



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 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 18-75 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.
- 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

Member 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.