# 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](http://medicare.gov) to raise the quality of care for Medicare beneficiaries, strengthen beneficiary protections and help consumers compare health plans more easily.

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Weight</th>
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<tbody>
<tr>
<td>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 (&lt;8%). *&lt;8% is in compliance with Health Alliance VBC and is not to be confused with CMS and HEDIS HbA1c poor control (&gt;9%).</td>
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</tbody>
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## 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](#)

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