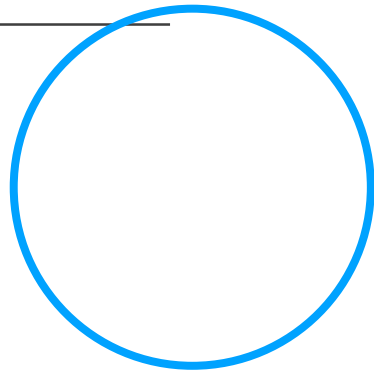


# MediCare Statin Measures

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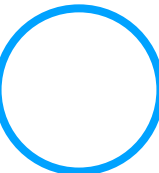
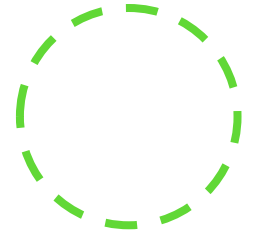
# CMS QUALITY STAR RATING OVERVIEW

## What is the CMS Quality Star Rating system?

A system that evaluates the relative quality of health plans — Medicare Advantage (MA) and Prescription Drug Plans (PDP) — by the Centers for Medicare & Medicaid Services (CMS).

CMS measures health plans on a scale from 1 to 5 stars, with 5 stars representing the highest quality performance:

- ★★★★★ Excellent
- ★★★★☆ Above Average
- ★★★☆☆ Average
- ★★☆☆☆ Below Average
- ★☆☆☆☆ Poor






# STATIN MEASURES

There are currently two statin measures (SUPD and SPC) from the Centers of Medicare and Medicaid Services (CMS)

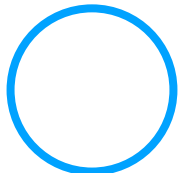
- **SUPD (Statin Use in Persons with Diabetes)**
- **SPC (Statin Therapy for Patients with Cardiovascular Disease)**

**Defining SUPD:** The percentage of Medicare members with diabetes ages 40-75 who receive at least **one fill** of a statin medication during the measurement year.

- How do members get indexed into the measure? If they receive two fills of diabetes medication during the measurement year. Pharmacy claims are used to identify and close care opportunities.



**Defining SPC:** The percentage of males ages 21-75 and females ages 40-75 during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) via medical claims and who receive at least **one fill** of a **high-or moderate-intensity statin** during the measurement year.

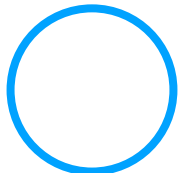





# SUPD EXCLUSIONS



Description	Exclusion Code
Side effects from statin use: Myalgia, myositis, myopathy, rhabdomyolysis	G72.0, G72.89, G72.9, M60.80, M60.9, M62.82, T46.6X5A
Pre-diabetes	R73.03, R73.09
Liver disease	B18.2, B18.9, K70.9, K71.9, K74.0, K74.5, K74.69, K75.4
Pregnancy	O26.899, O48.0, O99.891, Z33.1, Z34.00, O92.70
PCOS	E28.2



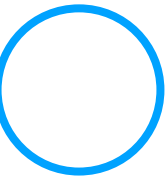


# SPC EXCLUSIONS



SPC (Statin Therapy for Patients with Cardiovascular disease) has a long list of exclusions.

Exclusion	Description
Side effects from statin use: Myalgia, myositis, myopathy, rhabdomyolysis	G72.0, G72.9, M60.80, M60.9, M62.82, M79.1
Members who use hospice services during the measurement year	
Members age 66 and older as of Dec 21 of the measurement year who had a diagnosis of <b>frailty AND advanced illness</b> . Advanced illness is indicated by one of the followings: <ul style="list-style-type: none"><li>• Two or more outpatient, observation, emergency (ER) or non-acute inpatient encounters or discharges on separate dates of service with a diagnosis of advanced illness</li><li>• One or more acute inpatient encounter(s) with a diagnosis of advanced illness</li><li>• One or more acute inpatient discharges(s) with a diagnosis of advanced illness on the discharge claim</li></ul> Dispensed a dementia medication: Donepezil, galantamine, rivastigmine or memantine	Note: Advanced illness can be reported in the measurement year or the year prior. Frailty must be reported in the measurement year.






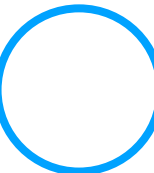
# SPC EXCLUSIONS CONT.

SPC (Statin Therapy for Patients with Cardiovascular disease) has a long list of exclusions.

Exclusion	Description
<ul style="list-style-type: none"><li>• Cirrhosis</li><li>• Dispensed at least one prescription for clomiphene</li><li>• ESRD</li><li>• Female members with a diagnosis with pregnancy</li><li>• In vitro fertilization</li></ul>	
Members ages 66 and older as of Dec 31 of the measurement year who are either: <ol style="list-style-type: none"><li>1. Enrolled in an Institution Special Needs Plan (I-SNP)</li><li>2. Living long term in an institution</li></ol>	



\* Supplemental and medical record data may not be used for the frailty with advanced illness or institutional living exclusions.





# WHAT DO I NEED TO DO TO EXCLUDE MY PATIENTS FROM THE SUPD/SPC MEASURES?

## Required Exclusion

Members are excluded from a measure denominator based on their diagnosis and/or procedure captured in claim/encounter data. A determination is made after the claim is processed within certified HEDIS® software while the measure denominator is being created. For example:

- Members with end-stage renal disease (ESRD) during the measurement year or year prior will be excluded from the statin therapy for patients with cardiovascular disease (SPC) measure denominator.
- Members with a claim for hospice services during the measurement year will be excluded from all applicable measures.

- Include the ICD-10 diagnosis code in the medical record and submit a claim using the ICD-10 code.
- If not code is submitted, patient will continue to index into the measure and this will affect the medical's group performance grading.



# SUPD/SPC FREQUENTLY ASKED QUESTIONS

## 1. My patient's LDL level is normal, can he/she be excluded from the measure?

No, currently CMS does not allow this as an exclusion.

## 2. Patient has elevated ALT/AST levels, can he/she be excluded?

No, currently CMS does not allow abnormal liver function test as an exclusion. However, if patient has liver disease, he/she can be excluded.

- You may use **T46.6X5A\***: "adverse effect of antihyperlipidemic and antiarteriosclerotic drugs"
- **\* Note:** T46.6X5A is specific for SUPD measure.

## 3. My patient is currently on a statin for the SPC measure, why is my patient still flagged as non-compliant?

Check the **dose** of the statin medication prescribed. For SPC, patients need to be on a **moderate-high intensity** statin. **Low-intensity does not count**. If patient cannot be on a moderate-high intensity statin due to side effects, you must code for the statin intolerance exclusion to exclude the patients.





# STATIN INTENSITY REFERENCE CHART

High-Intensity Statin	Moderate-Intensity Statin	Low-Intensity Statin
Atorvastatin 40–80 mg	Atorvastatin 10–20 mg	Simvastatin 10 mg
Rosuvastatin 20–40 mg	Rosuvastatin 5–10 mg	Pravastatin 10–20 mg
	Simvastatin 20–40 mg	Lovastatin 20 mg
	Pravastatin 40–80 mg	Fluvastatin 20–40 mg
	Lovastatin 40 mg	Pitavastatin 1 mg
	Fluvastatin XL 80 mg	
	Fluvastatin 40 mg bid	
	Pitavastatin 2–4 mg	

<sup>a</sup>From: Stone NJ, Robinson JG, Lichtenstein AH et al. 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *Journal of the American College of Cardiology* 2014;63:2889–934.



# CURRENT INTERVENTIONS

## Letters to providers

### InStatin Use in Persons with Diabetes (SUPD)

6/1/2021

Dear Dr. ,

The American College of Cardiology/American Heart Association and HEDIS/CMS STAR quality measures **recommend statin therapy for primary prevention** for persons aged 40-75 years with diabetes.

#### Action Requested

The following patient(s) is/are deemed non-compliant under CMS Medi-CARE SUPD measure.

Please review the attached summary of your patient(s) who may potentially benefit from statin therapy and indicate the appropriate action items on the form. **Fax back to: 562-546-5121.**

<b>Patient Name:</b>	<b>D.O.B.:</b>
<input type="checkbox"/> I will prescribe a statin: _____ <input type="checkbox"/> Patient is already on statin therapy (enter drug name and dose): _____ <input type="checkbox"/> Patient is not a candidate for statin therapy because: A. Side effects from statin use: G72.0, G72.89, G72.9, M60.80, M60.9, M62.82, T46.6X5A B. Pre-diabetes: R73.03, R73.09 C. Liver disease: B18.2, B18.9, K70.0, K70.9, K71.0, K74.0, K74.5, K74.69, K75.4 D. Pregnancy: O26.899, O48.0, O99.891, Z33.1, Z34.00, O92.70 E. PCOS: E28.2 F. ESRD: N18.6 G. Others: _____	
<ul style="list-style-type: none"> <li><b>If patient has any condition in the A – F categories, please include the ICD-10 diagnosis code in the medical record and submit a claim using the ICD-10-CM code so patient can be excluded from the measure. If no code is submitted, patient will continue to index into the measure and this will affect the medical group's performance grading. Thank you.</b></li> </ul>	
<b>Prescriber's signature :</b>	<b>Date:</b>

#### What is the SUPD measure?

CMS defines this measure as the percentage of Medicare members with diabetes ages 40-75 who receive at least one fill of a statin in the measurement year. Members with diabetes are defined as those who have at least two fills of diabetes medications during the measurement year. Only pharmacy claims are used to identify and close care opportunities for this measure.

### Statin Therapy for Patients with Cardiovascular Disease (SPC)

It is important we receive a timely response.

Please fax this completed form and/or documentation to Quality Department at **562-546-5121 Attn: SPC.**

Dear Dr. |

Our claims data show that your Medicare patient(s) may have a diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD) and is **currently on a low-intensity statin**. The American College of Cardiology (ACC) and the American Heart Association (AHA) guidelines recommend that patients with ASCVD be placed on a **moderate- to high-intensity statin**.

<b>Patient name:</b>	<b>DOB:</b>
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#### Action items (Select all that apply):

- Patient is appropriate for statin therapy. I will prescribe a MODERATE- to HIGH-intensity statin.
- Patient does not have ASCVD
- Patient meets one of the following exclusions\*\*:
  - Side effects from statin use: Myalgia, Myositis, Myopathy or Rhabdomyolysis
  - Cirrhosis
  - End-stage renal disease (ESRD)
  - Pregnancy
  - ≥66 living in institutional or SNF setting
  - ≥81 with frailty claim
  - Dispensed dementia medication and hospice

\*\* If patient meets one of the exclusions above, **please submit a claim** using the appropriate ICD-10 codes so patient can be excluded from the measure. If not properly excluded, patient will continue to index into the measure.

**What is the SPC (statin therapy for patients with cardiovascular disease) measure?** This measure looks at the % of males 21-75 years and females 40-75 years with a diagnosis of Atherosclerotic Cardiovascular Disease (ASCVD). In order to be compliant with this measure, providers need to dispense at least one statin therapy of moderate or high intensity during the measurement year.



# CURRENT INTERVENTIONS CONT.

## Letters to patients

### About statins

#### What are statins?

Statins are a cholesterol-reducing medicine used to help prevent heart attacks and strokes. While the benefits of lowering your cholesterol are not easy to see right away, they are important in the long run. **Taking a statin today** can not only lower cholesterol, but can reduce the existing plaque that has built up over time, leading to better health outcomes in the future.

#### Statins prevent heart disease

Heart disease is the leading cause of death in the United States. More than 600,000 Americans die of heart disease each year—one in every four deaths.<sup>1</sup> Stroke is another leading cause of death—more than 795,000 people in the U.S. have a stroke each year.<sup>2</sup>

Studies show that, in certain people, **statins can reduce the risks of heart attack, stroke and heart disease by about 22%** for people 40–75 years of age.<sup>1</sup>

#### Statins can be prescribed for:



##### Cardiovascular Conditions

A statin can help prevent heart and blood vessel diseases, such as high cholesterol and high blood pressure. Statins can also help you avoid a future heart attack or stroke.



##### Diabetes

Statins are the No. 1 medication for reducing high LDL (bad) cholesterol. High cholesterol can lead to severe cardiovascular conditions if not maintained.



##### High cholesterol

People with diabetes often have high cholesterol and an increased likelihood of heart attack or stroke. The statin you were prescribed can help you avoid future complications.



##### Other / prevention

Even people without high cholesterol are often prescribed a statin. Statins also reduce plaque that has built up over time and may be prescribed for longer-term prevention.



As with any medicine, there can be side effects. Talk with your doctor about the side effects of statins. If you have taken a statin before and experienced side effects, please let your doctor know. They may be able to switch you to another statin with a lower risk of side effects.

<sup>1</sup>CDC: Deaths: Final Data for 2009. [www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60\\_03.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_03.pdf)

<sup>2</sup>[www.medicalnewstoday.com/articles/282929.php](http://www.medicalnewstoday.com/articles/282929.php)

<sup>3</sup>[www.journals.sagepub.com/doi/abs/10.1177/1074248407300380](http://www.journals.sagepub.com/doi/abs/10.1177/1074248407300380)