OPTUM®

CMS Five-Star Quality Rating System documentation

The Healthcare Effectiveness Data and Information Set (HEDIS) and the CMS' Five-Star Quality Rating System, or Star Ratings, documentation guidelines are provided to assist you in your ongoing participation in the Optum Healthcare Quality Patient Assessment Form (HQPAF) program. Medical records returned with the HQPAF can be used to support our clients' HEDIS and Star Ratings data collection efforts. This tool may help ensure you have included all the necessary documentation.

For more information on HEDIS and the Star Ratings, please ask your Optum Healthcare Advocate for a copy of the Optum *Quick Code and Quality Reference Guide* or *Understanding the CMS Five-Star Quality Rating System* toolbook.

A referral will not meet HEDIS compliance for an open care opportunity. Documentation in the medical record must include date/results as defined by specific measure criteria.

Quality measure	CMS Five-Star Quality Rating recommendations	Documentation guidelines
Body mass index	Screening is recommended for all patients age 18-74.	Medical record must indicate weight and BMI value, dated during the measurement year or year prior to measurement year.
Breast cancer screening	Screening is recommended for female patients age 50-74, who have not had a mammogram in the 27 months prior to 12/31 of the current year.	Medical record stating date mammogram was completed or diagnostic report. *Documented exclusions: two unilateral mastectomies or bilateral mastectomy.*
Colorectal cancer screening	Screening is recommended for patients age 50-75, who have not had any of the following: • FOBT in the current calendar year • FIT-DNA test (Cologuard) during current year or 2 prior calendar years • CT colonography during current or 4 prior calendar years • Flexible sigmoidoscopy during current or 4 prior calendar years • Colonoscopy during current or 9 prior calendar years	Medical record stating screening was completed on a specified date with/without result or radiology/lab report. • Result or finding must also be present which ensures that the screening was performed and not merely ordered *Documented exclusions: colorectal cancer or total colectomy.*

Comprehensive Diabetes Care	The following is recommended for patients with diabetes, age 18-75, in the current calendar year:
	• Eye exam: dilated eye exam by an optometrist or an ophthalmologist.
	• HbA1c screening: an HbA1c test or result over 8%. Star Ratings measure defines HbA1c levels>9.0% as poorly controlled.
	• Nephropathy screening: a nephropathy screening or monitoring test or evidence of nephropathy
		The medical record stating the exam or screening was completed during the calendar year:
		• Eye exam: screening results by an acceptable provider or the consultation report. Documentation of a negative retinal or dilated exam (negative for retinopathy) in the prior year by an eye care professional meets the requirement for this screening.
		• HbA1c screening: medical record stating screening with result or lab report
		• Nephropathy screening:
		  ◦ Microalbumin with result or lab report
		  ◦ Medical record stating that the patient visited a nephrologist, had renal transplant, medical attention to CKD stage 4, ESRD, dialysis, etc.
		  ◦ Patient is on an ACE/ARB medication

Hypertension: Controlling blood pressure	Patients with diagnosis of high blood pressure who receive treatment and are able to maintain a healthy pressure during the calendar year: • <140/90 for patients 18–59 years of age or patients 60–85 years of age with a diagnosis of diabetes • <150/90 for patients 60–85 years of age without a diagnosis of diabetes	Medical record stating hypertension diagnosis and that blood pressure was completed on a specified date with result. Documentation must be from provider managing condition. *Documented exclusions: patients with ESRD (dialysis) or kidney transplant; a diagnosis of pregnancy during year; or nonacute inpatient admission during year.*
Osteoporosis management in women	For female patients 67-85 and older, bone mineral density (BMD) testing or a dispensed prescription drug to treat osteoporosis is recommended within 180 days of a fracture.	Medical record with result of bone density test or documentation of the prescription that was given to the patient. HEDIS compliance stipulates that the prescription be dispensed. *Documented exclusions: BMD within past 24 months or osteoporosis therapy within past 12 months.*

- continued on other side -

Quality measure	CMS Five-Star Quality Rating recommendations	Documentation guidelines
Rheumatoid arthritis/ Disease-modifying antirheumatic drug (DMARD)	All patients 18 years and older with a diagnosis of rheumatoid arthritis should have a dispensed prescription for a disease-modifying antirheumatic drug (DMARD).	Medical record stating the patient's current medications *or* documentation of the prescription given to patient for DMARD. HEDIS compliance stipulates prescription be dispensed. *Documented exclusions: diagnosis of HIV or pregnancy.*
Care for older adults (Special Needs Plan measure)	Recommended during the calendar year for adults 66 years and older. • Advance care planning • Functional status: patient to have at least one functional status assessment • Medication review: annual review of all medications (prescriptions, OTC, herbal/ supplemental therapies) • Pain assessment: patient to have at least one pain assessment during the calendar year	• Advance care planning: progress notes documenting the discussion and date when it was discussed or notation that the member previously executed an advanced care plan • Functional status: notation that activities of daily living (bathing, dressing, eating, walking, etc.) or instrumental activities of daily living (grocery shopping, driving, meal preparation, laundry, taking medications, etc.) were assessed or documentation of result of assessment using a standardized functional status assessment (SF-36®) Assessment of Living Skills and Resources (ALSAR), Bayer Activities of Daily Living (B-ADL) Scale or notation that three of the following four components were assessed (cognitive, ambulation, sensory ability*, other functional independence) • Medication review: medication list and evidence of medication review by prescribing practitioner or clinical pharmacist, including date when performed or notation that member is not taking any medication and date when noted • Pain assessment: medical record with documentation of comprehensive pain assessment or result of assessment using standardized pain assessment tool

*Requires that hearing, vision and speech all be assessed.

Prescription drug measures	CMS Five-Star Quality Rating requirements	Documentation guidelines
Medication adherence: Oral diabetes medications	Percentage of patients with a prescription for oral diabetes medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.	Provider should document prescriptions in patient's medical record. Star Rating is based on pharmacy data. *Medications received at the VA or through discount programs where insurance is not billed are excluded from pharmacy data.*
Medication adherence: ACEI/ARB	Percentage of patients with a prescription for blood pressure medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.	Provider should document prescriptions in patient's medical record. Star Rating is based on pharmacy data. *Medications received at the VA or through discount programs where insurance is not billed are excluded from pharmacy data.*
Medication adherence: Statins	Percentage of patients with a prescription for cholesterol (a statin drug) medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.	Provider should document prescriptions in patient's medical record. Star Rating is based on pharmacy data. *Medications received at the VA or through discount programs where insurance is not billed are excluded from pharmacy data.*

- Five-Star Quality Rating System is a registered trademark of the Centers for Medicare & Medicaid Services (CMS). Additional information can be found at: cms.gov
- HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). Additional information can be found at: ncqa.org

optum.com

11000 Optum Circle
Eden Prairie, MN 55344

Optum® is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions. All other brand or product names are the property of their respective owners. This document is proprietary and confidential; altering, rebranding, public posting, digital downloading is not permitted without the express consent of Optum. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer.

©2018 Optum, Inc. All rights reserved • Revised 05/23/2018 • RQNS0118