Diabetes Care-Blood Sugar Controlled Tip Sheet

What is the CMS Star Rating Program?

CMS uses a five-star quality rating system to measure the experiences Medicare beneficiaries have with their health plan and health care system – the Star Rating Program. Health plans are rated on a scale of 1 to 5 stars, with 5 being the highest. These ratings are then published on the Medicare Plan Finder at www.medicare.gov to raise the quality of care for Medicare beneficiaries, strengthen beneficiary protections and help consumers compare health plans more easily.

Measure Description **Weight**: 3

The percentage of plan members with diabetes (types 1 and 2) who had an A1c lab test during the measurement year that showed their average blood sugar is under control (<8%).

*<8% is in compliance with Health Alliance VBC and is not to be confused with CMS and HEDIS HbA1c poor control (>9%).

Measure Source

- Chart Review & Claims
- 1/1 – 12/31

Stars/Quality Specifications

The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year:

Less than 8%. *<8% is in compliance with Health Alliance™ VBC and is not to be confused with CMS and HEDIS HbA1c poor control (>9%).

Strategies for Success

- Adjust patient's medications based on A1c levels.
- If there are multiple HbA1c tests on the same date of service, use the lowest result.
- Order routine lab work.
  - ✓ HbA1c test bi-annually for patients meeting treatment goals.
  - ✓ HbA1c test quarterly for patients NOT meeting treatment goals.
- Refer patients to case management, pharmacy, care coordination, nutrition services or health coaching to improve A1c levels.
- Consider a referral for medical nutrition counseling. Medical nutrition counseling is covered by Medicare with a diagnosis of renal disease or diabetes. Three hours of administration in the first year and two hours in subsequent years for renal disease or diabetes are a covered benefit.

Coding and Documentation Tips

Exclusions:
Members receiving palliative care, in hospice or using hospice services or died during the measurement year.
Member may be excluded from this measure due to frailty and/or advanced illness codes. Click the following link to review master code list for exclusions: Exclusion Codes.

If you have questions, please contact your provider relations specialist.