

# MY2023/BY2026 Star measures<sup>1</sup> and weights<sup>1</sup>

HEDIS	Measured Jan.–Dec.	ABBR	Weight
<b>Preventive Screenings</b>	Breast Cancer Screening	BCS	1x
	Colorectal Cancer Screening	COL	1x
Controlling Blood Pressure		CBP	3x
<b>Care for Older Adults (COA)</b> <small>Measures apply only to Special Needs Plans (SNP)</small>	Functional Status Assessment	FSA	Display
	Medication Review	MDR	1x
	Pain Screening	PNS	1x
<b>Diabetes Measures</b>	Blood Sugar Controlled	HBD	3x
	Eye Exam	EED	1x
	Kidney Health Evaluation	KED	Display
Medication Reconciliation Post-Discharge <small>CMS has indicated retirement of the stand alone MRP for MY24</small>		MRP	1x
Osteoporosis Management		OMW	1x
Statin Therapy for Cardiovascular Disease		SPC	1x
<b>Care Coordination</b>	Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions		FMC 1x
	<b>Transitions of Care</b> <small>Measure determined average of the four display measures to the right</small>	NIA	RDI
		PED	MRP
Plan All-Cause Readmissions		PCR	3x

Patient Safety	Measured Jan.–Dec.	ABBR	Weight
<b>Medication Adherence</b>	Cholesterol (statins)	MAC	3x
	Diabetes Medication	MAD	3x
	Hypertension (ACE/ARB)	MAH	3x
Statin Use in Persons with Diabetes		SUPD	1x

CAHPS	Measured March–June of the following year	ABBR	Weight
Annual Flu Vaccine		FLU	1x
Care Coordination		CC	4x
Customer Service		CS	4x
Getting Appointments and Care Quickly		GACQ	4x
Getting Needed Care		GNC	4x
Getting Needed Prescription Drugs		GNRx	4x
Overall Rating of Health Care Quality		RHCQ	4x
Overall Rating of Health Plan		RHP	4x
Overall Rating of Drug Plan		RDP	4x

HOS	Measured Aug.–Nov.	ABBR	Weight
Improving or Maintaining Physical Health <sup>2</sup>		IMPH	Display
Improving or Maintaining Mental Health <sup>2</sup>		IMMH	Display
Monitoring Physical Activity		MPA	1x
Improving Bladder Control		IBC	1x
Reducing the Risk of Falls		ROF	1x

IRE	Measured Jan.–Dec.	ABBR	Weight
Timely Decisions about Appeals		PTD	4x
Reviewing Appeals Decisions		RAD	4x

CMS	Measured Jan.–Dec.	ABBR	Weight
Data for the next two measures (TTY/FL) is collected through test calls made by a CMS vendor Feb.–June of the following year			
Call Center – Foreign Language Interpreter and TTY/TDD – Part C		FLIC	4x
Call center – Foreign Language Interpreter and TTY/TDD – Part D		FLID	4x
Complaints About the Health/Drug Plan <small>Part C and Part D performance calculated separately and apply only toward respective line of business</small>		CHPC/CHPD	4x
Comprehensive Medication Review		CMR	1x
Medicare Plan Finder Accuracy <sup>2</sup> <small>Measures and weights reflect Part D proposed rule as of Jan. 6, 2022</small>		MPF	1x
Special Needs Plan Care Management		SNP	1x
Members Choosing to Leave the Plan <small>Part C and Part D performance calculated separately and apply only toward respective line of business</small>		MLPC/MLPD	4x

Improvement	ABBR	Weight
Part C Improvement <sup>2</sup>	HPQI	5x
Part D Improvement <sup>2</sup>	DPQI	5x

1. Measures and weights reflect CMS guidance from the Advance Notice 02/01/23  
 2. Measures that are **not** part of the Improvement calculation

# MY2022/BY2025 Star measures<sup>1</sup> and weights<sup>1</sup>

HEDIS	Measured Jan.–Dec.	ABBR	Weight
<b>Preventive Screenings</b>	Breast Cancer Screening	BCS	1x
	Colorectal Cancer Screening	COL	1x
Controlling Blood Pressure		CBP	3x
<b>Care for Older Adults (COA)</b> <small>Measures apply only to Special Needs Plans (SNP)</small>	Functional Status Assessment	FSA	Display
	Medication Review	MDR	1x
	Pain Screening	PNS	1x
<b>Diabetes Measures</b>	Blood Sugar Controlled	HBD	3x
	Eye Exam	EED	1x
	Kidney Health Evaluation	KED	Display
Medication Reconciliation Post-Discharge <i>Feb. 1, 2022: Until CMS provides further guidance, MRP is a stand-alone measure</i>		MRP	1x
Osteoporosis Management		OMW	1x
Statin Therapy for Cardiovascular Disease		SPC	1x
<b>Care Coordination</b>	Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions		FMC 1x
	<b>Transitions of Care</b> <small>Measure determined average of the four display measures to the right</small>	NIA	RDI
		PED	MRP
Plan All-Cause Readmissions		PCR	1x

Patient Safety	Measured Jan.–Dec.	ABBR	Weight
<b>Medication Adherence</b>	Cholesterol (statins)	MAC	3x
	Diabetes Medication	MAD	3x
	Hypertension (ACE/ARB)	MAH	3x
Statin Use in Persons with Diabetes		SUPD	1x

CAHPS	Measured March–June of the following year	ABBR	Weight
Annual Flu Vaccine		FLU	1x
Care Coordination		CC	4x
Customer Service		CS	4x
Getting Appointments and Care Quickly		GACQ	4x
Getting Needed Care		GNC	4x
Getting Needed Prescription Drugs		GNRx	4x
Overall Rating of Health Care Quality		RHCQ	4x
Overall Rating of Health Plan		RHP	4x
Overall Rating of Drug Plan		RDP	4x

HOS	Measured Aug.–Nov.	ABBR	Weight
Improving or Maintaining Physical Health <sup>2</sup>		IMPH	Display
Improving or Maintaining Mental Health <sup>2</sup>		IMMH	Display
Monitoring Physical Activity		MPA	1x
Improving Bladder Control		IBC	1x
Reducing the Risk of Falls		ROF	1x

IRE	Measured Jan.–Dec.	ABBR	Weight
Timely Decisions about Appeals		PTD	4x
Reviewing Appeals Decisions		RAD	4x

CMS	Measured Jan.–Dec.	ABBR	Weight
Data for the next two measures (TTY/FL) is collected through test calls made by a CMS vendor Feb.–June of the following year			
Call Center – Foreign Language Interpreter and TTY/TDD – Part C		FLIC	4x
Call center – Foreign Language Interpreter and TTY/TDD – Part D		FLID	4x
Complaints About the Health/Drug Plan <small>Part C and Part D performance calculated separately and apply only toward respective line of business</small>		CHPC/CHPD	4x
Comprehensive Medication Review		CMR	1x
Medicare Plan Finder Accuracy <sup>2</sup> <small>Measures and weights reflect Part D proposed rule as of Jan. 6, 2022</small>		MPF	1x
Special Needs Plan Care Management		SNP	1x
Members Choosing to Leave the Plan <small>Part C and Part D performance calculated separately and apply only toward respective line of business</small>		MLPC/MLPD	4x

Improvement	ABBR	Weight
Part C Improvement <sup>2</sup>	HPQI	5x
Part D Improvement <sup>2</sup>	DPQI	5x

1. Measures and weights reflect CMS guidance as of Jan. 12, 2022
2. Measures that are **not** part of the Improvement calculation

## Star measure definitions

Term	Definition
Bonus year	Bonus year is the year in which CMS pays bonuses for currently enrolled members based on the prior calendar year's rating.
CAHPS	CAHPS® is the Consumer Assessment of Healthcare Providers and Systems. It is conducted on behalf of CMS.
CMS	CMS is the Centers for Medicare & Medicaid Services.
HEDIS	HEDIS® stands for the Healthcare Effectiveness Data and Information Set. HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).
HOS	HOS is the Health Outcomes Survey, an annually reported outcome survey conducted on behalf of CMS.
IRE	IRE is an Independent Review Entity. Currently CMS' IRE is Maximus.
Measurement year	Measurement year is the period of time when patients are receiving their screenings, filling prescriptions and responding to surveys. Information regarding this activity is exchanged with CMS or the IRE.
Patient Safety	Patient Safety is the operational category used to assess quality and performance of drug plan services. The Pharmacy Quality Alliance (PQA™) oversees the Patient Safety category.
Weights	Weights are the values assigned to measure types to indicate their impact on the overall or summary Star rating of a plan.

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