



**Provider STAR Ratings
Quick Reference Guide
2025 Dates of Service**



HEDIS (Part C) Measures

Breast Cancer Screening (BCS-E)

(Administrative-Claims Data Only)

DESCRIPTION: The percentage of members 50–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.

DATES OF SERVICE: October 1st two years prior to CY - December 31 of CY

EXCLUSIONS: Any patient 66 years and older with advanced illness and frailty or who live in long - term nursing home settings. Members in hospice or using hospice services any time during measurement year. Members who had a bilateral mastectomy or both right and left unilateral mastectomies any time during the member’s history through the end of 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.

Note: This measure evaluates primary screening. Do not count biopsies, breast ultrasounds, MRIs or diagnostic screenings because they are not appropriate methods for primary breast cancer screening.

	1-Star ★	2-Star ★★	3-Star ★★★	4-Star ★★★★	5-Star ★★★★★
Latest CMS Thresholds	< 53%	≥ 53% to <67 %	≥ 67% to <75 %	≥ 75% to < 82%	≥ 82%
P4P Thresholds	< 58%	≥ 58% to <69 %	≥ 69% to <76%	≥ 76% to < 83%	≥ 83%

CMS Weighted Value: 1

P4P Weighted Value: 1

***CMS adding younger age range 40-49 -The measure will be rated using OLD age range but these new members will appear in the denominator starting in the fall of 2025**

*Telehealth Applicable

CPT for Mammography

77061 - 77063

77065 - 77067

HEDIS (Part C) Measures

Colorectal Cancer Screening (COL-E)

(Administrative/Hybrid)

DESCRIPTION: Measure evaluates the percentage of members 45-75 years of age who had appropriate screening for colorectal cancer.

FOBT: Jan 01- Dec 31 of CY **or**

Flexible Sigmoidoscopy: Jan 01- Dec 31 of CY, or 4 years prior **or**

Colonoscopy: Jan 01- Dec 31 of CY, or 9 years prior **or**

CT Colonography: Jan 01- Dec 31 of CY, or 4 years prior **or**

FIT-DNA (Cologuard): Jan 01- Dec 31 of CY, or 2 years prior

EXCLUSIONS: Diagnosis of colorectal cancer or total colectomy. Any patients 66 years and older with frailty and advanced illness. Members who use hospice services or receive palliative care.

	1-Star ★	2-Star ★★	3-Star ★★★	4-Star ★★★★	5-Star ★★★★★
Latest CMS Thresholds	< 53%	≥ 53% to < 65%	≥ 65% to < 75%	≥ 75% to < 83%	≥ 83%
P4P Thresholds	< 52%	≥ 52% to < 64%	≥ 64% to < 72%	≥ 72% to < 81%	≥ 81%

CMS Weighted Value: 1

P4P Weighted Value: 1

*Telehealth Applicable

CPT for FOBT	OR	HCPCS for FOBT
82274,88270		G0328
CPT for Flex Sigmoidoscopy		HCPCS for Flex Sigmoidoscopy
45330-45335, 45337,45338,45340-45342 45346,45347, 45349, 45350		G0104
CPT for Colonoscopy		HCPCS for Colonoscopy
44388-44392,44394, 44401-44408, 45378- 45382,45384-45386, 45388-45393,45398		G0105, G0121
CPT for FIT-DNA (Cologuard)		LOINC for FIT-DNA (Cologuard)
81528		77353-1 77354-9
CPT for CT Colonography		
74261, 74262, 74263		

HEDIS (Part C) Measures

Care for Older Adults (COA)-

(Administrative/Hybrid)

Functional Status Assessment (SNP only)

DESCRIPTION: Measure evaluates percentage of adults 66 years old and older who have documentation in the medical record of a functional status assessment during the measurement year. Notations for a complete functional status assessment must include one of the following: (1) Assessment of instrumental activities of daily living (IADL) such as shopping for groceries, driving, using public transportation, using the telephone, meal preparation, housework, home repair, laundry, taking medications or handling finances, etc. OR (2) Assessment of activities of daily living (ADL) such as bathing, dressing, eating, transferring (i.e., getting in and out of chairs), using the toilet and walking OR (3) Results using a standardized functional status assessment tool OR (4) Assessment of three of the following four components A) Cognitive status B) Ambulation status C) Sensory ability (must include hearing, vision, and speech) D) Other functional independence (e.g., exercise, ability to perform job).

Important Note: A functional status assessment limited to an acute or single condition, event, or body system (e.g., lower back, leg) **DOES NOT** meet criteria for a comprehensive functional status assessment.

DATES OF SERVICE: Jan 01- Dec 31 of CY

	1-Star ★	2-Star ★★	3-Star ★★★	4-Star ★★★★	5-Star ★★★★★
Latest CMS Thresholds	< 55%	≥ 55% to < 71%	≥ 71% to < 84%	≥ 84% to < 94%	≥ 94%
P4P Thresholds	< 56%	≥ 56% to < 71%	≥ 71% to < 84%	≥ 84% to < 94%	≥ 94%

CMS Weighted Value: 1

P4P Weighted Value: 0.5

*Telehealth Applicable

CPT for FSA	OR	CPT Category II for FSA	OR	HCPCS for FSA
99483		1170F		G0438, G0439

Care for Older Adults (COA)-

(Administrative/Hybrid)

Medication Review (SNP only)

DESCRIPTION: Percentage of adults ages 66 and older who had a medication review by a clinical pharmacist or prescribing practitioner **AND** the presence of a medication list in the medical record, as documented through either administrative data or medical record review.

A medication list, signed and dated during the measurement year by the appropriate practitioner type (prescribing practitioner or clinical pharmacist), meets criteria (the practitioner's signature is considered evidence that the medications were reviewed).

Important Note: A review of side effects for a single medication at the time of prescription alone is not sufficient. An outpatient visit is not required to meet criteria. Do not include medication lists or medication reviews performed in an acute inpatient setting

Exclusions: Hospice

DATES OF SERVICE: Jan 01- Dec 31 of CY

	1-Star ★	2-Star ★★	3-Star ★★★	4-Star ★★★★	5-Star ★★★★★
Latest CMS Thresholds	< 53%	≥ 53% to < 80%	≥ 80% to < 92%	≥ 92% to < 98%	≥ 98%
P4P Thresholds	< 53%	≥ 53% to < 80%	≥ 80% to < 92%	≥ 92% to < 98%	≥ 98%

CMS Weighted Value: 1

P4P Weighted Value: 0.5

For CPT - CAT II codes both are needed to receive credit. 1159F (Medication List) & 1160F (Medication Review)

CPT for Med Review	OR	CPT Category II for Med Review
90863, 99483, 99605, 99606		1160F
AND		
CPT Category II for Med List	OR	HCPCS for Med List
1159F		G8427

HEDIS (Part C) Measures

Glycemic Status Assessment for Patients With Diabetes (GSD)

(Administrative/Hybrid)

DESCRIPTION: The percentage of members aged 18-75 with Type 1 or Type 2 diabetes whose most recent glycemic status (measured by hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was either below 8.0% or above 9.0% during the measurement year. (Good control is defined as <8%)

DATES OF SERVICE: Jan 01- Dec 31 of CY

EXCLUSIONS: Any patient 66 years old and older with frailty and advanced illness. Members in hospice or using hospice services. Members who received palliative care.

	1-Star ★	2-Star ★★	3-Star ★★★	4-Star ★★★★	5-Star ★★★★★
Latest CMS Thresholds	< 49%	≥ 49% to < 72%	≥ 72% to < 84%	≥ 84% to < 90%	≥ 90%
P4P Thresholds	< 54%	≥ 54% to < 77%	≥ 77% to < 86%	≥ 86% to < 93%	≥ 93%

CMS Weighted Value: 3

P4P Weighed Value: 3

CPT for HbA1c Test	OR	LOINC for HbA1c Test	AND	CPT Category II for HbA1c Value	
83036 83037		4548-4		Level < 7.0	3044F
		4549-2		Level ≥ 7.0 to < 8.0	3051F
		17856-6, 17855-8		Level ≥ 8.0 to ≤ 9.0	3052F
				Level > 9.0	3046F

Eye Exam for Patients With Diabetes (EED)

(Administrative)

DESCRIPTION: Measure evaluates the percentage of plan members 18-75 years of age with diabetes who had an eye exam (retinal) to check for damage from diabetes during the measurement year or had a negative eye exam in prior year.

DATES OF SERVICE: Jan 01- Dec 31 of CY or year prior

EXCLUSIONS: Any patient 66 years old and older with frailty and advanced illness. Members in hospice or using hospice services. Members who did not have a diagnosis of diabetes. Members that had a bilateral eye enucleation any time during the members history through December 31 of measurement year. Members who received palliative care.

Note: For eye exam performed in the year prior to the measurement year, a copy of the exam must be available and documented as part of the medical record indicating a negative result for Diabetic Retinopathy. Blindness is not an exclusion for a diabetic eye exam because it is difficult to distinguish between individuals who are legally blind but require a retinal exam and those who are completely blind and therefore do not require an exam.

	1-Star ★	2-Star ★★	3-Star ★★★	4-Star ★★★★	5-Star ★★★★★
Latest CMS Thresholds	< 57%	≥ 57% to < 70%	≥ 70% to < 77%	≥ 77% to < 83%	≥ 83%
P4P Thresholds	< 62%	≥ 62% to < 73%	≥ 73% to < 79%	≥ 79% to < 86%	≥ 86%

CMS Weighted Value: 1

P4P Weighted Value: 1

***Measure will move to administrative only**

***Only one of the two visits may be a telephone visit, an online assessment or an outpatient telehealth visit.**

CPT for Retinal Eye Exam	OR	CPT for Retinal imaging
92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92230, 92235, 92250, 99203, 99204, 99205, 99213-99215, 99242-99245		92227, 92228
Eye Exam Without Evidence of Retinopathy	OR	Eye Exam With Evidence of Retinopathy
2023F, 2025F, 2033F		2022F, 2024F, 2026F

HEDIS (Part C) Measures

Kidney Health Evaluation for Patients With Diabetes (KED)

(Administrative
/Hybrid)

DESCRIPTION: Measure evaluates the percentage of plan 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 albumin-creatinine ratio (uACR), during the measurement year.

DATES OF SERVICE: Jan 01- Dec 31 of CY

EXCLUSIONS: Members with a diagnosis of ESRD. Members who had dialysis any time during the member's history on or prior to December 31 of the measurement year. Any patient 66 years old and older with frailty and advanced illness. Members who use hospice services any time during measurement year. Members who receive palliative care.

	1-Star ★	2-Star ★★	3-Star ★★★	4-Star ★★★★	5-Star ★★★★★
Latest CMS Thresholds	<31%	≥ 31% to < 43%	≥ 43% to < 55%	≥ 55% to < 69%	≥ 69%
P4P Thresholds	<36%	≥ 36% to < 48%	≥ 48% to < 59%	≥ 59% to < 72%	≥ 72%

CMS Weighted Value: 1

P4P Weighted Value: 0.5

Examples of urine tests for protein or albumin:

Timed test for albumin or protein or total protein, spot test for albumin or protein, test for albumin/creatinine ratio.

CPT for Estimated Glomerular Filtration Rate Lab Test	OR	LOINC For Estimated Glomerular Filtration Rate Lab Test
80047; 80048; 80050; 80053; 80069; 82565		102097-3, 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 94677-2, 98979-8, 98980-6
CPT for Quantitative Urine Albumin		LOINC for Quantitative Urine Albumin
82043		100158-5, 14957-5, 1754-1, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 57369-1, 89999-7
CPT for Urine Creatinine Lab Test	LOINC For Urine Creatinine Lab Test	
82570	20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5	

HEDIS (Part C) Measures

Transition Post-Discharge (TRC)

(Administrative/Hybrid)

DESCRIPTION: Measure evaluates the percentage of inpatient (hospital) discharges during the measurement year for members 18 and older and the following **4 Sub-categories**:

Notification of Inpatient Admission. - Documentation can come from any outpatient record that the PCP or ongoing care provider can access. (3 total days)

Medication Reconciliation Post-Discharge - Medication reconciliation documented on the date of the discharge through 30 days after the discharge. (31 total days)

Patient Engagement After Inpatient Discharge - Engagement documented within 30 days of the discharge. Member engagement can include an office or home visit, or telehealth outreach.

Receipt of Discharge Information - Receipt of discharge information documented the day of or 2 day after the discharge (3 total days)

DISCHARGE DURING : Jan 01- Dec 1 of CY

EXCLUSIONS: Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year.

CMS Weighted Value: 1
P4P Weighted Value: MRP - 0.5
*Informational Sub Categories;
Notification of Inpatient Admission, Patient Engagement After Inpatient Discharge , Receipt of Discharge Information

Transition Post-Discharge (TRC)-

(Administrative/Hybrid)

Medication Reconciliation Post-Discharge

DESCRIPTION: Measure evaluates the percentage of discharges during the measurement year for members for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days).

DISCHARGE DURING: Jan 01- Dec 1 of CY

READMISSION OR DIRECT TRANSFER: Within 30 days of discharge (31 Days Total)

EXCLUSIONS: Hospital stays where the admission day is the same as the discharge date **OR** Any acute inpatient stays with a discharge date in the 30 days prior to the admission date **OR** Inpatient stays with discharges for death.

	1-Star ★	2-Star ★★	3-Star ★★★	4-Star ★★★★	5-Star ★★★★★
Latest CMS Thresholds	< 42%	≥ 42% to < 57%	≥ 57% to < 73%	≥ 73% to < 87%	≥ 87%
P4P Thresholds	< 42%	≥ 42% to < 57%	≥ 57% to < 73%	≥ 73% to < 87%	≥ 87%

CMS Weighted Value: 0.25
P4P Weighted Value: 0.5
*Telehealth Applicable

CPT for MRP	OR	CPT Category II for MRP
99483, 99495, 99496		1111F

HEDIS (Part C) Measures

Transition Post-Discharge (TRC)

(Administrative/Hybrid)

- Patient Engagement After Inpatient Discharge

DESCRIPTION: Patient engagement provided within 30 days after discharge. Do not include patient engagement that occurs on the date of discharge. The following meet criteria for patient engagement:

- An outpatient visit, telephone visit, e-visit or virtual check-in
- Transitional care management services

DISCHARGE DURING: Jan 01- Dec 1 of CY

EXCLUSIONS: Patient engagement that occurs on the date of discharge

CMS Weighted Value: 0.25
P4P Weighted Value: Informational
*Telehealth Applicable

CPT for Outpatient and Telephone Visits	OR	HCPCS for Outpatient and Telepphone Visits
99202-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99455-99457, 99483, 98966, 98967, 98968, 99441, 99442, 99443		G0402, G0438, G0439, G0463, T1015, G0071, G2012, G2250-G2252
		CPT for Transitional Care Management
		99495, 99496

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

(Administrative
-Claim/Encounter)

DESCRIPTION: Measure evaluates the percentage of ED visits of members ages 18 and older who were seen in the emergency department (ED) for treatment and have high-risk multiple chronic conditions received appropriate follow-up care within 7 days of discharge.

DISCHARGE DURING: Jan 01- Dec 1 of CY

EXCLUSIONS: Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year. Exclude ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within 7 days after the ED visit, regardless of the principal diagnosis for admission

	1-Star ★	2-Star ★★	3-Star ★★★	4-Star ★★★★	5-Star ★★★★★
Latest CMS Thresholds	< 39%	≥ 39% to < 53%	≥ 53% to < 60%	≥ 60% to < 69%	≥ 69%
P4P Thresholds	< 41%	≥ 41% to < 53%	≥ 53% to < 62%	≥ 62% to < 71%	≥ 71%

CPT for BH Outpatient Visits	OR	HCPCS for BH Outpatient Visits
98960-9862, 99078, 99202-99205, 99211-99215, 99341-99345, 99347-99349, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510		G0155, G0176, G0177, G0409, G0463, G0512, T1015,
CPT for Case Management		CPT for Transitional Care Management
99366		99495, 99496

CMS Weighted Value: 1
P4P Weighted Value: Informational
* Telehealth Applicable
* Some codes in Transition Post-Discharge (TRC)-Patient Engagement After Inpatient Discharge can be used for this measure.

HEDIS (Part C) Measures

Controlling High Blood Pressure (CBP)

(Hybrid/Administrative)

DESCRIPTION: Measure evaluates the percentage of members 18–85 years of age who had at least two visits on different dates of service with a diagnosis of hypertension (HTN) during the measurement year or the year prior, and whose BP was adequately controlled (BP <140/90 mm Hg).

DATES OF SERVICE: Jan 01- Dec 31 of CY

EXCLUSIONS: Members 66 years of age and older as of Dec 31 enrolled in an I-SNP and/or living long-term in an institution any time during the measurement year. Members with evidence of end-stage renal disease (ESRD). Any patient 66- 80 with frailty and advanced illness, as well as those 81 years old and older with frailty. Members in hospice or using hospice services. Members with a pregnancy diagnosis. Members who receive palliative care

	1-Star ★	2-Star ★★	3-Star ★★★	4-Star ★★★★	5-Star ★★★★★
Latest CMS Thresholds	< 69%	≥ 69% to < 74%	≥ 74% to < 80%	≥ 80% to < 85%	≥ 85%
P4P Thresholds	< 69%	≥ 69% to < 74%	≥ 74% to < 80%	≥ 80% to < 85%	≥ 85%

CMS Weighted Value: 3

P4P Weighted Value: 3

*Only one of the two visits may be a telephone visit, an online assessment or an outpatient telehealth visit.

ICD-10 CM Diagnosis for HTN	AND	CPT Category II for BP	
I10		Systolic < 130	3074F
CPT Outpatient and Telehealth Without UBREV		Systolic 130-139	3075F
98966-9872,98980,98981,99202-99205,99211-99215,99241-99245,99342-99349,99350,99381-99387,99391-99397,99401-99404,99411,99412,99421-99423,99429,99441-99443,99455		Systolic ≥ 140	3077F
		Diastolic < 80	3078F
		Diastolic 80-89	3079F
	Diastolic ≥ 90	3080F	

Osteoporosis Management in Women who had a Fracture (OMW)

(Administrative
-Claim/Encounter)

DESCRIPTION: Measure evaluates 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 within 180 days post fracture.

DATES OF SERVICE: Jan 01- Dec 31 of CY

Fracture Date Range: July 01 of prior year - Jun 30 of CY

Test Performed/Prescription by: July 1st of prior year - Dec 31 of CY

EXCLUSIONS: Members enrolled in an I-SNP and/or living long-term in an institution any time during the measurement year. Members 67-80 years of age as of December 31 of the measurement year with frailty and advanced illness. Members 81 years of age and older as of December 31 of the measurement year with at least two indications of frailty. Members who use hospice service or receive palliative care.

	1-Star ★	2-Star ★★	3-Star ★★★	4-Star ★★★★	5-Star ★★★★★
Latest CMS Thresholds	< 27%	≥ 27% to < 39%	≥ 39% to < 52%	≥ 52% to < 71%	≥ 71%
P4P Thresholds	< 27%	≥ 27% to < 39%	≥ 39% to < 52%	≥ 52% to < 71%	≥ 71%

CMS Weighted Value: 1

P4P Weighted Value: 0.5

*Telehealth Applicable

For Fractures please prescribe the member one of the following medications as recommended by CMS

HCPCS (J Codes) for Osteoporosis Therapy	OR	Prescription Drug
J0897		Denosumab
J1740		Ibandronate Sodium
J3110		Teriparatide
J3111		Romozosumab
J3489		Zoledronic Acid
Denosumab, Ibandronate sodium, Teriparatide, Romozosumab, Zoledronic acid, Alendronate, Raloxine, Risedronate		

CPT for BMD

76977, 77078, 77080, 77081, 77085, 77086

ICD 10-PCS Procedure for BMD

BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1

HEDIS (Part C) Measures

Plan All-Cause Readmissions (PCR)

(Administrative -Claim/Encounter)

DESCRIPTION: Measure evaluates the percentage of hospital stays during the measurement year that were followed by an unplanned hospital readmission for any diagnosis within 30 days for members 18 year and older and the predicted probability of an acute readmission.

Discharge during: Jan 01- Dec 1 of CY

Readmission: Within 30 days of discharge

Exclusions: Hospital stays where the admission day is the same as the discharge date **OR** any acute inpatient stays with a discharge date in the 30 days prior to the admission date **OR** Inpatient stays with discharges for death; acute inpatient stays for pregnancy. Members in hospice or using hospice services.

	1-Star ★	2-Star ★★	3-Star ★★★	4-Star ★★★★	5-Star ★★★★★
Latest CMS Thresholds	>14%	≤ 14% to >12%	≤ 12% to >10%	≤ 10% to >8%	≤ 8%
P4P Thresholds	>14%	≤ 14% to >12%	≤ 12% to >10%	≤ 10% to >8%	≤ 8%

CMS Weighted Value: 3

P4P Weighted Value: 1

*Telehealth Applicable

Statin Therapy for Patients With Cardiovascular Disease (SPC)

(Prescription Drug Event [PDE] Data)

DESCRIPTION: Measure evaluates the percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and received at least one high or moderate-intensity statin medication during the measurement year.

DATES OF SERVICE : Jan 01- Dec 31 of CY

EXCLUSIONS: Members enrolled in an I-SNP and/or living long-term in an institution any time during the measurement year. Any patient 66 years of age and older with frailty and advanced illness. Members in hospice or members who receive palliative care. Members with diagnosis of pregnancy,ESRD,Cirrhosis,Myalgia, myositis, myopathy or rhabdomyolysis. Members on dialysis or in vitro fertilization.

	1-Star ★	2-Star ★★	3-Star ★★★	4-Star ★★★★	5-Star ★★★★★
Latest CMS Thresholds	< 81%	≥ 81% to < 85%	≥ 85% to < 88%	≥ 88% to < 92%	≥ 92%
P4P Thresholds	< 82%	≥ 82% to < 85%	≥ 85% to < 88%	≥ 88% to < 92%	≥ 92%

CMS Weighted Value: 1

P4P Weighted Value: 1

*Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment.

Targeted Population	Compliance
Members identified as having cardiovascular disease by: Claim/Encounter data OR Pharmacy data	1 fill of a cholesterol medication in the following therapeutic class: Statin

Pharmacy Measures

Medication Adherence

(Prescription Drug Event [PDE] Data)

DESCRIPTION: Measure evaluates the percentage of plan members with a diabetes **and/or** hypertension, **and/or** cholesterol prescription who fill their prescription to cover 80% or more of the time they are supposed to be taking the medication.

DATES OF SERVICE : Jan 01- Dec 31 of CY

Diabetes Medications (MAD)

	1-Star ★	2-Star ★★	3-Star ★★★	4-Star ★★★★	5-Star ★★★★★
Latest CMS Thresholds	< 80%	≥ 80% to < 85%	≥ 85% to < 87%	≥ 87% to < 91%	≥ 91%
P4P Thresholds	< 81%	≥ 81% to < 85%	≥ 85% to < 88%	≥ 88% to < 91%	≥ 91%

CMS Weighted Value: 3

P4P Weighted Value: 3

*Telehealth Applicable

EXCLUSIONS: Members who have one or more prescriptions for insulin in the CY

Targeted Population	Recommended Adherence Monitoring
Members taking diabetes medications in the following therapeutic classes: Biguanides, sulfonylureas, thiazolidinediones, dipeptidyl peptidase (DPP)-IV inhibitors, meglitinides, or incretin mimetic agents	Ensure Members are taking their medication as directed

Hypertension (MAH)

	1-Star ★	2-Star ★★	3-Star ★★★	4-Star ★★★★	5-Star ★★★★★
Latest CMS Thresholds	< 83%	≥ 83% to < 87%	≥ 87% to < 90%	≥ 90% to < 92%	≥ 92%
P4P Thresholds	< 84%	≥ 84% to < 88%	≥ 88% to < 91%	≥ 91% to < 93%	≥ 93%

CMS Weighted Value: 3

P4P Weighted Value: 3

*Telehealth Applicable

EXCLUSIONS: Members who have one or more prescriptions claim for sacubitril/valsartan during the CY

Targeted Population	Recommended Adherence Monitoring
Members taking hypertension medications in the following therapeutic classes: ACE (Angiotensin Converting Enzyme), ARB (Angiotensin Receptor Blocker), or Direct Renin Inhibitors	Ensure Members are taking their medication as directed

Pharmacy Measures

Cholesterol (MAC)

	1-Star ★	2-Star ★★	3-Star ★★★	4-Star ★★★★	5-Star ★★★★★
Latest CMS Thresholds	< 80%	≥ 80% to < 85%	≥ 85% to < 89%	≥ 89% to < 93%	≥ 93%
P4P Thresholds	< 83%	≥ 83% to < 87%	≥ 87% to < 90%	≥ 90% to < 93%	≥ 93%

CMS Weighted Value: 3

P4P Weighted Value: 3

*Telehealth Applicable

Targeted Population	Recommended Adherence Monitoring
Members taking a cholesterol medication in the following therapeutic class: Statin	Ensure Members are taking their medication as directed

Statins Use in Person with Diabetes (SUPD)

(Prescription Drug Event [PDE] Data)

DESCRIPTION: Measure evaluates the percentage of plan members 40-75 years of age who were dispensed at least two diabetes medication fills and received at least one statin medication during the measurement year.

DATES OF SERVICE: Jan 01- Dec 31 of CY

EXCLUSIONS: Members enrolled in hospice are not included.

	1-Star ★	2-Star ★★	3-Star ★★★	4-Star ★★★★	5-Star ★★★★★
Latest CMS Thresholds	< 81%	≥ 81% to < 86%	≥ 86% to < 89%	≥ 89% to < 93%	≥ 93%
P4P Thresholds	< 82%	≥ 82% to < 86%	≥ 86% to < 90%	≥ 90% to < 93%	≥ 93%

CMS Weighted Value: 1

P4P Weighted Value: 1

*Telehealth Applicable

Targeted Population	Compliance
Members with 2 fills of diabetic medication in the following therapeutic classes: Biguanides, sulfonylureas, meglitinides, alpha-glucosidase inhibitors, thiazolidinediones, incretin mimetics agents, amylin analogs, dipeptidyl peptidase (DPP)-IV inhibitors, insulins, and sodium glucose co-transporter 2 (SGLT2) inhibitors.	1 fill of a cholesterol medication in the following therapeutic class: Statin

Survey Measure

Patient Experience

(Survey Score)

DESCRIPTION: Measure evaluates plan members who complete a telephonic survey focus on how patients experienced or perceived key aspects of their care with their provider.

The survey results cover the Consumer Assessment of Healthcare Provider & Systems Survey (CAHPS) and Health Outcomes Survey (HOS) categories: Getting Needed Care, Care Coordination, and Doctor/Patient Conversations

Getting needed Care:

How easy was it to get an appointment with your personal doctor as soon as you needed?

Did you have any difficulty getting a referral to see a specialist from your doctor?

	1-Star ★	2-Star ★★	3-Star ★★★	4-Star ★★★★	5-Star ★★★★★
P4P Thresholds	NA	<90	≥ 90% to <93%	≥ 93% to <96%	≥ 96%

CMS Weighted Value: 2

P4P Weighted Value: 2

Care Coordination:

Did your doctor seem informed and up to date about the care you received from a specialist?

Did your doctor or other health provider review all of your prescription medications with you?

Did you receive follow up from your doctor's office after any blood test, x-ray or other test that you may have completed?

	1-Star ★	2-Star ★★	3-Star ★★★	4-Star ★★★★	5-Star ★★★★★
P4P Thresholds	NA	<88	≥ 88% to <91%	≥ 91% to <94%	≥ 94%

CMS Weighted Value: 2

P4P Weighted Value: 2