Provider Reference

2017 Star Rating Measure Level Detail

January 2017
Note that the measure targets in this document are the thresholds for 4 and 5-star ratings based on the CMS most recent data. These targets are guidelines ONLY. CMS recalculates the thresholds every year after the data has been collected so it is impossible to have a firm target.

Part C Measures

**C01 Breast Cancer Screening - Claims Based Measure  (Incentive Measure)**
This measure looks for women aged 52 – 74 (as of December 31 of the measure year) who had a mammogram during the past 2 years.

**Measure target:**
- 5 Star ≥76%
- 4 Star ≥69% thru <76%

Continuous Enrollment: October 1 two years prior to the measurement year through December 31 of the measure year.

Exclusions: Bilateral mastectomy or two unilateral mastectomies

**C02 Colorectal Cancer Screening – Claims and/or Medical Record Review  (Incentive Measure)**
The percentage of members age 50 – 75 who had appropriate screening for colorectal cancer. One or more screenings for:
- Fecal Occult Blood Test during the measure year
- Flexible sigmoidoscopy during the measure year or four years prior
- Colonoscopy during the measure year or nine years prior

**Measure target:**
- 5 Star >81%
- 4 Star ≥71% thru <81%

Continuous Enrollment: The measure year and year prior.

Notes: The medical record must contain a note indicating the date when the screening was performed. A result is not required if the documentation is part of the “medical history” section. Do NOT count exams performed in the office using the digital rectal exam method.

Exclusions: History of colorectal cancer or total colectomy anytime in the member’s history.

**C03 Annual Flu Vaccine- CAHPS Survey  (Incentive Measure)**
The percent of members who received the flu vaccine during the measure year as reported by the member in the CAHPS survey.

**Measure target:**
- 5 Star ≥78%
- 4 Star ≥74% thru <78%

Continuous Enrollment does not apply. The survey question asks: “have you had a flu shot since July 1?”
HOS Survey Measures

- **C04 Improving or Maintaining Physical Health**
  - The percent of members whose physical health was the same or better than expected after two years
  - Measure Target:
    - 5 Star ≥84%
    - 4 Star ≥72% thru <84%

- **C05 Improving or Maintaining Mental Health**
  - The percent of members whose mental health was the same or better than expected after two years
  - Measure Target:
    - 5 Star ≥87%
    - 4 Star ≥85% thru <87%

- **C06 Monitoring Physical Activity**
  - The percent of members who discussed exercise with their doctor and were advised to start, increase, or maintain their physical activity during the year
  - Measure Target:
    - 5 Star ≥57%
    - 4 Star ≥54% thru <57%

- **C18 Reduce the Risk of Falling**
  - The percent of members 65 and older who had a fall or problems with balance or walking AND received fall risk intervention(s) from their practitioner
  - Measure Target:
    - 5 Star ≥73%
    - 4 Star ≥63% thru 73%

Note: The HOS survey measures the member baseline then resurveys in two years to assess member perception of improvement.

**C07 Adult BMI – Claims and/or Medical Record Review** *(Incentive Measure)*

Percent of member age 18 -74 who had an outpatient visit and whose BMI was documented during the measure year or the prior year.

Continuous Enrollment: Measure year and one year prior.

Exclusions: Members who were pregnant during the measure year or prior year.

Measure Target:

- 5 Star ≥ 96%
- 4 Star ≥87% thru <96%
**C12 Osteoporosis Management in Women who had a Fracture – Claims Based Measure (Incentive Measure)**

The percentage of women age 67 – 85 who suffered a fracture AND who had either a bone mineral density test OR prescribed medications (HEDIS list) for treatment of osteoporosis in 6 months after the fracture.

Continuous Enrollment: Must be enrolled one year prior to the fracture through 6 months after.

No exclusions.

Measure Target:

- **5 Star ≥70%**
- **4 Star ≥51% thru <70%**

**Diabetes Care**

The population for all the Diabetes Measures includes members age 18 – 75 as of December 31 of the measure year who are diagnosed with either Type 1 or Type 2 Diabetes.

Continuous Enrollment is only for the measure year.

**C13 Diabetes Care, Eye Exam – Claims and/or Medical Record Review (Incentive Measure)**

An eye exam screening for diabetic retinal disease (also called dilated eye exam) found in claims or with medical record review. This measure can be met one of two ways:

- A retinal or dilated eye exam by an eye care professional in the measurement year, or
- A NEGATIVE retinal or dilated exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year

Note: a photograph of the retina will count as a dilated exam as long as it is read by a qualified professional or reading center.

Measure Target:

- **5 Star ≥81%**
- **4 Star ≥73% thru <81%**

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**Special Needs Plan (SNP) Measures that DO NOT apply to Vibra Health Plan’s Star Rating currently:**

- C08 SNP Care Management
- C09 Care for Older Adults – Medication Review
- C10 Care for Older Adults – Functional Assessment
- C11 Care for Older Adults – Pain Assessment

*Note: even though these Star Measures are not officially collected for the Vibra Health Plan, the functions are important to the members and may impact how they respond to the CAHPS and HOS surveys creating an indirect effect on the score.*
C14 Diabetes Care, Kidney Disease Monitoring – Claims and/or Medical Record Review
(Incentive Measure)
A nephropathy screening or monitoring test during the measurement year OR evidence of nephropathy during the measure year. This measure can be met in multiple ways including:
- Urine test for albumin or protein
- Documented visit to a nephrologist
- Documented renal transplant
- Documentation for attention to multiple renal conditions such as chronic kidney disease, etc.
- Evidence of ACEI / ARB therapy

Measure Target:
- 5 Star ≥98%
- 4 Star ≥96% thru <98%

C15 Diabetes Care, Blood Sugar Control – Claims and/or Medical Record Review
(Incentive Measure)
The percent whose most recent (last in the year) A1C was greater than 9 or who were not tested in the year. NOTE: This is an inverse measure; a lower number is better. ADA guidelines recommend keeping the A1C below 8 and even below 7 for some.

Measure Target: Percentage considered in “control” (or out of control at < 16%)
- 5 Star ≥84%
- 4 Star ≥76% thru <84

C16 Controlling High Blood Pressure – Claims and Medical Record Review
(Incentive Measure)
The percent of members age 18 – 85 with high blood pressure (dx of hypertension) whose most recent blood pressure (latest in the year) was in control. In control is defined as:
- Age 18-59 years whose BP was <140/90 mm Hg
- Age 60 – 85 with a diagnosis of diabetes whose BP was <140/90
- Age 60 – 85 without a diagnosis of diabetes whose BP was <150/90

If no blood pressure recorded, then it is assumed to be out of control.

Continuous Enrollment in the measure year.

Exclusions:
- ESRD
- Pregnancy
- Members who had a non-acute inpatient admission

Measure Target:
- 5 Star ≥75%
- 4 Star ≥64% thru <75%

C17 Rheumatoid Arthritis Management – Claims based measure
(Incentive Measure)
Percent of members with rheumatoid arthritis (RA) who got one or more prescriptions for a disease modifying anti-rheumatic drug (DMARD) during the measure year.

Continuous Enrollment in the measure year.

Measure Target:
- 5 Star ≥82%
- 4 Star ≥76% thru <82%

C19 Plan All-cause Readmission Rate – Claims based measure
Percent of members discharged from a hospital stay who were readmitted to a hospital within 30 days, either for the same condition or a different reason. This measure is risk adjusted based on severity of patient condition(s) also known as case mix.

Continuous Enrollment is 365 days prior to the discharge through 30 days post discharge.

Measure Target:
- 5 Star ≤8%
- 4 Star >8% thru ≤10%

CAHPS Survey Measures:

- **C20 Getting needed care**
  - Case mix adjusted composite of two survey questions to measure how easy it was for the member to get needed care and see specialists
  - Measure Target:
    - 5 Star ≥86
    - 4 Star ≥84 thru <86

- **C21 Getting appointments and care quickly**
  - Case mix adjusted composite of three survey questions to measure how quickly members get appointments and care
  - Measure Target:
    - 5 Star ≥79
    - 4 Star ≥77 thru <79

- **C22 Customer service**
  - Case mix adjusted composite of three survey questions to measure how easy it was for members to get information and help when needed
  - Measure Target:
    - 5 Star ≥90
    - 4 Star ≥89 thru <90

- **C23 Ratings of Health Care Quality**
  - Case mix adjusted single survey question where the member rates their health care quality on a scale of 0 – 10 where 0 means the worst possible and 10 being the best possible
  - Measure Target:
    - 5 Star ≥88
    - 4 Star ≥86 thru <88

- **C24 Ratings of the Health Plan**
  - Case mix adjusted single measure where the member rates their health plan using the same scale of 0 – 10 as described above
  - Measure Target:
    - 5 Star ≥88
    - 4 Star ≥85 thru <88
- **C25 Care Coordination**
  - Case mix adjusted composite of 6 survey questions intended to measure care coordination at the provider office
  - Measure Target:
    - 5 Star ≥87
    - 4 Star ≥86 thru <87

**C26 Complaints about the Health Plan – CMS Administrative Measure**

Rate of complaints per 1,000 members received by Medicare in the Complaint Tracking Module (CTM).

**Measure Target:**
- 5 Star ≤0.27
- 4 Star >0.27 thru ≤0.54

**C27 Members Choosing to Leave the Plan – CMS Administrative Measure**

Percent of members who chose to leave the plan as measured by disenrollment reasons submitted to CMS. The measure includes members who leave for these reasons:
- Voluntary disenrollment through the plan
- Disenrollment because of enrollment in another plan
- Retroactive disenrollment
- Other (not supplied by the beneficiary)

**Measure Target:**
- 5 Star ≤9%
- 4 Star >9% thru ≤17%

**C28 Beneficiary Access and Performance Problems – CMS Administrative Measure**

This measure is based on CMS sanctions, civil monetary penalties, Compliance Activity Module (CAM) data, and corrective action plans imposed by CMS. Points are deducted from the plan in relation to the number of sanctions or other warnings or corrective action plans assigned to the plan. The points vary with the degree of seriousness of the issue(s). Each contract year, the plan starts with the score of 100 and points are taken off based on the number and severity of issues identified by CMS.

**Measure Target:**
- 5 Star 100
- 4 Star 80

**C29 Health Plan Quality Improvement – CMS Calculation of change over the previous year’s ratings**

This measure shows how much the plan improved or declined from one year to the next. It takes the sum of the number of significantly improved measures minus the number of significantly declined measures and calculates a score. Higher is better.

**Measure Target:**
- 5 Star ≥0.384
- 4 Star ≥0.178 thru <0.384
**C30 Plan Makes Timely Decisions about Appeals – CMS Administrative Measure (IRE)**

This measures the percent of members who got a timely response when they made an appeal request to the health plan about a decision to refuse payment or coverage.

**Measure Target:**
- 5 Star ≥96%
- 4 Star ≥93% thru <96%

**C31 Reviewing Appeals Decisions – CMS Administrative Measure (IRE)**

This rating shows how often an independent reviewer (outside the plan) thought the health plan’s decision to deny an appeal was fair and that decision was upheld.

**Measure Target:**
- 5 Star ≥93%
- 4 Star ≥88% thru <93%

**C32 Call Center, Foreign Language Interpreter and TTY Availability – CMS Administrative Measure, Call Center Data**

Percent of time that TTY services and foreign language interpretation were available when needed by prospective members who called the health plan’s prospective enrollee customer service phone number.

**NOTE:** CMS uses secret shoppers to assess this measure.

**Measure Target:**
- 5 Star ≥97%
- 4 Star ≥87% thru <97%

**NEW Part C Measures**

CMS uses the Display Measures as a testing method for new measures and measure changes. The measures identified in this section are being moved from the Display Measure set to the Star Ratings set and will be included in the VHP program for Stars Improvement.

**Medication Reconciliation Post Discharge - 2018 Star Rating – HEDIS Medical Record Measure**

This measure is added in the 2018 Stars rating reporting period based on the 2016 performance year data and will continue going forward.

The percentage of discharges from acute or non-acute inpatient facilities for members 66 years of age and older for whom medications were reconciled within 30 days of discharge.

**Continuous Enrollment:** Date of discharge through 30 days post discharge

**Measure target not yet defined.**

**Hospitalizations for Potentially Preventable Complications – 2018 Star Ratings - Claims Based HEDIS**

This measure is added in the 2018 Stars rating reporting period based on the 2016 performance year data and will continue going forward.

This measure assesses the rate of hospitalization for complications of chronic and acute ambulatory care-sensitive conditions. For members 67 and older, the rate of discharges for ambulatory care sensitive conditions per 1,000 members and the risk-adjusted ratio of observed to expected discharges for ACSC by chronic and acute conditions.
Conditions included in this measure include:
- Diabetes
- Lower extremity amputation among members with Diabetes
- COPD
- Asthma
- Hypertension
- Heart Failure
- Bacterial pneumonia
- Urinary tract infection
- Cellulitis
- Pressure Ulcer

Continuous Enrollment: The measure year and prior year

**Measure Target: Not yet defined.**

**Statin Therapy for Patients with Cardiovascular Disease- 2019 Stars Ratings- Claims based HEDIS (Incentive Measure)**

This measure will be added in the 2019 Stars rating reporting period based on the 2017 performance year data and will continue going forward.

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

Continuous Enrollment: The measure year and one-year prior

Exclusions:
- Pregnancy
- In vitro fertilization
- Dispensed a Rx for clomiphene (for fertility)
- ESRD
- Cirrhosis
- Myalgia, myositis, myopathy, or rhabdomyolysis

**Measure Target: Not yet defined**

**Part D Measures**

Pharmacy services are delegated to Prime Therapeutics. Vibra Health Plan will work closely with Prime to ensure processes and monitoring are in place to improve each of the Part D measures. Monthly meetings with Prime will review Part D Measures as an agenda item.

**D01 Call Center – Foreign Language Interpreter and TTY Availability – CMS Administrative Measure, Call Center Data**

Percent of time that TTY services and Foreign language interpretation were available when needed by prospective members who called the drug plan’s prospective enrollee customer service phone number.

NOTE: CMS uses secret shoppers to assess this measure.

**Measure Target:**
5 Star ≥95%
4 Star ≥88% thru <95%
Percent of members who failed to get a timely response when they made an appeal request to the drug plan about a decision to refuse payment or coverage. This measure is a rate based on the number of appeals that were automatically forwarded to the IRE.

Measure Target:
- 5 Star $\leq 2.7$
- 4 Star $>2.7$ thru $\leq 8.9$

**D03 Appeals Upheld - CMS Administrative Measure, IRE**

This measure evaluates how often an Independent Reviewer (IRE) thought the drug plan’s decision to deny an appeal was fair. This include appeals made by plan members and out-of-network providers.

Measure Target:
- 5 Star $\geq 88$
- 4 Star $\geq 78$% thru $<88$

**D04 Complaints About the Drug Plan – CMS Administrative Measure, CTM**

How many complaints about the Drug Plan per 1,000 members were reported to CMS via the complaint tracking module (CTM).

Measure Target:
- 5 Star $\leq 0.27$
- 4 Star $>0.27$ thru $\leq 0.54$

**D05 Members Choosing to Leave the Drug Plan – CMS Administrative Measure**

Percent of members who chose to leave the drug plan as measured by disenrollment reasons submitted to CMS. The measure includes members who leave for these reasons:
- Voluntary disenrollment through the plan
- Disenrollment because or enrollment in another plan
- Retroactive disenrollment
- Other (not supplied by the beneficiary)

Measure Target:
- 5 Star $\leq 9$
- 4 Star $>9$ % thru $\leq 17$

**D06 Beneficiary Access and Performance Problems – CMS Administrative Measure**

This measure is based on CMS sanctions, civil monetary penalties, Compliance Activity Module (CAM) data, and corrective action plans imposed by CMS. Points are deducted from the plan in relation to the number of sanctions or other warnings or corrective action plans assigned to the plan. The points vary with the degree of seriousness of the issue(s). Each contract year, the plan starts with the score of 100 and points are taken off based on the number and severity of issues identified by CMS.

Measure Target:
- 5 Star 100
- 4 Star 80
**D07 Drug Plan Quality Improvement – CMS Administrative Measure, Star Ratings**

This measure shows how much the plan improved or declined from one year to the next. It takes the sum of the number of significantly improved measures minus the number of significantly declined measures and calculates a score. Higher is better.

**Measure Target:**
- 5 Star ≥0.659
- 4 Star ≥0.415 thru <0.659

**CAHPS Survey Measures**

- **D08 Rating of the Drug Plan**
  - Single survey question evaluating how well the drug plan was rated by members, case mix adjusted
  - Measure Target:
    - 5 Star ≥86
    - 4 Star ≥84 thru <86

- **D09 Getting Needed Prescription Drugs**
  - Composite of 3 survey questions evaluating how easy it was to use the prescription drug plan and get the medications their provider prescribed, case mix adjusted
  - Measure Target:
    - 5 Star ≥92
    - 4 Star ≥91 thru <92

**D10 MPF Price Accuracy – CMS Administrative Measure – PDE data and MPF pricing files**

This measure evaluates the accuracy of drug prices posted in the MPF tool. It compares the prices members actually pay to what the plan provided for the website.

**Measure Target:**
- 5 Star ≥99
- 4 Star ≥98 thru <99

**D11 High Risk Medication – CMS Administrative Measure - PDE data**

Plan members 65 and over that received prescriptions for certain drugs with a high risk of side effects, when there may be safer drug choices. This measure is defined as the percent of members 65 and older who received two or more prescription fills of the same HRM. The plan receives current scores monthly through the Patient Safety reports in Acumen.

**Measure Target:**
- 5 Star ≤3%
- 4 Star >3% thru ≤5%
**D12 Medication Adherence for Diabetes Medications – CMS Administrative Measure – PDE data (Incentive Measure)**

Percent of members with a prescription of diabetes medications who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication. Time starts counting with the first fill in the measure year and the member must have at least to fills to be eligible to be in the measure. This measure is adjusted for members with hospital stays, hospice enrollment, and SNF days.

Medications considered for this measure include:
- Biguanide drugs
- Sulfonylurea drugs
- Thiazolidinedione drugs
- DPP-IV inhibitors
- Incretin mimetic drugs
- Meglitinide drugs,
- SGLT2 inhibitors

Exclusions: Members with one or more prescriptions of insulin or members with ESRD

**Measure Target:**
- 5 Star ≥83%
- 4 Star ≥79% thru <83%

**D13 Medication Adherence for Hypertension (RAS Antagonists) – CMS Administrative Measure – PDE data (Incentive Measure)**

Percent of members with a prescription of RAS antagonist medications who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication. Time starts counting with the first fill in the measure year and the member must have at least to fills to be eligible to be in the measure. This measure is adjusted for members with hospital stays, hospice enrollment, and SNF days. Medications considered for this measure include:
- ACEI medications
- ARB medications
- Direct renin inhibitors

Exclusions: Members with one or more prescriptions of sacubitril/valsartan or members with ESRD

**Measure Target:**
- 5 Star ≥83%
- 4 Star ≥79% thru <83%

**D14 Medication Adherence for Cholesterol (Statins) – CMS Administrative Measure – PDE data (Incentive Measure)**

Percent of members with a prescription of statin medications who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication. Time starts counting with the first fill in the measure year and the member must have at least to fills to be eligible to be in the measure. This measure is adjusted for members with hospital stays, hospice enrollment, and SNF days.

Exclusions: None

**Measure Target:**
- 5 Star ≥82%
- 4 Star ≥77% thru <82%
**D15 MTM Program Completion Rate for CMR – CMS Administrative Measure – Plan reported data**

For members in the Medication Therapy Management (MTM) program, this measure assesses the plan reported rate of completion of the comprehensive medication review (CMR). Members are automatically enrolled in the MTM program once they meet defined thresholds. Once enrolled the member is required to have a CMR performed by a pharmacist in an “interactive” session which may be in person or telephonic. After the review is conducted for all the member medications, a summary of the discussion is mailed to the member.

Exclusions: Members who were in hospice at any point in the measure year

**Measure Target:**

- 5 Star ≥76.8%
- 4 Star ≥58.1 thru <76.8

**New Part D Measures**

CMS uses the Display Measures as a testing method for new measures and measure changes. The measures identified in this section are being moved from the Display Measure set to the Star Ratings set and will be included in the VHP program for Stars Improvement.

**Statin Therapy for Members with Diabetes- 2019 Stars Ratings – Claims Based HEDIS (Incentive Measure)**

This measure will be added in the 2019 Stars rating reporting period based on the 2017 performance year data and will continue going forward.

The percent of members age 40 – 75 who were dispensed two or more diabetes medications and also received a statin medication during the measure year.

Exclusions:

- Members with Cardiovascular disease
- Pregnancy
- In vitro fertilization
- Dispensed a Rx for clomiphene (for fertility)
- ESRD
- Cirrhosis
- Myalgia, myositis, myopathy, or rhabdomyolysis

Continuous Enrollment: The measure year and one-year prior

**Measure Target:** Not yet defined