

# Stars Measures Desktop Reference Guide for Medicare Providers 2024





Healthcare Effectiveness Data Information Set (HEDIS®) is a widely used set of performance measures developed and maintained by NCQA. These are used to drive improvement efforts surrounding best practices.

Measure/eligible population	Description	Exclusions
Measurement period: January 1 to December 31		
Breast Cancer Screening (BCS-E*) *Electronic Clinical Data Systems (ECDS) Ages: Women 50 to 74	Mammogram between October 1 two years prior and December 31 of the current measurement period.	Hospice, death, bilateral mastectomy, or both R/L unilateral mastectomies, gender-affirming chest surgery, age 66 or older with frailty and advanced illness, palliative care
Colorectal Cancer Screening (COLE*) *Electronic Clinical Data Systems (ECDS) Ages: 45 to 75	Fecal occult blood test (FOBT) flexible sigmoidoscopy during measurement period or years prior colonoscopy during the measurement period or the nine years prior CT colonography during the measurement period or the four years prior Stool DNA (sDNA) with FIT test during the measurement period or the two years prior	Hospice, death, 66 years and older with frailty and advanced illness, palliative care, colorectal cancer, total colectomy, 66 years or older enrolled in an SNP or long-term institution
Controlling Blood Pressure (CBP) Ages: 18 to 85	Diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg) during the measurement year.	Hospice, death, palliative care, ESRD, dialysis, pregnancy, 66 years or older enrolled in an SNP or long-term institution, 66 to 80 with frailty or advanced illness, 81 years or older with at least two indications of frailty

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<p>Glycemic Status Assessment for Patients with Diabetes (GSD) Diabetes Care — Blood Sugar Controlled Ages: 18 to 75</p>	<p>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:</p> <ul style="list-style-type: none"> <li>• Glycemic status (&lt; 8%)</li> <li>• Glycemic status (&gt; 9%)</li> </ul> <p>*For Medicare, the glycemic status must be less than or equal to 9%.</p>	<p>Hospice, death, palliative care, 66 years and older with frailty and advanced illness, 66 years or older enrolled in an SNP or long-term institution</p>
<p>Kidney Health Evaluation for Patients With Diabetes (KED) Ages: 18 to 85</p>	<p>With diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.</p>	<p>Hospice, death, ESDR, dialysis, palliative care, 66 years or older enrolled in an SNP or long-term institution, 66 to 80 years of age as of December 31 of the measurement year with frailty and advanced illness, 81 years of age and older as of December 31 of the measurement year with at least two indications of frailty</p>
<p>Eye Exam for Patients with Diabetes (EED) Diabetes Care — Eye Exam Ages: 18 to 75</p>	<p>With diabetes (types 1 and 2) who had one of the following during the measurement year:</p> <ul style="list-style-type: none"> <li>• A retinal or dilated eye exam by an eye care professional</li> <li>• A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year</li> <li>• Bilateral eye enucleation any time during the member's history through December 31 of the measurement year</li> </ul>	<p>Hospice, death, palliative care, 66 years and older with frailty and advanced illness, 66 years or older enrolled in an SNP or long-term institution</p>
<p>Osteoporosis Management in Women who had a Fracture (OMW) Ages: Women 67 to 85</p>	<p>With fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the 180 days (six months) after the fracture July 1 of the year prior to the measurement year to June 30 of the measurement year.</p>	<p>Hospice, death, palliative care, 67 years and older enrolled in an institutional SNP or long-term institution, 67 to 80 years of age with frailty and advanced illness, 81 or older with at least two indications of frailty with different dates of service</p>

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Statin Therapy for Patients with Cardiovascular Disease (SPC) Ages: Males 21 to 75 Women 40 to 75	With atherosclerotic cardiovascular disease (ASCVD) and met the following criteria during the measurement year. The following rate is reported: <ul style="list-style-type: none"> <li>Received statin therapy. Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.</li> </ul>	Hospice, death, pregnancy, in vitro fertilization, at least one prescription for clomiphene, ESRD, dialysis, cirrhosis, myalgia, myositis, rhabdomyolysis, palliative care, 66 years or older with frailty, and advanced illness
Statin Therapy for Patients with Diabetes (SPD) Ages: 40 to 75	With diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. The following rate is reported: <ul style="list-style-type: none"> <li>Received statin therapy. Members who were dispensed at least one statin medication of any intensity during the measurement year.</li> </ul>	Myocardial infarction (MI), coronary artery bypass graft (CABG), percutaneous coronary intervention (PCI), other revascularization procedure, DX IVD, pregnancy, in vitro fertilization, one prescription for clomiphene, ESRD, dialysis, cirrhosis, myalgia, myositis, myopathy, hospice, 66 years or older with frailty and advanced illness, death, palliative care, 66 years or older with SNP or long-term institution
Care for Older Adults: Medication Review Ages: 66 or older	Review of medications, including prescription medications, OTC medications, and herbal or supplemental therapies	Hospice, death
Care for Older Adults: Functional Status Assessment (COA-FSA) Ages: 66 or older	At least one functional status assessment during the measurement year. Do not include services provided in an acute inpatient setting.	Hospice, death
Care for Older Adults: Pain Assessment Ages: 66 or older	At least one pain assessment during the measurement year. Do not include services provided in an acute inpatient setting.	Hospice, death
Transitions of Care (TRC) – Medication Reconciliation Post-Discharge Ages: 18 and older	Medication reconciliation was completed on the date of discharge through 30 days after discharge (31 total days). Documentation must note that the reconciliation was regarding discharge and current medications, or that the member was seen for post-discharge hospital follow up.	Hospice, death

Measure/eligible population	Description	Exclusions
Transitions of Care (TRC) – Patient Engagement after Inpatient Discharge (TRC – PED) Ages: 18 and older	Documentation of patient engagement (for example, office visits, visits to the home, telehealth) provided within 30 days after discharge.	Hospice, death
Plan All-Cause Readmissions (PCR) Ages: 18 and older	The number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission	Hospice
Follow-up After Emergency Department Visit for Patients with Multiple High-Risk Chronic Conditions (FMC) Ages: 18 and older	Follow-up service within seven days of the ED visit.	Hospice, death



Measure/eligible population	Description	Exclusions
Medication Adherence Diabetes (RAS Antagonists) Cholesterol (Statins) Ages: 18 and older	Patients who fill their prescription often enough to cover 80% or more of the time they have been prescribed the medication.	Hospice
Medication Adherence – Cholesterol (MAC) Ages: 18 and older	Percentage of members ages 18 and older who are adherent to their cholesterol (statin) medication at least 80% of the time in the measurement period	Hospice
Medication Adherence – Hypertension Ages: 18 and older	Percent of members 18 years or older with a prescription for a blood pressure medication (RAS antagonist) who fill their prescription often enough to cover 80% or more of the time they are prescribed the medication in the measurement period.	Hospice
Use of Multiple Anticholinergic Medications in Older Adults (POLY-ACH) Ages: ≥65 years	The percentage of individuals ≥65 years of age with concurrent use of ≥2 unique anticholinergic medications. A lower rate indicates better performance.	Hospice
Polypharmacy: Use of Multiple CNS-Active Medications in Older Adults (POLY-CNS) Ages: ≥65 years	The percentage of individuals ≥65 years of age with concurrent use of ≥3 unique central-nervous system (CNS)-active medications. A lower rate indicates better performance.	Hospice
*MTM Program Completion Rate for CMR Ages: 18 and older *This is for information only.	How many patients in the program had an assessment of their medications from the plan. The assessment includes a discussion between the member and a pharmacist (or other healthcare professional) about all the member’s medications. The member also receives a written summary of the discussion, including an action plan that recommends what the member can do to better understand and use his or her medications.	

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<b>Health Outcomes Survey</b>		
Improving Bladder Control Management of Urinary Incontinence in Older Adults (MUI) Ages: 65 and older	Assess the management of urinary incontinence in older adults: <ul style="list-style-type: none"> <li>• Discussing urinary incontinence</li> <li>• Discussing treatment of urinary incontinence</li> <li>• Impact of urinary incontinence</li> </ul> A lower rate indicates better performance for this indicator.	Hospice
Monitoring Physical Activity in Older Adults (PAO) Ages: 65 and older	Assess different facets of promoting physical activity in older adults: <ul style="list-style-type: none"> <li>• Discussing physical activity</li> <li>• Advising physical activity</li> </ul>	Hospice
Reducing the Risk of Falling Fall Risk Management (FRM) Ages: 65 and older	Assess different facets of fall risk management. <ul style="list-style-type: none"> <li>• Discussing fall risk</li> <li>• Managing fall risk</li> </ul>	Hospice
Improving for Maintaining Physical Health (IMPH)	Percentage of patients who discussed exercise with their provider and were advised to start, increase, or maintain their level of exercise or physical activity	

### Patient care opportunities

You can find patient care opportunities within the Patient360 application located on Availity Essentials Payer Spaces. To access the Patient360 application, you must have the Patient360 role assignment. From the Availity homepage, select Payer Spaces, then choose the health plan from the menu. Choose the Patient360 tile from the Payer Space Applications menu and complete the required information on the screen. Gaps in care are located in the Active Alerts section of the Member Summary.



<https://www.bluecrossnc.com/providers/blue-medicare-providers/healthy-blue-medicare>

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