2024 CMS PART-C 5-STAR PERFORMANCE MEASURES

HEDIS:

- 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.

⇒ *The measures you work on this year will be collected and examined by CMS the following year AND will be reflected in ¡Care's 5-Star HEDIS scores two years later.*

MEASURE	DATA SOURCE	WEIGHT VALUE	4-STAR THRESHOLD
MEASURE: Breast Cancer Screening METRIC: Percentage of women MA enrollees 50 to 74 years of age (denominator) who had a mammogram (numerator) to screen for breast cancer during the past _two_ years (numerator).	**HYBRID MEASURE: CLAIMS DATA & CHART REVIEW**	1	≥ 71%
MEASURE: Colorectal Cancer Screening METRIC: The percentage of MA enrollees aged 45 to 75 (denominator) who had appropriate screening for colorectal cancer (numerator). ⇨ Colonoscopy = EVERY 10 YEARS5 ⇨ Flexible Sigmoidoscopy = EVERY 5YEARS ⇨ Fecal Occult Blood Test= EVERY YEAR	**HYBRID MEASURE: CLAIMS DATA & CHART REVIEW**	1	≥ 71%
MEASURE: Special Needs Plan (SNP) Care Management METRIC: Percent of eligible Special Needs Plan (SNP) enrollees who received a health risk assessment (HRA) during the measurement year. Percent of eligible Special Needs Plan (SNP) enrollees who received a health risk assessment (HRA) during the measurement year. The denominator for this measure is the sum of the number of new enrollees due for an Initial HRA 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 (Element 13.3) and the number of annual reassessments performed.	**PLAN REPORTED DATA**	1	≥ 74%
MEASURE: Diabetes Care – Eye Exam METRIC: The percentage of diabetic MA enrollees aged 18-75 with diabetes (type 1 and type 2) (denominator) who had an eye exam (retinal) performed during the measurement year (numerator).	**100% CHART REVIEW**	1	≥ 73%
MEASURE: Diabetes Care – Blood Sugar Controlled (Glycemic Status Assessment for Pts with DM) METRIC: The percentage of diabetic MA enrollees age 18-75 (denominator) whose most recent HbA1c level is greater than 9%, or who were not tested during the measurement year (numerator).	**100% CHART REVIEW**	3	≥ 80%
MEASURE: Controlling Blood Pressure METRIC: 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)	**100% CLAIMS DATA**	3	≥ 74%

MEASURE: 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).	**HYBRID MEASURE: CLAIMS & CHART REVIEW**	**1**	**≥ 73%**
MEASURE: 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). (This measure for public reporting is reverse scored so higher scores are better.) > _HbA1c less than 9 is the goal_.	**100% CHART REVIEW**	**3**	**≥ 80%**
MEASURE: Medication Reconciliation Post Discharge (MRP) Denominator: Percentage of discharges from January 01 - December 01 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). • _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._ Numerator: 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. PLEASE NOTE: Documentation in the medical record must include evidence of medication reconciliation between discharge medications – latest medications, the date when it was performed and evidence that the reconciliation is in the outpatient medical record.	**100% CLAIMS DATA**	**1**	**≥ 68%**

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 _i_Care but their doctors and other health care providers as well.

MEASURE	WEIGHT VALUE
MEASURE: Annual Flu Vaccine [4-Star Threshold ≥ 74%] METRIC: The percentage of sampled Medicare enrollees (denominator) who received an influenza vaccination during the measurement year (numerator). CAHPS Survey Question: "Have you had a flu shot since July 1, 2023"	**1**
MEASURE: Getting Needed Care [4-Star Threshold ≥ 84%] METRIC: Percent of the best possible score the plan earned on how easy it is for members to get needed care, including care from specialists. CAHPS Survey Questions: • In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed? • In the last 6 months, how often was it easy to get the care, tests or treatment you needed?	**2**

MEASURE	WEIGHT VALUE
MEASURE: Getting Appointments and Care Quickly [4-Star Threshold ≥ 78%] METRIC: This case-mix adjusted composite measure is used to assess how quickly the member was able to get appointments and care. CAHPS Survey Questions: •In the last 6 months, when you needed care right away, how often did you get care as soon as you needed? • In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as 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?	**2**
MEASURE: Customer Service [4-Star Threshold ≥ 90%] METRIC: This case-mix adjusted composite measure is used to assess how easy it was for the member to get information and help from the plan when needed. CAHPS Survey Questions: • 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?	**2**
MEASURE: Rating of Health Care Quality [4-Star Threshold ≥87%] METRIC: This case-mix adjusted measure is used to assess members' view of the quality of care received from the health plan. CAHPS Survey Question: • 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?	**2**
MEASURE: Member's Rating of Health Plan [4-Star Threshold ≥ 87%] METRIC: This case-mix adjusted measure is used to assess members' overall view of their health plan. CAHPS Survey Question: • 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?	**2**
MEASURE: Care Coordination [4-Star Threshold ≥86%] METRIC: This case-mix adjusted composite measure is used to assess Care Coordination. CAHPS Survey Questions: • 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?	**2**

HOS: Medicare 'Health Outcomes Survey' - conducted annually from April to August.
- 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
MEASURE: Monitoring Physical Activity [4-Star Threshold ≥ 53%] 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). HOS Survey Question 46: 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. HOS Survey Question 47: 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.	**1**

CMS DATA: Data collected by CMS about *i*Care.

MEASURE	WEIGHT VALUE

MEASURE: Complaints about the Health Plan [4-Star >0.41 to ≤0.92] METRIC: Rate of complaints about the health plan per 1,000 members. [(Total number of all complaints logged into the Complaint Tracking Module (CTM)) / (Average Contract enrollment)] * 1,000 * 30 / (Number of Days in Period = 365).	**2**
MEASURE: Members Choosing to Leave the Plan [4-Star >8% to ≤17%] – *Lower is better* METRIC: 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 contract between January 1 – December 31 (numerator) divided by all members enrolled in the contract at any time during the measurement year (denominator).	**2**
MEASURE: Health Plan Quality Improvement [4-Star >0.235294 to <0.368421] METRIC: 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 2020 and 2021 Star Ratings for this contract and had no specification changes).	**5**
MEASURE: Plan Makes Timely Decisions about Appeals [4-Star Threshold ≥92%] METRIC: 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, partially overturned appeals, and dismissed because the plan agreed to cover)) (denominator). This is calculated as: ([Number of Timely Appeals] / ([Appeals Upheld] + [Appeals Overturned] + [Appeals Partially Overturned]) * 100.	**2**
MEASURE: Reviewing Appeals Decisions [4-Star Threshold ≥85%] METRIC: 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: ([Appeals Upheld] / ([Appeals Upheld] + [Appeals Overturned] + [Appeals Partially Overturned]))* 100.	**2**
MEASURE: Call Center – Foreign Language Interpreter and TTY Availability [4-Star Threshold ≥92%] METRIC: The calculation of this measure is the number of successful contacts with the interpreter and TTY divided by the number of attempted contacts. • Successfully completed contact with an interpreter is defined as establishing contact with an interpreter and answering the introductory question (before beginning the first of three general Medicare or plan-specific accuracy questions) within eight minutes. • 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 within seven minutes. There must be communication received back from the customer service representative or TTY relay operator in order to confirm that the TTY device is working properly, and a connection is made so that all parties can communicate.	**2**

2021 Part-C Display Measures

• "Display Measures" are measures that are likely to be included in the plan's ratings in the next year or two.
• They are introduced and 'displayed' so that plans can begin addressing them, so that when they are included, the plan will be ready to address them.

MEASURE

MEASURE DMC01: Follow-up Visit after Hospital Stay for Mental Illness (within 30 days of discharge)

METRIC: The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders (denominator) and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within 30 days of discharge (numerator).

Data Source: HEDIS

MEASURE DMC02: Care for Older Adults – Functional Status Assessment

METRIC: 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).

Data Source: HEDIS

MEASURE DMC03: Antidepressant Medication Management (6 months)

METRIC: The percentage of members 18 years of age and older with a diagnosis of major depression (denominator) who were newly treated with antidepressant medication, and who remained on an antidepressant medication for at least 180 days (numerator).

Data Source: HEDIS

MEASURE DMC04: Continuous Beta Blocker Treatment

METRIC: The percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged alive from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI (denominator) and who received persistent beta-blocker treatment for six months after discharge (numerator).

Data Source: HEDIS

MEASURE DMC05: Osteoporosis Testing

METRIC: The percentage of Medicare women 65 years of age and older (denominator) who report ever having received a bone density test to check for osteoporosis (numerator).

Data Source: HEDIS/HOS

- HOS Survey Question 52: Have you ever had a bone density test to check for osteoporosis, sometimes thought of as "brittle bones"? This test would have been done to your back or hip.

MEASURE DMC06: Testing to Confirm Chronic Obstructive Pulmonary Disease

METRIC: The percentage of members 40 or older with a new diagnosis or newly active Chronic Obstructive Pulmonary Disease (COPD) during the measurement year (denominator), who received appropriate spirometry testing to confirm the diagnosis (numerator).

Data Source: HEDIS

MEASURE DMC07: Doctors who Communicate Well

METRIC: This case-mix adjusted composite measure is used to assess how well doctors communicate. The Consumer Assessment of Healthcare Providers and Systems (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.

CAHPS Survey Questions:
• In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
• In the last 6 months, how often did your personal doctor listen carefully to you?
• In the last 6 months, how often did your personal doctor show respect for what you had to say?
• In the last 6 months, how often did your personal doctor spend enough time with you?

Data Source: CAHPS

MEASURE DMC08: Beneficiary Hold Time

METRIC: This measure is defined as the average time spent on hold by the call surveyor following the navigation of the Interactive Voice Response (IVR) system, touch-tone response system, or recorded greeting and prior to reaching a live person for the "Customer Service for Current Members – Part C" phone number associated with the contract.

- This measure is calculated by taking the sum of the total time (mm:ss) it takes for a caller to reach a Customer Service Representative (CSR) for all eligible calls made to that Part C contract beneficiary customer service phone number, divided by the number of eligible calls made to the Part C contract beneficiary customer service phone number.
- For calls in which the caller terminated the call due to being on hold for greater than 10 minutes prior to reaching a live person, the hold time applied is truncated to 10:00 minutes.
- Note: Total time excludes the time navigating the IVR/ACD system and thus measures only the time the caller is placed into the "hold" queue.

Compliance Standard: 2:00 minutes

Data Source: Call Center

MEASURE DMC09: Pneumonia Vaccine

METRIC: The percentage of sampled Medicare enrollees (denominator) who reported ever having received a pneumococcal vaccine (numerator).

CAHPS Survey Question: Have you ever had one or more pneumonia shots? Two shots are usually given in a person's lifetime and these are different from a flu shot. It is also called the pneumococcal vaccine.

Data Source: CAHPS

MEASURE DMC10: Access to Primary Care Doctor Visits

METRIC: The percentage of members 20 years and older (denominator) who had an ambulatory or preventive care visit during the measurement year (numerator).

Compliance Standard: 85%

Data Source: HEDIS

MEASURE DMC11: Call Center - Calls Disconnected When Customer Calls Health Plan

METRIC: The number of calls unexpectedly dropped by the Medicare Advantage (MA) Plan or Medicare-Medicaid Plan (MMP) divided by the total number of calls made to the phone number associated with the contract.

Compliance Standard: 5%

Data Source: Call Center

MEASURE DMC12: Pharmacotherapy Management of COPD Exacerbation – Systemic Corticosteroid

METRIC: The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED encounter on or between January 1–November 30 of the measurement year and who were dispensed a systemic corticosteroid within 14 days of the event.

Data Source: HEDIS

MEASURE DMC13: Pharmacotherapy Management of COPD Exacerbation – Bronchodilator

METRIC: The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED encounter on or between January 1–November 30 of the measurement year and who were dispensed a bronchodilator within 30 days of the event.

Data Source: HEDIS

MEASURE DMC14: Initiation of Alcohol or Other Drug Treatment

METRIC: The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.

Data Source: HEDIS

MEASURE DMC15: Engagement of Alcohol or Other Drug Treatment

METRIC: The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

Data Source: HEDIS

MEASURE DMC16: Hospitalization for Potentially Preventable Complications

METRIC: For members 67 years of age and older, the rate of discharges for ambulatory care sensitive conditions (ACSC) per 1,000 members and the risk-adjusted ratio of observed to expected discharges for ACSC by chronic and acute conditions.

Data Source: HEDIS

MEASURE DMC17: Controlling High Blood Pressure

METRIC: 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 mm Hg) (numerator).

Data Source: HEDIS

MEASURE DMC18: Follow-up after Emergency Department Visit for Patients with Multiple Chronic Conditions

METRIC: The percentage of emergency department (ED) visits for members 18 years and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.

Data Source: HEDIS

MEASURE DMC19: Transitions of Care - Medication Reconciliation Post-Discharge

METRIC: The percentage of discharges for members 18 years of age and older who had documentation of receipt of notification of inpatient admission on the day of admission or the following day.

Data Source: HEDIS

MEASURE DMC20: Transitions of Care - Notification of Inpatient Admission

METRIC: The percentage of emergency department (ED) visits for members 18 years and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.

Data Source: HEDIS

MEASURE DMC21: Transitions of Care - Medication Reconciliation Post-Discharge

METRIC: The percentage of discharges for members 18 years of age and older who had documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).

Data Source: HEDIS

MEASURE DMC22: Transitions of Care - Patient Engagement After Inpatient Discharge

METRIC: The percentage of discharges for members 18 years of age and older who had documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.

Data Source: HEDIS

MEASURE DMC23: Transitions of Care - Receipt of Discharge Information

METRIC: The percentage of discharges for members 18 years of age and older who had documentation of receipt of discharge information on the day of discharge or the following day.

Data Source: HEDIS

MEASURE DMC24: Transitions of Care - Average

METRIC: The average of the rates for Transitions of Care - Medication Reconciliation Post-Discharge, Transitions of Care - Notification of Inpatient Admission, Transitions of Care - Patient Engagement After Inpatient Discharge, and Transitions of Care - Receipt of Discharge Information

Data Source: HEDIS

MEASURE DMC25: Plan All-Cause Readmissions -

METRIC: The 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.

Data Source: HEDIS

MEASURE DMC26: Physical Functioning Activities of Daily Living-

METRIC: The adjusted mean change score from baseline to two-year follow-up on the PFADL measure among sampled Medicare enrollees 65 years of age and older.

Data Source: HEDIS