

# PROVIDER Update



Health Net®

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## Updates to 2018 Medicare Star Ratings

The Centers for Medicare & Medicaid Services (CMS) has released the 2018 Final Call Letter for Medicare Advantage (MA) plans. These changes impact measurement year 2016 and reporting year 2017 measures included in 2018 Star Ratings. Star Ratings provide consumers with a comparison of the quality of care, member experience and customer service offered by MA health and drug plans. Health Net of Arizona, Inc. (Health Net) members may access Star Ratings for all health plans year-round at [www.medicare.gov](http://www.medicare.gov), and they can choose to change health plans, if desired, during the annual enrollment period (AEP).

Health Net recognizes the importance of supporting and collaborating with providers in their efforts to provide quality health care. Providers that offer the highest quality of care and member experience for their patients will meet CMS's expectations for the delivery of care and improve Health Net Star Ratings. This communication provides information about updates to the 2018 Medicare Star Ratings and resources available to providers.

### NEW AND RETURNING STAR MEASURES FOR 2018

#### Medication Reconciliation

This measure identifies the percentage of discharges from acute or non-acute inpatient facilities whose medications were reconciled within 30 days of discharge. The measure requires proper coding or clear documentation that the discharge medications were reconciled with the most recent medication list in the outpatient medical record within 30 days of discharge from an inpatient stay.

#### Improving Bladder Control

The Improving Bladder Control measure will be included in the 2018 Star Rating Program calculation. This measure, collected through the Health Outcomes Survey (HOS), calculates the percentage of members with a urinary leakage problem who report they discussed the problem with their provider and received treatment.

### REMOVAL OF STAR MEASURES FOR 2018

#### High Risk Medications

The Part D High Risk Medication (HRM) measure, which calculated the percentage of members ages 65 and older who received two or more prescription fills for medications known to have a high risk of serious side effects in the elderly, will be removed from the display page and not included in the 2018 Star Rating Program.

#### THIS UPDATE APPLIES TO ARIZONA PROVIDERS:

- Physicians
- Medical Groups/IPAs
- Hospitals
- Ancillary Providers

#### LINES OF BUSINESS:

- HMO
- PPO
- CommunityCare HMO
- Centene Corporation Employee Self-Insured PPO Plan
- Medicare Advantage (HMO)
- Ambetter from Health Net (Health Insurance Marketplace)

#### PROVIDER SERVICES

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## PROPOSED 2019 STAR MEASURES

CMS is proposing to include the following 2018 display measures in the 2019 (2017 MY) Star Ratings:

### Hospitalization for Potentially Preventable Conditions

This measure assesses the rate of hospitalization for complications of chronic and acute ambulatory care-sensitive conditions. Due to concerns from NCQA, hospitalizations for potentially preventable complications will continue as a display measure for 2018 and will be included in the 2019 Star Ratings.

### Statin Therapy for Patients with Cardiovascular Disease

This measure is the percentage of males ages 21 to 75 and females ages 40 to 75 who were identified as having clinical atherosclerotic cardiovascular disease and were prescribed statins in the measurement period. This measure will remain on the 2018 display page and will be included in the 2019 Star Ratings.

### Statin Use in Persons with Diabetes

Statin use in persons with diabetes (SUPD) measures the percentage of patients ages 40 to 75 who received at least two diabetes medication fills and also received statin medications during the measurement period. This measure remains on the display page for 2018 and will be included in the 2019 Star Ratings.

### Non-Recommended PSA-Based Screening in Older Men

This measure reflects the percentage of men ages 70 and older who were screened unnecessarily for prostate cancer using the prostate-specific antigen (PSA)-based screening. Non-recommended PSA-Based Screening in Older Men is on the 2018 display page and will be considered for 2019 Star Ratings.

## PROPOSED 2020 STAR MEASURE

CMS is proposing to include the following measure in the 2020 (2018 MY) Star Ratings:

### Formulary Administration Analysis Measure

A new display measure utilizing the results of the Formulary Administration Analysis (FAA) program used by CMS to evaluate appropriately adjudicated Part D medication claims are consistent with Part D requirements and sponsors' CMS-approved benefits. This measure may be proposed for the 2020 Star Ratings.

## CHANGES TO 2018 AND 2019 DISPLAY MEASURES

Display measures are not part of the current plan ratings; however, they are used by CMS to establish benchmarks and further facilitate quality improvements, evaluations and feedback to plans.

### Antipsychotic Use in Persons with Dementia (APD)

The APD measure is defined as the percentage of Medicare Part D beneficiaries ages 65 or older with dementia that received prescription fills for antipsychotics without evidence of a psychotic disorder or related condition. CMS proposes to add the overall APD measure to the 2018 display page with two population breakouts: APD-COMM (community-only residents) and APD-LTNH (long-term nursing home residents). This will be applied to the 2017 data for the 2019 display measures with an overall APD rate reported as well as the rates for the two population breakouts. This measure replaces Chronic Use of Atypical Antipsychotics by Elderly Beneficiaries in Nursing Homes, which will be removed from the 2018 display measure set.

### Asthma Measures

The Medication Management for People with Asthma measure captures the percentage of members ages 5 to 85 who have been identified with persistent asthma and were dispensed appropriate medications during the treatment period. The measure, Asthma Medication Ratio, captures the percentage of members who were identified with persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. Due to concerns expressed that asthma and COPD might be difficult to distinguish among those ages 65 and older, CMS and measure developers will consider the utility of prescription drug event and encounter data to resolve these concerns before implementing this measure. The Medication Management for People with Asthma measure will not be reported on the 2018 display page and will not be included in the 2018 Star Ratings.

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## Consumer Assessment of Healthcare Providers and Systems Measures

CMS shortened the 2017 MA Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey by removing a few questions related to *reminders* and *computer use* that are not currently used in Star Ratings measures. This information is not included in 2017 MA & Prescription Drug Plan (PDP) CAHPS surveys and will not be reported on the 2018 display page.

### Pneumococcal Vaccination Status for Older Adults

The National Committee for Quality Assurance (NCQA) recommended changes to the wording for the existing pneumococcal vaccination CAHPS measure. The new wording will be utilized for the 2017 CAHPS implementation. This measure is on the CMS display page.

### Use of Opioids from Multiple Providers and/or at High Dosage in Persons without Cancer

The Pharmacy Quality Alliance (PQA) opioid measures examine multi-provider and high dosage opioid use among individuals ages 18 and older without cancer and not in hospice care. These measures were included in the Patient Safety reports starting in 2016. PQA's Measure Update Panel and Quality Metrics Expert Panel recently approved non-substantial changes to the measures which will be implemented in the 2017 Patient Safety reports. CMS plans to add only the Use of Opioids at High Dosage and from Multiple Providers in Persons without Cancer (OHDMP) to the 2019 Part D display page, using 2017 data, but will not add the measures to the Star Ratings at this time.

### Drug-Drug Interactions

The Drug-Drug Interactions (DDI) measure is defined as the percentage of Medicare Part D beneficiaries who received a prescription for a target medication during the measurement period and a prescription for a contraindicated medication with, or subsequent to, the initial prescription. PQA conducted a review of the drug-drug pairs included in this measure, which resulted in a revised list of approved drug-drug interactions effective for the 2017 measurement year. CMS proposes to implement PQA's revised DDI measure drug list for the 2019 display measure based on 2017 data.

## PROVIDER RESOURCES TO IMPROVE OUTCOMES

In addition to adherence with CMS Star Ratings, Health Net collaborates with participating providers to improve the overall health care delivered to Health Net MA members through the following efforts:

- **Quality Improvement initiatives** – As part of Health Net's Star Ratings initiatives, Health Net performs member outreach through mail, email and interactive voice response (IVR) calls to promote best practices in preventive screening, medication adherence and chronic care. Members are encouraged to complete annual wellness visits and talk to their doctor about fall risk, urinary incontinence and physical activity. Collaborating with providers to implement strategies promoting best practices can have a meaningful impact on Health Net's Medicare Star Ratings. A provider quality improvement (QI) toolkit is available with information about QI activities and CMS Star Ratings, as well as provider and member resources. In addition, provider educational teleconferences on various health topics, including the Healthcare Effectiveness Data and Information Set (HEDIS®) best practices, are available to medical groups throughout the year.
- **Quality Improvement Corner tools** – Providers can log in to Health Net's provider portal at [provider.healthnet.com](http://provider.healthnet.com) and select *Working with Health Net > Quality* to access QI tools created to improve Star Ratings in Part C and Part D clinical measures. By adhering to best practices to strengthen patient engagement and close gaps in care, providers can directly impact HEDIS, HOS and CAHPS quality measures. The QI tools located on this site include documentation guides; provider tip sheets to improve preventive care, chronic care and patient experience; wellness and preventive care checklists; and educational office posters. Hard copies can be requested via email at [cqi\\_medicare@healthnet.com](mailto:cqi_medicare@healthnet.com).
- **Collaborating with Health Net** – To identify areas for improvement on specific HEDIS measures, Health Net provides medical groups with year-to-date HEDIS quality report cards and care gap reports available online at [provider.healthnet.com](http://provider.healthnet.com).

## ADDITIONAL INFORMATION

If you have questions regarding the information contained in this update, contact the Health Net Provider Services Center by email at [AZ\\_InternetProviderInquiries@healthnet.com](mailto:AZ_InternetProviderInquiries@healthnet.com), through the Health Net provider website at [provider.healthnet.com](http://provider.healthnet.com), or by telephone at 1-800-289-2818.