

2017 Medicare 5 STAR Tip Sheet

1. **Adult Access to Preventive/Ambulatory Health Services** – Members must have a preventive care visit at least annually.
2. **Cancer Screenings**
 - a. **Breast Cancer Screening** – Female members ages 40-74 need a mammogram¹ once every 2 years.
 - b. **Colorectal Cancer Screening** – Members ages 50-75 require one appropriate screening for colorectal cancer. FOBT annually or FIT-DNA every 3 years or Flexible Sigmoidoscopy every 5 years or Colonoscopy every 10 years.
3. **Comprehensive Diabetes Care**
 - a. **Blood Pressure Control** – Members ages 18-75 with diagnosis of diabetes must have BP of less than 140/90. Take action if most recent BP is over 140/90.
 - b. **Cholesterol Test and Cholesterol Control** – Members ages 18-75 with diagnosis of diabetes must have a test for “bad” (LDL) cholesterol, at least annually. Take action if LDL-C value is over 100.
 - c. **Diabetes Care (Eye Exam)** – Members ages 18-75 with diagnosis of diabetes must receive **retinal/dilated** eye exam to check for damage from diabetes by an eye care professional, at least annually.
 - d. **Diabetes Care (Kidney Disease Monitoring)** – Members ages 18-75 with diagnosis of diabetes must have a micro albumin test, at least annually.
 - e. **Diabetes Care (Blood Sugar Control)** – Members ages 18-75 with diagnosis of diabetes must have at least 2 HbA1c lab tests during the year. Take action if HbA1c is over 9.
4. **Cholesterol Screening for Patients with Heart Disease** – Members with heart disease must have a test for “bad” (LDL) cholesterol annually.
5. **COPD Exacerbation** – Members over 40 years of age with COPD exacerbations should be dispensed appropriate medications such as a systemic corticosteroid and a bronchodilator.
6. **Rheumatoid Arthritis Management** – Members diagnosed with Rheumatoid Arthritis must receive at least one or more prescription(s) for disease modifying anti-rheumatic drug (DMARD).
7. **Osteoporosis Management in Women Who Had a Fracture** – Female members age 67-85 who have had a fracture must have a DEXA scan or begin treatment for osteoporosis within 6 months of fracture.
8. **Vaccinations**
 - a. **Influenza Vaccine** – Members must receive an influenza vaccine annually.
 - b. **Pneumonia Vaccine** – Members over 65 must receive a pneumonia vaccine once in a lifetime.
9. **Vitals**
 - a. **Adult BMI Assessment** – Annually document body mass index (BMI) value and weight in patient chart.
 - b. **Controlling Blood Pressure²** – Members ages 18-85 with diagnosis of hypertension must have BP of less than 140/90. Take action if most recent BP is over 140/90.

10. **Care for Older Adults²** – Members ages 66 year and over should have the following done annually:
- a. **Advanced Care Plan:** Evidence of POLST and/or Advance Directive.
 - b. **Medication Review:** At least one medication review is conducted during the measurement year and the presence of a medication list in the medical record. The claim/encounter for a member’s medication review and medication list must be on the same date of service.
 - c. **Functional Assessment:** At least one functional status assessment during measurement year.
 - d. **Pain Screening/Management:** Annually complete and document at least one Pain Screening.

11. **Medication Management**

- a. **Medication Reconciliation Post-Discharge** – Members ages 18 and older who had an acute or non-acute inpatient discharge for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days).
- b. **Medication Management for People with Asthma** – Members ages 5-85 who were identified as having persistent asthma who remained on asthma controller medication for at least 75% of their treatment period.
- c. **Medication Adherence (ACE/ARB or RAS antagonists, Statins, Oral Diabetes Meds)** – Members ages 18 and older should fill their prescription for chronic meds often enough to cover 80% or more of the time they are supposed to be taking the medications. Prescribe 90-day fill for the medications above to improve compliance.
- d. **High Risk Medication (HRM) Management** – Members ages 65 and older who have received prescriptions for certain drugs with a high risk of side effects (muscle relaxants, long-acting BZDs), should be converted to safer alternatives.
- e. **Statin Therapy for Patients with Diabetes (SPD)** – Members ages 40 -75 with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who were dispensed at least one statin medication of any intensity during the measurement year and who remained on the statin medication for at least 80% of the treatment period.
- f. **Statin Therapy for Patients with Cardiovascular Disease (SPC)** – Males 21–75 years of age and females 40 – 75 years of age with clinical atherosclerotic cardiovascular disease (ASCVD) who were dispensed at least one high or moderate- intensity statin medication during the measurement year and who remained on a high or moderate-intensity statin medication at least 80% of the treatment period.

¹Biopsies, Breast ultrasound, MRIs do NOT count as these are NOT appropriate methods for primary breast cancer screening.

²CPT II codes should be used to submit Blood Pressure and Care for Older Adults measures via claim/ encounter. For more information, please look into CPT II Reference Guide.