SimpraAdvantage
Alabama's Healthplan

MY2025/MY2026 HEDIS & Star Resource Guide

UPDATED 12.08.2025

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HEDIS & STAR Resource Guide

What is HEDIS®?

HEDIS® (**H**ealthcare **E**ffectiveness **D**ata and **I**nformation **S**et) is a performance measurement tool developed by the National Committee for Quality Assurance (NCQA) to assess the quality of healthcare and improve patient health and outcomes. HEDIS® data is collected using medical claims, pharmacy claims, and sometimes medical records. Medicare Managed Care Organizations are required by Centers for Medicare & Medicaid Services (CMS) to submit HEDIS® data.

Medicare Part C & D Star Ratings

Some HEDIS® measures are also part of the 5 Star Quality Rating System that the Centers for Medicare & Medicaid Services (CMS) uses to evaluate Medicare Managed Care Organizations. CMS created the Part C & D Star Ratings to provide quality and performance information to Medicare beneficiaries to assist them in choosing their health and drug services during the annual open enrollment period.

Not every HEDIS® measure is a Star Measure. This guide includes select measures and was developed to assist network providers with understanding how to efficiently and accurately document and bill for certain preventive care and other services being provided.

This, in turn, supports:

- ✓ Identification of opportunities to improve quality of care to members
- ✓ Comparison of performance against other Medicare Managed Care Organizations
- ✓ Efficiency in gathering data to report HEDIS® and Star data

Identifying Members Who Require HEDIS® Measure Interventions

Utilize your HEDIS® Gap Report to identify members who require specific services, such as diabetic eye exams and colorectal cancer screenings. Your gap report will assist you in determining which members fall into HEDIS® measures. These members will require assessments, screenings or labs to be compliant in the measure. This allows the plan to achieve optimal HEDIS® compliance rates when care gaps are closed by performing the measure specified tasks. For the HEDIS® measures that are also Star measures, the percentage achieved by the plan translates to a Star Rating. For example, the CMS 5 Star cut point for Colorectal Cancer Screening is >80%. The plan achieves 78% for the measurement year. This means the plan will receive a 4 Star in the Colorectal Cancer Screening measure.

Common Reasons Why Members Remain 'Non-Compliant'

- Missing or incomplete required documentation components.
- Service provided without claim/encounter data submitted.
- Lack of referral to obtain the recommended service (i.e., diabetic member eye exam to check for retinopathy, mammogram or other diagnostic testing).
- Failure to document or code exclusion criteria for a measure.

The information contained in this guide was compiled in December 2025 and is subject to change as the sources update their specifications. Measures included in this guide are sourced from the National Committee for Quality Assurance (NCQA) HEDIS® specifications, Centers for Medicare & Medicaid Services (CMS) Medicare Star Ratings Technical Notes and Pharmacy Quality Alliance (PQA).

Utilizing Palliative Care Exclusions

Many of our long-term care members face debilitating chronic illnesses that may impair their ability to undergo preventative screenings. This also presents as a barrier when closing HEDIS care gaps. In some cases, Palliative Care may be appropriate for these members. Members that have ICD 10 code ***Z51.5 Encounter for Palliative Care*** billed within the measurement year are excluded from the breast cancer screening, colorectal screening, diabetic eye exam, Glycemic Status Assessment for patients with Diabetes (previous HgbA1C measure) and KED.

What is Palliative Care?

Palliative care is specialized medical care for people living with a serious illness. This type of care is focused on *providing relief from the symptoms and stress of the illness.*

- *Do any of your members and your plan of care fit this description?*

The goal is to improve the quality of life for both the patient and the family. Palliative care is based on the needs of the patient, not on the patient's prognosis. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment. Find out more at: https://www.capc.org/about/palliative-care/

Palliative Performance Scale

When considering if your member is appropriate for palliative care, you can use the PPSv2 (or any other tool.)

- *This score uses your members ambulation, activity, self-care, intake and conscious level.*
- *This score can help you, the RP, and other members of the care team have insight into the members' condition and prognostic value.*

Utilizing Palliative Care for your Member

It is likely that you are already providing palliative care to your members if you are providing relief from symptoms and stress of serious illness. To utilize the **Z51.5 code**, you should document the serious illness, your plan of care to manage the symptoms and/or stress and consider calculating PPS.

> ***Example:*** *Mrs. Jones has h/o CVA and is now bed bound. Member is unable to care for herself and has a peg tube for hydration and feeds. Member's family wants to pursue curative treatment plan and keep member full code. This members PPS is a 20% (out of 100%).*
>
> ***Problem and Plan:*** *H/O CVA, immobility and functional decline – Continue pain management as needed and monitor closely for evidence of pain. Continue turning Q2 hrs. Monitor closely for evidence of skin breakdown. Monitor for evidence of emotional distress or anxiety. Continue to provide support for family and participate in ongoing discussion regarding members prognosis and condition.*

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Table of Contents

HEDIS MEASURES

Measure Type		Measure Description & Requirements
HEDIS	**ACP** **Advance Care Planning**	**Measure Description:** Evidence of advance care plan or discussion during the measurement year - DNR, Living Will, Surrogate decision maker in place, or evidence of a discussion. **Frequency Required:** Annually **Age:** All members 66 years of age and older **Exclusion:** Members in Hospice **Choose one of the following CPT II Codes when submitting claims:** Advance care planning discussed and documented – advance care plan or surrogate decision- maker documented in medical record **1123F** Advance care planning discussed and documented in medical record – patient didn't wish to or was unable to provide an advance care plan or name a surrogate decision-maker **1124F** Advance care plan or similar document in medical record **1157F** Advance care planning discussion documented **1158F** **CPT Codes:** 99483, 99497 **HCPCS:** S0257 **ICD-10:** Z66

BCS-E
Breast Cancer Screening

Measure Description:
The percentage of members who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer during the past two years.
Patients recommended for routine breast cancer screening include:

- Administrative Gender of Female at any time in the patient's history
- Sex Assigned at Birth of Female at any time in the patient's history
- Sex Parameter for Clinical Use of Female during the measurement period

Ultrasounds do not count for the HEDIS measure.

Frequency Required: Every two years

Age:
ISNP: 42 – 65 years old living in LTCF
DSNP: 42 – 74 years of age

Exclusions:

- Members in Hospice Care
- Members in Palliative Care
- Bilateral/unilateral mastectomy
- Member who had gender-affirming chest surgery (CPT code 19318) with a diagnosis of gender dysmorphia any time during the member's history.

Mammography Codes:

CPT Codes
77061-77063, 77065-77067

<table>
<tr>
<td>HEDIS</td>
<td>BPD
Blood Pressure Control for Patients with Diabetes</td>
<td>
Measure Description:
Members with diabetes (type 1 and type 2) whose blood pressure was adequately controlled.
Goal: Reading <140/90 as evidenced by the most recent result during the year.

Frequency Required: Annually

Age:
ISNP: 18 - 65 years of age living in LTCF
DSNP: 18 - 75 years of age

Exclusions:
BP taken during an acute inpatient or ER visit.
Members in Hospice or Palliative Care.

Assess both Systolic and Diastolic readings for CPT II code submission:
<table>
<tr><td>Systolic less than 130</td><td>3074F</td></tr>
<tr><td>Systolic between 130 to 139</td><td>3075F</td></tr>
<tr><td>Systolic greater than/equal to 140</td><td>3077F</td></tr>
<tr><td>Diastolic less than 80</td><td>3078F</td></tr>
<tr><td>Diastolic between 80 to 89</td><td>3079F</td></tr>
<tr><td>Diastolic greater than/equal to 90</td><td>3080F</td></tr>
</table>
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<tr>
<td>  </td>
<td>COA
Care for Older Adults:

Star Measure:
• Medication Review</td>
<td>
Measure Description:

<u>Medication Review</u> - At least one medication review conducted by a prescribing practitioner or clinical pharmacist during the measurement year and the presence of a medication list in the medical record.

<u>Both</u> CPT II Codes must be submitted on the <u>SAME</u> date:
<table>
<tr><td>Medication list documented</td><td>1159F</td></tr>
<tr><td>Medication review by prescribing care provider or clinical pharmacist documented</td><td>1160F</td></tr>
</table>
</td>
</tr>
</table>

<table>
<tr>
<td>HEDIS</td>
<td>COA
Care for Older Adults continued

• Pain Screening</td>
<td>Measure Description:
<u>Pain Screening</u> - Documentation in the medical record must include evidence of a pain assessment and the date when it was performed. Notations for a pain assessment must include one of the following:
• Documentation that the patient was assessed for pain (which may include positive or negative findings for pain); or
• Result of assessment using a standardized pain assessment tool; any of the following examples are acceptable:
○ Numeric rating scales (verbal or written).
○ Face, Legs, Activity, Cry Consolability (FLACC) scale.
○ Verbal descriptor scales (5–7 Word Scales, Present Pain Inventory).
○ Pain Thermometer.
○ Pictorial Pain Scales (Faces Pain Scale, Wong-Baker Pain Scale).
○ Pain Assessment in Advanced Dementia (PAINAD) Scale
• A pain assessment may be conducted with the member in various manners (phone, in person, virtually etc.)

Choose one of the following CPT II Codes when submitting claims:
<table><tr><td>Pain assessment – pain documented</td><td>1125F</td></tr><tr><td>Pain assessment – no pain present</td><td>1126F</td></tr></table></td>
</tr>
<tr>
<td>  </td>
<td>Star Measure:
• Functional Status</td>
<td>Measure Description:
<u>Functional Assessment:</u>
• A functional status assessment should be completed in the measurement year. Standardized functional status assessment tools may be used.
• Documentation in the medical record must include evidence of a complete functional status assessment and the date when it was performed.
• Notation that Activities of Daily Living (ADL) were assessed or that at least five of the following were assessed: bathing, dressing, eating, transferring [e.g., getting in and out of chairs], using toilet, walking.
• The assessment may be conducted with the member in various manners (phone, in person, virtually, etc.) and may be completed by the RNCC.</td>
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</table>

	Functional Status continued	**Choose the following CPT II Code when submitting claims:** Functional status assessed. **1170F** **Frequency Required:** Annually for each measure **Age:** All members 66 years of age and older **Exclusion:** Members in Hospice

CBP

Controlling High Blood Pressure

Measure Description: Members with a diagnosis of hypertension (HTN) should have adequately controlled blood pressure (BP < 140/90) during the measurement year. Most recent B/P results are used. Retake BP if elevated to confirm reading.

Frequency Required: Annually

Age:
ISNP: 18 - 65 living in LTCF
DSNP: 18 - 85 years of age

Exclusions:

- BP taken during an acute inpatient or ER visit.
- Members in Hospice Care.
- Members in Palliative Care
- ESRD Diagnosis
- Pregnancy

Choose both a Systolic and Diastolic CPT II code when submitting claims:

Systolic less than 130	**3074F**
Systolic between 130 to 139	**3075F**
Systolic greater than/equal to 140	**3077F**
Diastolic less than 80	**3078F**
Diastolic between 80 to 89	**3079F**
Diastolic greater than/equal to 90	**3080F**

COL-E
Colorectal Cancer Screening

Measure Description: The percentage of members who had appropriate screening for colorectal cancer.

Any of the following screenings meet criteria:

- Fecal occult blood test (FOBT) **Frequency:** Annually
- Flexible sigmoidoscopy. **Frequency:** Within last 5 years
- Colonoscopy **Frequency:** Within the last 10 years.
- CT colonography **Frequency:** Within last 5 years
- FIT-DNA (Cologuard) **Frequency:** Within last 3 years

Age:

ISNP: 45 – 65 years of age living in LTCF

DSNP: 45 – 75 years of age

Exclusions:

- Members in Hospice Care
- Members in Palliative Care
- Colorectal Cancer
- Total Colectomy

Description	Codes	LOINC / SNOMED
Colonoscopy	**CPT:** 44388-44392, 44394, 44401- 44408, 45378- 45382, 45384 - 45386, 45388- 45393, 45398 **HCPCS:** G0105, G0121	**SNOMED:** 8180007, 12350003, 25732003, 73761001,174158000, 174173004, 174179000, 174185007, 235150006, 302052009, 367535003, 443998000, 444783004, 446521004, 446745002, 447021001, 609197007,709421007, 710293001, 711307001, 771568007, 789778002 1209098000, 1217313001, 1304042004, 1304043009, 1304044003, 1304045002, 1304049008, 1304050008, 48021000087103, 48031000087101

	COL-E ***Colorectal Cancer Screening Continued***		**CT Colonography**	**CPT:** 74261 - 74263	**LOINC:** 60515-4, 72531-7, 79069-1, 79071-7, 79101-2, 82688-3 **SNOMED:** 418714002
			Flexible Sigmoidoscopy	**CPT:** 45330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350 **HCPCS:** G0104	**SNOMED:** 44441009, 396226005, 425634007
			FOBT Lab Test	**CPT:** 82270, 82274 **HCPCS:** G0328	**LOINC:** 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6 **SNOMED:** 104435004, 441579003, 442067009, 442516004, 442554004, 442563002, 59614000, 167667006, 389076003, 71711000112103
			sDNA FIT Test (Cologuard)	**CPT:** 81528, 0464U	**LOINC:** 77353-1, 77354-9

***MY2027 Proposed Star measure**	**DSF-E** **Depression Screening and Follow-Up for Adolescents and Adults**	**Measure Description:** The percentage of members who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care. • Depression Screening. The percentage of members who were screened for clinical depression using a standardized instrument. • Follow-Up on Positive Screen. The percentage of members who received follow-up care within 30 days of a positive depression screen finding **Age:** All members **General Rules:** This measure requires the use of an age-appropriate screening instrument. The member's age is used to select the appropriate depression screening instrument. Depression screening captured in health risk assessments or other types of health assessments are allowed if the questions align with a specific instrument that is validated for depression screening. For example, if a health risk assessment includes questions from the PHQ-2, it counts as screening if the member answered the questions and a total score is calculated. **Exclusions:** • Bipolar disorder • Depression • Members in Hospice

Instruments for Adolescents (≤17 years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	89204-2	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)®[1]	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®[1,2]	89208-3	Total score ≥8
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17

DSF-E
Depression Screening and Follow-Up for Adolescents and Adults continued

Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥10
PROMIS Depression	71965-8	Total score (T Score) ≥60

Instruments for Adults (18+ years)	**Total Score LOINC Codes**	**Positive Finding**
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)®[1]	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®[1,2]	89208-3	Total score ≥8
Beck Depression Inventory (BDI-II)	89209-1	Total score ≥20
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
Duke Anxiety—Depression Scale (DUKE-AD)®[2]	90853-3	Total score ≥30
Geriatric Depression Scale Short Form (GDS)[1]	48545-8	Total score ≥5

Instruments for Adults (18+ years)	**Total Score LOINC Codes**	**Positive Finding**
Geriatric Depression Scale Long Form (GDS)	48544-1	Total score ≥10
Edinburg Post-Natal Depression Scale (EPDS)	99046-5	Total score ≥10
My Mood Monitor (M3)®	71777-7	Total score ≥5
PROMIS Depression	71965-8	Total score (T Score) ≥60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥31

EED
Eye Exam for Patients with Diabetes

Measure Description: Members with diabetes (type 1 and type 2) who had a retinal or dilated eye exam by optometrist or ophthalmologist in the year. A negative exam in the year prior counts.

Frequency Required:
Negative for Retinopathy: Every two years
Positive for Retinopathy: Annually

Age:
ISNP: 18 – 65 living in LTCF
DSNP: 18 – 75

Exclusion:
- Members in Hospice
- Palliative Care
- Bilateral Enucleation

Assess result. Choose one of the following CPT II Codes when submitting claims:

Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; **with evidence of retinopathy**	**2022F**
Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; **without evidence of retinopathy**	**2023F**
7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed: **with evidence of retinopathy**	**2024F**
7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed: **without evidence of retinopathy**	**2025F**
Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed: **with evidence of retinopathy**	**2026F**
Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed: **without evidence of retinopathy**	**2033F**

FMC
Follow-up After Emergency Department Visit for People with Multiple Chronic High-Risk Conditions

Measure Description: This measure evaluates Emergency Department (ED) visits for patients 18 years of age and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit on or between January 1 and December 24 of the measurement year where the patient was 18 years or older on the date of the visit.

The following meet criteria for follow up:
- Outpatient, telehealth or telephone visit
- E-visit or virtual check-in
- Transitional care management or case management visits
- Outpatient or telehealth behavioral health visit

Age: All members

Exclusion:
Members in Hospice Care

Transitional Care Management	
Recommended	**99495, 99496**

Outpatient and Telehealth Visits	
BH Outpatient	**CPT:** 98000- 98007, 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492- 99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010- H2011, H2013-H2020, T1015
Case Management Encounter	**CPT:** 99366 **HCPCS:** T1016, T1017, T2022, T2023
Complex Care Management Services	**CPT:** 99439, 99487, 99489-99491 **HCPCS:** G0506

	FMC ***Follow-up After Emergency Department Visit for People with Multiple Chronic High-Risk Conditions Continued***	

Electroconvulsive Therapy (Requires POS code)	**CPT:** 90870 **ICD10 PCS:** GZB0ZZZ-GZB4ZZZ

Complex Care Management	
Substance Use Disorder Services	**CPT:** 99408, 99409 **HCPCS:** G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
Visit Setting Unspecified (Requires POS code)	**CPT:** 90791, 90792, 90832-90834, 90836- 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***Must be combined with POS Code 02 or 10***
Outpatient and Telehealth	**CPT:** 98966-98968, 98970-98972, 98980- 98981, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381- 99387, 99391-99397, 99401-99404, 99411-99412, 99421-99423, 99429, 99441- 99443, 99455-99458, 99483 **HCPCS:** G0071, G0402, G0438-G0439, G0463, G2010, G2012, G2250-G2252, T1015
Substance Abuse Counseling and Surveillance	**ICD10CM:** Z71.41, Z71.51
Partial Hospitalization or Intensive Outpatient	**HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485

GSD

Glycemic Status Assessment for Patients with Diabetes

Measure Description:
The percentage of members with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year:

- Glycemic Status <8.0%.
- Glycemic Status >9.0%.

The principal goal is </= 9% vas this value relates to the CMS Star measure; ranges higher than 9% are considered a gap/out of compliance.
The most recent result/final result of the year counts toward the measure.

Frequency Required:
Annually

Age:
ISNP: Members under the age of 66 living in LTCF
DSNP: members 18 - 75

Exclusion:
Members in Hospice or Palliative Care.

Choose one of the following CPT II Codes when submitting claims or performing HEDIS Encounter:

HbA1c level less than 7.0	**3044F**
HbA1c greater than or equal to 7.0 and less than 8.0	**3051F**
HbA1c greater than or equal to 8.0 and less than or equal to 9.0	**3052F**
HbA1c level greater than 9.0	**3046F**

<table>
<tr>
<td></td>
<td>KED
Kidney Health Evaluation for Patients with Diabetes</td>
<td>
Measure Description:
The percentage of members 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
**If <u>urine</u> labs are ordered separately, the dates of service must be 4 or less days apart for quantitative urine albumin test and urine creatinine test
Frequency Required:
Annually

Age:
ISNP: 18 - 65 living in LTCF
DSNP: 18 - 85 years of age

Exclusions:
Members in Hospice
Members receiving Palliative Care.
Members with ESRD
Members receiving Dialysis.
CPT Codes
<table>
<tr><th>DESCRIPTION</th><th>CPT CODES</th></tr>
<tr><td>Estimated Glomerular Filtration Rate (eGFR)</td><td>80047, 80048, 80050, 80053, 80069, 82565</td></tr>
<tr><td>Quantitative Urine Albumin Lab Test</td><td>82043* must be combined with Urine Creatinine</td></tr>
<tr><td>Urine Creatinine Lab Test</td><td>82570* must be combined with Urine Albumin</td></tr>
<tr><th>DESCRIPTION</th><th>LOINC CODES</th></tr>
<tr><td>Urine Albumin Creatinine Ratio Lab Test</td><td>13705-9, 14958-3, 14959-1, 30000-4, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9 9318-7</td></tr>
</table>
</td>
</tr>
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★★★	**ADH-MED-DM** **Medication Adherence for Diabetes Medications**	**Measure Description:** Members that receive a prescription for a diabetes medication fill their prescription often enough to cover **80%** of the time they are supposed to be taking the medication. These classes of diabetes medications are included in this measure: • Biguanides • DPP-4 inhibitors • GLP-1 receptor agonists • Meglitinides • SGLT2 inhibitors • Sulfonylureas • Thiazolidinediones *Members who take insulin are not included in this measure. **Exclusion:** Members in Hospice Care. ESRD diagnosis or Dialysis One or more prescription for Insulin **Age:** Members over the age of 18 years
★★★	**ADH-MED-HTN** **Medication Adherence for Hypertension (RAS Antagonists)**	**Measure Description:** Members that receive a prescription for a blood pressure medication (ACE, ARB, or direct renin inhibitor) fill their prescription often enough to cover 80% of the time they are supposed to be taking the medication. **Exclusion:** Members in Hospice ESRD diagnosis **Age:** Members over the age of 18 years
★★★	**ADH-MED-CHOL** **Medication Adherence for Cholesterol (Statins)**	**Measure Description:** Members that receive a prescription for a cholesterol medication (statin) during the year and receive refills often enough to cover **80%** of the time they are supposed to be taking the medication. **Exclusion:** Members in Hospice ESRD diagnosis **Age:** Members over the age of 18 years

★	**SPC** **Statin Therapy for Patients with Cardiovascular Disease**	**Measure Description:** Members with clinical atherosclerotic cardiovascular disease (ASCVD) who were dispensed at least one high or moderate-intensity statin medication and remained on a **high*** or **moderate-intensity*** statin medication for at least 80% of the treatment period. **Age:** ISNP: • Males 21–65 years of age living in LTCF • Females 40–65 years living in LTCF DSNP: • Males 21–75 years of age • Females 40–75 years **Exclusions:** Members in Hospice Care Members in Palliative Care Members with any of the following conditions: - ESRD/Dialysis - Cirrhosis - Pregnancy/IVF - Myalgia, myositis, myopathy or rhabdomyolysis diagnosis: G72.0, G72.2, G72.9, M60.80, M60.811, M60.812, M60.819, M60.821, M60.822, M60.829, M60.831, M60.832, M60.839, M60.841, M60.842, M60.849, M60.851, M60.852, M60.859, M60.861, M60.862, M60.869, M60.871, M60.872, M60.879, M60.88, M60.89, M60.9, M62.82, M79.10, M79.11, M79.12, M79.18 ***High- and Moderate-Intensity Statin Medications*** **DESCRIPTION** | **PRESCRIPTION** | **MEDICATION LISTS** **High-intensity statin therapy** | Atorvastatin 40-80 mg | Atorvastatin High Intensity Medications List

	SPC ***Statin Therapy for Patients with Cardiovascular Disease Continued***		**High-intensity statin therapy**	Amlodipine-atorvastatin 40-80 mg	Amlodipine Atorvastatin High Intensity Medications List
			High-intensity statin therapy	Rosuvastatin 20-40 mg	Rosuvastatin High Intensity Medications List
			High-intensity statin therapy	Simvastatin 80 mg	Simvastatin High Intensity Medications List
			High-intensity statin therapy	Ezetimibe-simvastatin 80 mg	Ezetimibe Simvastatin High Intensity Medications List
			Moderate intensity statin therapy	Atorvastatin 10-20 mg	Atorvastatin Moderate Intensity Medications List
			Moderate intensity statin therapy	Amlodipine-atorvastatin 10-20 mg	Amlodipine Atorvastatin Moderate Intensity Medications List
			Moderate intensity statin therapy	Rosuvastatin 5-10 mg	Rosuvastatin Moderate Intensity Medications List
			Moderate intensity statin therapy	Simvastatin 20-40 mg	Simvastatin Moderate Intensity Medications List
			Moderate intensity statin therapy	Ezetimibe-simvastatin 20-40 mg	Ezetimibe Simvastatin
			Moderate intensity statin therapy	Pravastatin 40-80 mg	Pravastatin Moderate Intensity Medications List
			Moderate intensity statin therapy	Lovastatin 40-60 mg	Lovastatin Moderate Intensity Medications List
			Moderate intensity statin therapy	Fluvastatin 40-80 mg	Fluvastatin Moderate Intensity Medications List
			Moderate intensity statin therapy	Pitavastatin 1-4 mg	Pitavastatin Moderate Intensity Medications List

★	**SUPD** **Statin Use in Persons with Diabetes** **(Part D Star Measure)**	**Measure Description:** The percentage of Medicare Part D beneficiaries who were dispensed at least two diabetes medication fills on unique dates of service and received a statin medication fill during the measurement period. **Age:** All Members 40-75 **Exclusions:** Hospice enrollment ESRD diagnosis or dialysis coverage dates Rhabdomyolysis and Myopathy Pregnancy, Lactation, and Fertility Cirrhosis Pre-Diabetes Polycystic Ovary Syndrome
★	**COB** **Concurrent Use of Opioids and Benzodiazepines**	**Measure Description**: Percent of members aged 18 and older with two or more prescription claims for any concurrent use of opioids and benzodiazepines for 30 or more cumulative days. A member appears in the measure when he/she meets *BOTH* of the following criteria during the measurement year: • Two or more benzodiazepine prescriptions filled with different dates of service • Concurrent use of opioids and benzodiazepines for 30 cumulative days or more *COB and Poly-ACH are considered Use Measures and are not Outcome-based or adherence measures. Efforts to reduce overlapping medications for COB or multiple anticholinergic prescriptions for Poly-ACH would help prevent members from qualifying for the measure in future years.* **Helpful hints** • Determine when to initiate or continue opioid therapy utilizing CDC Guidelines: cdc.gov/overdose-prevention/hcp/clinical-guidance/?CDC_AAref_Val=https://www.cdc.gov/drugoverdose/pdf/prescribing/Guidelines_Factsheet-a.pdf

	COB ***Concurrent Use of Opioids and Benzodiazepines Continued***	• Discuss risks and benefits of opioid therapy, including patient and clinician responsibilities. • Educate about the risks of polysubstance use and long-term opioid therapy. • Explore other alternatives such as relaxation techniques, anxiety or cognitive therapy and sleep • hygiene. • Avoid initial combination of opioid and benzodiazepine medications. • Continue long-term co-prescribing only when necessary and monitor for abuse or misuse closely. • Provide rescue medication (naloxone) to high-risk patients. • Refer patients to pain management specialists when indicated. If co-prescribing is necessary, follow the 5 central principles from CMS for co-prescribing benzodiazepines and opioids: 1. Avoid initial combination by offering alternative approaches such as cognitive behavioral therapy or other medication classes. 2. If new prescriptions are needed, limit the dose and duration. 3. Taper long-standing medications gradually and, whenever possible, discontinue. 4. Continue long-term co-prescribing only when necessary and monitor the patient closely. 5. Provide rescue medication (e.g., naloxone) to high-risk patients and their caregivers as co-prescribing places the patient at a high risk of opioid overdose. **Age:** Members over the age of 18 years **Exclusions**: Cancer Diagnosis Sickle Cell Disease Diagnosis Hospice or Palliative care.
	**Poly-ACH** **Polypharmacy Use of Multiple Anticholinergic Medications in Older Adults**	**Measure Description:** Percent of members 65 and older with concurrent use of two or more unique anticholinergic medications for 30 cumulative days. A lower rate indicates better performance. A member appears in the measure when he/she has concurrent use of two or more unique anticholinergic medications filled for at least a 30-day supply on different dates of service. Please consider avoiding initial use of multiple anticholinergic medications in the elderly and discontinue medications, as appropriate.

	Poly-ACH ***Polypharmacy Use of Multiple Anticholinergic Medications in Older Adults continued***	*COB and Poly-ACH are considered Use Measures and are not Outcome-based or adherence measures. Efforts to reduce overlapping medications for COB or multiple anticholinergic prescriptions for Poly-ACH would help prevent members from qualifying for the measure in future years.* **Anticholinergic Medications:** Antihistamines (Benadryl, hydroxyzine, doxylamine, etc.), Tricyclic antidepressants, Benztropine, Cyclobenzaprine, atropine, Urinary incontinence drugs (Oxybutynin, tolterodine, Solifenacin, Darifenacin), etc. **Age:** Members over the age of 18 years **Exclusion:** Members in Hospice
HEDIS	**Poly-CNS** **Polypharmacy Use of Multiple Central Nervous System Active Medications in Older Adults**	**Measure Description:** Percent of members 65 and older with concurrent use of three or more unique CNS-active medications. A lower rate indicates better performance. *Members 65 and older with two or more prescription claims for the same CNS-active medication on different dates of service during the measurement year. Need to have three CNS active medications.* **What constitutes a CNS-active drug:** *CNS drug from the Beers Criteria* Antiepileptics, Antipsychotics, Benzodiazepines and Nonbenzodiazepine Sedative/Hypnotics, Opioids, Serotonin and Norepinephrine Reuptake Inhibitors (SNRI), Selective Serotonin Reuptake Inhibitors (SSRI), Tricyclic Antidepressants (TCAs), Muscle Relaxants, gabapentinoids, Anticholinergic agents **Age:** Members over the age of 18 years **Exclusions:** Hospice and seizure disorder.

	MTM **Program Completion Rate for Comprehensive Medication Review**	**Measure Description:** Medication Therapy Management (MTM) program enrollees 18 years and older receive a Comprehensive Medication Review (CMR) during the reporting period which includes a discussion between the member's PCP or NP and a Pharmacist, about the member's medications. **Frequency Required:** Annually **Age:** Members over the age of 18 years **Exclusion:** Members in Hospice
★	**TRC** **Transitions of Care**	**Measure Description:** The percentage of discharges for members 18 years of age and older who had each of the following. **This measure is designed to evaluate care coordination following a hospital discharge to the community, not to institutional settings where clinical oversight is already continuous. Members who return to the LTCF setting are not included in the numerator.* **Four rates are reported:** • **Notification of Inpatient Admission.** Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days). *Administrative reporting is not available for this indicator.* • **Receipt of Discharge Information.** Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days). *Administrative reporting is not available for this indicator.* • **Patient Engagement After Inpatient Discharge**. Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge. • **Medication Reconciliation Post-Discharge**. Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days). **Age:** 18 years and older **Exclusions:** Members in Hospice

★★★	**PCR** **Plan All-Cause Readmission**	**Measure Description:** The percentage of acute inpatient stays for patients age 18 and older during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days. **Age:** Members over the age of 18 years **Exclusion:** Members in Hospice
HEDIS	**SNS-E** **Social Need Screening and Intervention**	**Measure Description:** The percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive. **Frequency Required:** Annually *before December 1st of the measurement year.* **Age:** ISNP: Members 65 and younger DSNP: Members over the age of 18 years **Exclusions:** Hospice Must be completed before December 1st to count in the measurement year. • *Food Screening*. The percentage of members who were screened for food insecurity. • *Food Intervention*. The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for food insecurity. • *Housing Screening*. The percentage of members who were screened for housing instability, homelessness or housing inadequacy. • *Housing Intervention*. The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for housing instability, homelessness or housing inadequacy. • *Transportation Screening.* The percentage of members who were screened for transportation insecurity. • *Transportation Intervention.* The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for transportation insecurity.

HEDIS CODE TIP SHEET

When the following CPT Category II or ICD - 10 – CM codes are added to a claim, it helps identify additional information about the member's care. This method of reporting simplifies and improves accuracy of reporting select quality measures for both HEDIS and CMS Star Ratings reporting. The codes listed are for informational purposes only and this communication is not intended to suggest or guide reimbursement.

Measures	Code Description	CPT II Code
Advance Care Planning	Advance care planning discussed and documented – advance care plan or surrogate decision-maker documented in medical record	**1123F**
	Advance care planning discussed and documented in medical record – patient didn't wish to or was unable to provide an advance care plan or name a surrogate decision-maker	**1124F**
	Advance care plan or similar document in medical record	**1157F**
	Advance care planning discussion documented	**1158F**
Pain Assessment	Pain assessment – pain documented	**1125F**
	Pain assessment – no pain present	**1126F**
Medication Review ***Both Codes Required on Same Date**	Medication list documented	**1159F**
	Medication review by prescribing care provider or clinical pharmacist documented	**1160F**
Functional Status Assessment	Functional status assessed.	**1170F**
Eye Exam - Diabetes	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; **with evidence of retinopathy**	**2022F**
	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; **without evidence of retinopathy**	**2023F**
	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy	**2024F**

Eye Exam - Diabetes continued	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy	**2025F**
	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed: with evidence of retinopathy	**2026F**
	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy	**2033F**
Hemoglobin A1c Control - Diabetes	HbA1c level less than 7.0	**3044F**
	HbA1c greater than or equal to 7.0 and less than 8.0	**3051F**
	HbA1c greater than or equal to 8.0 and less than or equal to 9.0	**3052F**
	HbA1c level greater than 9.0	**3046F**
Blood Pressure Control – Diabetes or Hypertension	Systolic less than 130	**3074F**
	Systolic between 130 to 139	**3075F**
	Systolic greater than/equal to 140	**3077F**
	Diastolic less than 80	**3078F**
	Diastolic between 80 to 89	**3079F**
	Diastolic greater than/equal to 90	**3080F**
Palliative Care	Encounter for Palliative Care	**Z51.5(ICD.10)**