

# 2023 Star Measures

Measure	Age	HEDIS requirement	Helpful Tips
<b>Breast Cancer Screening (BCS-E)</b>	50-74	The percentage of women who had a mammogram to screen for breast cancer any time on or between October 1, 2021, and December 31, 2023	<ol style="list-style-type: none"> <li>Schedule or refer for mammogram.</li> <li>Document patient reported mammogram and/or bilateral mastectomy in PMH with reported date of service (month and year).</li> </ol> <p><b>Exclusions:</b> Hospice or palliative care during 2023; advanced illness and frailty (2 indications); bilateral mastectomy any time through 12/31/2023; unilateral mastectomy with a bilateral modifier during the member's history through 12/31/2023.</p> <p><i>*Member-reported evidence, documented in the medical record, is <b>acceptable</b>.</i></p>
<b>Care for Older Adults (COA)- Annual Medication Review</b>	66 and older	The percentage of adults who had a medication review any time in 2023	<ol style="list-style-type: none"> <li>Required notation of a medication list and evidence of medication review by a prescribing practitioner or clinical pharmacist with a 2023 date or a note that the patient is not taking any medication with the date in 2023 that this discussion occurred.</li> <li>The patient does not have to be present.</li> <li>May be completed during a phone visit, e-visit, or virtual check-in. Acute inpatient documentation cannot be used.</li> </ol> <p><b>Exclusions:</b> Hospice or death in 2023.</p>
<b>Care for Older Adults (COA)- Functional Status Assessment*</b>	66 and older	The percentage of adults who had a functional status assessment any time in 2023	<ol style="list-style-type: none"> <li>Assessment/documentation of either five ADLs, at least four IADLs, or use of a standardized functional status assessment in 2023.</li> <li>Assessment may be done during an office visit, a phone visit, e-visit, or virtual check-in. Acute inpatient documentation cannot be used.</li> </ol> <p><b>Exclusions:</b> Hospice or death in 2023.</p>
<b>Care for Older Adults (COA)- Pain Assessment</b>	66 and older	The percentage of adults who had a pain assessment any time in 2023	<ol style="list-style-type: none"> <li>Patients must be assessed for pain in 2023, consisting of positive or negative findings.</li> <li>Assessment results using a standardized pain assessment tool such as a numeric rating scale (verbal or written), face, leg, activity, the Brief Pain Inventory, etc.</li> <li>Documentation of one+ pain assessment in the medical record for 2023; signed and dated.</li> </ol> <p><b>Exclusions:</b> Hospice or death in 2023.</p> <p><i>*Member-reported evidence, documented in the medical record, is <b>acceptable</b>.</i></p>
<b>Colorectal Cancer Screening (COL)</b>	50-75**	The percentage of patients who had appropriate screening for colorectal cancer in 2023	<ol style="list-style-type: none"> <li>Colonoscopy within 10 years (2014-2023). Document patient reported colonoscopy with date in the medical history.</li> <li>Stool DNA (sDNA) with FIT test (Cologuard) during 2023 or 2 years prior (2021-2023).</li> <li>Fecal occult blood test lab result (gFOBT/iFOBT/FIT) during 2023.</li> <li>Flexible Sigmoidoscopy within 5 years (2019-2023).</li> <li>CT Colonography within 5 years (2019-2023).</li> <li>Document the patient-reported history of colorectal cancer in the medical record.</li> </ol> <p><b>Exclusions:</b> Hospice, palliative care, or death during 2023; advanced illness and frailty (2 indications); colorectal cancer or total colectomy at any time through 12/31/2023.</p> <p><i>*Member-reported evidence, documented in the medical record, is <b>acceptable</b>.</i></p>
<b>Controlling High Blood Pressure (CBP)</b>	18-85	Percentage of patients who had a diagnosis of hypertension (HTN) and whose last blood pressure (BP) was adequately controlled (<140/90 mmHg) during 2023	<ol style="list-style-type: none"> <li>Record <b>all</b> BP readings taken at a visit in the medical record.</li> <li>Implement a process to re-take and record another BP when initial SBP <math>\geq</math> 140 or DBP <math>\geq</math> 90.</li> <li>If multiple BP readings occur on the same date, the lowest systolic and the lowest diastolic readings may be combined and submitted (known as the representative bp).</li> </ol> <p><b>Exclusions:</b> Hospice, palliative care, or death in 2023; adv illness and frailty (2 indications); evidence of end-stage renal disease (ESRD), dialysis, nephrectomy, or kidney transplant; patients with a pregnancy diagnosis; patients who had a non-acute inpatient admission.</p> <p><i>*Member-reported evidence, documented in the medical record, is <b>acceptable</b>.</i></p>
<b>Eye Exam for Patients with Diabetes (EED)</b>	18-75	The percentage of patients with diabetes (type 1 and 2) who had a retinal eye exam performed <ul style="list-style-type: none"> <li>Negative exam in 2022 or 2023</li> <li>Positive exam in 2023</li> </ul>	<ol style="list-style-type: none"> <li>Retinal eye exam (point of care screening 2033F or with an eye professional).</li> <li>If there is a negative exam in the prior calendar year, submit 3072F CPT code.</li> <li>Bilateral eye enucleation documented any time meets compliance.</li> <li>Patient-reported data can be documented and meet requirements if it includes the type of exam, DOS, result, and type of eye care provider.</li> </ol> <p><b>Exclusions:</b> Hospice, palliative care, or death during 2023; advanced illness and frailty (2 indications); patients who do not have a diagnosis of diabetes and who had a dx of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes during 2022 of 2023.</p> <p><i>*Member-reported evidence, documented in the medical record, is <b>acceptable</b>.</i></p>

\*\*NCOA screening age is 45-75, while Medicare Stars only reports on ages 50-75

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<b>Follow-up after Emergency Department Visit for People with Multiple High-risk Chronic Conditions (FMC)</b>	18 and older	The percentage of ED visits occurring 1/1-12/24/2023 for Medicare patients with multiple high-risk chronic conditions and who received appropriate follow-up care within seven days of discharge	<ol style="list-style-type: none"> <li><b>Chronic Conditions:</b> COPD and asthma; Alzheimer's disease; CKD; depression; heart failure; acute myocardial infraction; atrial fibrillation; stroke and TIA.</li> <li>Complete visit within 7 days of ED discharge (outpatient, telephone, transitional care management, case management, telehealth, or e-visit qualify for compliance). The visit may occur on the date of the ED visit (8 days total). <ul style="list-style-type: none"> <li>Use daily ED report to identify patients.</li> <li>Coding is the only way to achieve compliance (no supplemental documentation accepted).</li> </ul> </li> <li>Educate the patient on ED alternatives such as Urgent Care and Now Clinics.</li> </ol> <b>Exclusions:</b> Hospice or death in 2023.
<b>Hemoglobin A1c Control for Patients with Diabetes (HBD)</b>	18-75	The percentage of members with diabetes (type 1 and 2) whose <b>most recent HbA1c</b> in 2023 was controlled ( $\leq 9.0\%$ )	<ol style="list-style-type: none"> <li>If the A1c is greater than 9%, recheck A1c every 90 days, and/or educate on diabetic diet and lifestyle, provide endo referral.</li> <li>A patient reported A1c is acceptable with the date and lab value documented.</li> <li>Home test results must be sent to the lab or provider's office for analysis.</li> </ol> <b>Exclusions:</b> Hospice, palliative care, or death in 2023; advanced illness and frailty (2 indications); patients who do not have a diagnosis of diabetes and who had a diagnosis of PCOS, gestational diabetes, or steroid-induced diabetes during 2022 or 2023. <i>*Member-reported evidence, documented in the medical record, is <b>acceptable</b>.</i>
<b>Kidney Health Evaluation for Patients with Diabetes (KED)*</b>	18-85	The percentage of patients with diabetes (type 1 and 2) who received a kidney health evaluation in 2023, defined by an estimated glomerular filtration rate (eGFR) <u>and</u> a urine albumin-creatinine ratio (uACR)	<ol style="list-style-type: none"> <li>At least one eGFR is required during 2023</li> <li>At least one uACR is required during 2023 identified by either of the following: <ul style="list-style-type: none"> <li>A <b>quantitative</b> urine albumin test <u>and</u> a urine creatinine test w/DOS <math>\leq 4</math> days</li> <li>A uACR (measure intent is to be quantitative in nature)</li> </ul> </li> </ol> <b>Exclusions:</b> Hospice, palliative care, or death any time in 2023; advanced illness and frailty (2 indications); ESRD or dialysis in the patient's history; patients who do not have a diagnosis of diabetes and who had a diagnosis of polycystic ovarian syndrome (PCOS), gestational diabetes, or steroid-induced diabetes during 2022 or 2023. <i>*Member-reported evidence, documented in the medical, record is <b>acceptable</b>.</i>
<b>Medication Adherence for Cholesterol (MAC)</b>	18 and older	The percentage of individuals with a statin prescription who met the proportion of days covered (PDC) of 80% for statins during the treatment period	<ol style="list-style-type: none"> <li>Counsel the patient on the benefits of taking medications regularly as prescribed.</li> <li>Convert to 90 or 100-day refills.</li> <li>Discuss the benefits of preferred mail order (Optum Rx), no-cost Tier I medications.</li> <li>Offer medication synchronization.</li> <li><b>Only pharmacy claims will close this measure-</b> encourage the use of Part D benefit.</li> </ol> <b>Exclusions:</b> Hospice or end-stage renal disease (ESRD) in 2023.
<b>Medication Adherence for Diabetes (MAD)</b>	18 and older	Percentage of individuals with a prescribed diabetes medication who met the proportion of days covered (PDC) threshold of 80% for diabetes medications during the treatment period in 2023	<ol style="list-style-type: none"> <li>Counsel the patient on the benefits of taking medications regularly as prescribed.</li> <li>Convert to 90 or 100-day refills.</li> <li>Discuss the benefits of preferred mail order (Optum Rx), no-cost Tier I medications.</li> <li>Offer medication synchronization.</li> <li><b>Only pharmacy claims will close this measure-</b> encourage the use of Part D benefit.</li> </ol> <b>Exclusions:</b> Hospice or ESRD in 2023; at least one prescription claim for insulin in the treatment period.
<b>Medication Adherence for Hypertension (MAH)</b>	18 and older	The percentage of individuals with a hypertension Rx who met the proportion of days covered (PDC) threshold of 80% for RAS Antagonists during the treatment period in 2023	<ol style="list-style-type: none"> <li>Counsel the patient on the benefits of taking medications regularly as prescribed.</li> <li>Convert to 90 or 100-day refills.</li> <li>Discuss the benefits of preferred mail order (Optum Rx), no-cost Tier I medications.</li> <li>Offer medication synchronization.</li> <li><b>Only pharmacy claims will close this measure-</b> encourage the use of Part D benefit.</li> </ol> <b>Exclusions:</b> Hospice or ESRD in 2023; one or more prescriptions for sacubitril/valsartan (Entresto) in the treatment period.
<b>Osteoporosis Management in Women w/ Fracture (OMW)</b>	67-85	The percentage of female patients who had a fracture and who had a bone mineral density (BMD) test or a Rx for a drug to treat osteoporosis within <b>6 months</b> after the fracture	<ol style="list-style-type: none"> <li>OMW is date-specific. Ensure that complete dates (with month, day, and year) are documented.</li> <li>Fractures of the finger, toe, face, and skull are not included.</li> </ol> <b>Exclusions:</b> Hospice, palliative care, or death any time in 2023; patients who had a bone mineral density (BMD) test during the 24 months prior to fracture; patients who had osteoporosis therapy or a prescription to treat osteoporosis during 12 months prior to fracture. <i>*Member-reported evidence, documented in the medical record, is <b>acceptable</b> (except for Rx data which must come from pharmacy claims).</i>

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<b>Plan All-Cause Readmissions (PCR)</b>	18 and older	The number of acute inpatient and observation stays during 1/1-12/1/2023 that were followed by an unplanned acute readmission for any dx w/i 30 days and the predicted probability of acute readmit	<ol style="list-style-type: none"> <li>1. PCR is an inverse measure- a lower rate indicates a better score.</li> <li>2. Offer care coordination/case management services to patients discharged from the hospital; utilize discharge census reports.</li> <li>3. Ensure comorbid suspect conditions are coded annually, which helps to improve the rate.</li> </ol> <p><b>Exclusions:</b> Hospice any time in 2023, same-day discharge, death during the stay, pregnancy/perinatal dx on discharge claim, chemo, rehabilitation, organ transplant, nonacute inpatient stay, a planned procedure without a principal acute diagnosis.</p>
<b>Statin Therapy for Patients with Cardiovascular Disease (SPC)</b>	Males 21-75  Females 40-75	The percentage of members who were identified as having clinical atherosclerotic cardiovascular disease and: <ul style="list-style-type: none"> <li>• Were dispensed at least one moderate or high-intensity statin</li> <li>• Complied with therapy ≥80% of treatment period</li> </ul>	<ol style="list-style-type: none"> <li>1. Only the dispensing requirement is needed to fulfill Stars compliance.</li> <li>2. Utilize the cardiovascular disease (CVD) risk calculator during patient discussions.</li> <li>3. Prescribe a moderate or high-intensity statin.</li> <li>4. Timeframe: 2023.</li> </ol> <p><b>Exclusions:</b> Hospice, palliative care, or death in 2023; myalgia, myositis, myopathy, or rhabdomyolysis in 2023; advanced illness and frailty (2 indications); patients who experience any of the following in 2022 or 2023:</p> <ul style="list-style-type: none"> <li>• Pregnancy, invitro fertilization, dispensed at least one prescription for clomiphene, ESRD or dialysis, cirrhosis.</li> </ul>
<b>Statin Use in Persons with Diabetes (SUPD)</b>	40-75	The percentage of patients with diabetes who received statin therapy in 2023	<ol style="list-style-type: none"> <li>1. Patients with diabetes should be dispensed at least one statin of any intensity.</li> <li>2. This measure can only be met by pharmacy claims; supplemental data is not accepted.</li> <li>3. <b>Exclusions:</b> Any of the following within 2023: rhabdomyolysis or myopathy, pregnancy, lactation, fertility medication, cirrhosis, pre-diabetes, PCOS, ESRD, hospice.</li> </ol>
<b>Transitions of Care (TRC)</b>	18 years and older	<hr/> Receipt of Notification of Inpatient Admission (NIA) <hr/> Receipt of Discharge Information (RDI) <hr/> Medication Reconciliation Post Discharge (MRP) <hr/> Patient Engagement (PE) After Inpatient Discharge	<ol style="list-style-type: none"> <li>1. Documentation of notification of inpatient admission (timestamped) on the day of admission through 2 days after the admission (3 total days).</li> <li>2. Documentation of discharge info on the day of discharge through 2 days after (3 total days).</li> <li>3. The percentage of acute or non-acute inpatient discharges for patients who had a medication reconciliation performed on the date of discharge through 30 days after discharge.</li> <li>4. Documentation of patient engagement (e.g., office visits, visits to the home, or telehealth) provided within 30 days after discharge.</li> <li>5. Discharges between Jan 1, 2023-Dec 1, 2023, are included in the numerator.</li> </ol> <p><b>Exclusions:</b> Hospice or death any time in 2023.</p>

\*These measures are not weighted for Measurement Year 2023 but will be for MY2024



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