Medicare
2014 Display Measure
Technical Notes
HEDIS Measures
For Contracts with
less than 1,000 Enrolled

Document Change Log

Previous Version	Description of Change	Revision Date
-	Initial Release of the Display Measure Technical Notes for HEDIS contracts with <1,000 enrolled	12/12/2013

Table of Contents

General

This document describes the metric, data source and reporting time period for the HEDIS data reported by contracts which had less than 1,000 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, Continuing Care Retirement Community demonstrations (CCRCs), End Stage Renal Disease Networks (ESRDs), and Demonstration contracts. All other organization types are included.

Background

The HEDIS 2013 reporting requirements removed the minimum enrollment criteria that existed in prior years. Prior to 2013, only contracts with more than 1,000 members enrolled in July of the measurement year were required to report HEDIS.

Since many of the contracts that had 1,000 or less enrolled had never reported HEDIS before, CMS made the decision to treat their responses as first year data and not use their data in the 2014 Star Ratings. Instead, CMS is publishing the data for these contracts in a similar manner as the 2014 Display Measures.

For each HEDIS measure, we provide the same descriptive information published in the 2014 Star Ratings Technical Notes. Because CMS is not assigning stars for these contracts, information about star assignments is not show. Note: CMS excluded the data for these contracts when determining the 2014 Star Ratings cut points.

Contact Information

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

- Part C Star Ratings: PartCRatings@cms.hhs.gov

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

Part C HEDIS Display Measure Details

Measure: C01 - Breast Cancer Screening

HEDIS Label:	Breast Cancer Screening (BCS)
Measure Reference:	NCQA HEDIS 2013 Technical Specifications Volume 2, page 81
Metric:	The percentage of female MA enrollees ages 40 to 69 (denominator) who had one or more mammograms during the measurement year or the year prior to the measurement year (numerator).
Exclusions:	(optional) Women who had a bilateral mastectomy. Look for evidence of a bilateral mastectomy as far back as possible in the member's history through December 31 of the measurement year. Exclude members for whom there is evidence of two unilateral mastectomies. Refer to NCQA HEDIS 2013 Technical Specifications Volume 2, page 82, Table BCS-B for codes to identify exclusions.
Data Source:	HEDIS
Data Time Frame:	01/01/2012 - 12/31/2012
General Trend:	Higher is better
Data Display:	Percentage with no decimal point

Measure: C02 - Colorectal Cancer Screening

HEDIS Label:	Colorectal Cancer Screening (COL)
Measure Reference:	NCQA HEDIS 2013 Technical Specifications Volume 2, page 86
Metric:	The percentage of MA enrollees aged 50 to 75 (denominator) who had one or more appropriate screenings for colorectal cancer (numerator).
Exclusions:	(optional) Members with a diagnosis of colorectal cancer or total colectomy. Look for evidence of colorectal cancer or total colectomy as far back as possible in the member's history. Refer to NCQA HEDIS 2013 Technical Specifications Volume 2, page 87, Table COL-B for codes to identify exclusions.
Data Source:	HEDIS
Data Time Frame:	01/01/2012 - 12/31/2012
General Trend:	Higher is better
Data Display:	Percentage with no decimal point

Measure: C03 - Cardiovascular Care – Cholesterol Screening

HEDIS Label:	Cholesterol Management for Patients With Cardiovascular Conditions (CMC)
Measure Reference:	NCQA HEDIS 2013 Technical Specifications Volume 2, page 138
Metric:	The percentage of MA enrollees 18–75 years of age who were discharged alive for Acute Myocardial Infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) from January 1– November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year (denominator), who had an LDL-C screening test performed during the measurement year (numerator).
Data Source:	HEDIS
Data Time Frame:	01/01/2012 - 12/31/2012
General Trend:	Higher is better
Data Display:	Percentage with no decimal point

Measure: C04 - Diabetes Care – Cholesterol Screening

HEDIS Label:	Comprehensive Diabetes Care (CDC) – LDL-C Screening
Measure Reference:	NCQA HEDIS 2013 Technical Specifications Volume 2, page 152
Metric:	The percentage of diabetic MA enrollees 18-75 with diabetes (type 1 and type 2) (denominator) who had an LDL-C screening test performed during the measurement year (numerator).
Exclusions:	(optional) • Members with a diagnosis of polycystic ovaries (Refer to NCQA HEDIS 2013 Technical Specifications Volume 2, page 156, Table CDC-O) who did not have a face-to-face encounter, in any setting, with a diagnosis of diabetes (Refer to NCQA HEDIS 2013 Technical Specifications Volume 2, page 156, Table CDC-B) during the measurement year or the year before the measurement year. Diagnosis may occur at any time in the member's history, but must have occurred by December 31 of the measurement year. • Members with gestational or steroid-induced diabetes (CDC-O) who did not have a face-to-face encounter, in any setting, with a diagnosis of diabetes (CDC-B) during the measurement year or the year before the measurement year. Diagnosis may occur during the measurement year or the year before the measurement year, but must have occurred by December 31 of the measurement year.
Data Source:	HEDIS
Data Time Frame:	01/01/2012 - 12/31/2012
General Trend:	Higher is better
Data Display:	Percentage with no decimal point

Measure: C05 - Glaucoma Testing

HEDIS Label:	Glaucoma Screening in Older Adults (GSO)
Measure Reference:	NCQA HEDIS 2013 Technical Specifications Volume 2, page 94
Metric:	The percentage of Medicare members 65 years and older, without a prior diagnosis of glaucoma or glaucoma suspect (denominator), who received a glaucoma eye exam by an eye care professional for early identification of glaucomatous conditions (numerator).
Exclusions:	(optional) Members who had a prior diagnosis of glaucoma or glaucoma suspect. Look for evidence of glaucoma as far back as possible in the member's history through December 31 of the measurement year. Refer to NCQA HEDIS 2013 Technical Specifications Volume 2, page 95, Table GSO-B for codes to identify exclusions.
Data Source:	HEDIS
Data Time Frame:	01/01/2012 - 12/31/2012
General Trend:	Higher is better
Data Display:	Percentage with no decimal point

Measure: C10 - Adult BMI Assessment

HEDIS Label:	Adult BMI Assessment (ABA)
Measure Reference:	NCQA HEDIS 2013 Technical Specifications Volume 2, page 58
Metric:	The percentage of MA enrollees 18-74 years of age (denominator) who had an outpatient visit and who had their body mass index (BMI) documented during

the measurement year or the year prior the measurement year (numerator).

Exclusions:	(optional) Members who have a diagnosis of pregnancy (Refer to NCQA HEDIS 2013 Technical Specifications Volume 2, page 59, Table ABA-C) during the measurement year or the year prior to the measurement year.
Data Source:	HEDIS
Data Time Frame:	01/01/2012 - 12/31/2012
General Trend:	Higher is better
Data Display:	Percentage with no decimal point

Measure: C14 - Osteoporosis Management in Women who had a Fracture

HEDIS Label:	Osteoporosis Management in Women Who Had a Fracture (OMW)
Measure Reference:	NCQA HEDIS 2013 Technical Specifications Volume 2, page 174
Metric:	The percentage of female MA enrollees 67 and older who suffered a fracture during the measurement year (denominator), and who subsequently had either a bone mineral density test or were prescribed a drug to treat or prevent osteoporosis in the six months after the fracture (numerator).
Data Source:	HEDIS
Data Time Frame:	01/01/2012 - 12/31/2012
General Trend:	Higher is better
Data Display:	Percentage with no decimal point

Measure: C15 - Diabetes Care – Eye Exam

HEDIS Label:	Comprehensive Diabetes Care (CDC) – Eye Exam (Retinal) Performed
Measure Reference:	NCQA HEDIS 2013 Technical Specifications Volume 2, page 152
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).
Data Source:	HEDIS
Data Time Frame:	01/01/2012 - 12/31/2012
General Trend:	Higher is better
Data Display:	Percentage with no decimal point

Measure: C16 - Diabetes Care – Kidney Disease Monitoring

HEDIS Label:	Comprehensive Diabetes Care (CDC) – Medical Attention for Nephropathy
Measure Reference:	NCQA HEDIS 2013 Technical Specifications Volume 2, page 152
Metric:	The percentage of diabetic MA enrollees 18-75 with diabetes (type 1 and type 2) (denominator) who had medical attention for nephropathy during the measurement year (numerator).
Data Source:	HEDIS
Data Time Frame:	01/01/2012 - 12/31/2012
General Trend:	Higher is better
Data Display:	Percentage with no decimal point

Measure: C17 - Diabetes Care – Blood Sugar Controlled

HEDIS Label:	Comprehensive Diabetes Care (CDC) – HbA1c poor control (>9.0%)
Measure Reference:	NCQA HEDIS 2013 Technical Specifications Volume 2, page 152
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.
Data Source:	HEDIS
Data Time Frame:	01/01/2012 - 12/31/2012
General Trend:	Higher is better
Data Display:	Percentage with no decimal point

Measure: C18 - Diabetes Care – Cholesterol Controlled

HEDIS Label:	Comprehensive Diabetes Care (CDC) – LDL-C control (<100 mg/dL)
Measure Reference:	NCQA HEDIS 2013 Technical Specifications Volume 2, page 152
Metric:	The percentage of diabetic MA enrollees 18-75 (denominator) whose most recent LDL-C level during the measurement year was less than 100 (numerator).
Data Source:	HEDIS
Data Time Frame:	01/01/2012 - 12/31/2012
General Trend:	Higher is better
Data Display:	Percentage with no decimal point

Measure: C19 - Controlling Blood Pressure

HEDIS Label:	Controlling High Blood Pressure (CBP)
Measure Reference:	NCQA HEDIS 2013 Technical Specifications Volume 2, page 142
Metric:	The percentage of MA members 18–85 years of age who had a diagnosis of hypertension (HTN) (denominator) and whose BP was adequately controlled (<140/90) during the measurement year (numerator).
Exclusions:	(optional) • Exclude from the eligible population all members with evidence of end-stage renal disease (ESRD) (refer to NCQA HEDIS 2013 Technical Specifications Volume 2, page 145, Table CBP-C) on or prior to December 31 of the measurement year. Documentation in the medical record must include a dated note indicating evidence of ESRD. Documentation of dialysis or renal transplant also meets the criteria for evidence of ESRD. • Exclude from the eligible population all members with a diagnosis of pregnancy (Table CBP-C) during the measurement year. • Exclude from the eligible population all members who had an admission to a nonacute inpatient setting during the measurement year. Refer to NCQA HEDIS 2013 Technical Specifications Volume 2, page 192 Table FUH-B for codes to identify nonacute care.
Data Source:	HEDIS
Data Time Frame:	01/01/2012 - 12/31/2012
General Trend:	Higher is better
Data Display:	Percentage with no decimal point

Measure: C20 - Rheumatoid Arthritis Management

HEDIS Label:	Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)
Measure Reference:	NCQA HEDIS 2013 Technical Specifications Volume 2, page 172
Metric:	The percentage of MA members who were diagnosed with rheumatoid arthritis during the measurement year (denominator), and who were dispensed at least one ambulatory prescription for a disease modifying anti-rheumatic drug (DMARD) (numerator).
Exclusions:	(optional) • Members diagnosed with HIV (refer to NCQA HEDIS 2013 Technical Specifications Volume 2, page 167, Table ART-D). Look for evidence of HIV diagnosis as far back as possible in the member's history through December 31 of the measurement year. • Members who have a diagnosis of pregnancy (Table ART-D) during the measurement year.
Data Source:	HEDIS
Data Time Frame:	01/01/2012 - 12/31/2012
General Trend:	Higher is better
Data Display:	Percentage with no decimal point

Measure: C23 - Plan All-Cause Readmissions

HEDIS Label:	Plan All-Cause Readmissions (PCR)
Measure Reference:	NCQA HEDIS 2013 Technical Specifications Volume 2, page 331
Metric:	The percentage of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days, for members 65 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. To calculate the observed rate and expected rate for contract A for members 65 years and older, the following formulas were used 1. The observed readmission rate for contract A equals the sum of the count of 30-day readmissions across the three age bands divided by the sum of the count of index stays across the three age bands (65-74, 75-84 and 85+). 2. The expected readmission rate for contract A equals the sum of the average adjusted probabilities across the three age bands (65-74, 75-84 and 85+), weighted by the percentage of index stays in each age band. See Attachment A: Calculating Measure C23: Plan All-Cause Readmissions for the complete formula, example calculation and National Average Observation value used to complete this measure.
Exclusions:	None listed in the HEDIS Technical Specifications. CMS has excluded contracts whose denominator was 10 or less.
Data Source:	HEDIS
Data Time Frame:	01/01/2012 - 12/31/2012
General Trend:	Lower is better
Data Display:	Percentage with no decimal point

Attachment A: Calculating Measure C23: Plan All-Cause Readmissions

All data come from the HEDIS 2013 M13_PCRB data file.

Formula Value	PCR Field	Field Description
A	ist6574	Count of Index Stays (Denominator) Total 65-74 Num
D	rt6574	Count of 30-Day readmissions (Numerator) Total 65-74 Num
G	apt6574	Average Adjusted Probability Total 65-74 Num
B	ist7584	Count of Index Stays (Denominator) Total 75-84 Num
E	rt7584	Count of 30-Day readmissions (Numerator) Total 75-84 Num
H	apt7584	Average Adjusted Probability Total 75-84 Num
C	ist85	Count of Index Stays (Denominator) Total 85+ Num
F	rt85	Count of 30-Day readmissions (Numerator) Total 85+ Num
I	apt85	Average Adjusted Probability Total 85+ Num

$$\text{NatAvgObs} = \text{Average}\left(\left(\frac{D_1+E_1+F_1}{A_1+B_1+C_1}\right)+\ldots+\left(\frac{D_n+E_n+F_n}{A_n+B_n+C_n}\right)\right)$$ Where 1 through n are all contracts with numeric data.

$$\text{Observed} = \frac{D+E+F}{A+B+C}$$

$$\text{Expected} = \left(\left(\frac{A}{A+B+C}\right)\times G\right) + \left(\left(\frac{B}{A+B+C}\right)\times H\right) + \left(\left(\frac{C}{A+B+C}\right)\times I\right)$$

$$\text{Final Rate} = \left(\left(\frac{\text{Observed}}{\text{Expected}}\right)\times \text{NatAvgObs}\right)\times100$$

Example: Calculating the final rate for Contract 1

Formula Value	PCR Field	Contract 1	Contract 2	Contract 3	Contract 4
A	ist6574	2,217	1,196	4,157	221
D	rt6574	287	135	496	30
G	apt6574	0.126216947	0.141087156	0.122390927	0.129711036
B	ist7584	1,229	2,483	3,201	180
E	rt7584	151	333	434	27
H	apt7584	0.143395345	0.141574415	0.168403941	0.165909069
C	ist85	1,346	1,082	1,271	132
F	rt85	203	220	196	22
I	apt85	0.165292297	0.175702614	0.182608065	0.145632638

$$\text{NatAvgObs} = \text{Average}\left(\left(\frac{287+151+203}{2217+1229+1346}\right)+\left(\frac{135+333+220}{1196+2438+1082}\right)+\left(\frac{496+434+196}{4157+3201+1271}\right)+\left(\frac{30+27+22}{221+180+132}\right)\right)$$
$$\text{NatAvgObs} = \text{Average}\left((0.13376)+(0.14451)+(0.13049)+(0.14822)\right)$$

NatAvgObs = 0.13924

$$\text{Observed Contract 1} = \frac{287+151+203}{2217+1229+1346} = 0.13376$$

Expected Contract 1 =
$$\left(\left(\left(\frac{2217}{2217+1229+1346}\right)\times 0.126216947\right)+\left(\left(\frac{1229}{2217+1229+1346}\right)\times 0.143395345\right)+\left(\left(\frac{1346}{2217+1229+1346}\right)\times 0.165292297\right)\right)$$

Expected Contract 1 = (0.058 + 0.037 + 0.046) = 0.142

$$\text{Final Rate Contract 1} = \left(\left(\frac{0.13376}{0.142}\right)\times 0.13924\right)\times100 = 13.1160158$$

Final Rate reported in the Star Ratings for Contract 1 = 13%

The actual calculated NatAvgObs value used in the 2014 Star Ratings was 0.136783702624749