



2026 Measurement Year

STAR MEASURE: STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE (SPC)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan Total Care Advantage’s 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, “*Statin Therapy for Patients with Cardiovascular Disease (SPC)*.”

Measure Description: *This measures the percentage of male members 21 to 75 years of age and females 40 to 75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and were dispensed at least one high or moderate-intensity statin medication.*

Measure Specification: Two rates are reported:

- Received statin therapy. Members who were dispensed at least one high-intensity 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.

Measure Medications: The statins and dosages that count toward this measure include the below:

- ▶ High-intensity statins
 - Atorvastatin (Lipitor): 40–80 mg daily
 - Rosuvastatin (Crestor): 20–40 mg daily
 - Simvastatin (Zocor): 80 mg daily
 - Combination medications:
 - » Ezetimibe-simvastatin (Vytorin): 80 mg daily
 - » Amlodipine-atorvastatin (Caduet): 40-80 mg daily
- ▶ Moderate-intensity statins
 - Atorvastatin (Lipitor): 10–20 mg daily
 - Rosuvastatin (Crestor): 5–10 mg daily
 - Simvastatin (Zocor): 20–40 mg daily
 - Pravastatin (Pravachol): 40–80 mg daily
 - Lovastatin (Mevacor): 40 mg daily
 - Fluvastatin (Lescol XL): 80 mg daily
 - Pitavastatin (Livalo): 1–4 mg daily
 - Combination medications:
 - » Ezetimibe-simvastatin (Vytorin): 20–40 mg daily
 - » Amlodipine-atorvastatin (Caduet): 10–20 mg daily

Data Collection Method: ECDS¹

SPC – 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.

[Click here](#) for diagnosis codes used to identify members with ASCVD during the measurement year (MY) prior to the measurement year (PMY).

Description	Period of Diagnosis or Procedure
Discharged with a diagnosis of myocardial infarction	Prior to measurement year
Coronary artery bypass graft (CABG) in any setting	Prior to measurement year
Percutaneous coronary intervention (PCI) in any setting	Prior to measurement year

Description	Period of Diagnosis or Procedure
Revascularization procedures in any setting	Prior to measurement year
Two diagnoses of cardiovascular disease on different dates of services.	Measurement year or prior to measurement year

Exclusion Criteria – Members with any of the following conditions are excluded from the SPC measure:

- ▶ Pregnancy during the measurement year or year prior to the measurement year.
- ▶ In-vitro fertilization in the measurement year or year prior to the measurement year.
- ▶ Dispensed at least one prescription for clomiphene during the measurement year or the year prior to the measurement year.
- ▶ End stage renal disease or dialysis during the measurement year or the year prior to the measurement year.
- ▶ Cirrhosis during the measurement year or the year prior to the measurement year.
- ▶ Myalgia, myositis, myopathy, or rhabdomyolysis during the measurement year.
- ▶ Members in hospice or using hospice services any time during the measurement year.
- ▶ Members who died any time during the measurement year.
- ▶ Members receiving palliative care any time during the measurement year.
- ▶ Members 66 years of age and older as of Dec. 31 of the measurement year with frailty and advanced illness during the measurement year.

Best Practices:

- ▶ Use the Inovalon[®] Provider Enablement Quality Gaps Insights to identify members with gaps in care.
- ▶ Evaluate all members with ASCVD that are taking a low-intensity statin to increase to a moderate or high intensity statin, if clinically appropriate.
- ▶ Schedule appropriate follow-up with patients to assess if medication is taken as prescribed.
- ▶ Remind members to use their insurance card to fill their prescriptions
 - Gap closure is depended on pharmacy claims
- ▶ Encourage member to obtain 90-day supplies at their pharmacy.
 - Members and/or caregivers can obtain support signing up for a mail order pharmacy option (allowing them to fill a 90-day supply) by calling Member Services at 1-888-301-1228 (TTY: 711)
- ▶ Educate members on most common statin adverse effects, noting that severe symptoms are rare.
- ▶ Instruct patients to contact your office if they are experiencing adverse effects and not to stop the medication before doing so.
- ▶ Educate patients and/or caregivers about the value of prescribed statin medications for managing cardiovascular disease and the importance of adherence/the need for consistent and ongoing use of the medication.
 - Total Care Advantage offers free health education services, materials, classes, and online resources to help members achieve a healthy lifestyle
 - Providers can contact the Health Education Department or refer members / guardians / caregivers to the following information:
 - » Providers, call: 1-805-437-5961
 - » Members, call: 1-888-301-1228 / TTY 711
 - » GCHP Health Education Webpage (resources in English and Spanish): [Click Here](#)
- ▶ 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
 - 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.

¹ ECDS is a HEDIS[®] reporting standard that uses structured data systems (e.g., administrative claims, clinical registries, health information exchanges, electronic health records, disease/cases management systems) to report rates on ECDS designated measures.