

## Star Rating Program statin measures SUPD and SPC

This quick reference tool contains a summary of facts about the two statin use measures in the Star Rating Program.

	Statin Use in Persons with Diabetes (SUPD) PQA™	Statin Therapy for Patients with Cardiovascular Disease (SPC) HEDIS*
Description	Percentage of Medicare Part D beneficiaries <b>40–75</b> years old dispensed medications for diabetes who receive <b>any</b> statin medication	Percentage of males 21–75 years old and females 40–75 years old who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and were dispensed at least one high- or moderate-intensity statin medication
Weight	1x	1x
Calculation (numerator/ denominator)	Numerator: Number of patients in the denominator who received any statin medication fill during the current measurement year Denominator: Number of patients 40–75 years old with at least two <sup>†</sup> diabetes medication fills, with two separate fill dates, during the current measurement year	<ul> <li>Numerator: Number of patients who had at least one dispensing event for a high- or moderate-intensity statin medication during the current measurement year</li> <li>Denominator: Number of patients who meet age criteria and event or diagnosis criteria:</li> <li>Event (during prior year): <ul> <li>Myocardial infarction (MI) when discharged from inpatient setting</li> <li>Coronary artery bypass grafting (CABG)</li> <li>Percutaneous coronary intervention (PCI)</li> <li>Any other revascularization</li> </ul> </li> <li>Diagnosis (during prior and current year): <ul> <li>At least one acute inpatient or outpatient visit with ischemic vascular disease (IVD) diagnosis (includes telephonic and virtual visits)</li> </ul> </li> </ul>

Exclusions	Patients in hospice care	• Patients in hospice, using hospice or receiving palliative care
and	<ul> <li>N/A—please use Current Procedural Terminology (CPT),</li> </ul>	• N/A—please use CPT, HCPCS, SNOMED CT or UBREV codes
	Healthcare Common Procedure Coding System (HCPCS),	• Patients 66–75 years old who:
common	SNOMED CT or UBREV codes	<ul> <li>Live long-term in an institutional setting or are enrolled in an</li> </ul>
ICD-10-CM code(s)	<ul> <li>Patients with a diagnosis of end-stage renal disease (ESRD) <ul> <li>I12.0, I13.11, I13.2, N18.5, N18.6, N19, Z99.2</li> </ul> </li> <li>Patients with rhabdomyolysis or myopathy <ul> <li>G72.0, G72.89, G72.9, M60.80, M60.819, M60.829, M60.839, M60.849, M60.859, M60.869, M60.879, M60.9, M62.82</li> <li>(Note: 2023 Change – T46.6X5A, adverse effect of antihyperlipidemic and antiarteriosclerotic drugs, initial encounter removed as an exclusion.</li> </ul> </li> <li>Patients who are: <ul> <li>Pregnant<sup>∞</sup></li> <li>000.101, 000.102, 000.109, 000.111, 000.112, 000.119, 000.201, 000.202, 000.209</li> </ul> </li> <li>Lactating <ul> <li>091.03, 091.13, 091.23, 092.03, 092.13, 092.5, 092.70, 092.79, Z39.1</li> </ul> </li> <li>Dispensed clomiphene (Clomid) medication <ul> <li>N/A-capture via pharmacy claims</li> </ul> </li> <li>Patients with prediabetes <ul> <li>R73.03, R73.09</li> </ul> </li> <li>Patients with polycystic ovary syndrome (PCOS) <ul> <li>E28.2</li> </ul> </li> </ul>	<ul> <li>Live long-term in an institutional setting or are enrolled in an Institutional Special Needs Plan (I-SNP) and/or</li> <li>Have frailty and advanced illness<sup>∞</sup> <ul> <li>A81.00, C25.0, C71.0, C71.04, C77.0, C78.00, C79.00, C91.00, C92.00, C93.00, C94.30, F01.50, F02.80, F03.90, F04, F10.27, G10, G20, G30.0, G31.01, G35, I09.81, I11.0, I12.0, I13.0. I50.1, J43.0, J68.4, J84.10, J96.10, J98.2, K70.10, K74.0, N18.5, L89.000, M62.50, W01.0XXA, W06.XXXA, W07.XXXA, W08.XXXA, W10.0XXA, W18.0XA, W19.XXXA, Y92.199, Z59.3, Z73.6, Z74.01, Z91.81, Z99.11, R26.0, R41.81, R53.81, R54, R62.7, R63.4, R64 (Note: CPT, HCPCS or SNOWMED CT codes also can be used)</li> <li>Patients with the following diagnoses or services in the current or prior measurement year for:             <ul></ul></li></ul></li></ul>

		(Note: SNOWMED CT codes also can be used)
General trend	A higher rate of compliance is better	A higher rate of compliance is better

\* HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

+ Index prescription start date for the diabetes medication must occur at least 90 days prior to the end of the measurement year.

 $\infty$  ICD-10 code list is not comprehensive. Please contact a Humana representative with any questions.

PQA – Pharmacy Quality Alliance

HEDIS – Healthcare Effectiveness Data and Information Set

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