



**2026 Measurement Year**

**STAR MEASURE: CARE FOR OLDER ADULTS – PAIN ASSESSMENT (COA-PAIN)**

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan Total Care Advantage’s (HMO D-SNP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) / Centers for Medicare & Medicaid (CMS) Star measure scores by providing guidance and resources. This tip sheet provides the key components to the Star measure, “Care for Older Adults – Pain Assessment (COA-Pain).”

**Measure Description:** *This measures the percentage of members 66 years of age and older who received at least one pain assessment plan during the measurement year.*

**Measure Specification:** A valid pain assessment is defined as the use of a standardized tool or instrument to evaluate the presence or absence of pain and its severity. Valid pain assessments include:

- Numeric Rating Scale (0–10)
- Verbal Descriptor Scale (none, mild, moderate, severe)
- Visual Analog Scale (VAS)
- Wong-Baker FACES Pain Rating Scale
- Brief Pain Inventory (BPI)
- PAINAD, Abbey Pain Scale, CNPI (for dementia or nonverbal patients)

**Data Collection Method:** Hybrid<sup>1</sup>

**COA – Pain Assessment Clinical Code Set**

- ▶ For billing, reimbursement, and reporting of services completed, submit claims timely with the appropriate medical codes for all clinical conditions evaluated and services completed.

**Codes used to identify a diabetic eye exam (retinal eye exam, fundus photography).**

| Description     | CPT-II       |
|-----------------|--------------|
| Pain Assessment | 1125F, 1126F |

**Compliant Measure Summary:** The below are required to meet measure criteria:

- ▶ If using claims / encounter data, code submission is adequate, a separate note is NOT required (though is recommended for audit readiness).
- ▶ If using medical record review, a note must show pain assessment was performed, tool / scale used/patient response, date of service.

**Exclusion Criteria – Members with any of the following conditions are excluded from the COA – Pain Assessment measure:**

- ▶ Members in hospice or using hospice services anytime during the measurement year.
- ▶ Services provided in an acute inpatient setting.
- ▶ Members who died any time during the measurement year.

**Medical Record Must Include:**

Documentation of a valid pain assessment that meets the measure includes:

- ▶ Use of a specified standardized tool or scale
- ▶ Patient’s pain score or response
- ▶ Date of assessment



**Best Practices:**

- ▶ Use the Inovalon® Provider Enablement Quality Gaps Insights to identify members with gaps in care.
- ▶ Involve caregivers as appropriate (including for members with cognitive impairment) when conducting assessment.
- ▶ Incorporate pain assessment into every visit, including:
  - Annual Wellness Visits
  - Follow-ups
  - Transitions of Care encounters
- ▶ Leverage care team support, including training about the pain assessment measure, valid tool to use, and required documentation for provider to review during the encounter.
- ▶ Total Care Advantage's Care Management Team is made up of registered nurses, care management coordinators, and social workers who are ready to help Total Care Advantage members manage their health. Total Care Advantage Care Management referrals can be made by submitting the referral form available on the GCHP website or by contacting the Care Management team by phone or email.
  - Care Management Contact: 1-805-437-5656
  - Care Management Email: [CareManagement@goldchp.org](mailto:CareManagement@goldchp.org)
  - English Referral Form: [Click Here](#)
  - Spanish Referral Form: [Click Here](#)
- ▶ Ensure your documentation is clear and concise.
- ▶ Use proper coding for conditions evaluated and services provided.

<sup>1</sup> Measures reported using the *hybrid* data collection method report on a sample of the eligible population (usually 411) and use both administrative and medical record data sources to evaluate if services were performed.