

2018 CMS PART-C 5-STAR PERFORMANCE MEASURES

HEDIS: THESE ARE THE MEASURES WE CAN HAVE THE MOST IMPACT ON!

- Healthcare Effectiveness Data and Information Set. Measures health plan performance on health care and service.
- HEDIS data are collected through surveys; medical chart reviews; and insurance claims for hospitalizations, medical office visits, and procedures.
- The measurement year is typically a calendar year, but may vary by measure.

⇒ ***This means the measures you work on this year will be collected and scrutinized by CMS the following year AND will not be reflected in iCare's 5-Star HEDIS scores until TWO YEARS LATER!***

MEASURE	DATA SOURCE	WEIGHT VALUE	4-STAR THRESHOLD
<p>MEASURE C01: Breast Cancer Screening</p> <p><u>METRIC:</u> Percentage of women MA enrollees 52 to 74 years of age (denominator) who had a mammogram to screen for breast cancer (numerator) during the measurement year <u>or the year prior to the measurement year</u> (numerator).</p>	HYBRID MEASURE: CLAIMS DATA & CHART REVIEW	1	≥ 78%
<p>MEASURE C02: Colorectal Cancer Screening</p> <p><u>METRIC:</u> The percentage of MA enrollees aged 50 to 75 (denominator) who had appropriate screening for colorectal cancer (numerator).</p> <p>⇒ Colonoscopy = EVERY 10 YEARS5 ⇒ Flexible Sigmoidoscopy = EVERY 5YEARS ⇒ Fecal Occult Blood Test= EVERY YEAR</p>	HYBRID MEASURE: CLAIMS DATA & CHART REVIEW	1	≥ 72%
<p>MEASURE C07: Adult BMI Assessment</p> <p><u>METRIC:</u> The percentage of MA enrollees 18-74 years of age (denominator) who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year <u>or</u> the year prior the measurement year (numerator).</p>	HYBRID MEASURE: CLAIMS & CHART REVIEW	1	≥ 94%
<p>MEASURE C08: Special Needs Plan (SNP) Care Management</p> <p><u>METRIC:</u> Percent of eligible Special Needs Plan (SNP) enrollees who received a health risk assessment (HRA) during the measurement year.</p> <ul style="list-style-type: none"> • The denominator for this measure is the sum of the number of new enrollees and the number of enrollees eligible for an annual HRA. • The numerator for this measure is the sum of the number of initial HRAs performed on new enrollees and the number of annual reassessments performed <p>> <i>Validation of these data was performed during the 2016 Data Validation cycle.</i></p>	PLAN REPORTED DATA	1	≥ 71%
<p>MEASURE C09: Care for Older Adults – Medication Review</p> <p><u>METRIC:</u> The percentage of Medicare Advantage Special Needs Plan enrollees 66 years and older (denominator) who received at least one medication review (Medication Review Value Set) conducted by a prescribing practitioner or clinical pharmacist during the measurement year and the presence of a medication list in the medical record (Medication List Value Set) (numerator).</p>	100% CHART REVIEW	1	≥88%
<p>MEASURE C10: Care for Older Adults – Functional Status Assessment</p> <p><u>METRIC:</u> The percentage of Medicare Advantage Special Needs Plan enrollees 66 years and older (denominator) who received at least one functional status assessment (Functional Status Assessment Value Set) during the measurement year (numerator).</p>	100% CHART REVIEW	1	≥ 78%
<p>MEASURE C11: Care for Older Adults – Pain Assessment</p> <p><u>METRIC:</u> 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).</p>	100% CHART REVIEW	1	≥80%

<p>MEASURE C12: Osteoporosis Management in Women who had a Fracture</p> <p><u>METRIC:</u> The percentage of woman 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 <i>in the six months after the fracture</i> (numerator).</p>	<p>100% CLAIMS DATA</p>	<p>1</p>	<p>≥ 52%</p>
<p>MEASURE C13: Diabetes Care – Eye Exam</p> <p><u>METRIC:</u> 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).</p>	<p>HYBRID MEASURE: CLAIMS & CHART REVIEW</p>	<p>1</p>	<p>≥ 72%</p>
<p>MEASURE C14: Diabetes Care – Kidney Disease Monitoring</p> <p><u>METRIC:</u> 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).</p>	<p>HYBRID MEASURE: CLAIMS & CHART REVIEW</p>	<p>1</p>	<p>≥ 96%</p>
<p>MEASURE C15: Diabetes Care – Blood Sugar Controlled <i>> Reverse scored so higher scores are better</i></p> <p><u>METRIC:</u> 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). (This measure for public reporting is reverse scored so higher scores are better.)</p> <p><i>> HbA1c less than 9 is the goal.</i></p>	<p>100% CHART REVIEW</p>	<p>3</p>	<p>≥ 73%</p>
<p>MEASURE C16: Controlling Blood Pressure</p> <ul style="list-style-type: none"> <u>METRIC:</u> The percentage of MA members 18–85 years of age who had a diagnosis of hypertension (HTN) (denominator) and whose BP was adequately controlled (<140/90) for members 18-59 years of age and 60-85 years of age with diagnosis of diabetes <i>OR</i> (150/90) for members 60-85 without a diagnosis of diabetes during the measurement year (numerator). 	<p>100% CHART REVIEW</p>	<p>3</p>	<p>≥ 75%</p>
<p>MEASURE C17: Rheumatoid Arthritis Management</p> <p><u>METRIC:</u> The percentage of MA members who were diagnosed with rheumatoid arthritis during the measurement year (denominator), and who were dispensed at least one ambulatory prescription for a disease modifying anti-rheumatic drug (DMARD) (numerator).</p>	<p>100% CLAIMS</p>	<p>1</p>	<p>≥ 78%</p>
<p>MEASURE C20: Medication Reconciliation Post Discharge (MRP)</p> <p><u>Denominator:</u> Percentage of discharges from January 1–December 1 of the measurement year for members 18 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days).</p> <ul style="list-style-type: none"> <i>The denominator for this measure is based on discharges, not members. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year.</i> <p><u>Numerator:</u> Medication reconciliation conducted by a prescribing practitioner, clinical pharmacist, or registered nurse, as documented through either administrative data or medical record review on or within 30 days of discharge.</p> <ul style="list-style-type: none"> Documentation in the medical record must include evidence of medication reconciliation between discharge medications and latest medications <i>and</i> the date when it was performed. 	<p>100% CLAIMS DATA</p>	<p>1</p>	<p>≥ 55%</p>
<p>MEASURE C21: Plan All-Cause Readmissions <i>(Lower % is better because it means fewer members are being readmitted)</i></p> <p><u>METRIC:</u> Percentage of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days, for members 65 years of age and older using the following formula to control for differences in the case mix of patients across different contracts.</p>	<p>100% CLAIMS DATA</p>	<p>3</p>	<p>> 6% to ≤ 9%</p>

CAHPS: Consumer Assessment of Health Providers and Systems’ - An annual member survey conducted February to June asking members to report on and evaluate their experiences with health care – which means it measures not only their satisfaction with iCare but their doctors and other health care providers as well.

MEASURE	WEIGHT VALUE
<p>MEASURE C03: Annual Flu Vaccine [4-Star Threshold ≥ 74%]</p> <p><u>METRIC:</u> CAHPS Survey Question:</p> <ul style="list-style-type: none"> • “Have you had a flu shot since July 1, 2016?” 	1
<p>MEASURE C22: Getting Needed Care [4-Star Threshold ≥ 84%]</p> <p><u>METRIC:</u> Percent of the best possible score the plan earned on how easy it is for members to get needed care, including care from specialists.</p> <p><u>CAHPS Survey Questions:</u></p> <ul style="list-style-type: none"> • In the last 6 months, how often was it easy to get appointments with specialists? • In the last 6 months, how often was it easy to get the care, tests, or treatment you needed through your health plan? 	1.5
<p>MEASURE C23: Getting Appointments and Care Quickly [4-Star Threshold ≥ 79%]</p> <p><u>METRIC:</u> This case-mix adjusted composite measure is used to assess how quickly the member was able to get appointments and care.</p> <p><u>CAHPS Survey Questions:</u></p> <ul style="list-style-type: none"> • In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed? • In the last 6 months, not counting the times when you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed? • In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time? 	1.5
<p>MEASURE C24: Customer Service [4-Star Threshold ≥ 91%]</p> <p><u>METRIC:</u> This case-mix adjusted composite measure is used to assess how easy it was for the member to get information and help when needed.</p> <p><u>CAHPS Survey Questions:</u></p> <ul style="list-style-type: none"> • 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 plan’s customer service treat you with courtesy and respect? • In the last 6 months, how often were the forms for your health plan easy to fill out? 	1.5
<p>MEASURE C25: Rating of Health Care Quality [4-Star Threshold ≥ 86%]</p> <p><u>METRIC:</u> This case-mix adjusted measure is used to assess members' view of the quality of care received from the health plan.</p> <p><u>CAHPS Survey Question:</u></p> <ul style="list-style-type: none"> • Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months? 	1.5
<p>MEASURE C26: Member's Rating of Health Plan [4-Star Threshold ≥ 86%]</p> <p><u>METRIC:</u> This case-mix adjusted measure is used to assess members' overall view of their health plan.</p> <p><u>CAHPS Survey Question:</u></p> <ul style="list-style-type: none"> • 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? 	1.5
<p>MEASURE C27: Care Coordination [4-Star Threshold ≥ 87%]</p> <p><u>METRIC:</u> This case-mix adjusted composite measure is used to assess Care Coordination.</p> <p><u>CAHPS Survey Questions:</u></p> <ul style="list-style-type: none"> • In the last 6 months, when you visited your personal doctor for a scheduled appointment, how often did he or she 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 test 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 test 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? 	1.5

HOS: Medicare 'Health Outcomes Survey' - conducted annually from April to August. <ul style="list-style-type: none"> • Questions focus on members' personal assessment of their health as well as their satisfaction with their health care providers. • HOS is unique in that the same people surveyed every two years, and the data from the initial survey is compared to the second one to determine scoring. 	
MEASURE	WEIGHT VALUE
<p>MEASURE C04: Improving or Maintaining Physical Health [4-Star Threshold \geq 69%]</p> <p>METRIC: The percentage of sampled Medicare enrollees 65 years of age or older (denominator) whose physical health status was the same or better than expected (numerator).</p> <p>> 2-year PCS change – HOS Questions: 1, 2a-b, 3a-b & 5</p> <p><u>HOS Question 1:</u> In general, would you say your health is: Excellent/Very good/Good/Fair/Poor</p> <p><u>HOS Question 2:</u> The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?</p> <p>a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf</p> <p><u>HOS Question 3:</u> During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?</p> <p>a. Accomplished less than you would like as a result of your physical health? b. Were limited in the kind of work or other activities as result of your physical health?</p> <p><u>HOS Question 5:</u> During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?</p>	3
<p>MEASURE C05: Improving or Maintaining Mental Health [4-Star Threshold \geq 84%]</p> <p>METRIC: The percentage of sampled Medicare enrollees 65 years of age or older (denominator) whose mental health status was the same or better than expected (numerator).</p> <p>> 2-year MCS change – HOS Questions: 4a-b, 6a-c & 7</p> <p><u>HOS Question 4:</u> During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?</p> <p>a. Accomplished less than you would like as a result of any emotional problems b. Didn't do work or other activities as carefully as usual as a result of any emotional problems</p> <p><u>HOS Question 6:</u> How much of the time during the past 4 weeks:</p> <p>a. Have you felt calm and peaceful? b. Did you have a lot of energy?</p> <p><u>HOS Question 7:</u> During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?</p>	3
<p>MEASURE C06: Monitoring Physical Activity [4-Star Threshold \geq 53%]</p> <p>METRIC: The percentage of sampled Medicare members 65 years of age or older (denominator) who had a doctor's visit in the past 12 months and who received advice to start, increase, or maintain their level exercise or physical activity (numerator).</p> <p><u>HOS Survey Question 46:</u> In the past 12 months, did you talk with a doctor or other health provider about your level of exercise of physical activity? For example, a doctor or other health provider may ask if you exercise regularly or take part in physical exercise.</p> <p><u>HOS Survey Question 47:</u> In the past 12 months, did a doctor or other health care provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program.</p>	1
<p>MEASURE C18: Reducing the Risk of Falling [4-Star Threshold \geq 66%]</p> <p>METRIC: The percentage of Medicare members 65 years of age or older who had a fall or had problems with balance or walking in the past 12 months (denominator), who were seen by a practitioner in the past 12 months, and who received fall risk intervention from their current practitioner (numerator).</p> <p><u>HOS Survey Question 48:</u> A fall is when your body goes to the ground without being pushed. In the past 12 months, did your doctor or other health provider talk with you about falling or problems with balance or walking?</p> <p><u>HOS Survey Question 49:</u> Did you fall in the past 12 months?</p> <p><u>HOS Survey Question 50:</u> In the past 12 months have you had a problem with balance or walking?</p> <p><u>HOS Survey Question 51:</u> Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include:</p> <ul style="list-style-type: none"> • Suggest that you use a cane or walker • Check your blood pressure lying or standing • Suggest that you do an exercise or physical therapy program • Suggest a vision or hearing testing 	1
<p>MEASURE C19: Improving Bladder Control [4-Star Threshold \geq 46%]</p> <p>METRIC: Percentage of Medicare members 65 years of age or older who reported having any urine leakage in the past six months (denominator) and who discussed treatment options for their urinary incontinence with a provider (numerator).</p> <p><u>HOS Question 42:</u> Many people experience leaking of urine, also called urinary incontinence. In the past six months, have you experienced leaking of urine?</p> <p><u>HOS Question 45:</u> 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?</p>	1

CMS DATA: Data collected by CMS about iCare.

MEASURE	WEIGHT VALUE
<p>MEASURE C28: Complaints about the Health Plan [4-Star >0.14 to ≤0.31]</p> <p><u>METRIC:</u> Rate of complaints about the health plan per 1,000 members. $[(\text{Total number of all complaints logged into the Complaint Tracking Module (CTM)}) / (\text{Average Contract enrollment}) * 1,000 * 30 / (\text{Number of Days in Period} = 365)]$.</p>	1.5
<p>MEASURE C29: Members Choosing to Leave the Plan [4-Star >8% to ≤13%]</p> <p><u>METRIC:</u> The percent of members who chose to leave the plan come from disenrollment reason codes in Medicare’s enrollment system. The percent is calculated as the number of members who chose to leave the plan between January 1, 2015–December 31, 2015 (numerator) divided by all members enrolled in the plan at any time during 2015 (denominator).</p>	1.5
<p>MEASURE C30: Beneficiary Access and Performance Problems [4-Star = 80]</p> <p><u>METRIC:</u> Problems Medicare Found in the Plan’s Performance.</p>	1.5
<p>MEASURE C31: Health Plan Quality Improvement [4-Star ≥0.155 to <0.429]</p> <p><u>METRIC:</u> The numerator is the net improvement, which is a sum of the number of significantly improved measures minus the number of significantly declined measures. The denominator is the number of measures eligible for the improvement measure (i.e., the measures that were included in the 2016 and 2017 Star Ratings for this contract and had no specification changes).</p>	5
<p>MEASURE C32: Plan Makes Timely Decisions about Appeals [4-Star Threshold ≥ 94%]</p> <p><u>METRIC:</u> Percent of appeals timely processed by the plan (numerator) out of all the plan’s appeals decided by the Independent Review Entity (IRE) (includes upheld, overturned and partially overturned appeals) (denominator). This is calculated as: $([\text{Number of Timely Appeals}] / ([\text{Appeals Upheld}] + [\text{Appeals Overturned}] + [\text{Appeals Partially Overturned}] * 100))$.</p>	1.5
<p>MEASURE C33: Reviewing Appeals Decisions [4-Star Threshold ≥ 86%]</p> <p><u>METRIC:</u> Percent of appeals where a plan’s decision was “upheld” by the Independent Review Entity (IRE) (numerator) out of all the plan’s appeals (upheld, overturned, and partially overturned appeals only) that the IRE reviewed (denominator). This is calculated as: $([\text{Appeals Upheld}] / ([\text{Appeals Upheld}] + [\text{Appeals Overturned}] + [\text{Appeals Partially Overturned}] * 100))$.</p>	1.5
<p>MEASURE C34: Call Center – Foreign Language Interpreter and TTY Availability [4-Star Threshold ≥ 81%]</p> <p><u>METRIC:</u> The calculation of this measure is the number of successful contacts with the interpreter and TTY divided by the number of attempted contacts. Successful contact with an interpreter is defined as establishing contact with an interpreter and beginning the first of three survey questions. Interpreters must be able to communicate responses to the call surveyor in the call center’s non-primary language about the plan sponsor’s Medicare benefits. (The primary language is Spanish in Puerto Rico and English elsewhere.) Successful contact with a TTY service is defined as establishing contact with and confirming that the TTY operator can answer questions about the plan’s Medicare Part C benefit.</p>	1.5