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, to give beneficiaries help in choosing among the MA plans offered in their area.

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

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 --
2015 PROVIDER TOOLKIT
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.

<table>
<thead>
<tr>
<th>Benefits to Members</th>
<th>Benefits to Providers</th>
<th>Benefits to the health plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Member receives quality care that leads to positive health outcome</td>
<td>• Improved quality of care and health outcome</td>
<td>• Improved quality of care and health outcome</td>
</tr>
<tr>
<td>• Greater health plan focus on access to care</td>
<td>• Encourages guideline concordant care</td>
<td>• Improved provider relations</td>
</tr>
<tr>
<td>• Improved relations with their doctors</td>
<td>• Improved patient relations and health plan relations</td>
<td>• Improved member relations</td>
</tr>
<tr>
<td>• Increased levels of customer service</td>
<td>• Increased awareness of patient safety issues</td>
<td>• Process Improvement</td>
</tr>
<tr>
<td>• Early detection of disease and health care that meets their individual needs</td>
<td>• Greater focus on preventive medicine and early disease detection</td>
<td>• Key component in financing health care benefits for MA plan enrollees</td>
</tr>
</tbody>
</table>

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.BuckeyeHealthPlan.com/for-providers/
# 2015 Provider Toolkit

**Physicians Guidance for Member Quick Health Check**

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Patient DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member ID#:</td>
<td>Practitioner Name:</td>
</tr>
</tbody>
</table>

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

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

## 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.**

<table>
<thead>
<tr>
<th>Problem</th>
<th>YES</th>
<th>NO</th>
<th>UNSURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accomplished less than you would like</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt downhearted or blue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Didn’t do work or other activities as carefully as usual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Didn’t have a lot of energy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt sad and depressed most days</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 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.**
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.
2015 PROVIDER TOOLKIT
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): __________________________
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)*

<table>
<thead>
<tr>
<th>BOWELS</th>
<th>BLADDER</th>
<th>TOILET USE</th>
<th>GROOMING</th>
<th>FEEDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = incontinent (needs to be given enema)</td>
<td>0 = incontinent, or catheterized &amp; unable to manage</td>
<td>0 = dependent</td>
<td>0 = needs help with personal care</td>
<td></td>
</tr>
<tr>
<td>1 = accident less than once a week</td>
<td>1 = accident less than once a day</td>
<td>1 = needs some help, but can do some things alone</td>
<td>1 = independent face/ hair/teeth/shaving (proper tools provided)</td>
<td></td>
</tr>
<tr>
<td>2 = continent</td>
<td>2 = continent</td>
<td>2 = independent (on &amp; off, dressing, wiping)</td>
<td>2 = independent if food is within reach</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRANSFER</th>
<th>MOBILITY</th>
<th>DRESSING</th>
<th>STAIRS</th>
<th>BATHING</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = unable (no sitting balance)</td>
<td>0 = immobile</td>
<td>0 = dependent</td>
<td>0 = unable</td>
<td></td>
</tr>
<tr>
<td>1 = can sit, but needs major help (one or two people, physical)</td>
<td>1 = wheelchair independent, including corners</td>
<td>1 = needs some help</td>
<td>1 = needs help (verbal, physical, carrying aid)</td>
<td></td>
</tr>
<tr>
<td>2 = minor help (verbal or physical)</td>
<td>2 = walks with help of one person (verbal or physical)</td>
<td>2 = independent (including laces, buttons, &amp; zippers)</td>
<td>2 = independent up and down</td>
<td></td>
</tr>
<tr>
<td>3 = independent</td>
<td>3 = independent (but may use an aid, e.g., cane)</td>
<td>3 = independent</td>
<td>0 = dependent</td>
<td></td>
</tr>
</tbody>
</table>

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: ________________________________________________________________
2015 PROVIDER TOOLKIT
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.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose/Frequency</th>
<th>Medication</th>
<th>Dose/Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Any Pain?</th>
<th>Location</th>
<th>Level of Pain (1-5)</th>
<th>Date of Assessment</th>
<th>Comments/Additional information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y/N</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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