PeakHealth

2026

Quality Playbook

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What is Quality?

Quality is defined by the National Academy of Medicine as "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."

The process of quality improvement is standardization. Each action/task should be consistent, organized, efficient, and align across the continuum of care with everyone working toward the optimal goal of providing the best quality of care for Peak Members.

What is HEDIS®?

HEDIS® stands for Healthcare Effectiveness Data and Information Set. HEDIS® is a health quality measurement tool utilized by National Committee for Quality Assurance (NCQA). This set of standardized quality measures helps employer groups, contractors, and community compare the performance of a single organization to those of all healthcare organizations nationally.

HEDIS® includes more than 93 measures across six domains of care:

1. Effectiveness of Care
2. Access/Availability of Care
3. Experience of Care
4. Utilization and Risk Adjusted Utilization
5. Health Plan Descriptive Information
6. Measures Reported Using Electronic Clinical Data Systems (ECDS)

HEDIS® measures focus on prevention and screening, chronic care conditions across all body systems, access to care, satisfaction of care, utilization process of procedures, and the satisfaction of their health plan. Each year HEDIS® comes out with technical specifications and Value Set Directory (VSD) that are published in the Fall for the upcoming year.

Medicare Stars Program

The Center for Medicare and Medicaid Services (CMS) developed the Star Ratings system to measure the quality a member enrolled in Medicare Advantage (Medicare Part C) and Medicare Part D receives from a CMS contracted health plan. This provides Medicare consumers with information to make the best healthcare decisions.

The Centers for Medicare & Medicaid Services (CMS) uses a 5-Star Quality Rating System to evaluate members' experiences with their health plans and healthcare providers. Plans that earn a 4-Star rating or higher may offer enhanced benefits to better support members in improving their health and achieving quality outcomes. A health plan's Star Rating is comprised of the following:

1. HEDIS® Measures
2. Health Outcomes Survey (HOS)
3. Medicare Advantage and Prescription Drug Plan Consumer Assessment of Healthcare Providers and Systems (MA &PDP CAHPS)
4. Pharmacy Performance Part C and Part D
5. Health Plan Operational Metrics

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Health Outcomes Survey (HOS)

The objective of the HOS survey is to monitor the quality of care provided to Medicare Advantage (MA) Members. Each year, a new sample of MA members is selected to complete the survey. This same group is then surveyed again two years later to assess whether their health status has improved, remained the same, or declined compared to the initial survey.

Providers play a critical role in HOS results, as members' perceptions of their health outcomes are strongly influenced by the quality of communication, engagement, and care they receive from their provider.

HOS measures and best practices include:

1. **Improving or maintaining physical health**
   - Discuss, advise on and encourage physical activity with patients age 65+ during annual wellness visit.
   - Focus on functional status by using standardized tools to assess functional and physical health such as those that evaluate difficulty with daily activities like bathing and walking.

2. **Improving or maintaining mental health**
   - Conduct annual depression screenings using standardized tools such as the PHQ-2 or PHQ-9 and ensure positive results are followed up and monitored.
   - Discuss how mental health affects physical health (e.g., sleep and energy levels) and encourage activities like physical exercise or social engagement.
   - Address social determinates of health (SDoH) such as loneliness and isolation, which are significant factors in mental health for seniors.

3. **Monitoring physical activity**
   - Actively discuss exercise and document these conversations in the medical record.
   - Encourage members to use their Peak Fitness Benefit, Aging Well, or consider referring to physical therapy.

4. **Reducing the risk of falls**
   - Conduct a fall risk assessment using a standardized tool.
   - Document plans to reduce risk of falling, such as vision and hearing tests, medication review (stopping sedatives), home safety education (removing rugs, improving lighting, installing grab bars), and exercises that improve balance and strength or refer to physical therapy.

5. **Improving bladder control**
   - Proactively ask patients about bladder control.
   - Discuss Pelvic Floor Muscle Training, lifestyle modifications, behavioral therapies, and referrals to specialists.

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Medicare Advantage & Prescription Drug Plan Consumer Assessment of Healthcare Providers & Systems (MA & PDP CAHPS®)

The objective of the MA & PDP CAHPS survey is to measure the members' experience throughout their healthcare journey. While health plans administer the survey**,** providers have the greatest influence on most scored measures. The survey includes the following domains. Your Healthcare in the Last 6 Months, Your Personal Doctor, Getting Healthcare from Specialists, Your Health Plan, Your Prescription Drug Plan, and About You. For scoring and reporting purposes some questions are combined into the following composite measures.

Getting Needed Care
Getting Appointments and Care Quickly
Doctors Who Communicate Well Care
Customer Service
Getting Needed Prescription Drugs
Care Coordination

Best Practices to Improve MA & PDP CAHPS Scores

1. Access and Appointment Availability

Impacts Getting Needed Care and Getting Appointments and Care Quickly

- Offer same-day/next-day appointments when possible
- Refer to on demand urgent care if same or next day appointments are not available
- Minimize hold times (<30 seconds goal)
- Return calls within 24 hours
- Proactively follow up on referrals
- Clearly explain referral process and next steps

2. Communication

Impacts Customer Service, Rating of Doctor, Rating of Health Care, Care Coordination

- Provide clear wait time expectations
- Listen carefully without interrupting
- Explain things in an easy-to-understand way
- Show respect for what the member says
- Spend enough time with the member
- Ask about barriers (transportation, cost, caregiving support)

3. Prescription Medications

Impacts Getting Needed Prescription Drugs

- Check formulary status before prescribing
- Consider tier level and cost sharing
- Consider preferred pharmacies
- Anticipate prior authorization requirements
- Respond to refill requests within 24-48 hours
- Address pharmacy messages promptly

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4. Care Coordination

Impacts Care Coordination, Overall Rating

- Review specialist reports before follow up visits
- Close referral loops
- Ensure medication lists are accurate
- Follow up after a hospital or ED discharge within 48 hours
- Communicate test results promptly (including normal results)

Peak Health Resources

At Peak Health, we're committed to helping your patients access the care and support they need to live healthier lives. Our programs are designed to manage chronic conditions effectively, improve overall wellness, and simplify care coordination.

We make healthcare navigation easier by connecting patients with the right services—at the right time and place. Through tailored support and specialized resources, we empower patients to stay on track with treatment plans and take control of their health journey.

For general referrals, questions and resources
Peak Health Provider Services
1.833.969.7325

Peak Health Member Services
1.855.962.7325 (Use for warm transfers when assisting members)

For Urgent, Expedited, or Time Sensitive Needs
Contact Peak Health Care Management directly
1.800.988.0100 Monday – Friday 8:00 am – 5pm
PeakCareManagement@peakhealth.org Include "Urgent, Expedited, or Time Sensitive" in the subject line.

Peak Health Provider Portal

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New in Measurement Year 2026

National Committee for Quality Assurance (NCQA) continues to expand its transition to digital-only measure reporting. All HEDIS® Hybrid measures will be retired by MY2029, and beginning in MY2029, all measures will be reported exclusively through Electronic Clinical Data Systems (ECDS).

Several existing measures will be replaced as part of this transition:

- Controlling High Blood Pressure (CBP) will be replaced by BPC-E in MY2028.
- Glycemic Status Assessment for Patients with Diabetes (GSD) and Transitions of Care (TRC) will transition to digital-only reporting in MY2029.

Moving forward, all newly introduced measures will be ECDS.

Retired Measure for MY2026

- Statin Therapy for Patients With Cardiovascular Disease (SPC)

New Measures for MY2026

- Statin Therapy for Patients With Cardiovascular Disease (SPC-E)
- Blood Pressure Control for Patients With Diabetes (BPD-E)
- Acute Hospitalizations Following Outpatient Colonoscopy (HFC)
- Acute Hospitalizations Following Outpatient General Surgery (HFG)
- Acute Hospitalizations Following Outpatient Orthopedic Surgery (HFO)
- Acute Hospitalizations Following Outpatient Urologic Surgery (HFU)
- Tobacco Use Screening and Cessation Intervention (TSC-E)

Your Role in the Quality Journey

Quality care is a shared responsibility. As a provider and care team member, you play a vital role in improving patient outcomes and advancing quality performance.

1. Become familiar with the Medicare Star Rating System and the HEDIS® program.
2. Encourage patients to complete surveys distributed by CMS and their health plans.
3. Understand how your actions influence CAHPS survey results and identify ways to positively impact patient experience.
4. Proactively schedule Annual Wellness Visits and preventive exams to address physical and mental health needs and promote appropriate preventive screenings based on patient demographics and chronic conditions.
5. Routinely screen for social determinants of health (SDoH) and refer patients to Peak Health's Case Management Program when appropriate.
6. Encourage patient participation in fitness and exercise programs and refer patients with limited mobility to physical therapy.
7. Review medication management and adherence with patients and refer to Peak Health's Case Management Program when appropriate.
8. Encourage eligible patients enrolled in the Medication Therapy Management (MTM) Program to complete a Comprehensive Medication Review.
9. Implement pre-visit planning workflows to proactively identify and address quality care gaps.
10. Accurately document all chronic conditions in the medical record and capture the appropriate ICD-10-CM diagnosis codes annually, as applicable.
11. Develop electronic health record (EHR) standing orders that incorporate required quality reporting codes, including CPT II and HCPCS codes.
12. Ensure reporting codes are included on claims and successfully pass clearinghouse edits.
13. Educate all staff members on quality measures—quality improvement is a team effort.
14. Review updates to preventive care schedules and quality measures annually.
15. Identify and address factors contributing to patient noncompliance, including:
    - Cost of treatment
    - Lack of trust
    - Complexity of the treatment plan
    - Denial of the condition
    - Fear or concern about outcomes
16. Develop targeted engagement strategies for noncompliant patients by:
    - Leveraging Peak Health Care Management Programs
    - Implementing follow-up plans to confirm completion of recommended tests and treatments

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Annual Wellness Visits (AWVs)

Wellness visits are the foundation of patient care, providing a comprehensive opportunity for evaluation and assessment. These visits support preventive care planning, risk assessment, closure of quality gaps in care, and accurate HCC capture.

Initial Preventative Physical Exam (IPPE)

The Initial Preventive Physical Exam — Known as the "Welcome to Medicare" visit—is available as a one-time lifetime benefit during the first 12 months of Medicare enrollment. Patients are not required to complete an IPPE to be eligible for an Annual Wellness Visit (AWV).

Components of IPPE

- Collection of medical and family history; list of current providers; current medications; diet; physical and social activities; and tobacco and alcohol use history
- Review of risk factors for depression and mood disorders, functional ability and safety, current opioid prescriptions, and screening for potential substance use disorders
- Measurement of height, weight, BMI, blood pressure, and other routine measurements as appropriate based on medical and family history
- Discussion of end-of-life planning
- Provision of appropriate health advice, education, and referrals for recommended screenings, including a written screening schedule for the next 5–10 years

First Annual Wellness Visit (AWV) – Peak covers one AWV per calendar year (January–December).

Components of first AWV

- Completion of a Health Risk Assessment (HRA)
- Collection of medical and family history; list of current providers; current medications; diet; physical and social activities; and tobacco and alcohol use history
- Measurement of height, weight, BMI, blood pressure, and other routine measurements as appropriate based on medical and family history
- Review of risk factors for depression and mood disorders, functional ability and safety, current opioid prescriptions, screening for potential substance use disorders, and assessment of social determinants of health (SDOH)
- Development of a personalized list of risk factors, conditions, and appropriate preventive services
- Discussion of advance care planning services at the patient's discretion
- Provision of appropriate health advice, education, and referrals for recommended screenings, including a written screening schedule for the next 5–10 years

Subsequent Annual Wellness Visit (AWV) - Peak covers one AWV per calendar year (January–December).

Components of subsequent AWV

- Completion of a Health Risk Assessment (HRA)
- Review and update of medical and family history, as well as the list of providers and suppliers
- Measurement of height, weight, BMI, blood pressure, and other routine measurements as appropriate based on medical and family history
- Review, modification, and updating of risk factors, cognitive status, chronic conditions, and preventive screening needs
- Discussion of advance care planning services at the patient's discretion
- Provision of appropriate health advice, education, and referrals for recommended screenings, including a written screening schedule for the next 5–10 years

Controlling High Blood Pressure (CBP)	
Measure Type	**Dynamic Star Measure**
Measure Description	The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year (January 1 – December 31).
Initial Population	• Members 18-85 years of age who had at least two outpatient visits, telephone visits, e-visits, or virtual check-ins on different dates of service with a diagnosis of hypertension on or between January 1 of the year prior to the measurement year and June 30 of the measurement year. • BP reading must occur *on or after* the date of the second diagnosis of hypertension. • BP readings taken by the member using a digital device and documented in the member's medical record are eligible for use in reporting. There is no requirement that there be evidence the BP was collected by a PCP or specialist. Do not include BP readings from: • Inpatient stay • ED • Diagnostic test or therapeutic procedure that requires change in diet or medication one day before.
Compliant Member	• The most recent BP reading during the measurement year on or after the second diagnosis of hypertension. If multiple BP measurements occur on the same date or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. • Both a representative systolic BP <140 mm Hg and a representative diastolic BP of <90 mm Hg. • If no BP is recorded during the measurement year, assume that the member is "not controlled."
How to Submit to Peak Health	Submit CPT II codes via claim to identify numerator compliance. Most recent Systolic: • 3074F – Less than 130 Hg (<130 mm Hg) • 3075F – 130 -139 mm Hg Most recent Diastolic: • 3078F – Less than 80 mm Hg (<80 mm Hg) • 3079F – 80 – 89 mm Hg

Exclusion	Exclude members who meet any of the following criteria:
	• Hospice
	• Members who die any time during the measurement year
	• Palliative care any time during the measurement year
	• Members with End-stage renal disease ESRD), Dialysis, nephrectomy or kidney transplant any time during the member's history on or prior to December 31 of the measurement year
	• Pregnancy any time during the measurement year
	• Members 66–80 years of age as of December 31 of the measurement year with frailty ***and*** advanced illness. **BOTH** frailty and advanced illness criteria to be excluded
	  ○ **Frailty.** At least two indications of frailty with different dates of service during the measurement year
	  ○ **Advanced Illness.** Either of the following during the measurement year or the year prior to the measurement year.
	  ▪ Advanced illness on at least two different dates of service.
	  ▪ Dispensed dementia medication
	• Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
	  ○ Enrolled in an Institutional SNP (I-SNP)
	  ○ Living long-term in an institution
	• Members 81 years of age and older as of December 31 of the measurement year with at least two indications of frailty with different dates of service during the measurement year.

Best Practice	• Retake elevated blood pressures during office visits and submit appropriate compliant readings from all BP's take. • Identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record. If multiple readings were recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading. • Develop electronic health record (EHR) standing orders sets capturing applicable coding requirements (i.e. CPT II codes). • Develop a process for patients to self-report BP readings into the EHR. • Implement process to refer patients to Peak's Care Management Uncontrolled HTN Program. • Provide ongoing outreach and follow up for non-compliant members.
Key Resources	• Peak Health Care Management Program Manual • Stars Coding Reference List • **High Blood Pressure | cdc.gov**

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<table>
<tr><th colspan="2">Glycemic Status Assessment for Patients with Diabetes (GSD)</th></tr>
<tr><td>Measure Type</td><td>Dynamic Star Measure</td></tr>
<tr><td>Measure Description</td><td>The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year (January 1 – December 31):
• Glycemic Status >9.0%.</td></tr>
<tr><td>Initial Population</td><td>Diabetic members aged 18-75 years old who were identified as diabetic using either of the following:
Claims
• Members who had at least two diagnoses of diabetes on different dates of service during the measurement year or the year prior to the measurement year.
Pharmacy Data
• Members dispensed insulin or hypoglycemics/antihyperglycemics during the measurement year or the year prior to the measurement year and have at least one diagnosis of diabetes during the measurement year or the year prior to the measurement year.</td></tr>
<tr><td>Compliant Member</td><td>Member is compliant if the most recent glycemic status (HbA1c or GMI) level is:
• Glycemic Status >9.0%.
When identifying the most recent glycemic status assessment (HbA1c or GMI), GMI values must include documentation of the continuous glucose monitoring data date range used to derive the value. The terminal date in the range should be used to assign assessment date.</td></tr>
<tr><td>How to Submit to Peak Health</td><td>Submit CPT II codes via claim to identify compliance.
<table><tr><td>HbA1c <7%</td><td>3044F</td></tr><tr><td>HbA1c ≤7.0 to < 8%</td><td>3051F</td></tr><tr><td>HbA1c ≥8 to ≤9%</td><td>3052F</td></tr></table></td></tr>
<tr><td>Exclusion</td><td>• Hospice
• Members who die any time during the measurement year
• Palliative care any time during the measurement year
• Members 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness. BOTH frailty and advanced illness criteria to be excluded
o Frailty. At least two indications of frailty with different dates of service during the measurement year
o Advanced Illness. Either of the following during the measurement year or the year prior to the measurement year.
▪ Advanced illness on at least two different dates of service.
▪ Dispensed dementia medication
• Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
o Enrolled in an Institutional SNP (I-SNP)
o Living long-term in an institution</td></tr>
</table>

Best Practice	• Develop electronic health record (EHR) standing orders sets capturing applicable coding requirements (i.e. CPT II codes). • Develop process for patients to self-report CGM readings in the EHR. • Implement process to refer non-compliant patients to Diabetes Education • Provide ongoing outreach and follow up for non-compliant members.
Resources	• Stars Coding Reference List

Eye Exam for Patients with Diabetes (EED)	
Measure Type	**Static Star Measure**
Measure Description	The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.
Initial Population	Diabetic members aged 18-75 years old who were identified as diabetic using either of the following: Claims • Members who had at least **two** diagnoses of diabetes on different dates of service during the measurement year or the year prior to the measurement year. Pharmacy Data • Members who were dispensed insulin or hypoglycemics/ antihyperglycemics during the measurement year or the year prior to the measurement year and have at least one diagnosis of diabetes during the measurement year or the year prior to the measurement year.
Compliant Member	Screening or monitoring for diabetic retinal disease. This includes diabetics who had one of the following: • A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year. • A negative retinal or dilated exam (negative for retinopathy) by an eye care professional (optometrist or ophthalmologist) in the year prior to the measurement year.
How to Submit to Peak Health	• Optometrist or Ophthalmologist submit Diabetic Eye Exam via claim. • Submit the appropriate CPT II codes when **documentation of eye exam is the medical record**: 2022F, 2023F, 2024F, 2025F, 2026F, & 2033F. (refer to Stars Coding Reference List) • Diabetic retinal screening negative in prior year (CPTII code 3072F) billed by any provider type during the measurement year

Exclusion	• Hospice
	• Members who die any time during the measurement year
	• Palliative care any time during the measurement year
	• Bilateral eye enucleation any time during the member's history through December 31 of the measurement year
	• Members 66 years of age and older as of December 31 of the measurement year with frailty ***and*** advanced illness. **BOTH** frailty and advanced illness criteria to be excluded
	  ○ **Frailty.** At least two indications of frailty with different dates of service during the measurement year
	  ○ **Advanced Illness.** Either of the following during the measurement year or the year prior to the measurement year.
	  ▪ Advanced illness on at least two different dates of service.
	  ▪ Dispensed dementia medication
	• Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
	  ○ Enrolled in an Institutional SNP (I-SNP)
	  ○ Living long-term in an institution

Best Practice	• Implement standing referrals to eye care providers. • Assist patients with making appointments with eye providers. • Educate all diabetic patients on importance of eye care. • Develop electronic health record (EHR) standing orders sets capturing applicable coding requirements (i.e. CPT II codes). • Implement process to refer non-compliant patients to Diabetes Education • Provide ongoing outreach and follow up for non-compliant members.
Resources	• **Eye Health and Diabetes | ADA** • Stars Coding Reference Sheet

Blood Pressure Control for Patients With Diabetes (BPD)	
Measure Type	**Dynamic Star Measure**
Measure Description	The percentage of members 18–75 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year (January 1- December 31).
Initial Population	Diabetic members aged 18-75 years old who were identified as diabetic using either of the following: Claims • Members who had at least **two** diagnoses of diabetes on different dates of service during the measurement year or the year prior to the measurement year. Pharmacy Data • Members dispensed insulin or hypoglycemics/antihyperglycemics during the measurement year or the year prior to the measurement year and have at least one diagnosis of diabetes during the measurement year or the year prior to the measurement year. Do not include BP readings from: • Inpatient stay • ED • Diagnostic test or therapeutic procedure that requires change in diet or medication one day before. • Taken by the member using a non-digital device such as with a manual blood pressure cuff and a stethoscope.
Compliant Member	• The most recent BP reading during the measurement year on. If multiple BP measurements occur on the same date or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. • Both a representative systolic BP <140 mm Hg and a representative diastolic BP of <90 mm Hg. *Note: If no BP is recorded during the measurement year, assume that the member is "not controlled."*
How to Submit to Peak Health	Submit CPT II codes via claim to identify numerator compliance. Most recent Systolic: • 3074F – Less than 130 Hg (<130 mm Hg) • 3075F – 130 -139 mm Hg Most recent Diastolic: • 3078F – Less than 80 mm Hg (<80 mm Hg) • 3079F – 80 – 89 mm Hg

Exclusion	Exclude members who meet any of the following criteria:
	• Hospice
	• Members who die any time during the measurement year
	• Palliative care any time during the measurement year
	• pregnancy any time during the measurement year
	• Members 66–80 years of age as of December 31 of the measurement year with frailty ***and*** advanced illness. **BOTH** frailty and advanced illness criteria to be excluded
	  ○ **Frailty.** At least two indications of frailty with different dates of service during the measurement year
	  ○ **Advanced Illness.** Either of the following during the measurement year or the year prior to the measurement year.
	  ▪ Advanced illness on at least two different dates of service.
	  ▪ Dispensed dementia medication
	• Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
	  ○ Enrolled in an Institutional SNP (I-SNP)
	  ○ Living long-term in an institution

Best Practice	• Retake elevated blood pressures during office visits and submit appropriate compliant readings from all BP's take. • Identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record. If multiple readings were recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading. • Develop electronic health record (EHR) standing orders sets capturing applicable coding requirements (i.e. CPT II codes). • Implement process to refer patients to Peak's Care Management Uncontrolled HTN Program. • Provide ongoing outreach and follow up for non-compliant members.
Key Resources	• Peak Health Care Management Program Manual • Stars Coding Reference List • **High Blood Pressure | cdc.gov**

Kidney Health Evaluation for Patients with Diabetes (KED)	
Measure Type	**Static Star Measure**
Measure Description	The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) ***and*** a urine albumin-creatinine ratio (uACR), during the measurement year.
Initial Population	Diabetic members aged 18-85 years old who were identified as diabetic using either of the following: Claims • Members who had at least **two** diagnoses of diabetes on different dates of service during the measurement year or the year prior to the measurement year. Pharmacy Data • Members dispensed insulin or hypoglycemics/ antihyperglycemics during the measurement year or the year prior to the measurement year and have at least one diagnosis of diabetes during the measurement year or the year prior to the measurement year.
Compliant Member	Members who received ***both*** an eGFR and a uACR during the measurement year on the same or different dates of service: • At least one eGFR • At least one uACR identified by either of the following: o ***Both*** a quantitative urine albumin test ***and*** a urine creatinine test ***with*** service dates four days or less apart o uACR
How to Submit to Peak Health	Lab claims • eGFR & uACR or submit claim for quantitative urine albumin test (82043) and urine creatinine test (82570)
Exclusion	• Hospice, death, or palliative care any time during the measurement year • Members with a diagnosis of ESRD (End Stage Renal Disease) or dialysis any time during the member's history on or prior to December 31 of the measurement year • Members 66–80 years of age as of December 31 of the measurement year with frailty ***and*** advanced illness. **BOTH** frailty and advanced illness criteria to be excluded o **Frailty.** At least two indications of frailty with different dates of service during the measurement year o **Advanced Illness.** Either of the following during the measurement year or the year prior to the measurement year. ▪ Advanced illness on at least two different dates of service. ▪ Dispensed dementia medication • Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: o Enrolled in an Institutional SNP (I-SNP) o Living long-term in an institution • Members 81 years of age and older as of December 31 of the measurement year with at least two indications of frailty with different dates of service during the measurement year.

Best Practice	• Develop electronic health record (EHR) standing orders sets • Provide in-office lab draws and urine collection. • Educate all diabetic patients on importance kidney health. • Provide ongoing outreach and follow up for non-compliant members.

Osteoporosis Management in Women Who Had a Fracture	
Measure Type	**Static Star Measure**
Measure Description	The percentage of women 67–85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the 180 days (6 months) after the fracture.
Initial Population	Women 67-85 years of age by the measurement year who had a fracture identified by ED, Non-acute or acute inpatient stay, Outpatient, or observation during the intake period. • Intake period: July 1 of the year prior to the measurement year to June 30 of the measurement year.
Compliant Member	Appropriate testing or treatment for osteoporosis after the fracture defined by any of the following criteria: • A BMD test, in any setting, on the IESD or in the 180-day period after the IESD. • If the IESD was an inpatient stay, a BMD test during the inpatient stay. • Osteoporosis therapy on the IESD or in the 180-day period after the IESD. • If the IESD was an inpatient stay, long-acting osteoporosis therapy during inpatient stay. • A dispensed prescription to treat osteoporosis on the IESD or in the 180-day period after the IESD. • Members who had a BMD test during the 730 days prior to the episode date. IESD- Index episode start date is the earliest episode date during the intake period that meets all eligible population criteria.
How to Submit to Peak Health	• Submit appropriate procedure codes for bone mineral density test via claim. • Review chart for screenings done in look back period.

Exclusion	• Hospice
	• Members who die any time during the measurement year
	• Palliative care any time during the measurement year
	• Members 67-80 years of age and older as of December 31 of the measurement year with frailty ***and*** advanced illness. **BOTH** frailty and advanced illness criteria to be excluded
	  ○ **Frailty.** At least two indications of frailty with different dates of service during the measurement year
	  ○ **Advanced Illness.** Either of the following during the measurement year or the year prior to the measurement year.
	  ▪ Advanced illness on at least two different dates of service.
	  ▪ Dispensed dementia medication
	• Members 81 years of age and older as of December 31 of the measurement year with at least two indications of frailty with different dates of service during the intake period through the end of the measurement year.
	• Medicare members 67 years of age and older as of December 31 of the measurement year who meet either of the following:
	  ○ Enrolled in an Institutional SNP (I-SNP)
	  ○ Living long-term in an institution

Best Practice	• Review admission/discharge list for patients with recent fractures. • Implement pre-visit planning processes to proactively identify quality care gaps in preparation for patient's office visit. • Conduct comprehensive annual well-care visits for all populations and discuss importance of preventive screenings. • Provide ongoing outreach and follow up for non-compliant members. • Review chart for BMD testing done in the prior 24 months of fracture date.
Resources	• Search Results | United States Preventive Services Taskforce

Transitions of Care - This is a multi-numerator measure with 4 components.

Component 1: Notification of Inpatient Admission	
Measure Type	**Static Star Measure**
Measure Description	The percentage of discharges for members 18 years of age and older who had: **Notification of Inpatient Admission. Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days).**
Initial Population	Members 18 years and older that had an acute or nonacute inpatient discharge between **January 1 and December** 1 of the measure year.
Compliant Member	**Notification of Inpatient Admission** Documentation in the outpatient medical record must include evidence of receipt of notification of inpatient admission that includes evidence of the date when the documentation was received. Evidence that the information was integrated in the appropriate medical record and is accessible to the PCP or ongoing care provider on the day of admission through 2 days after admission (3 total days) meets criteria. Any of the following examples meet criteria: • Communication between inpatient providers or staff and the member's PCP or ongoing care provider (e.g., phone call, email, fax). • Communication about admission between emergency department and the member's PCP or ongoing care provider (e.g., phone call, email, fax). • Communication about admission to the member's PCP or ongoing care provider through a health information exchange; an automated admission, or discharge and transfer (ADT) alert system. • Communication about admission with the PCP or ongoing care provider through a shared electronic medical record (EMR) system. Evidence that the information was integrated in the EMR and is accessible to the PCP or ongoing care provider on the day of admission through 2 days after the admission (3 total days) meets criteria. • Communication about admission to the member's PCP or ongoing care provider from the member's health plan. • Indication that the member's PCP or ongoing care provider admitted the member to the hospital. • Indication that a specialist admitted the member to the hospital and notified the member's PCP or ongoing care provider. • Indication that the PCP or ongoing care provider placed orders for tests and treatments any time during the member's inpatient stay. • Documentation that the PCP or ongoing care provider performed a preadmission exam or received communication about a planned inpatient admission. o The time frame that the planned inpatient admission must be communicated is not limited to the day of admission through 2 days after the admission (3 total days); documentation that the PCP or ongoing care provider performed a preadmission exam or received notification of a planned admission prior to the admit date also meets criteria. o The planned admission documentation or preadmission exam must clearly pertain to the denominator event.

How to Submit to Peak Health	• Hybrid only. No Administrative data is available.
Exclusion	• Hospice • Members who die any time during the measurement year
Best Practice	• ADT Feeds • WVHIN - Health Information Exchange

Transitions of Care - This is a multi-numerator measure with 4 components.

Component 2: Receipt of Discharge Information	
Measure Type	**Static Star Measure**
Measure Description	The percentage of discharges for members 18 years of age and older who had: **Receipt of Discharge Information. Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days).**
Initial Population	Members 18 years and older that had an acute or nonacute inpatient discharge between **January 1 and December 1** of the measure year.
Compliant Member	**Receipt of Discharge Information** Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days). *Medical record*: Documentation of receipt of discharge information in the outpatient medical record on the day of discharge through 2 days after the discharge (3 total days), with evidence of the date when the documentation was received. Evidence that the information was integrated in the appropriate medical record and is accessible to the PCP or ongoing care provider on the day of discharge through 2 days after the discharge (3 total days) meets criteria. Discharge information may be included in, but not limited to, a discharge summary or summary of care record, or in structured fields in an EHR. Discharge information must include all of the following: • The practitioner responsible for the person's care during the inpatient stay. • Procedures or treatment provided. • Diagnoses at discharge. • Current medication list. • Testing results, or documentation of pending tests or no tests pending. • Instructions for patient care post-discharge. ***Note:*** *If the PCP or ongoing care provider is the discharging provider, the discharge information must be documented in the medical record on the day of discharge through 2 days after the discharge (3 total days).* *Evidence that the information was integrated in the EMR and is accessible to the PCP or ongoing care provider on the day of discharge through 2 days after the discharge (3 total days) meets criteria.*
How to Submit to Peak Health	• Hybrid only. No Administrative data is available.
Exclusion	• Hospice • Members who die any time during the measurement year
Best Practice	• ADT Feeds • WVHIN - Health Information Exchange

Transitions of Care - This is a multi-numerator measure with 4 components.

Component 3: Patient Engagement After Inpatient Discharge	
Measure Type	**Static Star Measure**
Measure Description	The percentage of discharges for members 18 years of age and older who had **Patient Engagement After Inpatient Discharge. Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.**
Initial Population	Members 18 years and older that had an acute or nonacute inpatient discharge between **January 1 and December 1** of the measure year.
Compliant Member	**Patient Engagement After Inpatient Discharge.** Documentation in the outpatient medical record must include evidence of patient engagement within 30 days after discharge. Any of the following meet criteria: • An outpatient visit, including office visits and home visits. • A telephone visit. Transitional care management services • A synchronous telehealth visit where real-time interaction occurred between the member and provider using audio and video communication. • An e-visit or virtual check-in (asynchronous telehealth where two-way interaction, which was not in real-time, occurred between the member and provider). **Note:** If the member is unable to communicate with the provider, interaction between the member's caregiver and the provider meets criteria.
How to Submit to Peak Health	• Transitional Care Management Codes 99495 or 99496 • Appropriate CPT code for outpatient, telehealth, or home visit
Exclusion	• Hospice • Members who die any time during the measurement year
Best Practice	• Monitor ADT feeds & WVHIN daily to assure timely follow-up • Implement transition of care calls to assist patients with scheduling of appointments and managing of chronic conditions • Schedule post discharge appointments within 3-7 days
Resources	• Stars Coding Reference Sheet

Transitions of Care - This is a multi-numerator measure with 4 components.

Component 4: Medication Reconciliation Post-Discharge	
Measure Type	**Static Star Measure**
Measure Description	The percentage of discharges for members 18 years of age and older who had: **Medication Reconciliation Post-Discharge. Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).**
Initial Population	Members 18 years and older that had an acute or nonacute inpatient discharge between **January 1 and December 1** of the measure year.

Compliant Member	Medication Reconciliation Post-Discharge.
	• Medication reconciliation conducted by a prescribing practitioner, clinical pharmacist, physician assistant or registered nurse on the date of discharge through 30 days after discharge (31 total days).
	• Medication reconciliation is a review in which the discharge medications are reconciled with the most recent medication list in the outpatient medical record.
	
	Documentation in the outpatient medical record must include evidence of medication reconciliation and the date when it was performed. Any of the following meet criteria:
	• Documentation of the current medications with a notation that the provider reconciled the current and discharge medications.
	• Documentation of the current medications with a notation that references the discharge medications (e.g., no changes in medications since discharge, same medications at discharge, discontinue all discharge medications).
	• Documentation of a current medication list, a discharge medication list and notation that both lists were reviewed on the same date of service.
	• Documentation of the current medications with evidence that the member was seen for post-discharge hospital follow-up with evidence of medication reconciliation or review.
	  ○ Evidence that the member was seen for post-discharge hospital follow-up requires documentation that indicates the provider was aware of the member's hospitalization or discharge.
	• Documentation in the discharge summary that the discharge medications were reconciled with the most recent medication list in the outpatient medical record.
	  ○ There must be evidence that the discharge summary was filed in the outpatient chart on the date of discharge through 30 days after discharge (31 total days).
	• Notation that no medications were prescribed or ordered upon discharge.
	A medication reconciliation performed without the person present meets criteria

How to Submit to Peak Health	• Transitional Care Management Codes 99495 or 99496 • Submit Medication Reconciliation CPT II code 1111F on billing claim

Exclusion	• Hospice • Members who die any time during the measurement year
Best Practice	• Monitor ADT feeds & WVHIN daily to assure timely follow-up • Implement transition of care calls to assist patients with scheduling of appointments and managing of chronic conditions • Acquire discharge summary and secure in outpatient record to support submission of 1111F for medication reconciliation. • Schedule post discharge appointments within 3-7 days
Resources	• Stars Coding Reference Sheet

Follow-up After ED Visit for People with Multiple High-Risk Chronic Conditions	
Measure Type	**Static Star Measure**
Measure Description	The percentage of emergency department (ED) visits for members 18 years of age and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit

Initial Population	Members 18 years of age and older with an ED visit between January 1 and December 24 who have multiple high-risk chronic conditions.
	• Chronic conditions identified in year prior and measurement year
	  ○ COPD, asthma, or unspecified bronchitis
	  ○ Alzheimer's disease or related disorders
	  ○ Chronic kidney disease
	  ○ Depression
	  ○ Heart failure
	  ○ Acute myocardial infarction
	  ○ Atrial fibrillation
	  ○ Stroke and transient ischemic attack
	  ▪ Remove visits related to aftercare, concussion or fracture of skull

Compliant Member	• A follow-up service within 7 days after the ED visit (8 total days). Include visits that occur on the date of the ED visit. The following meet criteria for follow-up:
	  ○ Outpatient visit, telephone visit or virtual check-in
	  ○ Transitional care management services
	  ○ Case Management Visits
	  ○ Complex Care Management Services
	  ○ Outpatient or telehealth behavior health visit
	  ○ Intensive outpatient encounter
	  ○ Substance use disorder service

How to Submit to Peak Health	• Claims • Review chart for Care Management services not billed
Exclusion	• Hospice • Members who die any time during the measurement year • ED visits that result in an inpatient stay • ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within 7 days after the ED visit, regardless of the principal diagnosis for admission.
Best Practice	• Monitor ADT feeds & WVHIN daily to assure timely follow-up • Implement transition of care calls to assist patients with scheduling of appointments and managing of chronic conditions • Transitions of care help to decrease readmissions and medication errors. It also helps with affordability and to improve communications between members and their providers leading to better patient health outcomes. • Schedule post discharge appointments within 3-7 days • Refer members to Peak Health Disease Management programs
Resources	• Peak Health Care Management Program Manual

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Plan All-Cause Readmission	
Measure Type	**Dynamic Star Measure**
Measure Description	Members 18 years of age and older, the risk-adjusted ratio of observed-to-expected unplanned acute readmissions (inpatient and observation stays) for any diagnosis within 30 days of an acute hospitalization (inpatient and observation stays).
Initial Population	Members 18 years and older with a discharge from an acute inpatient or observation stay on or between January 1 and December 1 of the measurement year.
Compliant Member	A member not readmitted as an acute inpatient or observation stay within 30 days of the following discharge. • Anchor date is index discharge date
How to Submit to Peak Health	• Captured via inpatient claims
Exclusion	• Hospice • Members who died during a stay • Principal diagnosis of pregnancy or a condition originating in the perinatal period • Exclude hospital stays where the Index Admission Date is the same as the Index Discharge Date.
Best Practice	• Monitor ADT feeds & WVHIN daily to assure timely follow-up • Implement transition of care calls to assist patients with scheduling of appointments and managing chronic conditions • Transitions of care calls help to decrease readmissions and medication errors. It also helps with affordability and to improve communications between members and their providers leading to better patient health outcomes. • Schedule post discharge appointments within 3-7 days

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Breast Cancer Screening (BCS-E)	
Measure Type	**Static Star Measure**
Measure Description	The percentage of members 40–74 years of age who had a mammogram to screen for breast cancer.
Initial Population	Members 42–74 years of age by the end of the measurement period.
Compliant Member	• One or more mammograms any time on or between October 1 two years prior to the measurement period and the end of the measurement period. **2026 Look-back period is October 1, 2024 – December 31, 2026**
How to Submit to Peak Health	• Submit mammogram codes via claim. • Review chart for screenings done in look back period.

Exclusion	• Hospice
	• Members receiving palliative care any time during measurement year
	• Members who die any time during the measurement year
	• Members who had a bilateral mastectomy or both right and left unilateral mastectomies any time during the member's history through the end of the measurement period.
	• Members who had gender-affirming chest surgery (CPT code 19318) with a diagnosis of gender dysphoria any time during the member's history through the end of the measurement period.
	• Palliative care any time during the measurement year
	• Members 66 years of age and older as of December 31 of the measurement year with frailty ***and*** advanced illness. **BOTH** frailty and advanced illness criteria to be excluded
	  ○ **Frailty.** At least two indications of frailty with different dates of service during the measurement year
	  ○ **Advanced Illness.** Either of the following during the measurement year or the year prior to the measurement year.
	  ▪ Advanced illness on at least two different dates of service.
	  ▪ Dispensed dementia medication
	• Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
	  ○ Enrolled in an Institutional SNP (I-SNP)
	  ○ Living long-term in an institution

Best Practice	• Implement pre-visit planning processes to proactively identify quality care gaps in preparation for patient's office visit. • Conduct comprehensive annual well-care visits for all populations and discuss importance of preventive screenings. • Conduct chart reviews to find evidence of mammograms in look-back period or exclusions. • Provide ongoing outreach and follow up for non-compliant members.
Resources	• **Recommendation: Breast Cancer: Screening | United States Preventive Services Taskforce (uspreventiveservicestaskforce.org)**

Colorectal Cancer Screening (Col-E)	
Measure Type	**Static Star Measure**
Measure Description	The percentage of members 45–75 years of age who had appropriate screening for colorectal cancer.
Initial Population	Members 46–75 years as of the end of the measurement period.
Compliant Member	Members with one or more screenings for colorectal cancer. Any of the following meet criteria: • Fecal occult blood test **January 1-December31** of the measurement year. • Stool DNA (sDNA) with FIT test during the measurement period or the 2 years prior to the measurement period. **2024-2026** • Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period. **2022-2026** • CT colonography during the measurement period or the 4 years prior to the measurement period. **2022-2026** • Colonoscopy during the measurement period or the 9 years prior to the measurement period. **2017-2026**
How to Submit to Peak Health	• Submit appropriate procedure codes via claim. • Review chart for screenings done in look back period.

Exclusion	• Hospice, death or palliative care during the measurement period.
	• Members who had colorectal cancer any time during the member's history through December 31 of the measurement year.
	• Members who had a total colectomy any time during the member's history through December 31 of the measurement period.
	• Palliative care any time during the measurement year
	• Members 66 years of age and older as of December 31 of the measurement year with frailty ***and*** advanced illness. **BOTH** frailty and advanced illness criteria to be excluded
	  ○ **Frailty.** At least two indications of frailty with different dates of service during the measurement year
	  ○ **Advanced Illness.** Either of the following during the measurement year or the year prior to the measurement year.
	  ▪ Advanced illness on at least two different dates of service.
	  ▪ Dispensed dementia medication
	• Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
	  ○ Enrolled in an Institutional SNP (I-SNP)
	  ○ Living long-term in an institution

Best Practice	• Implement pre-visit planning processes to proactively identify quality care gaps in preparation for patient's office visit. • Conduct comprehensive annual well care visits for all population and discuss importance of preventive screenings. • Conduct chart reviews to find evidence of colorectal screening in look-back period or exclusions. • Provide ongoing outreach and follow up for non-compliant members.
Resources	• **Recommendation: Colorectal Cancer: Screening | United States Preventive Services Taskforce (uspreventiveservicestaskforce.org)**

Adult immunization Status (AIS-E)	
Measure Type	**Static Star Measure**
Measure Description	The percentage of persons 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster, pneumococcal, hepatitis B and coronavirus disease 2019 (COVID-19).
Initial Population	Percentage of members ages 19 and older who have had the following vaccinations in the recommended time frame: • 1 Influenza vaccine • 1 Td/Tdap vaccine • 2 (recombinant) Herpes Zoster (Shingles) • 1 Adult Pneumococcal vaccine • Hepatitis B Series • 1 COVID-19
Compliant Member	**Influenza Vaccine** • Number of Doses: 1 • Members age 19 and older • Vaccine administered on or between July 1 of the year prior to measurement year and June 30 of the measurement year **Td/Tdap** • Number of Doses: 1 • Members age 19 and older • Vaccine administered between 9 years prior to the start of the measurement year and the end of the measurement year **Herpes Zoster (Shingles)** • Number of Doses: 2 doses of herpes zoster recombinant vaccine • Members age 50 and older • Vaccine administered on or after their 50th birthday • The recombinant vaccine must be at least 28 days apart **Adult Pneumococcal Vaccine** • Number of Doses: 1 • Members age 65 and older • Vaccine administered on or after member's 19th birthday and before or during the measurement period **Hepatitis B** • Number of Doses: 3 • Members age 19 and older • Completed vaccine series • Hepatitis B surface antigen with a positive result • History of Hepatitis B **COVID-19** • Members age 65 and older • Received at least one dose of a COVID-19 vaccine that occurred **both** on or between July 1 of the year prior to the measurement period through June 30 of the measurement period **and** on or after their 65th birthday.
How to Submit to Peak Health	• Appropriate vaccine CPT code • Medical record indicating anaphylaxis

Exclusion	• Hospice • Members who die any time during the measurement year • Members who had anaphylaxis to the vaccines will count toward compliance
Best Practice	• Implement pre-visit planning processes to proactively identify quality care gaps in preparation for patient's office visit. • Conduct comprehensive annual well care visits for all population and discuss importance of preventive screenings. • Implement standing orders • Hand out Vaccine Information Sheets prior to the patient seeing their provider.
Resources	• Healthcare Professionals: Adult Immunization Schedule by Age | Vaccines & Immunizations | CDC

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Blood Pressure Control for Patients with Hypertension (BPC-E)	
Measure Type	**Dynamic Star Measure**
Measure Description	The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year (January 1 – December 31).
Initial Population	Members 18-85 years of age who meet either of the following. • At least **two** outpatient visits, telephone visits, e-visits, or virtual check-ins on different dates of service with a diagnosis of hypertension on or between January 1 of the year prior to the measurement year and June 30 of the measurement year • At least one outpatient visits, telephone visits, e-visits, or virtual check-ins on different dates of service with a diagnosis of hypertension **and** at least one dispensed antihypertensive medicine on or between January 1 of the year prior to the measurement year and June 30 of the measurement year Do not include BP readings from: • Inpatient stay • ED • Diagnostic test or therapeutic procedure that requires change in diet or medication one day before.
Compliant Member	• Both a representative systolic BP <140 mm Hg and a representative diastolic BP of <90 mm Hg. • The most recent BP reading during the measurement year on or after the second diagnosis of hypertension. If multiple BP measurements occur on the same date or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. • BP readings taken by the member using a digital device and documented in the member's medical record are eligible for use in reporting. There is no requirement that there be evidence the BP was collected by a PCP or specialist. If no BP is recorded during the measurement year, assume that the member is "not controlled."
How to Submit to Peak Health	Submit CPT II codes via claim to identify numerator compliance. Most recent Systolic: • 3074F – Less than 130 Hg (<130 mm Hg) • 3075F – 130 -139 mm Hg Most recent Diastolic: • 3078F – Less than 80 mm Hg (<80 mm Hg) • 3079F – 80 – 89 mm Hg

Exclusion	Exclude members who meet any of the following criteria:
	• Hospice
	• Members who die any time during the measurement year
	• Palliative care any time during the measurement year
	• End-Stage Renal Disease (ESRD), Dialysis, nephrectomy or kidney transplant any time during the member's history on or prior to December 31 of the measurement year
	• Pregnancy any time during the measurement year
	• Members with a nonacute inpatient admission during the measurement year
	• Members 66–80 years of age as of December 31 of the measurement year with frailty ***and*** advanced illness. **BOTH** frailty and advanced illness criteria to be excluded
	  ○ **Frailty.** At least two indications of frailty with different dates of service during the measurement year
	  ○ **Advanced Illness.** Either of the following during the measurement year or the year prior to the measurement year.
	  ▪ Advanced illness on at least two different dates of service.
	  ▪ Dispensed dementia medication
	• Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
	  ○ Enrolled in an Institutional SNP (I-SNP)
	  ○ Living long-term in an institution
	• Members 81 years of age and older as of December 31 of the measurement year with at least two indications of frailty with different dates of service during the measurement year.

Best Practice	• Retake elevated blood pressures during office visits and submit appropriate compliant readings from all BP's take. • Identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record. If multiple readings were recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading. • Develop electronic health record (EHR) standing orders sets capturing applicable coding requirements (i.e. CPT II codes). • Implement process to refer patients to Peak's Care Management Uncontrolled HTN Program. • Provide ongoing outreach and follow up for non-compliant members.
Key Resources	• Peak Health Care Management Program Manual • Stars Coding Reference List • **High Blood Pressure | cdc.gov**

Statin Therapy for Patients with Cardiovascular Disease (SPC-E)	
Measure Type	**Static Star Measure**
Measure Description	The percentage of members 21-75 years of age with clinical atherosclerotic cardiovascular disease who had at least one high-intensity or moderate-intensity statin medication during the measurement year.
Initial Population	Members 21-75 years of age with clinical atherosclerotic cardiovascular disease **Events**: Any of the following during the year prior to the measurement year meet criteria: • Myocardial Infarction (MI) • CABG, PCI, or other revascularization procedure • Diagnosis of Ischemic Vascular Disease (IVD) during measurement year and the year prior. • At least two diagnoses of ASCVD on different dates of service during the measurement period or the year prior to the measurement period.
Compliant Member	• Members who had at least one dispensing event for a high-intensity or moderate-intensity statin medication during the measurement year
How to Submit to Peak Health	• One Pharmacy claim adjudicated at the point of sale.
Exclusion	Exclude members who meet any of the following criteria: • **Myalgia or Rhabdomyolysis caused by a statin any time during the member's history** • Myalgia, Myositis, Myopathy or Rhabdomyolysis during the measurement year • Dispensed at least one prescription for clomiphene • Hospice • Members who die any time during the measurement year • Palliative care any time during the measurement year • Cirrhosis, End-stage renal disease (ESRD) or dialysis during the measurement year or the year prior • pregnancy or in vitro fertilization any time during the measurement year • Members 66–80 years of age as of December 31 of the measurement year with frailty ***and*** advanced illness. **BOTH** frailty and advanced illness criteria to be excluded ○ **Frailty.** At least two indications of frailty with different dates of service during the measurement year ○ **Advanced Illness.** Either of the following during the measurement year or the year prior to the measurement year. ▪ Advanced illness on at least two different dates of service. ▪ Dispensed dementia medication

Best Practice	• Ensure providers prescribe the moderate or high intensity Statin. • Document and submit cirrhosis, myalgia, myositis, myopathy, or rhabdomyolysis exclusion diagnosis via claim. • Discuss benefits of statins use and importance of adherence. • Consider statins with fewer drug interactions. Patients may be able to tolerate a different statin. • Members using samples, paying cash, or using discount cards will not generate a pharmacy insurance claim and will appear as non-compliant. • Provide ongoing outreach and follow up for non-compliant members.
Key Resources	• Peak Health Moderate/High Intensity Statin List

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Moderate and High Intensity Statins

Description Statin Therapy	Prescription	Cost
High-intensity	Atorvastatin 40-80 mg	$0*
High-intensity	Amlodipine 2.5-10 mg - atorvastatin 40-80 mg	***Combination is not formulary*** If utilized as 2 prescriptions separately (amlodipine and atorvastatin) $0*
High-intensity	Rosuvastatin 20-40 mg	$0*
High-intensity	Simvastatin 80 mg	$0*
High-intensity	Ezetimibe 10 mg - simvastatin 80 mg	Combination Tier 2 $4* If utilized as 2 prescriptions separately (ezetimibe and simvastatin) $0*
Moderate-intensity	Atorvastatin 10-20 mg	$0*
Moderate-intensity	Amlodipine 2.5 – 10 mg - atorvastatin 10-20 mg	***Combination is not formulary*** If utilized as 2 prescriptions separately (amlodipine and atorvastatin) $0*
Moderate-intensity	Rosuvastatin 5-10 mg	$0*
Moderate-intensity	Simvastatin 20-40 mg	$0*
Moderate-intensity	Ezetimibe 10 mg - simvastatin 20-40 mg	Combination Tier 2 $4* If utilized as 2 prescriptions separately (ezetimibe and simvastatin) $0*
Moderate-intensity	Pravastatin 40-80 mg	$0*
Moderate-intensity	Lovastatin 40 mg	$0*
Moderate-intensity	Fluvastatin 80 mg	**Non-formulary**
Moderate-intensity	Pitavastatin 1-4 mg	**Non-formulary**

*At preferred pharmacies (Standard pharmacies copays will be higher)

Statin Use in Persons with Diabetes (SUPD)	
Measure Type	**Static Star Measure**
Measure Description	The percentage of diabetic members 40-75 years of age who take the most effective cholesterol lowering drug. (The percentage of diabetic members 40-75 years of age who take a statin to lower their cholesterol)
Initial Population	• Members 40-75 years old who were dispensed at least two diabetes medication fills on unique dates of service and received a statin medication fill during the measurement period.
Compliant Member	• Members who received a statin medication fill anytime during the measurement year.
How to Submit to Peak Health	• One Pharmacy claim was adjudicated at the point of sale.
Exclusion	Exclude members who meet any of the following criteria: • Cirrhosis • Myopathy or Rhabdomyolysis • Hospice • End-stage renal disease (ESRD) or dialysis during the measurement year • pregnancy or in vitro fertilization any time during the measurement year • Lactation • Pre-Diabetes • Polycystic Ovarian Syndrome (PCOS) • One or more fills of a PCSK9 inhibitor or bempedoic acid
Best Practice	• Document and submit cirrhosis, myopathy, or rhabdomyolysis exclusion diagnosis via claim. • Discuss benefits of statins use and importance of adherence. • Consider statins with fewer drug interactions. • Consider alternative dosing strategies. • Members using samples, paying cash, or using discount cards will not generate a pharmacy insurance claim and will appear as non-compliant. • Provide ongoing outreach and follow up for non-compliant members.
Key Resources	• Peak Health Statin List • Stars Coding Reference List

Medication Adherence for Diabetic Medication	
Measure Type	**Dynamic Star Measure**
Measure Description	The percentage of members with a prescription for diabetes medication who fill their prescription often enough to cover 80% or more of the time they are taking the medication.
Initial Population	Members 18 years and older with at least two fills of their diabetes medication. • Diabetes medications: biguanides, sulfonylureas, thiazolidinediones, Dipeptidyl Peptidase (DPP)- 4 Inhibitors, GLP-1 receptor agonists, meglitinides, and sodium glucose cotransporter 2 (SGLT2) inhibitors.
Compliant Member	• Percent of plan members with a prescription for diabetes medication who adhere to their prescribed drug therapy with a proportion of days covered (PDC) at 80% or higher. • The PDC is the percentage of days in the measurement period "covered" by prescription claims for the same medication or another in its therapeutic category.
How to Submit to Peak Health	• Pharmacy claims only
Exclusion	• Hospice • Members with a diagnosis of ESRD (End Stage Renal Disease) or dialysis • One or more prescriptions for insulin
Best Practice	• Educate patients about the importance of taking medication as prescribed by providing adherence tools or assist in setting up dosing reminders. • Discourage "pill splitting" or taking medication every other day unless prescribed by their providers. • Ensure scripts are rewritten if dosage changed. • Encourage 90 day fills for chronic long-term medications. • Provide ongoing outreach and follow up for non-compliant members. • Have staff ask about refills at each office visit.
Resources	• Stars Coding Reference Sheet

Medication Adherence for Hypertension (RAS antagonists)	
Measure Type	**Dynamic Star Measure**
Measure Description	The percentage of members with a prescription for blood pressure medication who fill their prescription often enough to cover 80% or more of the time they are taking the medication.
Initial Population	Members 18 years and older that had at least two fills of their prescribed drug therapy for renin angiotensin system (RAS) antagonists. • Renin angiotensin system (RAS) antagonists: angiotensin converting enzyme inhibitor (ACEI), angiotensin receptor blocker (ARB), or direct renin inhibitor medications.
Compliant Member	• Percent of plan members with a prescription for renin angiotensin system (RAS) antagonists medication who adhere to their prescribed drug therapy with a proportion of days covered (PDC) at 80% or higher. • The PDC is the percentage of days in the measurement period "covered" by prescription claims for the same medication or another in its therapeutic category.
How to Submit to Peak Health	• Pharmacy claims
Exclusion	• Hospice • Members with a diagnosis of ESRD (End Stage Renal Disease) or dialysis • One or more prescriptions for sacubitril/valsartan
Best Practice	• Educate patients about the importance of taking medication as prescribed by providing adherence tools or assist in setting up dosing reminders. • Discourage "pill splitting" or taking medication every other day unless prescribed by their providers. • Ensure scripts are rewritten if dosage changed. • Encourage 90 day fills for chronic long-term medications. • Provide ongoing outreach and follow up for non-compliant members. • Have staff ask about refills at each office visit.
Resources	• Stars Coding Reference Sheet

Medication Adherence for Cholesterol (Statins)	
Measure Type	**Dynamic Star Measure**
Measure Description	The percentage of plan members with a prescription for a cholesterol medication (a *statin drug*) who fill their prescription often enough to cover 80% or more of the time they are taking the medication.
Initial Population	Members 18 years and older that had at least two fills of their prescribed drug therapy for statin cholesterol.
Compliant Member	• Percent of plan members with a prescription for statin cholesterol medications medication who adhere to their prescribed drug therapy with a proportion of days covered (PDC) at 80% or higher. • The PDC is the percentage of days in the measurement period "covered" by prescription claims for the same medication or another in its therapeutic category.
How to Submit to Peak Health	• Pharmacy claims only
Exclusion	• Hospice • Members with a diagnosis of ESRD (End Stage Renal Disease) or dialysis.
Best Practice	• Educate patients about the importance of taking medication as prescribed by providing adherence tools or assist in setting up dosing reminders. • Discourage "pill splitting" or taking medication every other day unless prescribed by their providers. • Ensure scripts are rewritten if dosage changed. • Encourage 90 day fills for chronic long-term medications. • Provide ongoing outreach and follow up for non-compliant members. • Have staff ask about refills at each office visit.
Resources	• Stars Coding Reference Sheet

Medication Therapy Management (MTM)	
Measure Type	**Display Star Measure**
Measure Description	The percentage of MTM eligible members who received a Comprehensive Medication Review (CMR) during the measurement year.

Initial Population	Members 18 years and older who meet the following criteria.
	• Have three or more of the following chronic disease (based on claims data):
	  ○ Alzheimer's Disease
	  ○ Bone disease including osteoporosis, osteoarthritis, and rheumatoid arthritis
	  ○ Chronic Congestive heart failure (CHF)
	  ○ Diabetes
	  ○ Dyslipidemia (high cholesterol)
	  ○ End-stage renal disease (ESRD)
	  ○ Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
	  ○ Hypertension (high blood pressure)
	  ○ Mental Health Condition (bipolar dipolar disorder, depression, schizophrenia, and other chronic/disabling mental health conditions)
	  ○ Respiratory disease (asthma, chronic obstructive pulmonary disease (COPD), and other chronic lung disorders)
	  ○ AND you have 8 or more maintenance Part D covered drugs
	  ○ AND are likely to incur annual costs that meet or exceed $1,276 for all covered Part D drugs
	Members may also be enrolled in the Medication Therapy Management program if they have been identified as an At-Risk Beneficiary (ARB) in our Drug Management Program.
	
	CMR - includes a discussion between the member and a pharmacist (or other health care professional) about all the member's medications. The member also receives a written summary of the discussion, including an action plan that recommends what the member can do to better understand and use his or her medications

Compliant Member	• Eligible members must complete a telephonic or in-person comprehensive medication review during the measurement year.
How to Submit to Peak Health	• CMRs may be conducted by Peak Advantage, Navitus, or the local pharmacy.
Exclusion	• Hospice

Best Practice	• Review monthly gap list and encourage members to participate in CMR • Discuss the benefits of completing a comprehensive Medication Review during AWV and office visits. • The MTM program helps the member and prescriber make sure medications are working. It also helps identify and reduce possible medication problems, find lower cost options to your current medications, and helps answer questions or concerns the member may have about their medications. • The MTM program is not part of the member's prescription drug benefit. It is a Centers for Medicare and Medicaid Services (CMS) designed program offered by Peak Advantage to our members who are enrolled in our Medicare Part D prescription drug plans. • The MTM program is a service offered at no additional cost
Resources	• **Peak-Advantage-Medication-Therapy-Management-2026.pdf**

Concurrent Use of Opioids and Benzodiazepines (COB)	
Measure Type	**Dynamic Star Measure**
Measure Description	The measure is defined by the percentage of Part D members, 18 years or older, with concurrent use of prescription opioids and benzodiazepines during the measurement period. PQA defines concurrent use as overlapping days supply for an opioid and benzodiazepine at least 30 cumulative days during the measurement period. The COB measurement period starts at the date of the first opioid prescription claim and the end of the enrollment episode must extend at least 30 days from the first opioid prescription claim.
Initial Population	• Members 18 years of age and older with at least 2 prescription claims of a prescription opioid with unique dates of service and at least 15 cumulative days supply of opioids during the measurement period.
Members Meeting Numerator Criteria	• Members with at least 2 prescription claims of a benzodiazepine with unique dates of service and concurrent use of opioids and benzodiazepines during the measurement period. • **A lower rate indicates better performance**
How to Submit to Peak Health	• Pharmacy claims • Exclusions must be submitted via medical claims
Exclusion	• Hospice during the measurement year • Cancer diagnosis during the measurement year • Sickle cell disease diagnosis during the measurement year • Palliative care during the measurement year
Best Practice	• Utilize Peak's formularies to identify alternative medication • Review monthly gap list to identify members on opioids and evaluate if medication can be discontinued. • Identify exclusions criteria, document and bill appropriate exclusion codes on the medical claim.
Resources	• 2026 Documents and Forms - Peak Health Medicare

Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH)	
Measure Type	**Dynamic Star Measure**
Measure Description	This measure is defined as the percentage of Part D Members 65 years of age or older with concurrent use of two or more unique anticholinergic (ACH) medications during the measurement period. PQA defines concurrent use as overlapping days supply for at least 30 cumulative days during the measurement period. The Poly-ACH measurement period starts at the date of the first anticholinergic prescription claim and the end of the enrollment episode must extend at least 30 days from the first prescription claim.
Initial Population	• Part D members 65 years of age or older with two or more fills of the same anticholinergic (ACH) medication on different dates of service and at least 30 cumulative days supply during the measurement year.
Members Meeting Numerator Criteria	• Members with at least 2 prescription claims of the same anticholinergic who have concurrent use of an additional anticholinergic for 30 or more days during the measurement period. • Each medication must have at least 2 prescription claims with unique dates of service during the measurement period • **A lower rate indicates better performance**
How to Submit to Peak Health	• Pharmacy claims • Hospice exclusion must be submitted via medical claims
Exclusion	• Hospice during the measurement year
Best Practice	• Utilize Peak's formularies to identify alternative medication • Review monthly gap list to identify members in the measure, discontinue anticholinergic if appropriate.
Resources	• Peak Formulary - 2026 Documents and Forms - Peak Health Medicare

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CPT® Code Reference List

2026 Stars Coding Tip Sheet	
Annual Wellness Visit (AWV) & Initial Preventive Physical Exam (IPPE)	
G0402	Initial Preventive Physical Exam (member first 12 months of enrollment in Medicare Part B)
G0438	First Annual Wellness visit
G0439	Subsequent Annual Wellness Visit
G0468	FQHC Visit, IPPE or AWV
Functional Status Assessment	
1170F	Functional status assessed
Medication Review	
1160F	Review of all medications by a prescribing practitioner or clinical pharmacist (prescriptions, OTCs, herbal therapies and supplements) documented in the medical record
HBA1c Control	
3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0%
3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0%
3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0%
3046F	Most recent hemoglobin A1c level greater than 9.0% Not **Compliant**
Eye Exam for Patients with Diabetes	
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; **with** evidence of retinopathy
2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; **without** evidence of retinopathy
2024F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; **with** evidence of retinopathy
2025F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; **without** evidence of retinopathy
2026F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; **with** evidence of retinopathy
2033F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; **without** evidence of retinopathy
3072F	Low risk for retinopathy, No evidence of retinopathy in the **prior year**.
Controlling High Blood Pressure	
3074F	Most recent systolic blood pressure less than 130 mmHg
3075F	Most recent systolic blood pressure 130-139 mmHg
3077F	Most recent systolic blood pressure greater than or equal to 140 mmHg **Not Compliant**
3078F	Most recent diastolic blood pressure less than 80 mmHg
3079F	Most recent diastolic blood pressure 80-89 mmHg
3080F	Most recent diastolic blood pressure greater than or equal to 90 mmHg **Not Compliant**
Transition of Care – Medication Reconciliation	
1111F	Discharge medications reconciled with the current medication list in outpatient medical record
Exclusions*	
Cirrhosis	K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69
End-Stage Renal Disease	I12.0, I13.11, I13.2, N18.5, N18.6, Z99.2
Myopathy	G72.0, G72.89, G72.9
Myositis	M60.80, M60.9, M60.81- - M60.86- (site specific use 6-digit codes)
Myalgia	M79.10, M79.11, M79.12, M79.18
Rhabdomyolysis	M62.82
Disclaimer: This document is intended as a guide and is not all inclusive. Always refer to the National Guidelines for complete coding and technical specifications. Coding may be subject to change on National Guidelines and/or updates. * Exclusion list is not comprehensive	

Peak Health's Preferred Pharmacy List

Members can save on out-of-pocket prescription costs by using a Preferred Retail Pharmacy or a Mail Order Pharmacy. Because the preferred pharmacy network may change during the year, we encourage providers and members to use the most up-to-date resources when locating a preferred retail or mail order pharmacy.

To find a Preferred Pharmacy location, please visit www.medicare.peakhealth.org for the current Pharmacy Directory, or contact Navitus Customer Care at 1-855-847-1026 (TTY 711), available 24 hours a day, 7 days a week except Thanksgiving and Christmas Day.

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