2025/26 Health Plan Coding Guide

Trinity Health Plan
New York

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We understand the challenges of working with multiple payers and meeting measurements, guidelines and documentation for Medicare beneficiaries. This Coding Guide is intended to make things easier for you and your staff when working with our health plan. The guide includes assistance in understanding:

- Star Ratings and the HEDIS reporting process.
- Your role in reporting and documenting care.
- Medical record requests (MRR).
- Star measure guidance and codes.

We always welcome your feedback on how we can make this guide better.

"Thank you for partnering with our health plan to improve the health and well-being of our members. We sincerely consider you our partner and recognize that we cannot succeed without the compassionate and high-quality care delivered by the providers in our network. Working together, we can have a positive impact on patient outcomes."

Greg Wise, MD, FAAFP,
Chief Medical Officer

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Star Ratings, HEDIS Reporting and Documentation

What are Star Ratings?

All Medicare Advantage plans are awarded Star ratings annually by the Centers for Medicare & Medicaid Services (CMS). On a scale of one to five, a 5-Star rating is considered excellent. Our health plan's overall Star rating combines rankings of quality and performance, including how well we help our members to stay healthy and manage chronic conditions. This information is gathered from HEDIS® scores, HOS and CAHPS Survey data and CMS administrative data. This guide covers the HEDIS-related Star Measures, and the needed coding and documentation for those measures, used in our HEDIS scores.

HEDIS Reporting and the Role You Play

HEDIS, the acronym for Healthcare Effectiveness Data and Information Set, is a performance measurement tool for health plans, administered by the National Committee for Quality Assurance (NCQA). HEDIS measures are a significant component of Medicare Star Ratings and the NCQA accreditation process. The coding and documentation necessary to meet measures is collected from our claims database, supplemental data submission feeds, and review of medical records. In the eyes of measurement reporting, if it isn't documented, then it didn't happen. To meet requirements, it's important to make every visit count. Useful tips include:

- Promote all patient's health and encourage an annual wellness visit before June 30 each year, when possible.
- Give patients reminder calls 48 hours before their appointments.
- Schedule follow-up visits before patients leave.
- Accurately code all claims.
- Thoroughly document all care in the patient's chart at the time service is provided, including date and provider's signature.
- Utilize our health plan's Gaps In Care report to close measures and strengthen patient relationships.

HEDIS Data Collection Methods

The health plan collects HEDIS data to close gaps in care and report HEDIS measures using three primary methods.

1. Claims data is analyzed to identify services provided and any gaps in care based on billing information.
2. Supplemental data feeds may be integrated from sources, such as electronic health records and lab results, to provide additional clinical information not captured in claims. We can work with your office to configure a standard supplemental feed - contact StarsAndHEDIS@mchs.com to get started.

3. Medical record collection and review. Please see the Medical Record Collection/ Delivery Methods section of this guide for more information.

Feel free to request a gaps in care report for your office by emailing starsandhedis@mchs.com

What are CPT Category II codes?

Current Procedural Terminology (CPT) Category II codes were developed by the American Medical Association (AMA) as a supplemental performance tracking set of procedural codes in addition to the Category I and III code settings.

Category I codes are used for tracking and billing common procedures.

- Category III codes are temporary codes for emerging technology.
- Category II codes are optional and intended to be used for measuring performance on quality metrics such as Healthcare Effectiveness Data and Information Set (HEDIS®)

Category II codes are alphanumeric and consist of four digits followed by the letter 'F'.

Category II codes are NOT billing codes; they are used to track services on claims for performance measurement.

Category II codes are not to be used as a substitute for Category I codes.

What is the purpose of CPT Category II codes?

Category II codes are intended to facilitate the reporting of services or test results that support quality of care performance measures. MediGold highly encourages (and even incentivizes*) clinical office staff to utilize CPT II codes.

By accurately coding you can decrease the need for manual record abstraction and chart review, minimizing the burden on physicians and office staff to report this information through other methods.

CPT Category II codes are arranged according to the following categories:

Category	Code Range	Category	Code Range
Composite measures	0001F-0015F	Therapeutic, preventive or other interventions	4000F - 4306F
Patient management	0500F - 0575F	Follow-up or other outcomes	5005F - 5100F
Patient history	1000F - 1220F	Patient safety	6005F - 6045F
Physical examination	2000F - 2050F	Structural measures	7010F - 7025F
Diagnostic/screening processes or results	3006F - 3573F		

CPT II codes allow providers to measure and display the quality of care they provide.

	MEASURE	CATEGORY II CPT CODE	INCENTIVE
EED	**Comprehensive Diabetes Care-Retinal Eye Exam** *(One time per year.)*	**2022F** **Filed with ICD-10 Diag Codes:** ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	**$20**
		2023F **Filed with ICD-10 Diag Codes:** ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	**$20**
		2024F **Filed with ICD-10 Diag Codes:** ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	**$20**
		2025F **Filed with ICD-10 Diag Codes:** ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	**$20**
		2026F **Filed with ICD-10 Diag Codes:** ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	**$20**
		2033F **Filed with ICD-10 Diag Codes:** ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	**$20**
		3072F **Filed with ICD-10 Diag Codes:** ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	**$20**
GSD	**Comprehensive Diabetes Care-HbA1c level less than 7.0** *(Diabetic members only.)*	**3044F** **Filed with ICD-10 Diag Codes:** ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	**$10**
	Comprehensive Diabetes Care-HbA1c level greater than 9.0 *(Diabetic members only.)*	**3046F** **Filed with ICD-10 Diag Codes:** ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	**$10**
	Comprehensive Diabetes Care-HbA1c level greater than or equal to 7.0 and less than 8.0 *(Diabetic members only.)*	**3051F** **Filed with ICD-10 Diag Codes:** ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	**$10**
	Comprehensive Diabetes Care-HbA1c level greater than or equal to 8.0 and less than 9.0 *(Diabetic members only.)*	**3052F** **Filed with ICD-10 Diag Codes:** ICD-10-E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	**$10**
CBP	**Controlling Blood Pressure- Systolic** *(Essential Hypertensive members only.)*	**3074F** **Filed with ICD-10 Diag Code:** I10	**$5**
	Controlling Blood Pressure- Systolic *(Essential Hypertensive members only.)*	**3075F** **Filed with ICD-10 Diag Code:** I10	**$5**
	Controlling Blood Pressure- Systolic *(Essential Hypertensive members only.)*	**3077F** **Filed with ICD-10 Diag Code:** I10	**$5**
	Controlling Blood Pressure- Diastolic *(Essential Hypertensive members only.)*	**3078F** **Filed with ICD-10 Diag Code:** I10	**$5**
	Controlling Blood Pressure- Diastolic *(Essential Hypertensive members only.)*	**3079F** **Filed with ICD-10 Diag Code:** I10	**$5**
	Controlling Blood Pressure- Diastolic *(Essential Hypertensive members only.)*	**3080F** **Filed with ICD-10 Diag Code:** I10	**$5**
MRP	**Medication Reconciliation Post- Discharge**	**1111F**	**$25**

Documentation Requirements

Correctly documenting patient encounters is critical for quality reporting and accurate reimbursement. This is key as health care reform continues to move toward quality-driven reimbursement.

- Documentation is legible.
- Ensure correct CPT, CPT II and ICD-10 codes are used.
- Blood pressure diagnosis is documented prior to June 30.
- All patient encounters, including telephone, fax and electronic message exchanges are documented.

Common HEDIS Barriers and Obstacles

- Let us know if member attribution is incorrect (patient assigned to wrong PCP.)
- Claim submitted without correct codes will not count toward the measure. This means we will be required to ask for the medical record.
- Claim submitted with inaccurate diagnosis code will incorrectly add to a measure.
- Not coding A1c or blood pressure values/results.
- Services not documented in the patient's medical chart.
- All required components of the measure not provided, e.g., diabetes diagnosis or hypertension without blood pressure reading.
- Records not transferred when patient changed PCP.
- Appointment availability when patient tries to schedule preventive services.
- Practice not seeing new patient in a timely manner.
- PCPs should include documentation received from specialists and other sources in outpatient chart i.e. eye exams, inpatient and discharge summaries, radiology, gastro, gaps summaries from health plan

Ways to improve Health Outcomes Survey and CAHPS Results

Access to care

- Ensure your patients get care quickly and efficiently by leaving open appointments on your schedule for sick/urgent needs
- Prompt patient to schedule their next routine care appointment after each visit
- If necessary, assist in the coordination of non-emergency transportation
- Provide a link to community resources to facilitate referrals
- Follow up with patients' specialists to confirm continuity of care

Educate your patients

- Ask your patients what their major health concerns are
- Communicate at a level appropriate to the education level and in preferred language of the patient
- Encourage your patients to get the annual flu vaccine
- Discuss fall prevention and tactics
- Make mental health questions part of your patient care routine
- Bring up health topics like urinary incontinence and improving and maintaining physical health

Member Rewards Program 2025

The Member Rewards Program offers incentive to members to complete an Annual Wellness Visit or In-Home Assessment each year. Members who complete one of these visits within the calendar year can earn a $50 member reward. The reward is loaded to the Flexible Benefit Card after completing the necessary attestations. One reward per calendar year.

Medical Record Collection/Delivery Methods

Medical Record Confidentiality

Our health plan strictly maintains the confidentiality of any records, which are accessed only by authorized people adhering to the following guidelines. Records are:

- Kept in a safe and secure location.
- Appropriately destroyed when they are no longer needed for the purpose requested.
- Not further disclosed or otherwise distributed.

We are not asking for nor do we want any medical record information related to psychotherapy, HIV, substance abuse or developmental disabilities.

Further, your Provider Agreement stipulates that copies of members' medical records shall be provided to our health plan, or its respective designees, for quality improvement activities, e.g., HEDIS.

If you have questions concerning this request, please contact: StarsAndHEDIS@mchs.com.

Medical Record Collection/Delivery Methods

Data collection methods include the following, as long as they meet HIPAA guidelines:

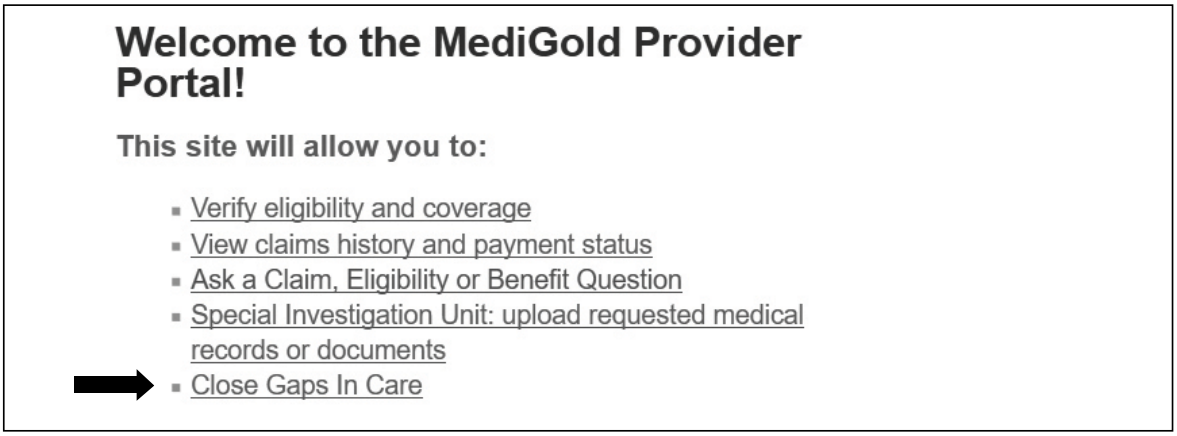
- Remote electronic medical record (EMR) system. EMR submissions, which are highly recommended, result in fewer visits and emails from our health plan.
- Fax.
- Hard copy, flash or CD delivered via postal service certified mail, or other signature-required service.
- Email encrypted to HIPAA standards.
- Schedule time with one of our HEDIS coordinators to come into your office to collect a copy of the records on-site.
- Ask that one of our HEDIS coordinators come by to pick up the records.

Online Submission of Medical Records for Stars and HEDIS Gaps In Care

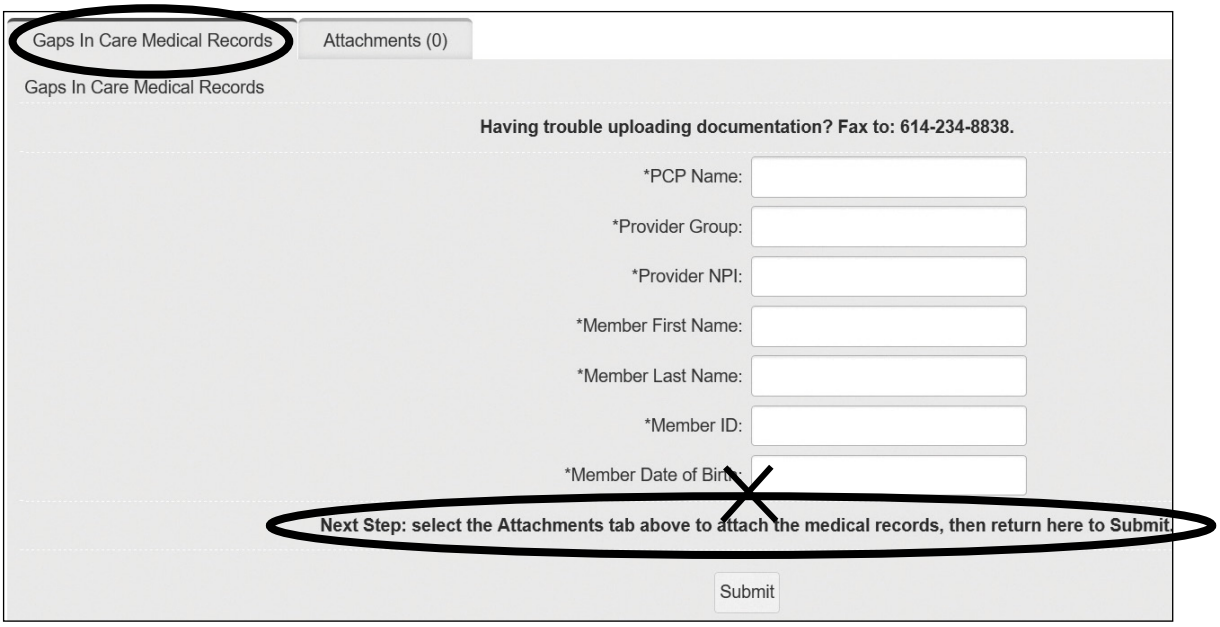
(Please note we are launching a new provider portal summer 2025; instructions to submit records will change. Please see the Provider Portal for more information, or email us at starsandHEDIS@mchs.com.)

1. Access the Trinity Health Plan New York Provider page at: https://www.thpmedicare.org/new-york/for-providers. Select the **Go to Provider Portal** link to navigate to the portal log-in screen. (For first-time portal users, follow the easy steps at the link to set up an account and log in. Please reach out to Provider Services for any issues with creating an account or account access.)

2. On the portal home page, select Close Gaps In Care.



3. On the 'Gaps In Care Medical Records' page enter content in all required fields.

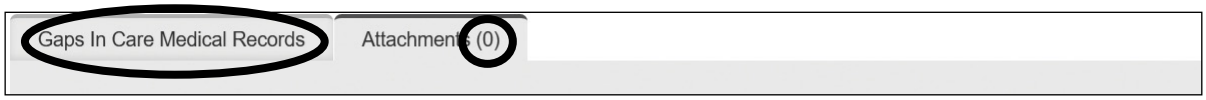


Note: do not hit the submit button at this point. Instead, select the Attachments tab above.

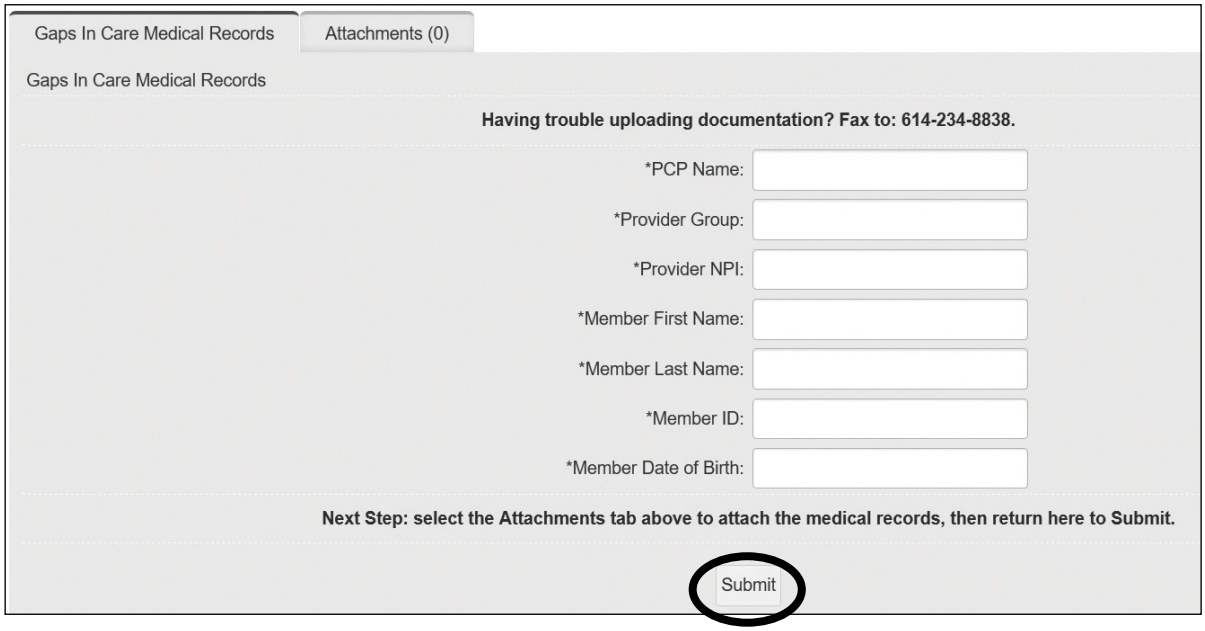
Online Submission of Medical Records for Stars and HEDIS Gaps In Care (continued)

4. Select browse to select the file, then select the Add button.

5. After the file(s) finish uploading it will indicate the number of attachments in the Attachments tab. Now, click the Gaps In Care Medical Records tab.



6. Select Submit.



Frequently Asked Questions

Who reviews the medical records?

Our health plan uses our own professionals and/or partners with expert organizations working on our behalf. All professionals reviewing the medical records will treat your patient's protected health information (PHI) with total protection and confidentiality.

Is a review of medical records permitted by HIPAA without a signed member release?

HIPAA allows providers to disclose PHI to another covered entity without a signed release in reference to health care operations. These operations include activities such as quality assessment and improvement and health plan performance evaluations. HEDIS scores are a significant part of these activities.

When will I be asked to provide the records for HEDIS?

Records may be requested throughout the year to close gaps in care and support on-going HEDIS performance monitoring.

Is my participation in data collection mandatory and what am I required to do?

Yes. Network participants are contractually required to provide medical record information so we may fulfill our state and federal regulatory obligations. You and your staff are responsible for responding to our request for medical record documentation in a timely manner. You may provide the records yourself, or schedule time with one of our professionals to come into your office to collect a copy of the records on-site. If a patient included on the list is not part of your practice, you should notify us immediately.

Should I allow a record review for a patient who is no longer with the health plan or a patient who is deceased?

Yes. Medical record reviews may require data collection on the services obtained over multiple years when the patient was receiving benefits from our health plan.

Am I required to provide medical records for a patient who was seen by a provider who has retired, died or moved?

Yes. Data collection includes reviewing medical records as far back as 10 years (including before your patient was a health plan member). Archived medical records and data may be required to complete data collection.

If you have further questions, please contact: StarsAndHEDIS@mchs.com.

Star Measures

Breast Cancer Screening (BCS-E)	**Percentage of members 50-74 years of age who had a mammogram to screen for breast cancer any time on or between October 1 two years prior to the measurement year, and December 31 of the measurement year. This measure evaluates primary screening, not diagnotic screenings.**
Star Weight:	1
Provider Actions:	Mammogram to screen for cancer in the time period listed in measure.
Coding:	
CPT4	77061-77063
	77065-77067
Revenue	0401
	0403
Exclusions:	Members with advanced illness and frailty. Members with a history of bilateral or two unilateral mastectomies. Members in hospice or palliative care. Members 66 years of age and older as of December 31 of the measurement year who are enrolled in an I-SNP any time during the measurement year or living long term in an institution (LTI). Members deceased within the measurement period. Members who had gender-affirming chest surgery with a diagnosis of gender dysphoria any time during the member's history through the end of the measurement period.

Plan All-Cause Readmission (PCR)

Plan All-Cause Readmissions (PCR)	**Those with an acute inpatient stay during the measurement year that were followed-up by an unplanned acute readmission for any diagnosis within 30-days and the predicted probability of an acute readmission.**
Star Weight:	3
Provider Action:	A lower readmission rate and comprehensive diagnosis documentation will drive better scores for this measure. Outreach to your patients and see them within 7 days of discharge. Patients with multiple comorbidities are expected to return post inpatient or observation discharge at a higher rate. Ensure all suspect conditions are appropriately identified in the patient's medical record and claims.
Exclusions:	Members in hospice/using hospice services during the measurement year. Exclude acute hospitalizations with any the following: - Member died during the inpatient stay - Member with a principal diagnosis of pregnancy - Planned admissions for: - Chemotherapy maintenance - Principle diagnosis of rehabilitation - Organ transplant - Potentially planned procedure w/out a principal acute diagnosis Exclude the hospital stay if the direct transfer's discharge date occurs after Dec. 1 of the measurement year. Exclude hospital stays where the Index Admission Date is the same as the Index Discharge Date.

Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)

Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)	The percentage of emergency department 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. Chronic conditions include: COPD and Asthma, Alzheimer's disease and related disorders, Chronic Kidney disease, Depression, Heart Failure, MI, A-FIB, TIA and or Strokes
Weight:	1
Provider Action:	Perform follow up within 7 days of an ED visit for members with multiple chronic conditions.
Qualifying Follow-Up Encounters:	• Outpatient, telephone or telehealth visits • E-visit or virtual check-in • Transitional care management services • Case management visit • Complex care management service • Outpatient or telehealth behavioral health visit • Intensive outpatient encounter or partial hospitalization • Community mental health center visit • Electroconvulsive therapy • Observation visit • IET stand-alone visit • Behavior Health (BH) outpatient services • Substance use disorder services
Coding:*	CPT 4 - Outpatient visit, telephone visit, telehealth visit (e-visit or virtual check-in): 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99429, 99441, 99442, 99443, 99455, 99456, 99457, 99458, 99483; Transitional Care Management Services: 99495, 99496; Case Management Encounter: 99366; Complex Care Management Services: 99439, 99487, 99489, 99490, 99491; Outpatient or telehealth behavioral health visit: 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510. HCPCS - Outpatient visit, telephone visit, telehealth visit (e-visit or virtual check-in): G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250, G2251, G2252, T1015 *(NOTE:T1015 HCPCS code which identifies an all-inclusive clinic visit for services rendered at a Federally Qualified Health Center (FQHC));* Case Management Encounter: T1016, T1017, T2022, T2023; Complex Care Management Services: G0506; Outpatient or telehealth behavioral health visit: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015.
Exclusions:	Members in hospice/using hospice services during the measurement year. Members deceased within the measurement year. ED visits that result in an inpatient stay.

*Select codes only displayed here; for comprehensive code list, please contact us at StarsAndHEDIS@mchs.com

Colorectal Cancer Screening (COL)

Colorectal Cancer Screening (COL-E)	Percentage of members 45-75 years of age who had appropriate screening for colorectal cancer.
Star Weight:	1
Provider Actions:	Annual **gFOBT** or **FIT** during the measurement year.
	Flexible **sigmoidoscopy** during the measurement year or the four years prior to the measurement year.
	FIT-DNA during the measurement year or the 2 years prior
	Colonoscopy during the measurement year or the nine years prior to the measurement year.
	CT Colonography during the measurement year or the four years prior.
Coding:	
LOINC	**Noninvasive colorectal cancer DNA and occult blood screening** [Interpretation] in Stool Narrative – 77353-1
	Noninvasive colorectal cancer DNA and occult blood screening [Presence] in Stool – 77354-9
CPT 4	**FOBT** – 82270, 82274
	Flexible Sigmoidoscopy – 45330-45335, 45337-45338, 45340-45342, 45346-45347, 45349-45350
	FIT-DNA - 81528
	Colonoscopy – 44388, 44389, 44390, 44391, 44392, 44394, 44401-44408, 45378, 45379, 45380, 45381, 45382, 45384, 45385, 45386, 45388, 45389, 45390, 45391, 45392, 45393, 45398
	CT Colonography – 74261-74263
HCPCS	**FOBT** – G0328
	Flexible Sigmoidoscopy – G0104
	Colonoscopy – G0105, G0121
SNOMED CT US Edition	**Stool DNA-based colorectal cancer screening positive** (finding) –708699002
	Fecal occult blood trace finding - 389076003
ICD-9-CM Procedures	**Flexible Sigmoidoscopy** – 45.24 **Colonoscopy** - 45.23
Exclusions:	Members receiving palliative care. Members with advanced illness and frailty. Members with a diagnosis of colorectal cancer or total colectomy. Members in hospice. Members 66 years of age and older as of December 31 of the measurement year who are enrolled in an I-SNP any time during the measurement year or living long term in an institution (LTI). Members deceased within the measurement year.

Controlling Blood Pressure (CBP)

Controlling Blood Pressure (CBP)	Percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.	
Star Weight:	3	
Provider Actions:	The representative BP is the most recent BP reading during the measurement year on or after the second diagnosis of hypertension. If the initial BP is >140/90, retake the BP once the member has had time to rest.	
Coding		
CPT 2	Systolic BP <130 mmHg.	3074F
	Systolic BP 130-139 mmHg.	3075F
	Systolic BP ≥140 mmHg.	3077F
	Diastolic BP <80 mmHg.	3078F
	Diastolic BP 80-89 mmHg.	3079F
	Diastolic BP ≥90 mmHg.	3080F
LOINC	Diastolic blood pressure--sitting	8453-3
	Diastolic blood pressure--standing	8454-1
	Diastolic blood pressure--supine	8455-8
	Diastolic blood pressure	8462-4
	Systolic blood pressure--sitting	8459-0
	Systolic blood pressure--standing	8460-8
	Systolic blood pressure--supine	8461-6
	Systolic blood pressure	8480-6
Exclusions:	Palliative Care Members with advanced illness and frailty. Members in hospice. Members with evidence of End-stage Renal Disease (ESRD) or kidney transplant on or prior to December 31 of the measurement year. Members 66 years of age and older as of December 31 of the measurement year who are enrolled in an I-SNP any time during the measurement year or living long term in an institution (LTI). Members deceased within the measurement year. Excluded BP readings: - Taken during an acute inpatient stay or an ED visits. - Taken on the same day as a diagnostic test or procedure that requires a medication on or one day before the day of the test or procedure, with the exception of fasting blood tests. - Member-reported manual BPs.	
*If more than one BP reading is collected on the same date record lowest systolic and lowest diastolic readings.		

Transitions of Care (TRC)

Transitions of Care (TRC)	Percentage of discharges for members 18 and older who had each of the following. Four rates are reported:
Weight:	1

Provider Action:	• **Notification of Inpatient Admission.** Documentation of receipt of notification of inpatient admission on the day of admission or on the day of admission through 2 days after the admission (3 total days).
	• **Receipt of Discharge Information.** Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days).
	• At a minimum, the discharge information must include all of the following:
	  • The practitioner responsible for the member's care during the inpatient stay.
	  • Procedures or treatment provided.
	  • Diagnoses at discharge.
	  • Current medication list.
	  • Testing results, or documentation of pending tests or no test pending.
	  • Instructions for patient care post-discharge
	• **Patient Engagement After Inpatient Discharge.** Documentation of patient engagement 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).

Coding*:	
CPT 2	Medication Reconciliation Post-Discharge: 1111F
CPT 4	Patient Engagement After Inpatient Discharge: An outpatient visit, telephone visit, e-visit or virtual check-in: 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99429, 99441, 99442, 99443, 99455, 99456, 99457, 99458, 99483; Transitional care management: 99495, 99496.
Exclusions:	Members deceased within the measurement year. Members in hospice

*Select codes only displayed here; for comprehensive code list, please refer to NCQA.org, or contact us at StarsAndHEDIS@mchs.com

Care for Patients with Diabetes

Glycemic Status Assessment for Patients with Diabetes (GSD) [formerly Hemoglobin A1c for Patients with Diabetes (HBD) measure]	The percentage of members 18–75 years of age 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%.	
Star Weight:	3	
Provider Actions:	Annual documentation of the most recent date and result of the HbA1c test or GMI.	
Coding:		
CPT 2	Level <7.0%	3044F
	Level >9.0%	3046F
	Level >7.0<8.0%	3051F
	Level > 8.0%<9.0%	3052F
CPT 4	83036-83037	
LOINC	4548-4, 17855-8, 4549-2, 17856-6, 96595-4	
Exclusions:	Members with advanced illness and frailty. Member in hospice or palliative care. Members 66 years of age and older as of December 31 of the measurement year who are enrolled in an I-SNP any time during the measurement year or living long term in an institution (LTI). Members deceased within the measurement year.	

Eye Exam for Patients with Diabetes (EED)	The percentage of members 18-75 with diabetes (types 1 and 2) who had a retinal eye exam	
Star Weight:	1	
Provider Actions:	Annual documentation of most recent retinal or dilated eye exam or Documentation of a negative retinal or dilated eye exam in prior year or Chart/photograph of retinal abnormalities indicating date when the fundus photography was performed and evidence it was reviewed by an eye care professional (optometrist or ophthalmologist) in current year.	
Coding:		
CPT 2	Diabetic Retinal Screening with Eye Care Professional:	2022F, 2024F, 2026F
	Negative Indicators for Diabetic Retinopathy	2023F, 2025F
	Diabetic Retinal Screening Negative:	2033F
Exclusions:	Member in hospice or palliative care. Members 66 years of age and older as of December 31 of the measurement year who are enrolled in an I-SNP any time during the measurement year or living long term in an institution (LTI). Members deceased within the measurement year. Members with advanced illness and frailty. Members with bilateral eye enucleation any time during the member's history through December 31 of the measurement year.	

Kidney Health Evaluation for Patients With Diabetes (KED)

Kidney Health Evaluation for Patients With Diabetes (KED)	The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumincreatinine ratio (uACR), during the measurement year.
Star Weight:	1
Provider Action:	Annual documentation of both an eGFR and a uACR during the measurement year on the same or different dates of service.
Reported Rates	Two elements are required during the measurement year on same or different dates of service: 1. At least one estimated Glomular Filtration Rate (eGFR) lab test. 2. At least one uACR identified by both a quantitative urine albumin test and a urine creatinine test with service dates four or less days apart.
Coding:	
CPT - eGFR Lab Test	80047, 80048, 80050, 80053, 80069, 82565
CPT - Quantitative Urine Albumin lab test	82043
CPT - Urine creatinine lab test	82570
LOINC	50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 94677-2, 98979-8, 98980-6; 100158-5, 14957-5, 1754-1, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 57369-1, 89999-7; 20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5; 13705-9, 14958-3, 14959-1, 30000-4, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7
Exclusions:	Members in hospice. Members with advanced illness and frailty. Members 66 years of age and older as of December 31 of the measurement year who are enrolled in an I-SNP any time during the measurement year or living long term in an institution (LTI). Members receiving palliative care during the measurement year. Members with a diagnosis of ESRD any time during the member's history on or prior to December 31 of the measurement year. Members who had dialysis any time during the member's history on or prior to December 31 of the measurement year Members deceased during the measurement year.

Osteoporosis Management in Women Who Had a Fracture (OMW)

<table>
<tr><th>Osteoporosis Management in Women Who Had a Fracture (OMW)</th><th colspan="2">The percentage of women 67-85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the six months after the fracture. Note: Fractures of finger, face and skull are not included in this measure.</th></tr>
<tr><td>Star Weight:</td><td colspan="2">1</td></tr>
<tr><td>Provider Action:</td><td colspan="2">Perform Bone Mineral Density (BMD) test or prescribe medication therapy to treat osteoporosis within 6 months of a fracture. Allowable every 24 months.</td></tr>
<tr><td>Coding:</td><td colspan="2"></td></tr>
<tr><td>CPT4</td><td colspan="2">Bone Mineral Density Test: 76977, 77078, 77080-77081, 77085 - 77086</td></tr>
<tr><td rowspan="5">HCPCS</td><td>Injection, Denosumab, 1 mg</td><td>J0897</td></tr>
<tr><td>Injection, Ibandronate sodium, 1 mg</td><td>J1740</td></tr>
<tr><td>Injection, Teriparatide, 10 mg</td><td>J3110-J3111</td></tr>
<tr><td>Injection, Zoledronic acid ,1 mg</td><td>J3489</td></tr>
<tr><td>Injection, Zoledronic acid, not otherwise classified, 1 mg</td><td>Q2051</td></tr>
<tr><td rowspan="17">ICD10PCS</td><td>Ultrasonography of Right Shoulder, Densitometry</td><td>BP48ZZ1</td></tr>
<tr><td>Ultrasonography of Left Shoulder, Densitometry</td><td>BP49ZZ1</td></tr>
<tr><td>Ultrasonography of Right Elbow, Densitometry</td><td>BP4GZZ1</td></tr>
<tr><td>Ultrasonography of Left Elbow, Densitometry</td><td>BP4HZZ1</td></tr>
<tr><td>Ultrasonography of Right Wrist, Densitometry</td><td>BP4LZZ1</td></tr>
<tr><td>Ultrasonography of Left Wrist, Densitometry</td><td>BP4MZZ1</td></tr>
<tr><td>Ultrasonography of Right Hand, Densitometry</td><td>BP4NZZ1</td></tr>
<tr><td>Ultrasonography of Left Hand, Densitometry</td><td>BP4PZZ1</td></tr>
<tr><td>Plain Radiography of Right Hip, Densitometry</td><td>BQ00ZZ1</td></tr>
<tr><td>Plain Radiography of Left Hip, Densitometry</td><td>BQ01ZZ1</td></tr>
<tr><td>Plain Radiography of Right Femur, Densitometry</td><td>BQ03ZZ1</td></tr>
<tr><td>Plain Radiography of Left Femur, Densitometry</td><td>BQ04ZZ1</td></tr>
<tr><td>Plain Radiography of Cervical Spine, Densitometry</td><td>BR00ZZ1</td></tr>
<tr><td>Plain Radiography of Thoracic Spine, Densitometry</td><td>BR07ZZ1</td></tr>
<tr><td>Plain Radiography of Lumbar Spine, Densitometry</td><td>BR09ZZ1</td></tr>
<tr><td>Plain Radiography of Whole Spine, Densitometry</td><td>BR0GZZ1</td></tr>
<tr><td>Medications</td><td colspan="2">Notation of the following prescribed medications listed below:
<table>
<tr><th>Description</th><th>Prescription</th></tr>
<tr><td>Bisphosphonates</td><td>• Alendronate
• Alendronate-cholecalciferol
• Ibandronate
• Risedronate
• Zoledronic acid</td></tr>
<tr><td>Other agents</td><td>• Abaloparatide
• Denosumab
• Raloxifene
• Romosozumab
• Teriparatide</td></tr>
</table></td></tr>
<tr><td>Exclusions:</td><td colspan="2">Members with advanced illness and frailty.
Members who had a Bone Mineral Density Test during the 730 days (24 months) prior to the Index Episode Start Date (IESD).
Members who had a claim/encounter for osteoporosis therapy during the 365 days (12 months) prior to the IESD.
Members who received a dispensed prescription or had an active prescription to treat osteoporosis during the 365 days (12 months) prior to the IESD.
Member in hospice or palliative care.
Members 66 years of age and older as of December 31 of the measurement year who are enrolled in an I-SNP any time during the measurement year or living long term in an institution (LTI).
Members deceased within the measurement year.</td></tr>
</table>

Statin Therapy for Patients with Cardiovascular Disease (SPC)

<table>
<tr><th>Statin Therapy for Patients with Cardiovascular Disease (SPC)</th><th>The percentage of males 21-75 years of age and females 40-75 years of age with clinical atherosclerotic cardiovascular disease (ASCVD) who receive a high or moderate-intensity statin medication during the measurement year.</th></tr>
<tr><td>Star Weight:</td><td>1</td></tr>
<tr><td>Provider Action:</td><td>Encourage the member to adhere at least 80% or more to their statin medication. Prescribe at least one high-intensity or moderate-intensity statin medication during the measurement year:
<table>
<tr><th>Description</th><th>Prescription</th></tr>
<tr><td rowspan="5">High-intensity statin therapy</td><td>• Atorvastatin 40-80 mg</td></tr>
<tr><td>• Amlodipine-atorvastatin 40-80 mg</td></tr>
<tr><td>• Rosuvastatin 20-40 mg</td></tr>
<tr><td>• Simvastatin 80 mg</td></tr>
<tr><td>• Ezetimibe-simvastatin 80 mg</td></tr>
<tr><td rowspan="8">Moderate-intensity statin therapy</td><td>• Atorvastatin 10-20 mg</td></tr>
<tr><td>• Amlodipine-atorvastatin 10-20 mg</td></tr>
<tr><td>• Rosuvastatin 5-10 mg</td></tr>
<tr><td>• Simvastatin 20-40 mg</td></tr>
<tr><td>• Ezetimibe-simvastatin 20-40 mg</td></tr>
<tr><td>• Pravastatin 40-80 mg</td></tr>
<tr><td>• Lovastatin 40 mg</td></tr>
<tr><td>• Fluvastatin 40-80 mg</td></tr>
<tr><td>• Pitavastatin 1-4 mg</td></tr>
</table></td></tr>
<tr><td>Exclusions (With appropriate diagnosis code on claim):</td><td>Members with advanced illness and frailty.
Myalgia or rhabdomyolysis caused by a statin any time during the member's history through December 31 of the measurement year.
Members with ESRD or dialysis during the measurement year or the year prior.
Members diagnosed with Cirrhosis during the measurement year or the year prior to the measurement year.
Members dispensed with at least one prescription for clomiphene (Estrogen Agonist) during the measurement year or the year prior to the measurement year.
Member diagnosed with Muscular Pain and Disease to include Myalgia, Myopathy, Rhabdomyolysis during the measurement year.
Member in hospice or palliative care.
Members 66 years of age and older as of December 31 of the measurement year who are enrolled in an I-SNP any time during the measurement year or living long term in an institution (LTI).
Members deceased during the measurement year.</td></tr>
</table>

Part D Measures

<table>
<tr><th>Medication Adherence - Cholesterol</th><th>The percentage of Part D beneficiaries aged 18 or older who had at least two fills of cholesterol medication (a statin drug) on unique dates of service who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.</th></tr>
<tr><td>Star Weight:</td><td>3</td></tr>
<tr><td>Provider Action:</td><td>Always prescribe 90 days when possible. Encourage patients to adhere to their prescribed statin medication at 80% or more throughout the year for the following medications.

Table STATINS: Statins[a]
<table>
<tr><th colspan="3">Statin Medications and Combinations</th></tr>
<tr><td>atorvastatin (+/- amlodipine, ezetimibe)</td><td>pitavastatin</td><td>rosuvastatin (+/- ezetimibe)</td></tr>
<tr><td>fluvastatin</td><td>pravastatin</td><td>simvastatin (+/- ezetimibe, niacin)</td></tr>
<tr><td>lovastatin (+/- niacin)</td><td></td><td></td></tr>
</table>
a The active ingredients are limited to oral formulations only.</td></tr>
<tr><td>Exclusions:</td><td>Members enrolled in hospice any time during the measurement period</td></tr>
</table>

Medication Adherence – Diabetes	The percentage of Medicare Part D beneficiaries, 18 years or older, with at least two diabetes medication fills on unique dates of service during the measurement period who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.
Star Weight:	3
Provider Action:	Always prescribe 90 days when possible. Encourage patients to adhere to their prescribed drug therapy 80% or more throughout the year for the following medications: Biguanides, Sulfonylureas, Thiazolidinediones, DPP-IV inhibitors, Incretin Mimetics, Meglitinides, and SGLT2 inhibitors:
Exclusions:	Beneficiaries who have one or more of the following prescriptions for insulin in the measurement period listed below.

Table BG: Biguanides[a,b]

Biguanide Medications and Combinations
metformin (+/- alogliptin, canagliflozin, dapagliflozin, empagliflozin, ertugliflozin, glipizide, glyburide, linagliptin, pioglitazone, repaglinide, rosiglitazone, saxagliptin, sitagliptin)

a Active ingredients are limited to oral formulations only.

b Excludes nutritional supplement/dietary management combination products.

Table SFU: Sulfonylureas[a]

Sulfonylurea Medications and Combinations	
chlorpropamide[b]	glyburide (+/- metformin)
glimepiride (+/- pioglitazone, rosiglitazone[b])	tolazamide
glipizide (+/- metformin)	tolbutamide[b]

a Active ingredients are limited to oral formulations only.

b There are no active NDCs for chlorpropamide, glimepiride/rosiglitazone, or tolbutamide.

Table TZD: Thiazolidinediones[a]

Thiazolidinedione Medications and Combinations	
pioglitazone (+/- alogliptin, glimepiride, metformin)	rosiglitazone (+/- glimepiride[b], metformin)

a Active ingredients are limited to oral formulations only.

b There are no active NDCs for rosiglitazone/glimepiride.

Table DPP4: DPP-4 Inhibitors[a]

DPP-4 Medications and Combinations	
alogliptin (+/- metformin, pioglitazone)	saxagliptin (+/- metformin, dapagliflozin)
linagliptin (+/- empagliflozin, metformin)	sitagliptin (+/- metformin, ertugliflozin)

a Active ingredients are limited to oral formulations only.

Table GIP/GLP1: GLP-1 Receptor Agonists[c]

GIP/GLP-1 Receptor Agonists Medications	
albiglutide[b]	lixisenatide
dulaglutide	semaglutide
exenatide	tirzepaide
liraglutide	

a Excludes products indicated for weight loss.

b No active NDCs for albiglutide.

Table MEG: Meglitinides[a]

Meglinitides Medications and Combinations	
nateglinide	repaglinide (+/-metformin)

a Active ingredients are limited to oral formulations only.

Table SGLT2: SGLT2 Inhibitors[a]

SGLT2 Inhibitors Medications and Combinations	
bexagliflozin	dapagliflozin (+/- metformin, saxagliptin)
canagliflozin (+/-- metformin)	empagliflozin (+/- metformin, linagliptin)
ertugliflozin (+/- sitagliptin, metformin)	

a Active ingredients are limited to oral formulations only.

Table INSULINS: Insulin Exclusion[a,b]

Insulins	
insulin aspart (+/- insulin aspart protamine, niacinamide)	insulin glulisine
insulin degludec (+/- liraglutide)	insulin isophane (+/- regular insulin)
insulin detemir	insulin lispro (+/- insulin lispro protamine)
insulin glargine (+/- lixisenatide)	insulin regular (including inhalation powder)

a Active ingredients are limited to inhaled and injectable formulations

Beneficiaries enrolled in hospice any time during the measurement period.
Beneficiaries that have ESRD

<table>
<tr><th>Medication Adherence - Hypertension-RAS Antagonists</th><th>The percentage of Medicare Part D beneficiaries, 18 years or older, with at least two RAS antagonist medication fills on unique dates of service during the measurement period, who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.</th></tr>
<tr><td>Star Weight:</td><td>3</td></tr>
<tr><td>Provider Action:</td><td>Always prescribe 90 days when possible. Encourage patients to adhere to their prescribed ACE inhibitors, ARBs, or Direct Renin Inhibitors 80% or more throughout the year.
Table RASA: Renin Angiotensin System (RAS) Antagonists
a, b
<table>
<tr><th colspan="2">Direct Renin Inhibitor Medications and Combinations</th></tr>
<tr><td colspan="2">aliskiren (+/- hydrochlorothiazide)</td></tr>
<tr><th colspan="2">ARB Medications and Combinations</th></tr>
<tr><td>azilsartan (+/- chlorthalidone)</td><td>irbesartan (+/- hydrochlorothiazide)</td></tr>
<tr><td>candesartan (+/- hydrochlorothiazide)</td><td>losartan (+/- hydrochlorothiazide)</td></tr>
<tr><td>eprosartan (+/- hydrochlorothiazide)</td><td>olmesartan (+/- amlodipine, hydrochlorothiazide)</td></tr>
<tr><td>telmisartan (+/- amlopdipine, hydrochlorothiazide)</td><td>valsartan (+/- amlodipine, hydrochlorothiazide nebivolol)</td></tr>
<tr><th colspan="2">ACE Inhibitor Medications and Combination Products</th></tr>
<tr><td>benazepril (+/- amlodipine, hydrochlorothiazide)</td><td>lisinopril (+/- hydrochlorothiazide)</td></tr>
<tr><td>captopril (+/- hydrochlorothiazide)</td><td>moexipril (+/- hydrochlorothiazide)</td></tr>
<tr><td>enalapril (+/- hydrochlorothiazide)</td><td>perindopril (+/- amlodipine)</td></tr>
<tr><td>fosinopril (+/- hydrochlorothiazide)</td><td>quinapril (+/- hydrochlorothiazide)</td></tr>
<tr><td>ramipril</td><td>trandolapril (+/- verapamil)</td></tr>
</table>
a Active ingredients are limited to oral formulations only.
b Excludes nutritional supplement/dietary management combination</td></tr>
<tr><td>Exclusions:</td><td>Beneficiaries that received one of more prescription claims for Sacubitril/Valsartan.
Table SAC-VAL: Sacubitril/Valsartan Exclusion
<table>
<tr><th>ARB/Neprilysin Inhibitor Combination Medication</th></tr>
<tr><td>sacubitril/valsartan</td></tr>
</table>
Beneficiaries enrolled in hospice any time during the measurement period
Beneficiaries that have ESRD</td></tr>
</table>

Statin Therapy for Patients with Diabetes (SUPD)	The percentage of Medicare Part D beneficiaries, ages 40-75 years, dispensed at least two diabetes medication fills who received a statin medication fill.
Star Weight:	1
Provider Action:	**Table DIABETES: Diabetes Medications** [a,b,c,d]

Biguanide Medications and Combinations		
metformin (+/- alogliptin, canagliflozin, dapagliflozin, empagliflozin, ertugliflozin, glipizide, glyburide, linagliptin, pioglitzone, repaglinide, rosiglitazone, saxagliptin, sitagliptin)		
Sulfonylureas Medications and Combinations		
chlorpropamide[e]	glimepiride (+/- pioglitazone, rosiglitazone)[e]	tolazamide
glipizide (+/- metformin)	glyburide (+/- metformin)	tolbutamide[e]
Meglitinide Medications and Combinations		
nateglinide	repaglinide (+/- metformin)	
Alpha- Glucosidase Inhibitors		
acarbose	miglitol	
Thiazolidinedione Medications and Combinations		
pioglitazone (+/- alogliptin, glimiperide, metformin)	rosiglitazone (+/- glimepiride[e], metformin)	
GIP/GLP-1 Receptor Agonist Medications and Combinations		
albiglutide[e]	liraglutide (+/- insulin degludec)	semaglutide
dulaglutide	lixisenatide (+/- insulin glargine)	tirzepatide
exenatide		
Amylin Analogs		
pramlintide		
DPP-4 Inhibitor Medications and Combinations		
alogliptin (+/- metformin, pioglitazone)	saxagliptin (+/-dapagliflozin, metformin)	sitagliptin (+/- metformin, ertugliflozin)
linagliptin (+/- empagliflozin, metformin)		
Insulin Medications and Combinations		
insulin aspart (+/- insulin aspart protamine, niacinamide)	insulin glargine (+/- lixisenatide)	insulin isophane (+/- regular insulin)
insulin degludec (+/- liraglutide)	ininsulin glulisine	insulin lispro (+/- insulin lispro protamine)
insulin detemir		insulin regular (including inhalation powder)
SGLT2 Inhibitor Medications and Combinations		
bexagliflozin	dapagliflozin (+/- metformin, saxagliptin)[f]	ertugliflozin (+/- sitagliptin, metformin)
canagliflozin (+/- metformin)	empagliflozin (+/- linagliptin, metformin)[f]	

a Active ingredients are limited to oral, inhalation and injectable formulations only.
b Excludes nutritional supplement/dietary management combination products, and specific products FDA indicated for weight loss.

c Combination products including dapagliflozin or empagliflozin (and another diabetes medication from the table) are included.

d For biologic reference product contained in the medication table, biosimilar associated with the reference product, regardless of interchangeable status, are also included in the associated value sets, unless otherwise noted.

e There are no active NDCs for albiglutide, chlorpropamide, glimepiride/rosiglitazone or tolbutamide.

f Dapagliflozin and empagliflozin single ingredient products are not included do to FDA-approved non-diabetes indiciations.

Table STATINS: Statins[a]

Statin Medications and Combinations		
atorvastatin (+/- amlodipine, ezetimibe)	pitavastatin	rosuvastatin (+/- ezetimibe)
fluvastatin	pravastatin	simvastatin (+/- ezetimibe, niacin)
lovastatin (+/- niacin)		

a The active ingredients are limited to oral formulations only.

Exclusions:	Beneficiaries enrolled in hospice. Beneficiaries with ESRD. Beneficiaries with rhabdomyolosis, myositis or myopathy. Beneficiaries with Cirrhosis. Beneficiaries with pre-diabetes.

<table>
<tr><th>Concurrent Use of Opioids and Benzodiazepines (COB)</th><th>The percentage of Part D beneficiaries, 18 years or older, with concurrent use of prescription opioids and benzodiazepines during the measurement period</th></tr>
<tr><td>Star Weight:</td><td>1</td></tr>
<tr><td>Provider Action:</td><td>Measure population (denominator): Patients 18 years and older who meet BOTH of the following criteria during the measurement year:
2 or more opioid prescriptions filled on different dates of service
Received cumulative supply of opioids for 15 days or more
Measure compliance (numerator): Patients on opioid medication with 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
NOTE: A lower rate indicates better performance.

Table COB-A: Opioids [a,b]<table><tr><th colspan="3">Opioids Medications</th></tr><tr><td>benzhydrocodone</td><td>hydrocodone</td><td>opium</td></tr><tr><td>buprenorphine</td><td>hydromorphone</td><td>oxycodone</td></tr><tr><td>butorphanol</td><td>levorphanol</td><td>oxymorphone</td></tr><tr><td>codeine</td><td>meperidine</td><td>pentazocine</td></tr><tr><td>dihydrocodeine</td><td>methadone</td><td>tapentadol</td></tr><tr><td>fentanyl</td><td>morphine</td><td>tramadol</td></tr></table>a Includes combination products and prescription opioid cough medications.
b Excludes the following: injectable formulations; sublingual sufentanil (used in a supervised setting); and single-agent and combination buprenorphine products used to treat opioid use disorder (i.e., buprenorphine sublingual tablets, Probuphine® Implant kit subcutaneous implant, and all buprenorphine/naloxone combination products).

Table COB-B: Benzodiazepines [a,b]<table><tr><th colspan="3">Benzodiazepine Medications</th></tr><tr><td>alprazolam</td><td>diazepam</td><td>oxazepam</td></tr><tr><td>chlordiazepoxide</td><td>estazolam</td><td>quazepam</td></tr><tr><td>clobazam</td><td>flurazepam</td><td>temazepam</td></tr><tr><td>clonazepam</td><td>lorazepam</td><td>triazolam</td></tr><tr><td>clorazepate</td><td>midazolam</td><td></td></tr></table>a Includes combination products.
b Excludes injectable formulations.</td></tr>
<tr><td>Reporting:</td><td>Captured via pharmacy claims.</td></tr>
<tr><td>Exclusions:</td><td>Beneficiaries in Hospice during the measurement year (MY).
Beneficiaries with a cancer diagnosis coded during the MY.
Beneficiaries with sickle cell disease coded during the MY.</td></tr>
</table>

Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH)	The percentage of Part D beneficiaries 65 years of age or older with concurrent use of two or more unique anticholinergic (ACH) medications during the measurement period.
Star Weight:	1
Provider Action:	Measure population (denominator): Patients 65 yrs. + with 2 or more prescriptions filled for the same anticholinergic medication on different dates of service during the measurement year. Measure compliance (numerator): Patients with concurrent use of 2 or more unique anticholinergic medications filled for at least a 30-day supply on different dates of service. **NOTE: A lower rate indicates better performance.**

Table POLY-ACH-A: Anticholinergic Medications[a,b]

Antihistamine Medications		
brompheniramine	Dimenhydrinate [c]	hydroxyzine
chlorpheniramine	diphenhydramine (oral)	meclizine
cyproheptadine	doxylamine	triprolidine
Antiparkinsonian Agent Medications		
benztropine	trihexyphenidyl	orphenadrine
Skeletal Muscle Relaxant Medications		
cyclobenzaprine	orphenadrine	
Antidepressant Medications		
amitriptyline	doxepin (>6 mg/day)[c]	
amoxapine	imipramine	
clomipramine	nortriptyline	
desipramine	paroxetine	
Antipsychotic Medications		
chlorpromazine	olanzapine	
clozapine	perphenazine	
Antimuscarinics (urinary incontinence) Medications		
darifenacin	oxybutynin	trospium
fesoterodine	solifenacin	
flavoxate	tolterodine	
Antispasmodic Medications		
atropine (excludes ophthalmic)	homatropine (excludes ophthalmic)	
clidinium-chlordiazepoxide[d]	hyoscyamine	
dicyclomine	scopolamine (excludes ophthalmic)	
Antiemetic Medications		
prochlorperazine	promethazine	

	a Includes combination products that contain a target medication listed and the following routes of administration: buccal, nasal, oral, transdermal, rectal, and sublingual. Injectable and inhalation routes of administration are not included (not able to accurately estimate days' supply needed for measure logic). For combination products that contain more than one target medication, each target medication (active ingredient) should be considered independently. b Source: Medications in this table are from Table 7 of the American Geriatric Society 2019 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. c There are no active NDCs for dimenhydrinate. d During the individual's measurement year, calculate a daily dose for each fill of doxepin with the following formula: (quantity dispensed x dose)/days' supply; For both denominator and numerator calculation, only include prescription claims for doxepin where the daily dose is >6 mg/day. e Chlordiazepoxide is not a target medication as a single drug.
Reporting:	Captured via pharmacy claims.
Exclusions:	Beneficiaries in Hospice during the measurement year (MY).

Display Measures

Newly Introduced Measures

Below are newly introduced measures. HEDIS measures are evaluated yearly. Measures may be updated, changed, or recommended for retirement.

Social Needs Screening and Intervention

Social Need Screening and Intervention (SNS-E)	**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.**
Star Weight:	Display
Measure indicators:	• Food screening: The percentage of members who were screened for unmet food needs. • Food intervention: The percentage of members who received a corresponding intervention within 1 month of screening positive for unmet food needs. • Housing screening: The percentage of members who were screened for unmet housing needs. • Housing intervention: The percentage of members who received a corresponding intervention within 1 month of screening positive for unmet housing needs. • Transportation screening: The percentage of members who were screened for unmet transportation needs. • Transportation intervention: The percentage of members who received a corresponding intervention within 1 month of screening positive for unmet transportation needs.
Provider Action:	Screen members for food, housing, and transportation needs using an eligible screening instrument with thresholds for positive findings; provide a corresponding intervention from the following categories when screening is positive: assistance, assessment, counseling, coordination, education, evaluation of eligibility, provision or referral.
Reporting and Coding:	Reported from Electronic Clinical Data Systems, e.g. EHR, clinical registry, case management database, admin/ enrollment database Per NCQA technical specifications, an extensive list of codes is included in the value set, including CPT, HCPCS, and LOINC codes used to report screening instruments. For codes, please consult NCQA.org.
Exclusions:	Members in Hospice. Members deceased during the measurement period. Members enrolled in an I-SNP any time during the measurement year or living long-term in an institution (LTI).

Adult Immunization Status

Adult Immunization Status (AISE)	The percentage of members 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster, pneumococcal and hepatitis B.
Star Weight:	Display

Measure indicators:	• Members (aged 19 or older) who received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or members with anaphylaxis due to the influenza vaccine any time before or during the measurement period.
	• Members (aged 19 or older) who received at least one Td vaccine or one Tdap vaccine between 9 years prior to the start of the measurement period, or members with a history of at least one of the following contraindications any time before or during the measurement period:
	  • Anaphylaxis due to the diphtheria, tetanus or pertussis vaccine.
	  • Encephalitis due to the diphtheria, tetanus or pertussis vaccine.
	• Members (aged 50 and older) who received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the measurement period, or Members with anaphylaxis due to the herpes zoster vaccine any time before or during the measurement period..
	• Members (aged 65 and older) who were administered at least one dose of an adult pneumococcal vaccine on or after their 19th birthday and before or during the measurement period, or members with anaphylaxis due to the pneumococcal vaccine any time before or during the measurement period.
	• Members (19-59 years) who received at least three doses of the childhood hepatitis B vaccine with different dates of service on or before their 19th birthday; members who received a hepatitis B vaccine series on or after their 19th birthday, before or during the measurement period; members who had a hepatitis B surface antigen, hepatitis B surface antibody or total antibody to hepatitis B core antigen test, with a positive result any time before or during the measurement period; members with a history of hepatitis B illness before or during the measurement period; Members with anaphylaxis due to the hepatitis B vaccine any time before or during the measurement period.

Provider Action:	Use correct codes to capture vaccines given or identify anaphylaxis code to reflect contraindications.
Coding*:	
CPT 4	Adult Influenza Vaccine Procedure: 90630, 90653-90654, 90656, 90658, 90660-90662, 90672-90674, 90682, 90686, 90688-90689, 90694, 90756 Td Vaccine Procedure: 90714 Tdap Vaccine Procedure: 90715 Varicella Zoster (VZV) Vaccine Procedure: 90736, 90750 Adult Pneumococcal Vaccine Procedure: 90670-90671, 90677, 90732
Exclusions:	Members in Hospice. Members deceased during the measurement period.
*Codes are subject to change.	

Depression Screening and Follow-Up

Depression Screening and Follow-Up (DSF-E)	The percentage of members who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.
Star Weight:	Display
Measure indicators:	• 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.
Provider Action:	Screen members for depression using an age appropriate, standardized screening instrument; provide follow-up care on or up to 30 days after the date of the first positive screen (31 total days). Any of the following on or up to 30 days after the first positive screen: • An outpatient, telephone, e-visit or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition. • A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition. • A behavioral health encounter, including assessment, therapy, collaborative care or medication management. • A dispensed antidepressant medication. • Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument.
Reporting and Coding:	Reported from Electronic Clinical Data Systems, e.g. EHR, clinical registry, case management database, admin/enrollment database. Per NCQA HEDIS Specifications there are over 1,200 codes for this value set. For codes, please consult NCQA.org.
Exclusions:	Members in Hospice. Members deceased during the measurement period. Members with a history of bipolar disorder any time during the member's history through the end of the year prior to the measurement period. Members with depression that starts during the year prior to the measurement period.

Advanced Illness and Frailty

Patients with an advanced illness diagnosis or limited life expectancy may not benefit from recommended services required to meet certain quality measures. Unnecessary tests and treatments may be burdensome or even harmful to these patients. To account for this the National Committee for Quality Assurance (NCQA) has included exclusions for advanced illnedd and frailty in their technical specifications.

To qualify, patients must have at least one of the following in the measurement year or year prior:

- Two outpatient claims on different dates of service with an advanced illness code OR
- One inpatient claim with an advanced illness code OR
- One filled prescription for a dementia medication

AND

- At least two indications of frailty (diagnosis or treatment claims) with different dates of service during the measurement year.

Exclusions can be applied to the following HEDIS Star Measures:

Breast Cancer Screening (BCS)

Colorectal Cancer Screening (COL)

Care for Patients with Diabetes (GSD, EED, KED*)

Controlling Blood Pressure (CBP)*

Osteoporosis Management in Women with a Fracture (OMW)*

Statin Therapy for Patients with Cardiovascular Disease (SPC)

*Patients age 81 and older can be excluded with a frailty diagnosis or treatment alone.

For a complete listing of advanced illness and frailty codes please visit NCQA.org or contact us at StarsAndHEDIS@mchs.com.

Contact Us

Please send us an email at:
StarsAndHEDIS@mchs.com.

If you would like to receive gaps in care information specific to your patients, email us and provide the following:

1. **Practice name.**
2. **All associated primary care providers (PCPs).**
3. **Contact name.**
4. **Contact phone number.**