
Measure: D12 - Statin Use in Persons with Diabetes (SUPD)

Title	Description
Label for Stars:	The Plan Makes Sure Members with Diabetes Take the Most Effective Drugs to Treat High Cholesterol
Label for Data:	The Plan Makes Sure Members with Diabetes Take the Most Effective Drugs to Treat High Cholesterol
Description:	To lower their risk of developing heart disease, most people with diabetes should take cholesterol medication. This rating is based on the percent of plan members with diabetes who take the most effective cholesterol-lowering drugs. Plans can help make sure their members get these prescriptions filled.
Metric:	This measure is defined as the percent of Medicare Part D beneficiaries 40-75 years old who were dispensed at least two diabetes medication fills and received a statin medication fill during the measurement period. The percentage is calculated as the number of member-years of enrolled beneficiaries 40-75 years old who received a statin medication fill during the measurement period (numerator) divided by the number of member-years of enrolled beneficiaries 40-75 years old with at least two diabetes medication fills during the measurement period (denominator).
	The SUPD measure is adapted from the measure concept that was developed and endorsed by the Pharmacy Quality Alliance (PQA).
	See the medication list for this measure. The SUPD measure is calculated using the National Drug Code (NDC) lists updated by the PQA. The complete NDC lists, including diagnosis codes, are posted along with these technical notes.
Primary Data Source:	Prescription Drug Event (PDE) data
Data Source Description:	<p>The data for this measure come from Prescription Drug Event (PDE) data submitted by drug plans to the CMS Drug Data Processing Systems (DDPS) and accepted by the 2020 PDE submission deadline for annual Part D payment reconciliation with dates of service from January 1, 2020 – December 31, 2020. If the PDE edit results in the PDE being rejected by DDPS, then the PDE is not used in the Patient Safety measure calculations. If the PDE edit is informational and therefore, does not result in the PDE being rejected, then the PDE is used in the Patient Safety measure calculations. Reminder, CMS uses the term “final action” PDE to describe the most recently accepted original, adjustment, or deleted PDE record representing a single dispensing event. Original and adjustment final action PDEs submitted by the sponsor and accepted by DDPS prior to the 2020 PDE submission deadline are used to calculate this measure. PDE adjustments made post-reconciliation were not reflected in this measure.</p> <p>Additional data sources include the Common Medicare Environment (CME), the Medicare Enrollment Database (EDB), the Common Working File (CWF), the Encounter Data Systems (EDS), and the Risk Adjustment Processing System (RAPS).</p> <ul style="list-style-type: none">• CME is used for enrollment information.• EDB is used for hospice enrollment and ESRD status (dialysis start and end dates within the measurement period).• CWF is used to identify exclusion diagnoses based on ICD-10-CM codes.• EDS is used to identify diagnoses based on ICD-10-CM codes.• RAPS is used for diagnosis information, RxHCC - Dialysis Status (most recent available Payment Year).
Data Source Category:	Health and Drug Plans
Exclusions:	Contracts with 30 or fewer enrolled member-years (in the denominator). The following beneficiaries are excluded from the denominator if at any time during the measurement period:

Title	Description
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- Hospice enrollment
- ESRD diagnosis or dialysis coverage dates

General Notes: Part D drugs do not include drugs or classes of drugs, or their medical uses, which may be excluded from coverage or otherwise restricted under section 1927(d)(2) of the Act, except for smoking cessation agents. As such, these drugs, which may be included in the PQA medication or NDC lists, are excluded from CMS analyses. Also, the member-years of enrollment adjustment is made by CMS to account for partial enrollment within the benefit year. Enrollment is measured at the episode level, and inclusion in the measure is determined separately for each episode – i.e., to be included for a given episode, the beneficiary must meet the initial inclusion criteria for the measure during that episode.

The measure is weighted based on the total number of member years for each episode in which the beneficiary meets the measure criteria. For instance, if a beneficiary is enrolled for a three-month episode, disenrolled for a six-month episode, reenrolled for a three-month episode, and meets the measure criteria during each enrollment episode, s/he will count as 0.5 member years in the rate calculation ($3/12 + 3/12 = 6/12$).

Data Time Frame: 01/01/2020 – 12/31/2020

General Trend: Higher is better

Statistical Method: Clustering

Improvement Measure: Included

CAI Usage: Included

Case-Mix Adjusted: No

Weighting Category: Intermediate Outcome Measure

Weighting Value: 3

Major Disaster: Higher measure star (2021-2022) for contracts with 25% or more enrolled affected by 2020 disasters.

Meaningful Measure Area: Management of Chronic Conditions

NQF #: Not Applicable

Data Display: Percentage with no decimal place

Reporting Requirements:	1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
	Yes	Yes	Yes	Yes	No	Yes	Yes

Cut Points:	Type	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
	MA-PD	< 76 %	>= 76 % to < 80 %	>= 80 % to < 84 %	>= 84 % to < 88 %	>= 88 %
	PDP	< 77 %	>= 77 % to < 79 %	>= 79 % to < 82 %	>= 82 % to < 84 %	>= 84 %