





Provider STAR Ratings Quick Reference Guide 2023 Dates of Service



Breast Cancer Screening (BCS-E)

(Administrative-Claims Data Only)

DESCRIPTION: Measure evaluates the percentage of women 50-74 years of age who had a mammogram to screen for breast cancer during the measurement year or the year prior to the measurement year.

DATES OF SERVICE: October 1 of two years prior to CY - December 31 of CY

EXCLUSIONS: Any patient 66 years and older with advanced illness and frailty or who live in long - term nursing home settings. Members in hospice or using hospice services any time during measurement year.

Note: This measure evaluates primary screening. Do not count biopsies, breast ultrasounds, MRIs or diagnostic screenings because they are not appropriate methods for primary breast cancer screening.

	1-Star	2-Star 3-Star		4-Star	5-Star		
	*	**	***	****	****		
Latest CMS Thresholds	< 43%	≥ 43% to <62 %	≥ 62% to <70 %	≥ 70% to < 77%	≥ 77%		
P4P Thresholds	<51	≥51 to <64%	≥ 64% to <73 %	≥ 73% to < 81%	≥ 81%		

CMS Weighted Value: 1 P4P Weighted Value: 1 *Telehealth Applicable

CPT for Mammography

77061 - 77063 77065 - 77067

Colorectal Cancer Screening (COL)

(Administrative/Hybrid)

DESCRIPTION: Measure evaluates the percentage of members 45-75 years of age who had appropriate screening

for colorectal cancer.

FOBT: Jan 01- Dec 31 of CY or

Flexible Sigmoidoscopy: Jan 01- Dec 31 of CY, or 4 years prior or

Colonoscopy: Jan 01- Dec 31 of CY, or 9 years prior or CT Colonography: Jan 01- Dec 31 of CY, or 4 years prior or FIT-DNA (Cologuard): Jan 01- Dec 31 of CY, or 2 years prior

EXCLUSIONS: Diagnosis of colorectal cancer or total colectomy. Any patients 66 years and older with frailty and

advanced illness.

	1-Star	2-Star 3-Star		4-Star	5-Star
	*	**	***	****	****
Latest CMS Thresholds	< 43%	≥ 43% to < 60%	≥ 60% to < 71%	≥ 71% to < 79%	≥ 79%
P4P Thresholds	< 56%	≥ 56% to < 66%	≥ 66% to < 74%	≥ 74% to < 81%	≥ 81%

CMS Weighted Value: 1 P4P Weighted Value: 1 *Telehealth Applicable

CPT for FOBT		HCPCS for FOBT
82270, 82274		G0328
CPT for Flex Sigmoidoscopy		HCPCS for Flex Sigmoidoscopy
45330-45335, 45337,45338,45340-45342 45346,45347, 45349, 45350		G0104
CPT for Colonoscopy		HCPCS for Colonoscopy
44388-44394, 44397, 44401-44408, 45355, 45378- 45393, 45398	OR	G0105, G0121
CPT for CT Colonography		CPT for FOBT
74261, 74262, 74263		82274
CPT for FIT-DNA (Cologuard)		LOINC for FIT-DNA (Cologuard)
81528		77353-1 77354-9

Care for Older Adults (COA)-

Functional Status Assessment (SNP only)

(Administrative/Hybrid)

DESCRIPTION: Measure evaluates percentage of adults 66 years old and older who have documentation in the medical record of a functional status assessment during the measurement year. Notations for a complete functional status assessment must include one of the following: (1) Assessment of instrumental activities of daily living (IADL) such as shopping for groceries, driving, using public transportation, using the telephone, meal preparation, housework, home repair, laundry, taking medications or handling finances, etc. OR (2) Assessment of activities of daily living (ADL) such as bathing, dressing, eating, transferring (i.e., getting in and out of chairs), using the toilet and walking OR (3) Results using a standardized functional status assessment tool OR (4) Assessment of three of the following four components A) Cognitive status B) Ambulation status C) Sensory ability (must include hearing, vision, and speech) D) Other functional independence (e.g., exercise, ability to perform job).

Important Note: A functional status assessment limited to an acute or single condition, event, or body system (e.g., lower back, leg) **DOES NOT** meet criteria for a comprehensive functional status assessment.

DATES OF SERVICE: Jan 01- Dec 31 of CY

	1-Star	2-Star	3-Star	4-Star	5-Star
	*	**	***	****	****
Latest CMS Thresholds	< 46%	≥ 55% to < 66%	≥ 66% to < 82%	≥ 82% to < 93%	≥ 93%
P4P Thresholds	< 46%	≥ 55% to < 66%	≥ 66% to < 82%	≥ 82% to < 93%	≥ 93%

CMS Weighted Value: 1 P4P Weighted Value: 0.5 *Telehealth Applicable

CPT for FSA		CPT Category II for FSA		HCPCS for FSA
99483	OR	1170F	OR	G0438, G0439

Care for Older Adults (COA)-Medication Review (SNP only)

(Administrative/Hybrid)

DESCRIPTION: Percentage of adults ages 66 and older who had a medication review by a clinical pharmacist or prescribing practitioner AND the presence of a medication list in the medical record or transitional care management services in the measurement year.

Exclusions: Hospice

DATES OF SERVICE: Jan 01- Dec 31 of CY

	1-Star	2-Star	3-Star	4-Star	5-Star
	*	**	***	****	****
Latest CMS Thresholds	< 43%	≥ 43% to < 70%	≥ 70% to < 82%	≥ 82% to < 93%	≥ 93%
P4P Thresholds	< 43%	≥ 43% to < 70%	≥ 70% to < 82%	≥ 82% to < 93%	≥ 93%

CMS Weighted Value: 1 P4P Weighted Value: 0.5

For CPT - CAT II codes both are needed to receive credit. 1159F (Medication List) & 1160F (Medication Review)

CPT for Med Review		CPT Category II for Med Review				
90863, 99483 ,99605, 99606	OR	1160F				
AND						
CPT Category II for Med List		HCPCS for Med List				
1159F	OR	G8427				

Care for Older Adults

(COA)- Pain Assessment (SNP only)

(Administrative/Hybrid)

DESCRIPTION: Measure evaluates the percentage of adults 66 years old and older who have at least one pain assessment during the measurement year (which may include positive or negative findings for pain).

- Numeric rating scales
- Pain Assessment in Advanced Dementia (PAINAD) Scale
- Brief Pain Inventory
- PROMIS Pain Intensity Scale
- Chronic Pain Grade
- Face, Legs, Activity, Cry Consolability (FLACC) scale.

- Pain Thermometer

- Verbal descriptor scales (5-7 Word Scales, Present Pain Inventory).
- Visual analogue scale
- Pictorial Pain Scales (Faces Pain Scale, Wong-Baker Pain Scale)

Exclude services provided in an acute inpatient setting

DATES OF SERVICE: Jan 01- Dec 31 of CY

	1-Star	2-Star	3-Star	4-Star	5-Star
	*	**	***	****	****
Latest CMS Thresholds	< 50%	≥ 50% to < 71%	≥ 71% to < 85%	≥ 85% to < 94%	≥ 94%
P4P Thresholds	< 50%	≥ 50% to < 71%	≥ 71% to < 85%	≥ 85% to < 94%	≥ 94%

CMS Weighted Value: 1 P4P Weighed Value: 0.5 *Telehealth Applicable

CPT Category II for Pain Present	0.0	CPT Category II for No Pain Present
1125F	OR	1126F

Hemoglobin A1c Control for Patients With Diabetes (HBD)

(Administrative/Hybrid)

DESCRIPTION:Percentage of members ages 18–75 with diabetes (Types 1 and 2) who had an HbA1c lab test during the measurement year that showed their blood sugar is under control (≤ 9.0%; good control is < 8.0%).

DATES OF SERVICE: Jan 01- Dec 31 of CY

EXCLUSIONS: Any patient 66 years old and older with frailty and advanced illness. Members in hospice or using hospice services. Members who have no diagnosis of diabetes and have a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes

	1-Star	2-Star	3-Star	4-Star	5-Star
	*	**	***	****	****
Latest CMS Thresholds	< 39%	≥ 39% to < 62%	≥ 62% to < 75%	≥ 75% to < 83%	≥ 83%
P4P Thresholds	< 56%	≥ 56% to < 70%	≥ 70% to < 80%	≥ 80% to < 88%	≥ 88%

CMS Weighted Value: 3 P4P Weighed Value: 3

*Only one of the two visits may be a telephone visit, an online assessment or an outpatient telehealth visit.

CPT for HbA1c Test		LOINC for HbA1c Test		CPT Category II for HbA1c Value		
				Level < 7.0	3044F	
83036	OR	4548-4 4549-2 17856-6	4549-2	AND	Level ≥ 7.0 to < 8.0	3051F
83037					Level ≥ 8.0 to ≤ 9.0	3052F
				Level > 9.0	3046F	

Eye Exam for Patients With Diabetes (EED)

(Administrative/Hybrid

DESCRIPTION: Measure evaluates the percentage of plan members 18-75 years of age with diabetes who had an eye exam (retinal) to check for damage from diabetes during the measurement year or had a negative eye exam in prior year.

DATES OF SERVICE: Jan 01- Dec 31 of CY or year prior

EXCLUSIONS: Any patient 66 years old and older with frailty and advanced illness. Members in hospice or using hospice services

Note: For eye exam performed in the year prior to the measurement year, a copy of the exam must be available and documented as part of the medical record indicating a negative result for Diabetic Retinopathy.

	1-Star	2-Star	3-Star	4-Star	5-Star
	*	**	***	****	****
Latest CMS Thresholds	< 47%	≥ 47% to < 61%	≥ 61% to < 71%	≥ 71% to < 79%	≥ 79%
P4P Thresholds	< 50%	≥ 50% to < 64%	≥ 64% to < 73%	≥ 73% to < 82%	≥ 82%

CMS Weighted Value: 1

P4P Weighted Value: 1

CPT for Diabetic Retinal Screening

67028, 67030, 67031, 67036, 67039 - 67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201,92202, 92225-9228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245

CPT II for Diabetic Eye Exam without Evidence of Retinopathy in Prior Year		HCPS for Diabetic Retinal Screening
3072F	OR	\$0620 \$0621 \$3000

Only one of the two visits may be a telephone visit, an online assessment or an outpatient telehealth visit.

Kidney Health Evaluation for Patients With Diabetes (KED)*

(Administrative /Hybrid)

DESCRIPTION: Measure evaluates the percentage of plan members 18-85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.

DATES OF SERVICE: Jan 01- Dec 31 of CY

EXCLUSIONS: Members who do not have a diagnosis of diabetes in any setting, during the measurement year or the prior year. Members with evidence of ESRD. Any patient 66 years old and older with frailty and advanced illness and Hospice. Members who have no diagnosis of diabetes and have a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes

	1-Star	2-Star 3-Star		4-Star	5-Star
	*	**	***	****	****
Latest CMS Thresholds	<80%	≥ 80% to < 93%	≥ 93% to < 95%	≥ 95% to < 97%	≥ 97%
P4P Thresholds	<80%	≥ 80% to < 93%	≥ 93% to < 95%	≥ 95% to < 97%	≥ 97%

CMS Weighted Value: TBD P4P Weighed Value: 0.5

Examples of urine tests for protein or albumin:

Timed test for albumin or protein or total protein, spot test for albumin or protein, test for albumin/creatinine ratio.

CPT for Estimated Glomerular Filtration Rate Lab Test		LOINC For Estimated Glomerular Filtration Rate Lab Test
80047; 80048; 80050; 80053; 80069; 82565		48642-3, 48643-1, 50044-7, 50210-4, 50384-7, 62238-1, 69405- 9, 70969-1, 77147-7, 88293-6, 88294-4, 94677-2, 96591-3, 96592-1
CPT for Quantitative Urine Albumin Lab Test	OR	LOINC for Quantitative Urine Albumin
82043		14957-5, 1754-1, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 57369-1, 89999-7
CPT for Urine Creatinine Lab Test		LOINC For Urine Creatinine Lab Test
82570		20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5

Transition Post-Discharge (TRC)

(Administrative/Hybrid)

DESCRIPTION: Measure evaluates the percentage of inpatient (hospital) discharges during the measurement year for members 18 and older and the following **4 Sub-categories**:

Notification of Inpatient Admission. - Documentation can come from any outpatient record that the PCP or ongoing care provider can access. (3 total days)

Medication Reconcilation Post-Discharge - Medication reconcilation documented on the date of the discharge through 30 days after the discharge. (31 total days)

Patient Engagement After Inpatient Discharge - Engagement documented within 30 days of the discharge.

Member engagement can include an office or home visit, or telehealth outreach.

Receipt of Discharge Information - Receipt of discharge information documented the day of or 2 day after the discharge. (3 total days)

DISCHARGE DURING: Jan 01- Dec 1 of CY

EXCLUSIONS: Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year.

CMS Weighted Value: 1

P4P Weighted Value: MRP - 0.5
*Informational Sub Categories:

Notification of Inpatient Admissio n, Patient Engagement After Inpatient Discharge , Receipt of Discharge Information

Transition Post-Discharge (TRC)-

Medication Reconciliation Post-Discharge

(Administrative/Hybrid)

DESCRIPTION: Measure evaluates the percentage of discharges during the measurement year for members for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days).

DISCHARGE DURING: Jan 01- Dec 1 of CY

READMISSION OR DIRECT TRANSFER: Within 30 days of discharge (31 Days Total)

EXCLUSIONS: Hospital stays where the admission day is the same as the discharge date **OR** Any acute inpatient stays with a discharge date in the 30 days prior to the admission date **OR** Inpatient stays with discharges for death.

	1-Star ★	2-Star ★★	3-Star ★★★	4-Star ★★★	5-Star ★★★★
Latest CMS Thresholds	< 43%	≥ 43% to < 57%	≥ 57% to < 69%	≥ 69% to < 82%	≥ 82%
P4P Thresholds	<43%	≥ 43% to < 57%	≥ 57% to < 69%	≥ 69% to < 82%	≥ 82%

CMS Weighted Value: 0.25 P4P Weighted Value: 0.5 *Telehealth Applicable

CPT for MRP		CPT Category II for MRP
99483, 99495, 99496	OR	1111F

Transition Post-Discharge (TRC)

(Administrative/Hybrid)

- Patient Engagement After Inpatient Discharge

DESCRIPTION: Patient engagement provided within 30 days after discharge. Do not include patient engagement that occurs on the date of discharge. The following meet criteria for patient engagement.

DISCHARGE DURING: Jan 01- Dec 1 of CY

EXCLUSIONS: Patient engagement that occurs on the date of discharge

CMS Weighted Value: 0.25 P4P Weighted Value: Informational

*Telehealth Applicable

CPT for Outpatient Visits		HCPCS for Outpatient Visits
99201-99205, 99211-99215, 99241-99245, 99341-		
99345, 99347-99350, 99381-99387,		G0402, G0438, G0439, G0463, T1015
99391-99397, 99401-99404, 99411, 99412, 99429,		,,,,,,
99455, 99456, 99483		
CPT for Online Assessments	OR	HCPCS for Online Assessments
98969, 98970, 97971, 98972, 99421, 99422, 99423, 99444, 99457, 99458		G2010, G2012, G2061, G2062, G2063
CPT for Telephone Visits		CPT for Transitional Care Management
98966, 98967, 98968, 99441, 99442, 99443		99495, 99496

Follow-Up After Emergency Department Visit for People with High-Risk Multiple Chronic Conditions (FMC)

(Administrative –Claim/Encounter)

DESCRIPTION: Measure evaluates the percentage of ED visits of members ages 18 and older who were seen in the emergency department (ED) for treatment and have high-risk multiple chronic conditions received appropriate follow-up care within 7 days of discharge.

DISCHARGE DURING: Jan 01- Dec 1 of CY

EXCLUSIONS: Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year. Exclude ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within 7 days after the ED visit, regardless of the principal diagnosis for admission

	1-Star ★	2-Star ★★	3-St ★★		4-Star ★★★★	5-Star ★★★★
Latest CMS Thresholds	< 48%	≥ 48% to < 55%	≥ 55% to	< 61%	≥ 61% to < 68%	≥ 68%
P4P Thresholds	< 48%	≥ 48% to < 55%	≥ 55% to	< 61%	≥ 61% to < 68%	≥ 68%
CPT for BH Outpatient Visits					HCPCS for BH C	Outpatient Visits
98960-9862,99078,99201-99205,99211-99215,99341- 99345,99341-99345,99347-99350,99381-99387,99391- 99397,99401- 99404,99408,99409,99411,99412,99483,99510			G0155,G0176,G0177,G0409,G046		177,G0409,G0463	
CPT	for Online Assessme	nts	OR	HCPCS for Online Assessments		ne Assessments
98969, 98970, 97971, 98972, 99421, 99422, 99423, 99444, 99457, 99458			G2010, G2012, G2061, G2062, C		061, G2062, G2063	
CPT for Domiciliary or Rest Home Visit					Care Management	
9	9324-99328,99334-9933	7			99495,	99496

CMS Weighted Value: 1

P4P Weighted Value: Informational

*Weight Change for P4P

*Telehealth Applicable

*Some codes in Transition Post-Discharge (TRC)-Patient Engagement After Inpatient Discharge can be used for this measure.

Controlling High Blood Pressure (CBP)

(Hybrid/Adminstrative)

DESCRIPTION: Measure evaluates the percentage of members 18–85 years of age who had at least two visits on different dates of service with a diagnosis of hypertension (HTN) during the measurement year or the year prior, and whose BP was adequately controlled (BP <140/90 mm Hg).

DATES OF SERVICE: Jan 01- Dec 31 of CY

EXCLUSIONS: Members 66 years of age and older as of Dec 31 enrolled in an I-SNP and/or living long-term in an institution any time during the measurement year. Members with evidence of end-stage renal disease (ESRD). Any patient 66-80 with frailty and advanced illness, as well as those 81 years old and older with fraility. Members in hospice or using hospice services.

	1-Star	2-Star 3-Star		4-Star	5-Star
	*	**	***	****	****
Latest CMS Thresholds	< 48%	≥ 48% to < 63%	≥ 63% to < 73%	≥ 73% to < 80%	≥ 80%
P4P Thresholds	< 48%	≥ 48% to < 63%	≥ 63% to < 73%	≥ 73% to < 80%	≥ 80%

CMS Weighted Value: 3
P4P Weighted Value: 1
*Weight increase for P4P

*Only one of the two visits may be a telephone visit, an online assessment or an outpatient telehealth visit.

ICD-10 CM Diagnosis for HTN	AND	CPT Category II for BP		
l10		Systolic < 130	3074F	
l11.9		Systolic 130-139	3075F	
112.9 113.10 116.0 116.10 116.9		Systolic ≥ 140	3077F	
		Diastolic < 80	3078F	
		Diastolic 80-89	3079F	
		Diastolic ≥ 90	3080F	

Osteoporosis Management in Women who had a Fracture (OMW)

(Administrative –Claim/Encounter)

DESCRIPTION: Measure evaluates 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 within 180 days post fracture.

DATES OF SERVICE: Jan 01- Dec 31 of CY

Fracture Date Range: July 01 of prior year - Jun 30 of CY

Test Performed/Prescription by: July 1st of prior year - Dec 31 of CY

EXCLUSIONS: Members enrolled in an I-SNP and/or living long-term in an institution any time during the measurement year. Members 67–80 years of age as of December 31 of the measurement year with frailty and advanced illness. Members 81 years of age and older as of December 31 of the measurement year with at least two indications of frailty

	1-Star	2-Star	2-Star 3-Star		5-Star
	*	**	***	****	****
Latest CMS Thresholds	< 32%	≥ 32% to < 45%	≥ 45% to < 55%	≥ 55% to < 73%	≥ 73%
P4P Thresholds	< 32%	≥ 32% to < 45%	≥ 45% to < 55%	≥ 55% to < 73%	≥ 73%

CMS Weighted Value: 1
P4P Weighted Value: 0.5
*Telehealth Applicable

For Fractures please prescribe the member one of the following medications as recommended by CMS

HCPCS (J Codes) for Osteoporosis Therapy	0.7	Prescription Drug
J0897, J1740, J3110, J3111,J3489	OR	Denosumab, Ibandronate sodium, Teriparatide, Romosozumab, Zoledronic acid, Alendronate

CPT for BMD

76977, 77078, 77080, 77081, 77085, 77086

ICD 10-PCS Procedure for BMD

BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1,BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1

Plan All-Cause Readmissions (PCR)

(Administrative -Claim/Encounter)

DESCRIPTION: Measure evaluates the percentage of hospital stays during the measurement year that were followed by an unplanned hospital readmission for any diagnosis within 30 days for members 18 year and older and the predicted probability of an acute readmission.

Discharge during: Jan 01- Dec 1 of CY **Readmission:** Within 30 days of discharge

Exclusions: Hospital stays where the admission day is the same as the discharge date **OR** any acute inpatient stays with a discharge date in the 30 days prior to the admission date **OR** Inpatient stays with discharges for death; acute inpatient stays for pregnancy. Members in hospice or using hospice services.

	1-Star	2-Star 3-Star		4-Star	5-Star
	*	**	***	****	****
Latest CMS Thresholds	> 15%	≤ 15% to > 13%	≤ 13% to > 12%	≤ 12% to > 10%	≤ 10%
P4P Thresholds	> 15%	≤ 15% to > 13%	≤ 13% to > 12%	≤ 12% to > 10%	≤ 10%

CMS Weighted Value: 3
P4P Weighted Value: 1
*Weight increase for P4P
*Telehealth Applicable

Statin Therapy for Patients With Cardiovascular Disease (SPC)

(Prescription Drug Event [PDE] Data)

DESCRIPTION: Measure evaluates the percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and received at least one high or moderate-intensity statin medication during the measurement year.

DATES OF SERVICE: Jan 01- Dec 31 of CY

EXCLUSIONS: Members enrolled in an I-SNP and/or living long-term in an institution any time during the measurement year. Any patient 66 years of age and older with frailty and advanced illness.

	1-Star	2-Star	3-Star	4-Star	5-Star
	*	**	***	****	****
Latest CMS Thresholds	< 75%	≥ 75% to < 81%	≥ 81% to < 85%	≥ 85% to < 89%	≥ 89%
P4P Thresholds	< 79%	≥ 79% to < 83%	≥ 83% to < 86%	≥ 86% to < 90%	≥ 90%

CMS Weighted Value: 1
P4P Weighted Value: 1
*Weight increase for P4P

*Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment.

Targeted Population	Compliance		
Members identified as having	1 fill of a cholesterol medication in the following therapeutic		
cardiovascular disease by:	class:		
Claim/Encounter data OR	Statin		
Pharmacy data			

Pharmacy Measures

Medication Adherence

(Prescription Drug Event [PDE] Data)

DESCRIPTION: Measure evaluates the percentage of plan members with a diabetes <u>and/or</u> hypertension, <u>and/or</u> cholesterol prescription who fill their prescription to cover 80% or more of the time they are supposed to be taking the medication.

DATES OF SERVICE: Jan 01- Dec 31 of CY

Diabetes Medications

	1-Star ★	2-Star ★★	3-Star ★★★	4-Star ★★★	5-Star ★★★★
Latest CMS Thresholds	< 79%	≥ 79% to < 85%	≥ 85% to < 88%	≥ 88% to < 92%	≥ 92%
P4P Thresholds	< 81%	≥ 81% to < 85%	≥ 85% to < 88%	≥ 88% to < 92%	≥ 92%

CMS Weighted Value: 3 P4P Weighted Value: 3 *Telehealth Applicable

EXCLUSIONS: Members who have one or more prescriptions for insulin in the CY

Targeted Population	Recommended Adherence Monitoring
Members taking diabetes medications in the	Ensure Members are taking their medication as directed
following therapeutic classes: Biguanides,	
sulfonylureas, thiazolidinediones, dipeptidyl peptidase	
(DPP)-IV inhibitors, meglitinides, or incretin mimetic	
agents	

Hypertension (RAS antagonists - ACEI & ARBs)

	1-Star	2-Star	3-Star	4-Star	5-Star
	*	**	***	****	****
Latest CMS Thresholds	< 78%	≥ 78% to < 86%	≥ 86% to < 89%	≥ 89% to < 91%	≥ 91%
P4P Thresholds	< 82%	≥ 82% to < 86%	≥ 86% to < 89%	≥ 89% to < 91%	≥ 91%

CMS Weighted Value: 3 P4P Weighted Value: 3 *Telehealth Applicable

EXCLUSIONS: Members who have one or more prescriptions claim for sacubitril/valsartan during the CY

Targeted Population	Recommended Adherence Monitoring		
Members taking hypertension medications in the following therapeutic	Ensure Members are taking their		
classes:	medication as directed		
ACE (Angiotensin Converting Enzyme), ARB (Angiotensin Receptor			
Blocker), or Direct Renin Inhibitors			

Pharmacy Measures

Cholesterol (Statins)

	1-Star	2-Star	3-Star	4-Star	5-Star
	*	**	***	****	****
Latest CMS Thresholds	< 81%	≥ 81% to < 85%	≥ 85% to < 88%	≥ 88% to < 92%	≥ 92%
P4P Thresholds	< 81%	≥ 81% to < 85%	≥ 85% to < 89%	≥ 89% to < 92%	≥ 92%

CMS Weighted Value: 3 P4P Weighted Value: 3 *Telehealth Applicable

Targeted Population	Recommended Adherence Monitoring
Members taking a cholesterol medication in the following therapeutic	Ensure Members are taking their
class: Statin	medication as directed

Statins Use in Person with Diabetes (SUPD)

(Prescription Drug Event [PDE] Data)

DESCRIPTION: Measure evaluates the percentage of plan members 40-75 years of age who were dispensed at least two diabetes medication fills and received at least one statin medication during the measurement year.

DATES OF SERVICE: Jan 01- Dec 31 of CY

EXCLUSIONS: Members enrolled in hospice are not included

	1-Star	2-Star	3-Star	4-Star	5-Star
	*	**	***	****	****
Latest CMS Thresholds	< 80%	≥ 80% to < 84%	≥ 84% to < 86%	≥ 86% to < 90%	≥ 90%
P4P Thresholds	< 82%	≥ 82% to < 85%	≥ 85% to < 88%	≥ 88% to < 92%	≥ 92%

CMS Weighted Value: 1
P4P Weighted Value: 1
*Telehealth Applicable

relenealth Applicable			
Targeted Population	Compliance		
	1 fill of a cholesterol medication in the following therapeutic class: Statin		

Survey Measure

Patient Experience

(Survey Score)

DESCRIPTION: Measure evaluates plan members who complete a telephonic survey focus on how patients experienced or perceived key aspects of their care with their provider.

The survey results cover the Consumer Assessment of Healthcare Provider & Systems Survey (CAHPS) and Health Outcomes Survey (HOS) categories: Getting Needed Care, Care Coordination, and Doctor/Patient Conversations

Getting needed Care:

How easy was it to get an appointment with your personal doctoer as soon as you needed?

How long after your scheduled appointment time did you wait to see your doctor?

Did you have any difficulty getting a referral to see a specialist from your doctor?

	1-Star	2-Star	3-Star	4-Star	5-Star
	★	★★	★★★	★★★	★★★★
P4P Thresholds	NA	<88	≥ 88% to < 92%	≥ 92% to < 95%	≥ 95%

CMS Weighted Value: 4
P4P Weighted Value: 4

*Weight increase for P4P

Care Coordination:

Did your doctor seem informed and up to date about the care you received from a specalist?

Did your doctor or other health provider review all of your prescription medications with you?

Did you receive follow up from your doctor's office after any blood test, x-ray or other test that you may have completed?

	1-Star	2-Star	3-Star	4-Star	5-Star
	*	**	***	****	****
P4P Thresholds	NA	<84	≥ 84% to < 88%	≥ 88% to < 93%	≥ 93%

CMS Weighted Value: 4
P4P Weighted Value: 4
*Weight increase for P4P

Doctor Patient Conversations:

Did your doctor or other health care provider talk to you on how to prevent falls or treat problems with balance or walking?

Did your doctor, nurse or other health care provider talk to you on ways to better control leaking of urine?

During your visit did your doctor advise you to start, increase or maintain your exercise level?

	1-Star	2-Star	3-Star	4-Star	5-Star
	*	**	***	****	****
P4P Thresholds	NA	<52	≥ 52% to < 58%	≥ 58% to < 66%	≥ 66

DATES OF SERVICE: Jan 01- Dec 31 of CY

CMS Weighted Value: 3 P4P Weighted Value: 2