="5">Prescription</th></tr><tr><td>Angiotensin converting enzyme inhibitors</td><td>• Benazepril</td><td>• Enalapril</td><td>• Lisinopril</td><td>• Perindopril</td><td>• Ramipril</td></tr><tr><td></td><td>• Captopril</td><td>• Fosinopril</td><td>• Moexipril</td><td>• Quinapril</td><td>• Trandolapril</td></tr><tr><td>Angiotensin II inhibitors</td><td>• Azilsartan</td><td>• Eprosartan</td><td>• Losartan</td><td>• Telmisartan</td><td></td></tr><tr><td></td><td>• Candesartan</td><td>• Irbesartan</td><td>• Olmesartan</td><td>• Valsartan</td><td></td></tr><tr><td>Antihypertensive combinations</td><td>• Amlodipine-benazepril</td><td>• Azilsartan-chlorthalidone</td><td>• Hydrochlorothiazide-moexipril</td><td colspan="2"></td></tr><tr><td></td><td>• Amlodipine-hydrochlorothiazide-valsartan</td><td>• Benazepril-hydrochlorothiazide</td><td>• Hydrochlorothiazide-olmesartan</td><td colspan="2"></td></tr><tr><td></td><td>• Amlodipine-hydrochlorothiazide-olmesartan</td><td>• Candesartan-hydrochlorothiazide</td><td>• Hydrochlorothiazide-quinapril</td><td colspan="2"></td></tr><tr><td></td><td>• Amlodipine-olmesartan</td><td>• Captopril-hydrochlorothiazide</td><td>• Hydrochlorothiazide-telmisartan</td><td colspan="2"></td></tr><tr><td></td><td>• Amlodipine-perindopril</td><td>• Enalapril-hydrochlorothiazide</td><td>• Hydrochlorothiazide-valsartan</td><td colspan="2"></td></tr><tr><td></td><td>• Amlodipine-telmisartan</td><td>• Fosinopril-hydrochlorothiazide</td><td>• Sacubitril-valsartan</td><td colspan="2"></td></tr><tr><td></td><td>• Amlodipine-valsartan</td><td>• Hydrochlorothiazide-irbesartan</td><td>• Trandolapril-verapamil</td><td colspan="2"></td></tr><tr><td></td><td></td><td>• Hydrochlorothiazide-lisinopril</td><td colspan="3"></td></tr><tr><td></td><td></td><td>• Hydrochlorothiazide-losartan</td><td colspan="3"></td></tr></table>		Description	Prescription					Angiotensin converting enzyme inhibitors	• Benazepril	• Enalapril	• Lisinopril	• Perindopril	• Ramipril		• Captopril	• Fosinopril	• Moexipril	• Quinapril	• Trandolapril	Angiotensin II inhibitors	• Azilsartan	• Eprosartan	• Losartan	• Telmisartan			• Candesartan	• Irbesartan	• Olmesartan	• Valsartan		Antihypertensive combinations	• Amlodipine-benazepril	• Azilsartan-chlorthalidone	• Hydrochlorothiazide-moexipril				• Amlodipine-hydrochlorothiazide-valsartan	• Benazepril-hydrochlorothiazide	• Hydrochlorothiazide-olmesartan				• Amlodipine-hydrochlorothiazide-olmesartan	• Candesartan-hydrochlorothiazide	• Hydrochlorothiazide-quinapril				• Amlodipine-olmesartan	• Captopril-hydrochlorothiazide	• Hydrochlorothiazide-telmisartan				• Amlodipine-perindopril	• Enalapril-hydrochlorothiazide	• Hydrochlorothiazide-valsartan				• Amlodipine-telmisartan	• Fosinopril-hydrochlorothiazide	• Sacubitril-valsartan				• Amlodipine-valsartan	• Hydrochlorothiazide-irbesartan	• Trandolapril-verapamil					• Hydrochlorothiazide-lisinopril						• Hydrochlorothiazide-losartan			
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	Negative microalbuminuria test documented/reviewed	3061F																																																																																				
	Positive macroalbuminuria test documented/reviewed	3062F																																																																																				
	Nephropathy treatment documentation	3066F, 4010F																																																																																				
CPT 4:	81000 - 81005																																																																																					
	82042 - 81044																																																																																					
	84156																																																																																					
Exclusions:	Evidence of stage 4 chronic kidney disease, ESRD, or kidney transplant. Member in hospice. Members 66 years of age and older as of December 31 of the measurement year who are enrolled in an I-SNP any time during the measurement year or living long term in an institution (LTI).																																																																																					

Osteoporosis Management in Women Who Had a Fracture (OMW)

Osteoporosis Management in Women Who Had a Fracture (OMW)	<i>The percentage of women 67-85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the six months after the fracture. Note: Fractures of finger, face and skull are not included in this measure.</i>	
Star Weight:	1	
Provider Action:	Perform Bone Mineral Density (BMD) test or prescribe medication therapy to treat osteoporosis within 6 months of a fracture. Allowable every 24 months.	
Coding:		
CPT 4	Bone Mineral Density Test: 76977, 77078, 77080 – 77082, 77085 - 77086	
HCPCS	Bone Mineral Test:	G0130
	Injection, calcitonin salmon, up to 400 units	J0630
	Injection, Denosumab, 1 mg	J0897
	Injection, Ibandronate sodium, 1 mg	J1740
	Injection, Teriparatide, 10 mg	J3110
	Injection, Zoledronic acid (zometa), 1 mg	J3487
	Injection, Zoledronic acid (reclas), 1 mg	J3488
	Injection, Zoledronic acid, 1 mg	J3489
	Injection, Zoledronic acid, not otherwise classified, 1 mg	Q2051
ICD9PCS	Bone mineral density studies	88.98
ICD10PCS	Ultrasonography of Right Shoulder, Densitometry	BP48ZZ1
	Ultrasonography of Left Shoulder, Densitometry	BP49ZZ1
	Ultrasonography of Right Elbow, Densitometry	BP4GZZ1
	Ultrasonography of Left Elbow, Densitometry	BP4HZZ1
	Ultrasonography of Right Wrist, Densitometry	BP4LZZ1
	Ultrasonography of Left Wrist, Densitometry	BP4MZZ1
	Ultrasonography of Right Hand, Densitometry	BP4NZZ1
	Ultrasonography of Left Hand, Densitometry	BP4PZZ1
	Plain Radiography of Right Hip, Densitometry	BQ00ZZ1
	Plain Radiography of Left Hip, Densitometry	BQ01ZZ1
	Plain Radiography of Right Femur, Densitometry	BQ03ZZ1
	Plain Radiography of Left Femur, Densitometry	BQ04ZZ1
	Plain Radiography of Cervical Spine, Densitometry	BR00ZZ1
	Plain Radiography of Thoracic Spine, Densitometry	BR07ZZ1
	Plain Radiography of Lumbar Spine, Densitometry	BR09ZZ1
	Plain Radiography of Whole Spine, Densitometry	BR0GZZ1
Provider Action:	Notation of the following prescribed medications listed below:	
	Description	Prescription
	Biphosphonates	<ul style="list-style-type: none"> Alendronate Alendronate-cholecalciferol Ibandronate Risedronate Zoledronic acid
Exclusions:	Other agents	<ul style="list-style-type: none"> Albandronate Calcitonin Denosumab Raloxifene Teriparatide
	Members with advanced illness and frailty.	
	Members who had a Bone Mineral Density Test during the 730 days (24 months) prior to the Index Episode Start Date (IESD).	
	Members who had a claim/encounter for osteoporosis therapy during the 364 days (12 months) prior to the IESD.	
	Members who received a dispensed prescription or had an active prescription to treat osteoporosis during the 365 days (12 months) prior to the IESD.	
	Member in hospice.	
	Members 66 years of age and older as of December 31 of the measurement year who are enrolled in an I-SNP any time during the measurement year or living long term in an institution (LTI).	

Plan All-Cause Readmission (PCR)

Plan All-Cause Readmissions (PCR)	<i>Those with an acute inpatient stay during the measurement year that were followed-up by an unplanned acute readmission for any diagnosis within 30-days and the predicted probability of an acute readmission.</i>
Star Weight:	No weight, currently display for CY 2019 and 2020
Provider Action:	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.
Exclusions:	None

Medication Reconciliation Post-Discharge (MRP)

Medication Reconciliation Post-Discharge (MRP)	<i>Percentage of discharges from January 1 to December 1 of the measurement year for members 18 years of age and older for whom medications were reconciled on or within 30 days of discharge (31 total days).</i>
Star Weight:	1
Provider Action:	<p>Documentation in the outpatient medical record must include evidence of medication reconciliation and the date on which it was performed. Any of following meets criteria:</p> <ul style="list-style-type: none"> • Documentation of the current medications with a notation that the provider reconciled the current and discharge medications. • Documentation of the current medications with a notation that references the discharge medications (e.g., no changes in medications since discharge, same medications at discharge, discontinue all discharge medications). • Documentation of the member's current medications with a notation that the discharge medications were reviewed. • Documentation of a current medication list, a discharge medication list and notation that both lists were reviewed on the same date of service. • Documentation of the current medications with evidence that the member was seen for post-discharge hospital follow-up with evidence of medication reconciliation or review. • Documentation in the discharge summary that the discharge medications were reconciled with the most recent medication list in the outpatient medical record. • There must be evidence that the discharge summary was filed in the outpatient chart on the date of discharge through 30 days after discharge (31 total days). • Notation that no medications were prescribed or ordered upon discharge. <p>Only documentation in the outpatient record meets the intent of the measure, but an outpatient visit is not required.</p>
Coding:	
CPT 2	1111F
CPT4	99495
	99496
Exclusions:	<p>Member in hospice.</p> <p>Members 66 years of age and older as of December 31 of the measurement year who are enrolled in an I-SNP any time during the measurement year or living long term in an institution (LTI).</p>

Transitions of Care (TRC)

Transitions of Care (TRC)	Percentage of discharges for members 18 and older who had each of the following. Four rates are reported:
Star Weight:	Display
Provider Action:	<ul style="list-style-type: none"> • Notification of Inpatient Admission. Documentation of receipt of notification of inpatient admission on the day of admission or the following day. • Receipt of Discharge Information. Documentation of receipt of discharge information on the day of discharge or the following day. <ul style="list-style-type: none"> • At a minimum, the discharge information must include all of the following: <ul style="list-style-type: none"> • The practitioner responsible for the member's care during the inpatient stay. • Procedures or treatment provided. • Diagnoses at discharge. • Current medication list. • Testing results, or documentation of pending tests or no test pending. • Instructions to the PCP or ongoing care provider for patient care. Discharge instructions provided to the member to follow-up with their PCP does not meet criteria. • Patient Engagement After Inpatient Discharge. Documentation of patient engagement 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).
Coding:	
CPT 2	1111F
CPT4	99495
	99496
Exclusions:	Members with advanced illness & frailty. Member in hospice. Members 66 years of age and older as of December 31 of the measurement year who are enrolled in an I-SNP any time during the measurement year or living long term in an institution (LTI).

Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)

Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	Percentage of members 18 years of age and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease modifying anti-rheumatic drug (DMARD).																																						
Star Weight:	1																																						
Provider Action:	Notation of the following prescribed DMARD medications listed below:																																						
	<table><thead><tr><th>Description</th><th colspan="3">Prescription</th></tr></thead><tbody><tr><td>5-Aminosalicylates</td><td colspan="3">• Sulfasalazine</td></tr><tr><td>Alkylating agents</td><td colspan="3">• Cyclophosphamide</td></tr><tr><td>Aminoquinolines</td><td colspan="3">• Hydroxychloroquine</td></tr><tr><td>Anti-rheumatics</td><td>• Auranofin • Leflunomide</td><td>• Methotrexate • Penicillamine</td><td></td></tr><tr><td>Immunomodulators</td><td>• Abatacept • Adalimumab • Anakinra • Certolizumab</td><td>• Certolizumab pegol • Etanercept • Golimumab • Infliximab</td><td>• Rituximab • Tocilizumab</td></tr><tr><td>Immunosuppressive agents</td><td>• Azathioprine</td><td>• Cyclosporine</td><td>• Mycophenolate</td></tr><tr><td>Janus kinase (JAK) inhibitor</td><td colspan="3">• Tofacitinib</td></tr><tr><td>Tetracyclines</td><td colspan="3">• Minocycline</td></tr></tbody></table>			Description	Prescription			5-Aminosalicylates	• Sulfasalazine			Alkylating agents	• Cyclophosphamide			Aminoquinolines	• Hydroxychloroquine			Anti-rheumatics	• Auranofin • 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		
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Coding:																																							
HCPCS	Injection, abatacpet, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)		J0129																																				
	Injection, adalimumab, 20 mg		J0135																																				
	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)		J0717																																				
	Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)		J1438																																				
	Injection, gold sodium thiomalate, up to 50 mg		J1600																																				
	Injection, golimumab, 1 mg, for intravenous use		J1602																																				
	Injection, infliximab, excludes biosimilar, 10 mg		J1745																																				
	Injection, tocilizumab, 1 mg		J3262																																				
	Cyclosporine, oral, 100 mg		J7502																																				
	Cyclosporine, oral, 25 mg		J7515																																				
	Cyclosporine, parenteral, 250 mg		J7516																																				
	Mycophenolate mofetil, 180 mg		J7517																																				
	Mycophenolic acid, oral, 180 mg		J7518																																				
	Methotrexate sodium, 5 mg		J9250																																				
	Methotrexate sodium, 50 mg		J9260																																				
	Injection, rituximab, 100 mg		J9310																																				
Exclusions:	Members with advanced illness and frailty. Members in hospice. Members 66 years of age and older enrolled in an I-SNP or living long-term in institutional settings.																																						

Statin Therapy for Patients with Cardiovascular Disease

Statin Therapy for Patients with Cardiovascular Disease (SPC)	<i>The percentage of males 21-75 years of age and females 40-75 years of age with clinical atherosclerotic cardiovascular disease (ASCVD) who receive a high or moderate-intensity statin medication during the measurement year.</i>						
Star Weight	1						
Provider Action:	<p>Encourage the member to adhere at least 80% or more to their statin medication. Prescribe at least one high-intensity or moderate-intensity statin medication during the measurement year:</p> <table> <tr> <th>Description</th><th>Prescription</th></tr> <tr> <td>High-intensity statin therapy</td><td> <ul style="list-style-type: none"> Atorvastatin 40-80 mg Amlodipine-atorvastatin 40-80 mg Ezetimibe-atorvastatin 40-80 mg Rosuvastatin 20-40 mg Simvastatin 80 mg Ezetimibe-simvastatin 80 mg </td></tr> <tr> <td>Moderate-intensity statin therapy</td><td> <ul style="list-style-type: none"> Atorvastatin 10-20 mg Amlodipine-atorvastatin 10-20 mg Ezetimibe-atorvastatin 10-20 mg Rosuvastatin 5-10 mg Simvastatin 20-40 mg Ezetimibe-simvastatin 20-40 mg Niacin-simvastatin 20-40 mg Sitagliptin-simvastatin 20-40 mg Pravastatin 40-80 mg Lovastatin 40 mg Niacin-lovastatin 40 mg Fluvastatin XL 80 mg Fluvastatin 40 mg bid Pitavastatin 2-4 mg </td></tr> </table>	Description	Prescription	High-intensity statin therapy	<ul style="list-style-type: none"> Atorvastatin 40-80 mg Amlodipine-atorvastatin 40-80 mg Ezetimibe-atorvastatin 40-80 mg Rosuvastatin 20-40 mg Simvastatin 80 mg Ezetimibe-simvastatin 80 mg 	Moderate-intensity statin therapy	<ul style="list-style-type: none"> Atorvastatin 10-20 mg Amlodipine-atorvastatin 10-20 mg Ezetimibe-atorvastatin 10-20 mg Rosuvastatin 5-10 mg Simvastatin 20-40 mg Ezetimibe-simvastatin 20-40 mg Niacin-simvastatin 20-40 mg Sitagliptin-simvastatin 20-40 mg Pravastatin 40-80 mg Lovastatin 40 mg Niacin-lovastatin 40 mg Fluvastatin XL 80 mg Fluvastatin 40 mg bid Pitavastatin 2-4 mg
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Exclusions (When appropriate diagnosis code on claim):	<p>Members with advanced illness and frailty. Member diagnosed with Muscular Pain and Disease to include Myalgia, Myopathy, Rhabdomyolysis and End-stage Renal Disease (ESRD). Members dispensed with at least one prescription for clomiphene (Estrogen Agonist) during the measurement year or the year prior to the measurement year. Members diagnosed with Cirrhosis during the measurement year or the year prior to the measurement year. Member in hospice. Members 66 years of age and older as of December 31 of the measurement year who are enrolled in an I-SNP any time during the measurement year or living long term in an institution (LTI).</p>						

Part D Measures

Medication Adherence - Cholesterol	<i>The percentage of Medicare Part D beneficiaries, 18 years or older, who had at least two fills of medication(s) on unique dates of services (DOS) and were 80% or more adherent to their statin medication</i>												
Star Weight	3												
Provider Action:	<p>Always prescribe 90 days when possible. Encourage patients to adhere to their prescribed statin medication at 80% or more throughout the year for the following medications.</p> <p>Table PDC-STA-A: Statins</p> <table><tr><th colspan="3">Statin Medications</th></tr><tr><td>fluvastatin</td><td>pitavastatin</td><td>rosuvastatin</td></tr><tr><td colspan="2">atorvastatin (+/- amlodipine, ezetimibe)</td><td>pravastatin</td></tr><tr><td colspan="2">simvastatin (+/-ezetimibe, niacin, sitagliptin)</td><td>lovastatin (+/- niacin)</td></tr></table> <p>Note: The active ingredients are limited to oral formulations only.</p>	Statin Medications			fluvastatin	pitavastatin	rosuvastatin	atorvastatin (+/- amlodipine, ezetimibe)		pravastatin	simvastatin (+/-ezetimibe, niacin, sitagliptin)		lovastatin (+/- niacin)
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atorvastatin (+/- amlodipine, ezetimibe)		pravastatin											
simvastatin (+/-ezetimibe, niacin, sitagliptin)		lovastatin (+/- niacin)											
Exclusions:	<p>Beneficiaries enrolled in hospice any time during the measurement period</p> <p>Beneficiaries that have ESRD</p>												

Medication Adherence – Diabetes

Star Weight

Provider Action:

Exclusions:

The percentage of Medicare Part D beneficiaries, 18 years or older, who had at least two fills of medication(s) on unique dates of services (DOS) and were 80% or more to their diabetes medications.

3

Always prescribe 90 days when possible. Encourage patients to adhere to their prescribed drug therapy 80% or more throughout the year for the following medications: Biguanides, Sulfonylureas, Thiazolidinediones, DPP-IV inhibitors, Incretin Mimetics, Meglitinides, and SGLT2 inhibitors:

Table PDC-DR-A: Biguanide Medications

Biguanides	
metformin (+/- alogliptin, canagliflozin, dapagliflozin, empagliflozin, ertugliflozin, glipizide, glyburide, linagliptin, pioglitazone, repaglinide, rosiglitazone, saxagliptin, sitagliptin)	

Note: Active ingredients are limited to oral formulations only.
Excludes nutritional supplement/dietary management combination products

Table PDC-DR-B: Sulfonylureas Medications

Sulfonylurea Medications and Combinations		
chlorpropamide	glipizide (+/- metformin)	tolazamide
glimepiride (+/- pioglitazone)	glyburide (+/- metformin)	tolbutamide

Note: Active ingredients are limited to oral formulations only (includes all salts and dosage forms).

Table PDC-DR-C: Thiazolidinediones

Thiazolidinedione Medications and Combinations	
pioglitazone (+/- alogliptin, glimepiride, metformin)	rosiglitazone (+/- metformin)

Note: Active ingredients are limited to oral formulations only.

Table PDC-DR-D: DPP-4 Inhibitors

DPP-4 Medications and Combinations		
alogliptin (+/- metformin, pioglitazone)	saxagliptin (+/- metformin, dapagliflozin)	sitagliptin (+/- metformin, simvastatin)
linagliptin (+/- empagliflozin, metformin)		

Note: Active ingredients are limited to oral formulations only.

Table PDC-DR-E: Incretin Mimetics

DPP-4 Medications and Combinations		
albiglutide	exenatide	lixisenatide
dulaglutide	liraglutide	semaglutide

Note: Active ingredients are limited to oral formulations only.

Table PDC-DR-F: Meglitinides

Meglitinides and Combinations	
nateglinide	repaglinide (+/-metformin)

Note: Active ingredients are limited to oral formulations only.

Beneficiaries who have one or more of the following prescriptions for insulin in the measurement period listed below.

Table PDC-H: Insulin Exclusion

Insulins	
insulin aspart (+/-insulin aspart protamine)	insulin glargine (+/- lixisenatide)
insulin regular (including inhalation powder)	insulin glulisine
insulin lispro (+/- insulin lispro protamine)	insulin degludec (+/- liraglutide)
insulin isophane (+/- regular insulin)	insulin detemir

Note: The active ingredients are limited to inhaled and injectable formulations only.

Beneficiaries enrolled in hospice any time during the measurement period. Beneficiaries that have ESRD

Medication Adherence - Hypertension-RAS Antagonists	<i>The percentage of Medicare Part D beneficiaries, 18 years or older, who had at least two fills of medication(s) on unique dates of services (DOS) and were 80% or more to a RAS antagonist</i>																										
Star Weight	3																										
Provider Action:	<p>Always prescribe 90 days when possible. Encourage patients to adhere to their prescribed ACE inhibitors, ARBs, or Direct Renin Inhibitors 80% or more throughout the year.</p> <p>Table PDC-RASA-A: Renin Angiotensin System (RAS) Antagonists</p> <table><tr><th colspan="2">Direct Renin Inhibitor Medications and Combinations</th></tr><tr><td colspan="2">aliskiren (+/- amlodipine, hydrochlorothiazide)</td></tr><tr><th colspan="2">ARB Medications and Combinations</th></tr><tr><td>azilsartan (+/- chlorthalidone)</td><td>irbesartan (+/- hydrochlorothiazide)</td></tr><tr><td>candesartan (+/- hydrochlorothiazide)</td><td>losartan (+/- hydrochlorothiazide)</td></tr><tr><td>eprosartan (+/- hydrochlorothiazide)</td><td>olmesartan (+/- amlodipine, hydrochlorothiazide)</td></tr><tr><td>telmisartan (+/- amlodipine, hydrochlorothiazide)</td><td>valsartan (+/- amlodipine, hydrochlorothiazide nebivolol)</td></tr><tr><th colspan="2">ACE Inhibitor Medications and Combination Products</th></tr><tr><td>benazepril (+/- amlodipine, hydrochlorothiazide)</td><td>lisinopril (+/- hydrochlorothiazide)</td></tr><tr><td>captopril (+/- hydrochlorothiazide)</td><td>moexipril (+/- hydrochlorothiazide)</td></tr><tr><td>enalapril (+/- hydrochlorothiazide)</td><td>perindopril (+/- amlodipine)</td></tr><tr><td>fosinopril (+/- hydrochlorothiazide)</td><td>quinapril (+/- hydrochlorothiazide)</td></tr><tr><td>ramipril</td><td>trandolapril (+/- verapamil)</td></tr></table> <p>Note: Active ingredients are limited to oral formulations only. Excludes nutritional supplement/dietary management combination products.</p>	Direct Renin Inhibitor Medications and Combinations		aliskiren (+/- amlodipine, hydrochlorothiazide)		ARB Medications and Combinations		azilsartan (+/- chlorthalidone)	irbesartan (+/- hydrochlorothiazide)	candesartan (+/- hydrochlorothiazide)	losartan (+/- hydrochlorothiazide)	eprosartan (+/- hydrochlorothiazide)	olmesartan (+/- amlodipine, hydrochlorothiazide)	telmisartan (+/- amlodipine, hydrochlorothiazide)	valsartan (+/- amlodipine, hydrochlorothiazide nebivolol)	ACE Inhibitor Medications and Combination Products		benazepril (+/- amlodipine, hydrochlorothiazide)	lisinopril (+/- hydrochlorothiazide)	captopril (+/- hydrochlorothiazide)	moexipril (+/- hydrochlorothiazide)	enalapril (+/- hydrochlorothiazide)	perindopril (+/- amlodipine)	fosinopril (+/- hydrochlorothiazide)	quinapril (+/- hydrochlorothiazide)	ramipril	trandolapril (+/- verapamil)
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Exclusions:	<p>Beneficiaries that received one of more prescription claims for Sacubitril/Valsartan.</p> <p>Table PDC-RASA-B Exclusion: Sacubitril/Valsartan</p> <table><tr><th>ARB/Neprilysin Inhibitor Combination Medication</th></tr><tr><td>sacubitril/valsartan</td></tr></table> <p>Beneficiaries enrolled in hospice any time during the measurement period Beneficiaries that have ESRD</p>	ARB/Neprilysin Inhibitor Combination Medication	sacubitril/valsartan																								
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Statin Therapy for Patients with Diabetes (SUPD)	The percentage of Medicare Part D beneficiaries, ages 40-75 years, dispensed at least two diabetes medication fills who received a statin medication fill.																																																																																																																
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Advanced Illness and Frailty

Patients with an advanced illness diagnosis or limited life expectancy may not benefit from recommended services required to meet certain quality measures. Unnecessary tests and treatments may be burdensome or even harmful to these patients. To account for this the National Committee for Quality Assurance (NCQA) updated their specifications to allow exclusions for advanced illness and frailty.

To qualify, patients must have at least one of the following in the measurement year or year prior:

- Two outpatient claims on different dates of service with an advanced illness code
- One inpatient claim with an advanced illness code
- One filled prescription for a dementia medication

AND

- At least one claim with a frailty diagnosis or treatment claim in the measurement year.

Exclusions can be applied to the following Star Measures:

Breast Cancer Screening (BCS)

Osteoporosis Management in Women with a

Colorectal Cancer Screening (COL)

Fracture (OMW)*

Comprehensive Diabetes Care (CDC)

Statin Therapy for Patients with Cardiovascular

Controlling Blood Pressure (CBP)*

Disease (SPC)*

Disease-Modifying Anti Rheumatic Drug
Therapy for Rheumatoid Arthritis (ART)

*Patients age 81 and older can be excluded
with a frailty diagnosis or treatment alone.

For a complete listing of advanced illness and
frailty codes please visit [MediGold.com](https://www.MediGold.com).

A male healthcare professional with short brown hair, wearing blue scrubs and a stethoscope, is shown in profile. He is holding a white smartphone to his ear with his left hand and a black clipboard with a white sheet of paper in his right hand. He is looking down at the clipboard and appears to be writing. The background is a blurred indoor setting with a grey wall.

Contact Us

Please send us an email at:
StarsAndHEDIS@mchs.com.

If you would like to receive gaps in care information specific to your patients, email us and provide the following:

1. **Practice name.**
2. **All associated primary care providers (PCPs).**
3. **Contact name.**
4. **Contact phone number.**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



