Florida Blue
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MEDICARE

Medicare Stars
HEDIS Best Practices Guide for Providers

Measurement Year 2021

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Measures Covered

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- Medication Therapy Management (MTM)
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Best Practices for Measures Covered

- Complete an annual wellness visit (AWV) either at the beginning of the year or around the patient's birthday
- Create process to pull new-patient member roster monthly to reach out and schedule new patients within 30 days of enrollment
- Schedule post-inpatient hospitalization follow-up visit within 7-14 days after discharge
- Schedule all patients for in-office or telehealth visit at a minimum of every six months
- Provide an after-visit summary to ensure patients understand what they need to do and what was discussed during their visit
- Review Care Gaps Report and plan chart reviews twice a year
- Submit claims timely and include the appropriate codes for diagnosis, health conditions and the services provided
- Submit to Florida Blue Medicare any compliant medical records to close gaps using the Stars/HEDIS Supplemental Data Submission (SDS) process within the Provider Link™ platform

Breast Cancer Screening (BCS)

The percentage of women age 50-74 who had a mammogram to screen for breast cancer. One or more mammograms anytime on or between Oct. 1, two years prior to the measurement year and Dec. 31 of the measurement year.

- Educate female patients about the importance of early detection and encourage testing
- Discuss possible fears with the patient and inform women that available testing methods are less uncomfortable and require less radiation
- Use the Care Gaps Report to reach out to patients and use 3-way calling with the patient to reach out to diagnostic center and help the patient schedule mammogram
- Document in the medical record if the patient has had bilateral mastectomy and include appropriate ICD-10 and CPT codes when submitting claims
- Submit medical records with bilateral mastectomy documentation to Florida Blue Medicare through the Stars/HEDIS Supplemental Data Submission (SDS) process within the Provider Link platform

Colorectal Cancer Screening (COL)

The percentage of members age 50-75 who had appropriate screening for colorectal cancer.

- Use Care Gaps Report to identify patients with open gaps
- Use standing orders to empower clinic staff to reach out to the patient to encourage a fecal immunochemical test (FIT) or Cologuard® screening
- Reach out to patients on the FIT Kit mailing list and create follow-up tracking to ensure the patients return the kit
- Clearly document and update patient history yearly to include colon cancer screening, colostomy, ileostomies and history of colon cancer
- Submit the most recent colorectal screening to Florida Blue through the Stars/HEDIS Supplemental Data Submission (SDS) process within the Provider Link platform

Care for Older Adults (COA)

The percentage of adults age 66 and older who are in a Special Needs Plan and had each of the following during the measurement year:

- Medication review
- Functional status assessment
- Pain assessment
- Advance care planning

- Schedule visit early in the year to complete services
- Medication review must be conducted annually by a prescribing practitioner or clinical pharmacist, and the medication list must be dated and signed in the same medical record
- Perform annual pain assessment. Documentation must include positive or negative findings or the result of a standardized pain assessment tool
- Perform functional status assessment annually. Document the patient activities of daily living (ADL), or instrumental activities of daily living (IADL) or the result of a standardized functional status assessment tool
- Have an advance care plan discussion annually with your patient
- Audit medical record to identify compliance and submit CPT II codes to report completed services
- Refer members to Florida Blue Medicare case management for Dual-Eligible Special Needs Plans (D-SNPs). Toll-free number: 866-780-4240; fax: 904-301-1931; email: dsnp@floridablue.com

Comprehensive Diabetes Care (CDC)

Diabetes (type 1 and 2): Population identified by two outpatient visits with a diabetes diagnosis or one acute inpatient encounter with a diabetes diagnosis; or pharmacy claims for insulin or oral anti-diabetic agents during the measurement year or the year prior to the measurement year.	**General Best Practices:** • Create diabetes patient registry • Standing orders for screenings • Order labs prior to patient appointment

HgbA1c Good Control	The percentage of members age 18-75 with diabetes whose most recent HbA1c test during the measurement year <9 percent.

- Follow up with patients to monitor changes and schedule follow-up testing
- Frequency of visits should depend on level of A1C control: members with values >9 need to be seen more frequently and target <9% A1c goal
- For point-of-care HbA1c testing, document the date of the in-office test with the result
- Must submit the CPT code for the test performed and CPT II codes to report A1C result value

Dilated or Retinal Eye Exam	The percentage of members age 18-75 with diabetes who had screening or monitoring for diabetic retinal disease.

- Submit CPT II codes to report eye exam outcomes
- Submit the CPT II code 3072F in the current measurement year to capture negative for retinopathy eye exams from the prior year
- Documentation of hypertensive retinopathy is considered as positive for diabetic retinopathy
- Work with a local ophthalmologist or optometrist to establish dilated retinal exam (DRE) referral contacts/relationships
- Work with Florida Blue Medicare or iCare for a DRE PCP and residential events
- Submit DRE report to Florida Blue Medicare to close gaps using the Stars/HEDIS Supplemental Data Submission (SDS) process within the Provider Link platform
- Educate patients about the difference between an eye exam to get new glasses and a comprehensive diabetic eye exam

Nephropathy Screening	The percentage of members enrolled in Medicare age 18-75 with diabetes (type1 and type 2) who had nephropathy screening or monitoring test during the measurement year or evidence of nephropathy during the measurement year.

- Consider prescribing ACE/ARB inhibitors for diabetic patients as appropriate
- Use the appropriate CPT II code to report patient is on treatment for nephropathy
- For point-of-care nephropathy testing, document the date of the in-office test with the result
- Submit the CPT code for test performed and CPT II codes to report nephropathy result value

Controlling High Blood Pressure (CBP)

The percentage of members age 18-85 who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled during the measurement year.

- Calibrate the office sphygmomanometer annually
- Select the appropriately sized blood pressure cuff when taking patient BP
- For member-reported BP, document in the medical record the type of device used as well as date and time of call
- Do not count BP taken by the member using a non-digital device such as with a manual blood pressure cuff and a stethoscope
- Create in-office treatment plan and recheck process for elevated and abnormal BP in office
- Review treatment plan for any out-of-control reading and schedule nurse visit for follow-up testing
- Document all systolic and diastolic readings if multiple BP taken on the same date
- Submit CPT II codes to report the lowest systolic and diastolic blood pressure readings taken on the same date

Medication Reconciliation Post-Discharge (MRP)

The percentage of discharges from acute inpatient or sub-acute inpatient facility stays between Jan. 1–Dec. 1 of the measurement year for patients age 18 and older for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days).

- Access daily discharge reports from Provider Link
- Registered nurse to review and reconcile medications telephonically and schedule follow up within 7 days of discharge
- Prior to the visit, flag the chart with an MRP reminder for the provider and office staff
- Documentation in the outpatient medical records must include the current medication list, any new medications or changes to medication related to the hospitalization and a review
- Check if a CPT II code 1111F was submitted as part of your billing
- Clearly document the reason for the visit as “follow-up visit after hospitalization”

Osteoporosis Management in Women with Fractures (OMW)

The percentage of women age 67-85 who suffered a fracture 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.

- Order a BMD test on all women with a diagnosis of fracture within six months of the fracture
- Or prescribe medication to prevent osteoporosis (bisphosphates) within six months of the fracture
- Review the medical record for BMD screening done 24 months prior to the fracture diagnosis
- Submit the BMD report to Florida Blue Medicare through the Stars/HEDIS Supplemental Data Submission (SDS) process within the Provider Link platform

Statin Therapy for Patients with Cardiovascular Disease (SPC)

The percentage of males age 21-75 and females age 40-75 during the measurement year who were identified as having atherosclerotic cardiovascular disease (ASCVD) and were dispensed at least one high-or moderate-intensity statin medication during the measurement year.

- Review patients with cardiovascular disease and ensure the patient is on a medium- to high-intensity statin
- Consider prescribing one of the low-cost generic statin medications
- Remind your patients to use their insurance card to fill their prescriptions
- Statin use should always be accompanied by lifestyle modifications focused on diet and weight loss to lower the member's risk of developing complications from cardiovascular disease

Statin Therapy for Persons with Diabetes (SUPD)

The percentage of members age 40-75 who were dispensed at least two diabetes medication (oral hypoglycemic or insulin) fills and who also received a statin medication fill during the measurement year. This is a Pharmacy Quality Alliance measure for members enrolled in Part D.

- Prescribe a statin for all diabetic patients as appropriate
- Remind your patients to use their insurance card when they fill their prescriptions
- Consider prescribing one of the low-cost generic statin medications
- Statin use should always be accompanied by lifestyle modifications focused on diet and weight loss to lower the member's risk of developing complications from diabetes

Medication Therapy Management (MTM)

Pharmacy Quality Alliance measure: Percent of Medicare Part D members 18 years or older enrolled in the MTM program for at least 60 days during the reporting period who received a comprehensive medication review (CMR) during the measurement year.

- Call the patient to schedule a comprehensive medication review (CMR) appointment, and ask them to gather their medications
- Contact Prime Therapeutics® at 866-686-2223 to schedule a CMR for your PPO patients. To schedule a CMR for your HMO patients, call 833-823-5457.
- At the scheduled appointment time, call your patient, advise you will be transferring the call to a Prime Therapeutics pharmacist and proceed with the transfer
- Follow up with your patient to ensure the CMR was completed

Medication Adherence

Pharmacy Quality Alliance measures: Percent of Medicare Part D members 18 years and older who adhere to their prescribed drug therapy medications for oral diabetic medications/hypertension meds (RAS antagonists)/cholesterol medications (statins).

Eligible Population: The number of patients who were dispensed two or more prescriptions in the drug category listed for the measurement year.

Note: These measures are calculated and benchmarked solely on pharmacy claims. Sample medications cannot be counted towards compliance in the measure.

- Review the Medication Adherence report and follow the "call to action" recommendations for each patient on the list (i.e., offer 90-day refills, avoid out-of-pocket concerns with use of generics as appropriate)
- Create a registry of patients that are on an adherence medication and flag patients that are at risk for non-adherence
- Reach out to your patient and advise them to refill their prescription as soon as possible
- Send updated prescription to the pharmacy for medication or dosage changes. Avoid large gaps in time between the first and second fill.
- Encourage patient to use their Florida Blue Medicare card to generate pharmacy claims and capture patient compliance
- Encourage use of Florida Blue Medicare mail order program and home delivery options offered by many pharmacies