# Star Rating measure details

# HEDIS

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a tool used by health plans to measure performance on important dimensions of care and service.

# HEDIS

| BREAST CANCER SCREENING | **Metric:** The percentage of women MA enrollees 50 to 74 years of age (denominator) who had a mammogram to screen for breast cancer |
|---|---|
| COLORECTAL CANCER SCREENING | **Metric:** The percentage of MA enrollees aged 50 to 75 (denominator) who had appropriate screenings for colorectal cancer (numerator) |
| CARE FOR OLDER ADULTS — MEDICATION REVIEW | **Metric:** The percentage of SNP enrollees 66 years and older (denominator) who received at least one medication review conducted by a prescribing practitioner or clinical pharmacist during the measurement year and the presence of medication list in the medical record (numerator) |
| CARE FOR OLDER ADULTS — PAIN ASSESSMENT | **Metric:** The percentage of Medicare Advantage Special Needs Plan enrollees 66 years and older (denominator) who received at least one pain assessment (Pain Assessment Value Set) plan during the measurement year (numerator). |
| OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE | **Metric:** The percentage of women MA enrollees 67 - 85 who suffered a fracture (denominator) 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 (numerator). |

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# HEDIS

| DIABETES CARE — EYE EXAM | **Metric:** The percentage of diabetic MA enrollees 18-75 with diabetes (type 1 and type 2) (denominator) who had an eye exam (retinal) performed during the measurement year (numerator). |

| DIABETES CARE — KIDNEY DISEASE MONITORING | **Metric:** The percentage of diabetic MA enrollees 18-75 with diabetes (type 1 and type 2) (denominator) who had medical attention for nephropathy during the measurement year (numerator). |

| DIABETES CARE — BLOOD SUGAR CONTROLLED | **Metric:** The percentage of diabetic MA enrollees 18-75 (denominator) whose most recent HbA1c level is greater than 9%, or who were not tested during the measurement year (numerator). |

| CONTROLLING HIGH BLOOD PRESSURE | **Metric:** The percentage of adults 18-85 years of age who had a diagnosis of hypertension (denominator) and whose blood pressure was adequately controlled <140/90 mm Hg (numerator). |

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# HEDIS

**TRANSITIONS OF CARE**

**Metric:** Transitions of Care (TRC) assesses key points of transition after discharge from an inpatient facility. Four rates are reported: (1) Notification of inpatient admission and discharge; (2) receipt of discharge information; (3) patient engagement after inpatient discharge; and (4) medication reconciliation post-discharge. The TRC measure is the percent of discharges for members 18 years or older who have each of the four indicators.

**PLAN ALL-CAUSE READMISSIONS**

**Metric:** Plan All-Cause Readmissions (PCR) for beneficiaries ages 18-64, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.

**FOLLOW-UP AFTER MED VISIT FOR PATIENTS WITH MULTIPLE CHRONIC CONDITIONS**

**Metric:** The follow-up after emergency department visit for people with multiple high-risk chronic conditions (FMC) measure is the percentage of emergency department visits for members 18 years or older with multiple high-risk chronic conditions who had a follow-up service within 7 days of the visit.

**STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE**

**Metric:** 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) (denominator) and were dispensed at least one high or moderate-intensity statin medication during the measurement year (numerator).

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# Member experience: CAHPS

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) annual survey seeks to better understand the overall healthcare experience from the patient perspective. This knowledge can help health plans and providers make quality changes that enhance patient perceptions and drive better health outcomes. The CAHPS score uses the mean of the distribution of responses converted to a scale from 0 to 100. The score shown is the percentage of the best possible score each contract earned.

ANNUAL FLU VACCINE

- Have you had a flu shot?

GETTING APPOINTMENTS AND CARE QUICKLY

- In the last 6 months, when you needed care right away, how often did you get care as soon as needed?

- In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as needed?

- In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?

# Member experience: CAHPS

**CARE COORDINATION**

- In the last 6 months, when you visited your personal doctor for a scheduled appointment, how often did they have your medical records or other information about your care?

- In the last 6 months, when your personal doctor ordered a blood test, X-ray or other tests for you, how often did someone from your personal doctor's office follow up to give you those results?

- In the last 6 months, when your personal doctor ordered a blood test, X-ray or other tests for you, how often did you get those results as soon as you needed them?

- In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?

- In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?

- In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?

**GETTING NEEDED CARE**

- In the last 6 months, how often did you get an appointment to see a specialist as soon as needed?

- In the last 6 months, how often was it easy to get the  care, tests or treatment you needed?

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# Member experience: CAHPS

CUSTOMER SERVICE

- In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

- In the last 6 months, how often did your health plant's customer service treat you with courtesy and respect?

- In the last 6 months, how often were the forms from your health plan easy to fill out?

RATING OF HEALTHCARE

- Using any number from 0 to 10, where 0 is the worst healthcare possible and 10 is the best healthcare possible, what number would you use to rate all your healthcare in the last 6 months?

RATING OF PLAN

- Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

# Member experience: CAHPS

GETTING NEEDED PRESCRIPTION DRUGS

- In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed?

- In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy?

- In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail?

RATING OF DRUG PLAN

- Using any number from 0 to 10, where 0 is the worst prescription drug plan possible and 10 is the best prescription drug plan possible, what number would you use to rate your prescription drug plan?

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# Member experience: HOS



The Medicare Health Outcomes Survey (HOS) goal is to gather valid, reliable, and clinically-meaningful health status data from the Medicare Advantage (MA) program to use in quality improvement activities, pay for performance, program oversight, public reporting, and to improve health.

## FALL RISK MANAGEMENT

- In the past 12 months, did you talk with your doctor or other health provider about falling or problems with balance or walking? Did you fall in the past 12 months?

- In the past 12 months, have you had a problem with balance or walking? Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking?

## MANAGEMENT OF URINARY INCONTINENCE

- In the past 6 months, have you experienced leaking of urine? There are many ways to control or manage the leaking of urine, including bladder training exercises, medication and surgery. Have you ever talked with a doctor, nurse, or other health care provider about any of these approaches?

# Member experience: HOS

**PHYSICAL ACTIVITY IN OLDER ADULTS**

- In the past 12 months, did you talk with a doctor or other health provider about your level of exercise or physical activity?

**MENTAL COMPONENT SUMMARY**

- During the past 4 weeks, how much of the time have you felt calm and peaceful? Had a lot of energy? Felt downhearted and blue?

**PHYSICAL COMPONENT SUMMARY**

- Does your health now limit you in daily activities like cleaning, climbing a flight of stairs, or playing golf? In the last 30 days, has pain interfered with your daily activities either at home or work?

# Member experience: Administrative

Administrative performance and compliance standards

### COMPLAINTS ABOUT THE HEALTH PLAN

**Metric:** Rate of complaints about the health plan per 1000 members.

### MEMBERS CHOOSING TO LEAVE THE PLAN

**Metric:** The percent of members who chose to leave the contract comes from disenrollment reason codes in Medicare's enrollment system. The percent is calculated as the number of members who chose to leave the contract between January 1-December 31 (numerator) divided by all members enrolled in the contract at any time during that year (denominator)

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# Member experience: Administrative

## PLAN MAKES TIMELY DECISIONS ABOUT APPEALS

**Metric:** The percentage of diabetic MA enrollees 18-75 with diabetes (type 1 and type 2) (denominator) who had an eye exam (retinal) performed during the measurement year (numerator).

## REVIEWING APPEALS DECISIONS

**Metric:** The percentage of diabetic MA enrollees 18-75 with diabetes (type 1 and type 2) (denominator) who had medical attention for nephropathy during the measurement year (numerator).

## CALL CENTER – FOREIGN LANGUAGE INTERPRETER & TTY AVAILABILITY

**Metric:** The calculation of this measure is the number of completed contacts with the interpreter and TTY divided by the number of attempted contacts. Completed contact with an interpreter is defined as establishing contact with an interpreter and confirming that the customer service representative can answer questions about the plan's Medicare Part C benefit within eight minutes. Completed TTY contact is defined as establishing contact with and confirming that the customer service representative can answer questions about the plan's Medicare Part C benefit within seven minutes.

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# Pharmacy measures

# Pharmacy measures

## MPF PRICE ACCURACY

**Metric:** This measure evaluates the accuracy of drug prices posted on the MPF tool. A contract's score is based on the accuracy index, or magnitude of difference, and the claim percentage index, or frequency of difference.

## MEDICATION ADHERENCE FOR DIABETES MEDICATIONS

**Metric:** This measure is defined as the percent of Medicare Part D beneficiaries 18 years and older who adhere to their prescribed drug therapy across classes of diabetes medications. This percentage is calculated as the number of member-years of enrolled beneficiaries 18 years and older with a proportion of days covered (PDC) at 80 percent or higher across the classes of diabetes medications during the measurement period (numerator) divided by the number of member-years of enrolled beneficiaries 18 years and older with at least two fills of diabetes medication(s) on unique dates of service during the measurement period (denominator).

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# Pharmacy measures

## MEDICATION ADHERENCE FOR HYPERTENSION (RAS ANTAGONISTS)

**Metric:** This measure is defined as the percent of Medicare Part D beneficiaries 18 years and older who adhere to their prescribed drug therapy for renin angiotensin system (RAS) antagonists: angiotensin converting enzyme inhibitor (ACEI), angiotensin receptor blocker (ARB), or direct renin inhibitor medications. This percentage is calculated as the number of member-years of enrolled beneficiaries 18 years and older with a proportion of days covered (PDC) at 80 percent or higher for RAS antagonist medications during the measurement period (numerator) divided by the number of member-years of enrolled beneficiaries 18 years and older with at least two RAS antagonist medication fills on unique dates of service during the measurement period (denominator).

# Pharmacy measures

MEDICATION ADHERENCE FOR CHOLESTEROL (STATINS)

**Metric:** This measure is defined as the percent of Medicare Part D beneficiaries 18 years and older who adhere to their prescribed drug therapy for statin cholesterol medication. This percentage is calculated as the number of member-years of enrolled beneficiaries 18 years and older with a proportion of days covered (PDC) at 80 percent or higher for statin cholesterol medication(s) during the measurement period (numerator) divided by the number of member-years of enrolled beneficiaries 18 years and older with at least two statin cholesterol medication fills on unique dates of service during the measurement period (denominator).

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# Pharmacy measures

## MTM PROGRAM COMPLETION RATE FOR CMR

**Metric:** This measure is defined as the percent of Medication Therapy Management (MTM) program enrollees who received a Comprehensive Medication Review (CMR) during the reporting period. Numerator = Number of beneficiaries who were at least 18 years or older as of the beginning of the reporting period and who were enrolled in the MTM program for at least 60 days during the reporting period.

## STATIN USE IN PERSONS WITH DIABETES (SUPD)

**Metric:** This measure is defined as the percent of Medicare Part D beneficiaries 40-75 years old who were dispensed at least two diabetes medication fills and received a statin medication fill during the measurement period. The percentage is calculated as the number of member-years of enrolled beneficiaries 40-75 years old who received a statin medication fill during the measurement period (numerator) divided by the number of member-years of enrolled beneficiaries 40-75 years old with at least two diabetes medication fills during the measurement period (denominator).



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