

# Statin Therapy for Patients With Cardiovascular Disease (SPC)

## New for 2024

### Updated

- Method for identifying advanced illness in exclusions

### Clarified

- Laboratory claims cannot be used for select exclusions, including palliative care, ESRD, cirrhosis, myalgia and others

## Definition

Percentage of males ages 21–75 and females ages 40–75 during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:

- **Received statin therapy** – Members who were dispensed at least 1 high- or moderate-intensity statin medication during the measurement year
  - **Statin adherence 80%** - Members who remained on a high- or moderate-intensity statin medication for at least 80% of the treatment period.
- **Note:** This adherence component does NOT apply to CMS Star Ratings for Medicare members; only the "Received statin therapy" component is required to be compliant for the SPC Star Measure.

### SPC inclusion (event, diagnosis or both)

#### Event

- Myocardial infraction (MI)
- Coronary artery bypass graft (CABG)
- Percutaneous coronary intervention (PCI)
- Other revascularization

#### Timeframe of event or diagnosis

Year prior to the measurement year

#### Diagnosis

Ischemic vascular disease (IVD)

#### Timeframe of event or diagnosis

Both measurement year and year prior to the measurement year

**Important note:** The **treatment period** is defined as the earliest prescription dispensing date in the measurement year for any statin medication of at least moderate intensity through the last day of the measurement year.

### Plan(s) Affected

- Commercial
- Medicaid
- Medicare

### Quality Program(s) Affected

- **CMS Star Ratings – Only includes the sub-measure for “Received Statin Therapy”**
- NCQA Accreditation
- NCQA Health Plan Ratings

### Collection and Reporting Method

#### Administrative

- Claim/Encounter Data
- Pharmacy Data

# Statin Therapy for Patients With Cardiovascular Disease (SPC) (cont.)

## Medications

To comply with this measure, one of the following medications must have been dispensed:

Drug Category	Medications
<b>High-intensity statin therapy</b>	<ul style="list-style-type: none"> <li>• Atorvastatin 40–80 mg</li> <li>• Amlodipine-atorvastatin 40–80 mg</li> <li>• Rosuvastatin 20–40 mg</li> <li>• Simvastatin 80 mg</li> <li>• Ezetimibe-simvastatin 80 mg</li> </ul>
<b>Moderate-intensity statin therapy</b>	<ul style="list-style-type: none"> <li>• Atorvastatin 10–20 mg</li> <li>• Amlodipine-atorvastatin 10–20 mg</li> <li>• Rosuvastatin 5–10 mg</li> <li>• Simvastatin 20–40 mg</li> <li>• Ezetimibe-simvastatin 20–40 mg</li> <li>• Pravastatin 40–80 mg</li> <li>• Lovastatin 40 mg</li> <li>• Fluvastatin 40–80 mg</li> <li>• Pitavastatin 1–4 mg</li> </ul>

## Required Exclusion(s)

Exclusion	Timeframe
<ul style="list-style-type: none"> <li>• Members in hospice or using hospice services</li> <li>• Members who died</li> <li>• Members receiving palliative care: Z51.5</li> <li>• Myalgia, myositis, myopathy or rhabdomyolysis diagnosis: G72.0, G72.2, G72.9, M60.80, M60.811, M60.812, M60.819, M60.821, M60.822, M60.829, M60.831, M60.832, M60.839, M60.841, M60.842, M60.849, M60.851, M60.852, M60.859, M60.861, M60.862, M60.869, M60.871, M60.872, M60.879, M60.88, M60.89, M60.9, M62.82, M79.10, M79.11, M79.12, M79.18</li> </ul>	Any time during the measurement year
<ul style="list-style-type: none"> <li>• Cirrhosis: K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69, P78.81</li> <li>• Dispensed at least one prescription for clomiphene</li> <li>• End Stage Renal Disease (ESRD): N18.5, N18.6, Z99.2</li> <li>• Dialysis: 90935, 90937, 90945, 90947, 90997, 90999, 99512</li> <li>• Members with a diagnosis of pregnancy: O00.101, O99.019, O99.210, O99.340, O99.810, O99.820, Z33.1, Z34.00, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93</li> <li>• In vitro fertilization</li> </ul>	Any time during the measurement year or the year prior to the measurement year

# Statin Therapy for Patients With Cardiovascular Disease (SPC) (cont.)

## Required Exclusion(s) (cont.)

Exclusion	Timeframe
<p>Members 66 years of age and older as of December 31 of the measurement year with frailty <b>and</b> advanced illness. Members must meet <b>both</b> frailty and advanced illness criteria to qualify as an exclusion:</p> <ul style="list-style-type: none"> <li>• <b>Frailty:</b> At least 2 diagnoses of frailty on different dates of service during the measurement year. Do not include claims where the frailty diagnosis was from an independent lab (POS 81).</li> <li>• <b>Advanced Illness:</b> Indicated by one of the following:                             <ul style="list-style-type: none"> <li>- At least 2 diagnoses of advanced illness on different dates of service during the measurement year or year prior. Do not include claims where the advanced illness diagnosis was from an independent lab (POS 81).</li> <li>- Dispensed dementia medication Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine.</li> </ul> </li> </ul>	<p><b>Frailty</b> diagnoses must be in the measurement year and on different dates of service</p> <p><b>Advanced illness</b> diagnosis must be in the measurement year or year prior to the measurement year</p>
<p>Medicare members ages 66 and older as of Dec. 31 of the measurement year who are either:</p> <ul style="list-style-type: none"> <li>• Enrolled in an Institutional Special Needs Plan (I-SNP)</li> <li>• Living long term in an institution*</li> </ul>	<p>Any time during the measurement year</p>

## Unstructured data requirements for SPC measure

Practice Assist allows practices to upload unstructured data to close measure gaps for the Statin Therapy for Patients With Cardiovascular Disease (SPC) measure.

Required documentation	Noncompliant documentation
<ul style="list-style-type: none"> <li>• Member name <b>and</b> DOB (or age)</li> <li>• Dispensed date or shipped date within the measurement year                             <ul style="list-style-type: none"> <li>- Medication name, dose, route, doses per day (sig) and quantity</li> </ul> </li> </ul> <p>Examples include:</p> <ul style="list-style-type: none"> <li>- Chart from record that includes the required documentation</li> </ul>	<ul style="list-style-type: none"> <li>• Filled date instead of dispensed date</li> <li>• Start date in the medical record does not meet criteria</li> <li>• Statin medications put under allergies</li> <li>• Generic documentation of statin without the required medication information</li> <li>• If any of the required information is missing and/or reported as "prescribed only," "not dispensed" or "is taking"</li> </ul>

### Upload to Practice Assist

1. Access Practice Assist by signing in to the UnitedHealthcare Provider Portal
2. Go to **Medication Adherence** in care opportunities
3. Find the patient and click **Manage Patient**
4. Go to the **Please upload supporting documentation field** and upload the document
5. Click **Select Care Opportunities** and check **Statin Therapy for Patients with Cardiovascular Disease**
6. Save and submit

\* Supplemental and medical record data may not be used for the frailty with advanced illness or institutional living exclusions.

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# Statin Therapy for Patients With Cardiovascular Disease (SPC)

## Tips and Best Practices to Help Close the “Received Statin Therapy” Care Opportunity for UnitedHealthcare Medicare Advantage Plan Members:

- **Please check your Patient Care Opportunity Report (PCOR) or Practice Assist often. Look in the Member Adherence tab to find members with open care opportunities.**
- Log on to Practice Assist to review members with open care opportunities.
  - Select **Medication Adherence** to view your patient list.
  - Members without a high- or moderate-intensity statin fill this year will be marked with a “Gap” under the SPC measure.
- **Importance of taking a statin:** American Heart Association (AHA) and American College of Cardiology (ACC) suggest people with clinical atherosclerotic cardiovascular disease (ASCVD) take a high-intensity statin therapy or maximally tolerated statin therapy.<sup>1</sup> Statins can reduce the risk of heart attack and stroke, even in patients who do not have high cholesterol. Meta analysis with 5 randomized controlled trials have shown that high-intensity statins reduced major vascular events by 15% compared with moderate-intensity statin therapy in patients with clinical ascvd.<sup>2</sup> According to AHA/ACC, the larger the LDL-C reduction, the larger proportional reduction in major vascular events.
- If member has intolerance or side effects such as myalgias, if clinically appropriate consider
  - A different statin that is hydrophilic (e.g., rosuvastatin or pravastatin)
  - A lower dose such as a moderate-intensity dose statin than previously tried
  - Reducing the frequency
- For members who meet exclusion criteria, a claim using appropriate ICD-10 code must be submitted **ANNUALLY** if applicable
- Only statins satisfy the measure; other cholesterol medications such as ezetimibe or PCSK9 inhibitors do not satisfy the measure
- Consider extended day fills (e.g., 90 or 100 days supply) or send to home delivery
- **Consider prescribing a high- or moderate-intensity statin, as appropriate.** If you determine medication is appropriate, please send a prescription to the member’s preferred pharmacy.\*
  - To close the SPC care opportunity, a member must use their Part D insurance card to fill one of the statins or statin combinations in the strengths/doses listed in the “Medications” table on the previous page by the end of the measurement year. Prescriptions filled through cash claims, discount programs (such as GoodRx), and medication samples will not close the measure.
- Sharing member demographic data is critical to understanding the cultural, linguistic and social needs of those we serve and decreasing health inequities across the care continuum. This data can include, but is not limited to, race, ethnicity, language, sexual orientation, gender identity, pronouns, sex assigned at birth and disability status.
  - As part of UnitedHealthcare’s clinical structured data exchange program, we encourage you to include this demographic data with any structured data file or CCD. Your information is confidential. UnitedHealthcare will keep personally identifiable information confidential and won’t disclose any information without your written consent.

#### Reference:

- 1) Grundy SM, Stone NJ, Bailey AL, Beam C, Birtcher KK, Blumenthal RS, Braun LT, de Ferranti S, Faiella-Tommasino J, Forman DE, Goldberg R, Heidenreich PA, Hlatky MA, Jones DW, Lloyd-Jones D, Lopez-Pajares N, Ndumele CE, Orringer CE, Peralta CA, Saseen JJ, Smith SC Jr, Sperling L, Virani SS, Yeboah J. 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *J Am Coll Cardiol*. 2019 Jun 25;73(24):e285-e350. doi: 10.1016/j.jacc.2018.11.003. Epub 2018 Nov 10. Erratum in: *J Am Coll Cardiol*. 2019 Jun 25;73(24):3237-3241. PMID: 30423393.
- 2) Baigent C, Blackwell L, Emberson J, et al. Efficacy and safety of more intensive lowering of LDL cholesterol: a meta-analysis of data from 170 000 participants in 26 randomised trials. *Lancet*. 2010; 376:1670-81.

\* Member may use any pharmacy in the network, but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas. Co-pays apply after deductible.

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