



## **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 healthcare 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 [medicare.gov](https://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 percent 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**

- Claims & Chart Review.
- 1/1 – 12/31.

### **Stars/Quality Specifications**

The percentage of diabetic MA enrollees 18-75 whose most recent HbA1c level is 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 patients 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.
  - ✓ HgA1c test bi-annually for patients meeting treatment goals.
  - ✓ HgA1c 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.

### **Coding and Documentation Tips**

Members may be excluded from this measure due to frailty and/or advanced illness. Click the following link to review the master code list for exclusions: [Exclusion Codes](#)

If you have any questions, please contact your Provider Relations Specialist.