

# 2015 PROVIDER TOOLKIT

## Understanding the Centers for Medicare and Medicaid (CMS) Stars Rating System

### What is CMS Quality Star Ratings program?

CMS evaluates health insurance plans and issues star ratings each year; these ratings may change from year to year. The CMS plans rating uses quality measurements that are widely recognized within the health care and health insurance industry to provide an objective method for evaluating health plan quality. The overall plan rating combines scores for the types of services the health plan offers. CMS compiles its overall score for quality of services based on measures such as:

- How the health plan helps members stay healthy through preventive screenings, test and vaccines
- How often the members receive preventive screenings, tests and vaccines
- How the health plan helps members manage chronic conditions
- Scores of member satisfaction with the health plan
- How often members filed a complaint against the health plan
- How well the health plan handles calls from members

In addition, because the health plan offers prescription drug coverage, CMS also evaluates the health plans for the quality of services covered such as:

- Drug plan customer service
- Drug plan member complaints and Medicare audit findings
- Member experience with drug plan
- Drug pricing and patient safety

### What Are CMS Star Ratings?

CMS developed a set of Quality Performance Ratings for Health Plans that includes specific Clinical, Member Perceptions, and Operational measures. The Quality Performance Ratings for 2015 services include 47 measures derived from six (6) data sources. Percentile performance is converted to Star Assignments based on CMS specifications as 1 – 5 stars, where 5 stars indicate higher performance. This rating system applies to all Medicare Advantage (MA) lines of business: Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), Private Fee-for-Service (PFFS). In addition, the ratings are posted on the CMS consumer website, [www.medicare.gov](http://www.medicare.gov), to give beneficiaries help in choosing among the MA plans offered in their area.

Data Source	Description	# of Metrics
HEDIS (Healthcare Effectiveness Data & Information Set)	Subset of broad HEDIS data set used to measure health plans' ability to drive compliance with preventive care guidelines and Evidence Based medical treatment guidelines	13
CAHPS (Consumer Assessment of Healthcare Providers and Systems)	Survey of randomly selected members focusing on member perception of their ability to access quality medical care	9
HOS (Healthcare Outcomes Survey)	Survey of randomly selected members focusing on members' perception of their own health and recollection of specific provider care delivered	4
Pharmacy/Medication Adherence	Data set used to measure health plans' ability to drive compliance with medication adherence	4
CMS Administrative Data	Administrative data collected by CMS related to health plan service capabilities and performance	13
IRE (Independent Review Entity)	Timeliness and fairness of decisions associated with Appeals	4

The methodology used by CMS is subject to change and final guidelines are released during the fall each year.

This methodology was developed to:

- Aid consumer choice among plans on Medicare.gov and strengthen beneficiary protections
- Strengthen CMS' ability to distinguish stronger health plans for participation in Medicare Parts C and D
- Penalize consistently poor performing health plans

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## Understanding the Centers for Medicare and Medicaid Stars Rating System...cont

Utilize the attached “Physician Guidance for a Quick Health Check” to ensure CMS’ expectations are met with regard to care for Medicare beneficiaries.

### What are the Benefits?

The value of improving performance is well worth the investment for the health plan, its members and the provider community.

Benefits to Members	Benefits to Providers	Benefits to the health plan
<ul style="list-style-type: none"><li>Member receives quality care that leads to positive health outcome</li><li>Greater health plan focus on access to care</li><li>Improved relations with their doctors</li><li>Increased levels of customer service</li><li>Early detection of disease and health care that meets their individual needs</li></ul>	<ul style="list-style-type: none"><li>Improved quality of care and health outcome</li><li>Encourages guideline concordant care</li><li>Improved patient relations and health plan relations</li><li>Increased awareness of patient safety issues</li><li>Greater focus on preventive medicine and early disease detection</li><li>Strong benefits to support chronic condition management</li></ul>	<ul style="list-style-type: none"><li>Improved quality of care and health outcome</li><li>Improved provider relations</li><li>Improved member relations</li><li>Process Improvement</li><li>Key component in financing health care benefits for MA plan enrollees</li></ul>

### Tips for Providers – What you can do

- Continue to encourage patients to obtain preventive screenings annually or when recommended
- Create office practices to identify all gaps in care at the time of their appointment
- Submit complete and correct encounters/claims with appropriate codes and properly document medical chart for all members
- Review the gap in care files listing members with open gaps that is provided by your health plan at [www.SunshineHealth.com/for-providers/](http://www.SunshineHealth.com/for-providers/)

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## Physicians Guidance for Member Quick Health Check

Patient Name:	Patient DOB:
Member ID#:	Practitioner Name:

### 1. Have you had any of the following problems with your work or regular activities because of your physical health? (HOS) Circle response

Accomplished less than you would like	YES	NO	UNSURE
Limited in the kind of work or other activities you could do	YES	NO	UNSURE
Have a hard time doing things like moving a table, pushing a vacuum cleaner, or playing golf	YES	NO	UNSURE
Have a hard time bathing, dressing, eating, getting in or out of chairs, walking or using the toilet	YES	NO	UNSURE
Needed assistance or special equipment to do normal chores	YES	NO	UNSURE

### 2. Have you fallen in the past 12 months? (HOS)

### 3. Have you had trouble with your balance in the past 12 months? (HOS)

Physician Guidance – Discuss patient balance/fall problem and document preventive intervention

### 4. Have you had any of the following problems with your work or other regular daily activities because of emotional problems? (HOS) Circle response

Physician Guidance – Identify interventions to improve mental health status and document communication.

Accomplished less than you would like	YES	NO	UNSURE
Felt downhearted or blue	YES	NO	UNSURE
Didn't do work or other activities as carefully as usual	YES	NO	UNSURE
Didn't have a lot of energy	YES	NO	UNSURE
Felt sad and depressed most days	YES	NO	UNSURE

### 5. During the past four weeks, has pain stopped you from doing things you want to do?

Please rate on a scale of 1 to 5 with 5 being the worst.(HOS)

Physician Guidance -Complete pain screening using the “Pain Assessment” section in the attached “Care for Older Adults Assessment Form”. Identify/Document interventions.

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## Physicians Guidance for Member Quick Health Check

6. **Are you able to refill your prescription before your current supply depletes? Do you have difficulty remembering to take your prescriptions as prescribed?**
7. **Have you received a pneumonia immunization or vaccine? If no, why not? Would you like to receive one?**
8. **When did you last receive your flu shot? If not in the last year, why? Would you like to receive one?**
9. **WOMEN – Have you ever had a bone density test to check for osteoporosis? If no, why?** (HOS)  
Physician Guidance – Order bone density test and encourage patient to comply
10. **Are you pleased with the amount of time your doctor talks to you and how he or she explains your health care needs?** (CAHPS)  
Physician Guidance – Consider options to improve communication
11. **Do you think you can get care you need without delay?** (CAHPS)  
Physician Guidance – Determine how or why patient perceives difficulty in getting timely care. Discuss realistic expectations for obtaining an appointment. Differentiate between getting appointments with the primary care physician versus specialists offices. Help the patient understand how to navigate the process better to receive timely care. Also look for areas to improve office procedures, if determined to be a problem.
12. **Are you pleased with the quality of your health care?**  
Please rate on a scale of 1 to 10 with 10 being the most pleased.

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## Quality Improvement Form

Date of Patient Assessment: \_\_\_/\_\_\_/\_\_\_ Patient Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  
Member ID#: \_\_\_\_\_ Practitioner Name: \_\_\_\_\_

### ROUTINE CARE/SCREENING (COMPLETE AS APPLICABLE FOR ALL MEMBERS)

Date: \_\_\_\_\_ BMI: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Most Recent BP: \_\_\_\_\_/\_\_\_\_\_  
BP treatment if hypertensive: Yes No  
Optometrist or Ophthalmologist: \_\_\_\_\_  
Last Bone Density Test (females > 67 yrs.): \_\_\_\_\_ Date: \_\_\_\_\_ Is member using osteoporosis Rx? Yes No  
Last Mammogram (females 50-74 yrs.): \_\_\_\_\_ Date: \_\_\_\_\_  
Has patient had 2 unilateral mastectomies or a bilateral mastectomy? Yes No  
Bilateral mastectomy date: \_\_\_\_\_ Right unilateral mastectomy date: \_\_\_\_\_ Left unilateral mastectomy date: \_\_\_\_\_

### HEALTH OUTCOME SURVEY (WWW.HOSONLINE.ORG/) RELATED EVALUATIONS, DISCUSSIONS, AND DOCUMENTATION AS APPLICABLE FOR ALL MEMBERS, REFER TO "PHYSICIANS GUIDANCE FOR MEMBER QUICK HEALTH CHECK" ON PREVIOUS PAGES. (COMPLETE AS APPLICABLE FOR ALL MEMBERS)

\_\_\_ Level of physical activity and recommendations (i.e., maintain, start, increase, or otherwise modify)  
\_\_\_ Bladder control, as well as related management and treatment plans  
\_\_\_ Emotional or mental health concerns, including interference with activities of daily living (ADLs) and antidepressant medication mgmt.  
\_\_\_ Risk for falls, problems with walking or balance  
\_\_\_ Adherence to medication regimen as ordered by practitioner  
\_\_\_ Tobacco use and cessation recommendations  
\_\_\_ Flu and pneumonia vaccination

### COLORECTAL CANCER SCREENING (COMPLETE FOR MEMBERS AGED 50-75)

\_\_\_ Annual guaiac (gFOBT) or immunochemical (iFOBT) Date: \_\_\_\_\_  
\_\_\_ Flexible sigmoidoscopy within the last five years Date: \_\_\_\_\_  
\_\_\_ Colonoscopy within the last ten years Date: \_\_\_\_\_  
\_\_\_ The patient has a colon cancer diagnosis Date of Initial Diagnosis: \_\_\_\_\_  
\_\_\_ The patient has had a total colectomy Date of Initial Surgery: \_\_\_\_\_

### DIABETIC MEMBER ONLY (COMPLETE FOR MEMBERS AGE < 75 YEARS)

Most recent HbA1c Result: \_\_\_\_\_ Date of Test: \_\_\_\_\_ Medications: \_\_\_\_\_  
Most recent LDL-C Result: \_\_\_\_\_ Date of Test: \_\_\_\_\_ Statin: \_\_\_\_\_  
Urine Microalbumin Test Date: \_\_\_\_\_ Urine Macroalbumin Test result: \_\_\_\_\_  
Annual Retinal Eye Exam Date: \_\_\_\_\_ No Retinopathy  
Optometrist or Ophthalmologist: \_\_\_\_\_

### OTHER CHRONIC CONDITION MANAGEMENT (COMPLETE AS APPLICABLE)

Does the Patient have:  
Cardiovascular diagnosis? Yes No Most recent LDL-C result: \_\_\_\_\_ Date: \_\_\_\_\_  
Rheumatoid arthritis? Yes No DMARD prescribed? Yes No  
ACE-I/ARB: \_\_\_\_\_

Comments/Notes: \_\_\_\_\_

This information is accurate and complete to the best of my knowledge:

Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name and Credentials (Printed): \_\_\_\_\_

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## Care of Older Adult Assessment Form

Date of Patient Assessment: \_\_\_/\_\_\_/\_\_\_ Patient Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  
 Member ID#: \_\_\_\_\_

### FUNCTIONAL ASSESSMENT

Choose the scoring point for the statement that most closely corresponds to the patient's current level of ability for the following 10 items.  
 Modified Barthel Index of Daily Living" Source: Mahoney, Barthel. Functional evaluation: the Barthel Index. (1965)

BOWELS	BLADDER	TOILET USE	GROOMING	FEEDING
<b>0</b> = incontinent (needs to be given enema) <b>1</b> = accident less than once a week <b>2</b> = continent	<b>0</b> = incontinent, or catheterized & unable to manage <b>1</b> = accident less than once a day <b>2</b> = continent	<b>0</b> = dependent <b>1</b> = needs some help, but can do some things alone <b>2</b> = independent (on & off, dressing, wiping)	<b>0</b> = needs help with personal care <b>1</b> = independent face/hair/teeth/shaving (proper tools provided)	<b>0</b> = unable <b>1</b> = needs some help (cutting, spreading butter, etc.) <b>2</b> = independent if food is within reach
TRANSFER	MOBILITY	DRESSING	STAIRS	BATHING
<b>0</b> = unable (no sitting balance) <b>1</b> = can sit, but needs major help (one or two people, physical) <b>2</b> = minor help (verbal or physical) <b>3</b> = independent	<b>0</b> = immobile <b>1</b> = wheelchair independent, including corners <b>2</b> = walks with help of one person (verbal or physical) <b>3</b> = independent (but may use an aid, e.g., cane)	<b>0</b> = dependent <b>1</b> = needs some help <b>2</b> = independent (including laces, buttons, & zippers)	<b>0</b> = unable <b>1</b> = needs help (verbal, physical, carrying aid) <b>2</b> = independent up and down	<b>0</b> = dependent <b>1</b> = independent (or in shower)

**FUNCTIONAL ASSESSMENT TOTAL SCORE:** \_\_\_\_\_

Sum the scores for each item. Lower score indicates increased disability. If used to measure improvement, changes of more than two points reflect a probable genuine change. Change on one item from full dependent to independent is also likely to be reliable.

### ADVANCE CARE PLANNING

Indicate with a "X" for YES (Y) or NO (N)

Date Advance Care Planning materials offered & discussed: \_\_\_/\_\_\_/\_\_\_ Living Will (Y) \_\_\_ (N) \_\_\_

Member Refusal (Y) \_\_\_ (N) \_\_\_

Member previously executed an advance care plan (Y) \_\_\_ (N) \_\_\_ (document in comments)

Copy or Documented in Chart (Y) \_\_\_ (N) \_\_\_

Comments/Notes: \_\_\_\_\_  
 \_\_\_\_\_

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## Care of Older Adult Assessment Form

### MEDICATION REVIEW LIST

Indicate with a "X" for YES (Y) or NO (N)

Member on Medication: (Y) \_\_\_ (N) \_\_\_ Date performed: \_\_\_/\_\_\_/\_\_\_

Reviewing Practitioner name: \_\_\_\_\_

Medication Review. Review of all a member's medications, including medication names only or may include medication names, dosages and frequency, over-the-counter (OTC) medications and herbal or supplemental therapies by a prescribing practitioner or clinical pharmacist and the date when it was performed.

Medication	Dose/Frequency	Medication	Dose/Frequency

Reminder: Both medications review and medication list must be submitted together for the same date of service

### PAIN ASSESSMENT

Complete the Pain Assessment by completing the form below



Under Pain Management Plan: (Y) \_\_\_ (N) \_\_\_

Under Pain Treatment: (Y) \_\_\_ (N) \_\_\_

Reminder: Notation of a pain management plan alone, notation of a pain treatment alone, notation of screening for chest pain alone, or documentation of chest pain alone does not meet criteria for a completed Pain Assessment.

Any Pain? Y/N	Location	Level of Pain (1-5)	Date of Assessment	Comments/Additional information

Reviewing Practitioner's Signature: \_\_\_\_\_

Date performed: \_\_\_/\_\_\_/\_\_\_

Comments: \_\_\_\_\_

CPT IDENTIFICATION CODES for claim submission and documentation: Functional Status Assessment CPT Cat II: 1170F; Advance Directive: CPT II: 1157F, 1158F; Pain Screening: CPT II: 1125F, 1126F; Medication Review: CPT Cat II 1160F; Medication List: CPT Cat. II: 1159F