Medicare
2024 Display Measure
Technical Notes
HEDIS Measures
For Contracts with
less than 500 Enrolled

Updated –11/28/2023

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General

This document describes the metric, data source, and reporting time period for the HEDIS data reported by contracts that had less than 500 enrolled in July of the measurement year. All data are reported at the contract level. The data do not reflect information for National PACE, 1833 Cost contracts, and Demonstration contracts. All other organization types are included.

Background

For each HEDIS measure, we provide the same descriptive information published in the 2024 Star Ratings Technical Notes. Because CMS is not assigning stars for these contracts, information about star assignments is not shown. Note: CMS excluded the data for these contracts when determining the 2024 Star Ratings cut points.

Contact Information

The contacts below can assist you with various aspects of these measures.

- Part C & D Star Ratings: PartCandDStarRatings@cms.hhs.gov

- HEDIS specific questions: HEDISquestions@cms.hhs.gov

- HPMS Access issues: CMSHPMS_Access@cms.hhs.gov

- HPMS Help Desk (all other HPMS issues): HPMS@cms.hhs.gov

Part C HEDIS Display Measure Details

Measure: C01 - Breast Cancer Screening

Title	Description
HEDIS Label:	Breast Cancer Screening (BCS)
Measure Reference:	NCQA HEDIS Measurement Year 2022 Technical Specifications Volume 2, page 95
Metric:	The percentage of women MA enrollees 50 to 74 years of age (denominator) who had a mammogram to screen for breast cancer (numerator).
Exclusions:	• Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: – Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. – Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement year. • Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty (Frailty Value Set) and advanced illness during the measurement year. To identify members with advanced illness, any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years), meet criteria: – At least two outpatient visits (Outpatient Value Set), observation visits (Observation Value Set), ED visits (ED Value Set), telephone visits (Telephone Visits Value Set), e-visits or virtual check-ins (Online Assessments Value Set), nonacute inpatient encounters (Nonacute Inpatient Value Set) or nonacute inpatient discharges on different dates of service, with an advanced illness diagnosis (Advanced Illness Value Set). Visit type need not be the same for the two visits. – At least one acute inpatient encounter (Acute Inpatient Value Set) with an advanced illness diagnosis (Advanced Illness Value Set). – At least one acute inpatient discharge with an advanced illness diagnosis (Advanced Illness Value Set) on the discharge claim. – A dispensed dementia medication (Dementia Medications List). (optional) Bilateral mastectomy any time during the member's history through December 31 of the measurement year. Any of the following meet criteria for bilateral mastectomy: • Bilateral mastectomy (Bilateral Mastectomy Value Set). • Unilateral mastectomy (Unilateral Mastectomy Value Set) with a bilateral modifier (Bilateral Modifier Value Set) (same procedure). • Unilateral mastectomys found in clinical data (Clinical Unilateral Mastectomy Value Set) with a bilateral modifier (Clinical Bilateral Modifier Value Set) (same procedure). • Any combination of the following indicating a mastectomy on both the left and right side on the same or different dates of service. of the following (same procedure): – Unilateral mastectomy (Unilateral Mastectomy Value Set) with a right-side modifier (Right Modifier Value Set) (same procedure). – Unilateral mastectomy (Unilateral Mastectomy Value Set) with a left-side modifier (Left Modifier Value Set) (same procedure). – Absence of the left breast (Absence of Left Breast Value Set) and absence of the right breast (Absence of Right Breast Value Set) on the same or different date of service. – History of bilateral mastectomy (History of Bilateral Mastectomy Value Set). – Left unilateral mastectomy (Unilateral Mastectomy Left Value Set) and right unilateral mastectomy (Unilateral Mastectomy Right Value Set) on the same or different date of service.
Data Source:	HEDIS

Title	Description
Data Source Category:	Health and Drug Plans
Data Time Frame:	01/01/2022 – 12/31/2022
General Trend:	Higher is better
Data Display:	Percentage with no decimal place

Measure: C02 - Colorectal Cancer Screening

Title	Description
HEDIS Label:	Colorectal Cancer Screening (COL)
Measure Reference:	NCQA HEDIS Measurement Year 2022 Technical Specifications Volume 2, page 105
Metric:	The percentage of MA enrollees aged 50 to 75 (denominator) who had appropriate screenings for colorectal cancer (numerator).
Exclusions:	• Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: – Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. – Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. • Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty (Frailty Value Set) and advanced illness during the measurement year. (optional) Refer to Administrative Specification for exclusion criteria. Exclusionary evidence in the medical record must include a note indicating colorectal cancer or total colectomy any time during the member's history through December 31 of the measurement year.
Data Source:	HEDIS
Data Source Category:	Health and Drug Plans
Data Time Frame:	01/01/2022 – 12/31/2022
General Trend:	Higher is better
Data Display:	Percentage with no decimal place

Measure: C06 - Care for Older Adults – Medication Review

Title	Description
HEDIS Label:	Care for Older Adults (COA) – Medication Review
Measure Reference:	NCQA HEDIS Measurement Year 2022 Technical Specifications Volume 2, page 118
Metric:	The percentage of Medicare Advantage Special Needs Plan enrollees 66 years and older (denominator) who received at least one medication review (Medication Review Value Set) conducted by a prescribing practitioner or clinical pharmacist during the measurement year and the presence of a medication list in the medical record (Medication List Value Set) (numerator).
Exclusions:	SNP benefit packages whose enrollment was less than 30 as of February 2022 SNP Comprehensive Report were excluded from this measure.
Data Source:	HEDIS
Data Source Category:	Health and Drug Plans
Data Time Frame:	01/01/2022 – 12/31/2022
General Trend:	Higher is better
Data Display:	Percentage with no decimal place

Measure: C07 - Care for Older Adults – Pain Assessment

Title	Description
HEDIS Label:	Care for Older Adults (COA) – Pain Screening
Measure Reference:	NCQA HEDIS Measurement Year 2022 Technical Specifications Volume 2, page 118
Metric:	The percentage of Medicare Advantage Special Needs Plan enrollees 66 years and older (denominator) who received at least one pain assessment (Pain Assessment Value Set) plan during the measurement year (numerator).
Exclusions:	SNP benefit packages whose enrollment was less than 30 as of February 2022 SNP Comprehensive Report were excluded from this measure.
Data Source:	HEDIS
Data Source Category:	Health and Drug Plans
Data Time Frame:	01/01/2022 – 12/31/2022
General Trend:	Higher is better
Data Display:	Percentage with no decimal place

Measure: C08 - Osteoporosis Management in Women who had a Fracture

Title	Description
HEDIS Label:	Osteoporosis Management in Women Who Had a Fracture (OMW)
Measure Reference:	NCQA HEDIS Measurement Year 2022 Technical Specifications Volume 2, page 228
Metric:	The percentage of woman MA enrollees 67 - 85 who suffered a fracture (denominator) and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture (numerator).
Exclusions:	• Members who had a BMD test (Bone Mineral Density Tests Value Set) during the 730 days (24 months) prior to the IESD. • Members who had a claim/encounter for osteoporosis therapy (Osteoporosis Medications Value Set) during the 365 days (12 months) prior to the IESD. • Members who received a dispensed prescription or had an active prescription to treat osteoporosis (Osteoporosis Medications List) during the 365 days (12 months) prior to the IESD. • Members who are enrolled in an Institutional SNP (I-SNP) any time during the measurement year. • Members living long-term in an institution any time during the measurement year.
Data Source:	HEDIS
Data Source Category:	Health and Drug Plans
Data Time Frame:	01/01/2022 – 12/31/2022
General Trend:	Higher is better
Data Display:	Percentage with no decimal place

Measure: C09 - Diabetes Care – Eye Exam

Title	Description
HEDIS Label:	Comprehensive Diabetes Care (CDC) – Eye Exam (Retinal) Performed
Measure Reference:	NCQA HEDIS Measurement Year 2022 Technical Specifications Volume 2, page 203
Metric:	The percentage of diabetic MA enrollees 18-75 with diabetes (type 1 and type 2) (denominator) who had an eye exam (retinal) performed during the measurement year (numerator).
Exclusions:	• Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: – Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. – Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. • Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty (Frailty Value Set) and advanced illness during the measurement year. (optional) Members who do not have a diagnosis of diabetes (Diabetes Value Set), in any setting, during the measurement year or the year prior to the measurement year and who had a diagnosis of gestational diabetes or steroid-induced diabetes (Diabetes Exclusions Value Set), in any setting, during the measurement year or the year prior to the measurement year. Organizations that apply optional exclusions must exclude members from the denominator for all indicators. If the member was included in the measure based on claim or encounter data, as described in the event/ diagnosis criteria, the optional exclusions do not apply because the member had a diagnosis of diabetes.
Data Source:	HEDIS
Data Source Category:	Health and Drug Plans
Data Time Frame:	01/01/2022 – 12/31/2022
General Trend:	Higher is better
Data Display:	Percentage with no decimal place

Measure: C10 - Diabetes Care – Blood Sugar Controlled

Title	Description
HEDIS Label:	Comprehensive Diabetes Care (CDC) – HbA1c poor control (>9.0%)
Measure Reference:	NCQA HEDIS Measurement Year 2022 Technical Specifications Volume 2, page 184
Metric:	The percentage of diabetic MA enrollees 18-75 (denominator) whose most recent HbA1c level is greater than 9%, or who were not tested during the measurement year (numerator). (This measure for public reporting is reverse scored so higher scores are better.) To calculate this measure, subtract the submitted rate from 100.
Exclusions:	• Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: – Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. – Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. • Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty (Frailty Value Set) and advanced illness during the measurement year. (optional) Members who do not have a diagnosis of diabetes (Diabetes Value Set), in

Title	Description
	any setting, during the measurement year or the year prior to the measurement year and who had a diagnosis of gestational diabetes or steroid-induced diabetes (Diabetes Exclusions Value Set), in any setting, during the measurement year or the year prior to the measurement year. Organizations that apply optional exclusions must exclude members from the denominator for all indicators. If the member was included in the measure based on claim or encounter data, as described in the event/ diagnosis criteria, the optional exclusions do not apply because the member had a diagnosis of diabetes.
Data Source:	HEDIS
Data Source Category:	Health and Drug Plans
Data Time Frame:	01/01/2022 – 12/31/2022
General Trend:	Higher is better
Data Display:	Percentage with no decimal place

Measure: C11 - Controlling High Blood Pressure

Title	Description
HEDIS Label:	Controlling Blood Pressure (CBP)
Measure Reference:	NCQA HEDIS MY 2022 Technical Specifications Volume 2, page 149
Metric:	Percent of MA members 18-85 years of age who had a diagnosis of hypertension (HTN) (denominator) and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year (numerator).
Exclusions	Exclude members who meet any of the following criteria: • Members 66 years of age and older as of December 31 of the measurement year who meet either of the following: – Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. – Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement year. • Members 81 years of age and older as of December 31 of the measurement year with frailty (Frailty Value Set) during the measurement year. • Members 66–80 years of age and older as of December 31 of the measurement year with frailty (Frailty Value Set) and advanced illness during the measurement year. • A dispensed dementia medication. • Members receiving palliative care (Palliative Care Assessment Value Set; Palliative Care Encounter Value Set; Palliative Care Intervention Value Set) during the measurement year. (Optional) • Exclude from the eligible population all members with evidence of end-stage renal disease (ESRD) (ESRD Value Set; ESRD Obsolete Value Set), dialysis (Dialysis Procedure Value Set), nephrectomy (Nephrectomy Value Set), or kidney transplant (Kidney Transplant Value Set) on or prior to December 31 of the measurement year. Documentation in the medical record must include a dated note indicating evidence of ESRD, kidney transplant or dialysis. • Exclude from the eligible population all members with a diagnosis of pregnancy (Pregnancy Value Set) during the measurement year. • Exclude from the eligible population all members who had a nonacute inpatient admission during the measurement year. To identify nonacute inpatient admissions:

Title	Description
	1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
	2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim.
	3. Identify the admission date for the stay.
Data Source:	HEDIS
Data Source Category:	Health and Drug Plans
Data Time Frame:	01/01/2022 – 12/31/2022
General Trend:	Higher is better
Data Display:	Percentage with no decimal place

Measure: C14 - Medication Reconciliation Post-Discharge

Title	Description
HEDIS Label:	Medication Reconciliation Post-Discharge (MRP)
Measure Reference:	NCQA HEDIS Measurement Year 2022 Technical Specifications Volume 2, page 330
Metric:	The percentage of discharges from January 1–December 1 of the measurement year for members 18 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days).
Data Source:	HEDIS
Data Source Category:	Health and Drug Plans
Data Time Frame:	01/01/2022 – 12/31/2022
General Trend:	Higher is better
Data Display:	Percentage with no decimal place

Measure: C15 - Plan All-Cause Readmissions

Title	Description
HEDIS Label:	Plan All-Cause Readmissions (PCR)
Measure Reference:	NCQA HEDIS Measurement Year 2022 Technical Specifications Volume 2, page 498
Metric:	The percentage of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days, for members 18 years of age and older using the following formula to control for differences in the case mix of patients across different contracts.
	For contract A, their case-mix adjusted readmission rate relative to the national average is the observed readmission rate for contract A divided by the expected readmission rate for contract A. This ratio is then multiplied by the national average observed rate.
	See Attachment A: Calculating Measure C15: Plan All-Cause Readmissions (18+) for the complete formula, example calculation and National Average Observation value used to complete this measure.
Exclusions:	Exclude hospital stays for the following reasons:
	• The member died during the stay.
	• Female members with a principal diagnosis of pregnancy (Pregnancy Value Set) on the discharge claim.
	• A principal diagnosis of a condition originating in the perinatal period (Perinatal Conditions Value Set) on the discharge claim.
	As listed in the HEDIS Technical Specifications. CMS has excluded contracts whose denominator was less than 150.

Title	Description
Data Source:	HEDIS
Data Source Category:	Health and Drug Plans
Data Time Frame:	01/01/2022 – 12/31/2022
General Trend:	Lower is better
Data Display:	Percentage with no decimal place

Measure: C16 - Statin Therapy for Patients with Cardiovascular Disease

Title	Description
HEDIS Label:	Statin Therapy for Patients with Cardiovascular Disease (SPC)
Measure Reference:	NCQA HEDIS Measurement Year 2022 Technical Specifications Volume 2, page 168
Metric:	The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) (denominator) and were dispensed at least one high or moderate-intensity statin medication during the measurement year (numerator).
Exclusions:	Exclude members who meet any of the following criteria: • Pregnancy (Pregnancy Value Set) during the measurement year or year prior to the measurement year. • In vitro fertilization (IVF Value Set) in the measurement year or year prior to the measurement year. • Dispensed at least one prescription for clomiphene (Table SPC-A) during the measurement year or the year prior to the measurement year. • ESRD (ESRD Value Set) during the measurement year or the year prior to the measurement year. • Cirrhosis (Cirrhosis Value Set) during the measurement year or the year prior to the measurement year. • Myalgia, myositis, myopathy, or rhabdomyolysis (Muscular Pain and Disease Value Set) during the measurement year. • Members 66 years of age and older as of December 31 of the measurement year who meet either of the following: – Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. – Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement year. • Members 66 years of age and older as of December 31 of the measurement year with frailty (Frailty Value Set) and advanced illness during the measurement year. To identify members with advanced illness, any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years), meet criteria: – At least two outpatient visits (Outpatient Value Set), observation visits (Observation Value Set), ED visits (ED Value Set) or nonacute inpatient encounters (Nonacute Inpatient Value Set) on different dates of service, with an advanced illness diagnosis (Advanced Illness Value Set). Visit type need not be the same for the two visits. – At least one acute inpatient encounter (Acute Inpatient Value Set) with an advanced illness diagnosis (Advanced Illness Value Set). – A dispensed dementia medication (Dementia Medications List).
Data Source:	HEDIS
Data Source Category:	Health and Drug Plans
Data Time Frame:	01/01/2022 – 12/31/2022
General Trend:	Higher is better

Title	Description
	Data Display: Percentage with no decimal place

Measure: C17 - Transitions of Care

Title	Description
HEDIS Label:	Transitions of Care (TRC)
Measure Reference:	NCQA HEDIS Measurement Year 2022 Technical Specifications Volume 2, page 330
Metric:	The average of the rates for Transitions of Care - Medication Reconciliation Post-Discharge, Transitions of Care - Notification of Inpatient Admission, Transitions of Care - Patient Engagement After Inpatient Discharge, and Transitions of Care - Receipt of Discharge Information.
Exclusions:	Members in hospice are excluded from the eligible population. If an organization reports this measure using the Hybrid Method, and a member is found to be in hospice or using hospice services during medical record review, the member is removed from the sample and replaced by a member from the oversample.
	Members that do not have continuous enrollment from the date of discharge through 30 days after discharge (31 total days) are excluded.
	To identify acute and nonacute inpatient discharges:
	1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
	2. Identify the discharge date for the stay.
	If the discharge is followed by a readmission or direct transfer to an acute or nonacute inpatient care setting on the date of discharge through 30 days after discharge (31 days total), use the admit date from the first admission and the discharge date from the last discharge. To identify readmissions and direct transfers during the 31-day period:
	1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
	2. Identify the admission date for the stay (the admission date must occur during the 31-day period).
	3. Identify the discharge date for the stay (the discharge date is the event date).
	Exclude both the initial and the readmission/direct transfer discharge if the last discharge occurs after December 1 of the measurement year.
Data Source:	HEDIS
Data Source Category:	Health and Drug Plans
Data Time Frame:	01/01/2022 – 12/31/2022
General Trend:	Higher is better
Data Display:	Percentage with no decimal place

Measure: C18 - Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions

Title	Description
HEDIS Label:	Follow-up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)
Measure Reference:	NCQA HEDIS Measurement Year 2022 Technical Specifications Volume 2, page 340
Metric:	The percentage of emergency department (ED) visits for members 18 years and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.
Exclusions:	Exclude ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within 7 days after the ED visit, regardless of the principal diagnosis for admission. To identify admissions to an acute or nonacute inpatient care setting:
	1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).

Title	Description
	2. Identify the admission date for the stay. An ED visit billed on the same claim as an inpatient stay is considered a visit that resulted in an inpatient stay. These events are excluded from the measure because admission to an acute or nonacute setting may prevent an outpatient follow-up visit from taking place.
Primary Data Source:	HEDIS
Data Source Category:	Health and Drug Plans
Data Time Frame:	01/01/2022 – 12/31/2022
General Trend:	Higher is better
Data Display:	Percentage with no decimal place

Attachment A: Calculating Measure C15: Plan All-Cause Readmissions

All data are available in the CMS 2023 HEDIS® Public Use File (PUF)[1] and can be looked up by IndicatorKey (row) and Variable name (column).

The calculations below use the Denominator, ObservedCount and ExpectedCount values from the PCR (18-64) indicator (IndicatorKey = 202025_20) and the PCR (65+) indicator (IndicatorKey = 202111_20).

For each contract, calculate the (18+) Denominator, ObservedCount, and ExpectedCount:

Denominator(18+) = Denominator(18-64) + Denominator(65+)

ObservedCount(18+) = ObservedCount(18-64) + ObservedCount(65+)

ExpectedCount(18+) = ExpectedCount(18-64) + ExpectedCount(65+)

Using these (18+) values, calculate the (18+) Observed-over-Expected ratio (OE):

$$OE(18+) = \left(\frac{ObservedCount(18+)}{ExpectedCount(18+)}\right)$$

And the national average of the (18+) Observed Rate:

$$NatAvgObs(18+) = Average\left(\left(\frac{ObservedCount(18+)_1}{Denominator(18+)_1}\right) + \ldots + \left(\frac{ObservedCount(18+)_n}{Denominator(18+)_n}\right)\right)$$

Where 1 through n are all contracts with a (18+) Denominator larger than or equal to 150, and a (18+) OE larger than or equal to 0.2 and less than or equal to 5.0.

For each contract, calculate the Final Rate and convert to percentages:

Final Rate(18+) = OE(18+) x NatAvgObs(18+) x 100

And round to the nearest integer.

Example: Calculating the final rate for Contract 1

Contract	IndicatorKey	Denominator	ObservedCount	ExpectedCount
Contract 1	202025_20	214	8	12
Contract 1	202111_20	4,792	641	642
Contract 2	202025_20	225	12	7
Contract 2	202111_20	4,761	688	668
Contract 3	202025_20	573	31	35
Contract 3	202111_20	8,629	1,126	1,070
Contract 4	202025_20	12	0	1
Contract 4	202111_20	533	79	73

$$NatAvgObs = Average\left(\left(\frac{8+641}{214+4,792}\right) + \left(\frac{12+688}{225+4,761}\right) + \left(\frac{31+1,126}{573+8,629}\right) + \left(\frac{0+79}{12+533}\right)\right)$$

NatAvgObs = 0.135181

$$OE\ Contract\ 1 = \left(\frac{8+641}{12+642}\right) = 0.992355$$

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[1] https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/MA-HEDIS-Public-Use-Files

Final Rate Contract 1 = $0.992355 \times 0.135181 \times 100 = 13.41$

Final Rate reported for Contract 1 = 13%

The actual calculated National Observed Rate used in the 2024 Star Ratings was 0.109719901931738.