

CARE OF OLDER ADULTS: MEDICATION REVIEW

Measurement Specifications for Star Ratings Program



Measurement Description

Percent of Medicare Special Needs Plan patients 66 years and older who received at least one medication review conducted by a prescribing practitioner or clinical pharmacist during the measurement year and the presence of a medication list in the medical record.

Measurement Source

HEDIS 2020-2021

Denominator

Medicare Special Needs Plan patients 66 years and older as of December 31 of the measurement year.

Numerator

Eligible patients who received any of the following during the measurement year:

1. Both of the following on the same date of service during the measurement year:
 - At least one medication review conducted by a prescribing practitioner or clinical pharmacist.
 - The presence of a medication list in the medical record.
2. 7-Day Transitional care management (TCM) services where the reported TCM date of service on the claim is on or between January 30 of the measurement year and January 22 of the year after the measurement year.

Exclusion Criteria

Age	< 66 years
Hospice	Patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began.

Notes

- Documentation must come from the same medical record and must include one of the following:
 - a. A medication list in the medical record, and evidence of a medication review by a prescribing practitioner or clinical pharmacist and the date when it was performed.
 - b. Notation that the patient is not taking any medication and the date when it was noted.
- Medication List: A list of the patient's medications in the medical record. The medication list may include medication names only or may include medication names, dosages and frequency, over-the-counter (OTC) medications and herbal or supplemental therapies.
- Medication Review: A review of all a patient's medications, including prescription medications, OTC medications and herbal or supplemental therapies.
- Transitional care management is a 30-day period that begins on the date of discharge and continues for the next 29 days. The date of service on the claim is 29 days after discharge and not the date of the face-to-face visit. Medication management must be furnished no later than the date of the face-to-face visit.

- A complete review of all medications must be documented, a side effects review of one medication will not suffice.
- An outpatient visit is not required to meet this criteria.

Best Practice

- Document in the medical record an annual medication review.

Star Ratings Performance Thresholds

Year	1 STAR	2 STARS	3 STARS	4 STARS	5 STARS
2014	< 51%	≥ 51% to < 65%	≥ 65% to < 75%	≥ 75% to < 92%	≥ 92%
2015	< 53%	≥ 53% to < 71%	≥ 71% to < 80%	≥ 80% to < 87%	≥ 87%
2016	< 47%	≥ 47% to < 60%	≥ 60% to < 77%	≥ 77% to < 87%	≥ 87%
2017	< 30%	≥ 30% to < 57%	≥ 57% to < 75%	≥ 75% to < 87%	≥ 87%
2018	< 59%	≥ 59% to < 79%	≥ 79% to < 88%	≥ 88% to < 93%	≥ 93%
2019	< 1%	≥ 1% to < 54%	≥ 54% to < 83%	≥ 83% to < 92%	≥ 92%
2020	< 63%	≥ 63% to < 77%	≥ 77% to < 87%	≥ 87% to < 95%	≥ 95%
2021	< 63%	≥ 63% to < 77%	≥ 77% to < 87%	≥ 87% to < 95%	≥ 95%