
Measure: C13 - Reducing the Risk of Falling

Title	Description
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Label for Stars: Reducing the Risk of Falling

Label for Data: Reducing the Risk of Falling

Description: Percent of plan members with a problem falling, walking, or balancing who discussed it with their doctor and received a recommendation for how to prevent falls during the year.

HEDIS Label: Fall Risk Management (FRM)

Measure Reference: NCQA HEDIS 2020 Specifications for The Medicare Health Outcomes Survey Volume 6, page 40

Metric: The percentage of Medicare members 65 years of age and older who had a fall or had problems with balance or walking in the past 12 months, who were seen by a practitioner in the past 12 months (denominator) and who received a recommendation for how to prevent falls or treat problems with balance or walking from their current practitioner (numerator).

Primary Data Source: HEDIS / HOS

Data Source Description: Cohort 21 Follow-up Data collection (2020) and Cohort 23 Baseline data collection (2020).

HOS Survey Question 48: A fall is when your body goes to the ground without being pushed. In the past 12 months, did you talk with your doctor or other health provider about falling or problems with balance or walking?

HOS Survey Question 49: Did you fall in the past 12 months?

HOS Survey Question 50: In the past 12 months have you had a problem with balance or walking?

HOS Survey Question 51: Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include:

- Suggest that you use a cane or walker.
- Suggest that you do an exercise or physical therapy program.
- Suggest a vision or hearing test.

Data Source Category: Survey of Enrollees

Exclusions: Members who responded "I had no visits in the past 12 months" to Question 48 or Question 51 are excluded from results calculations. Contracts must achieve a denominator of at least 100 to obtain a reportable result. If the denominator is less than

100, the measure result will be "Not enough data available." Members with evidence from CMS administrative records of a hospice start date are excluded.

Data Time Frame: 08/17/2020 – 11/09/2020

General Trend: Higher is better

Statistical Method: Clustering

Improvement Measure: Included

CAI Usage: Included

Case-Mix Adjusted: No

Weighting Category: Process Measure

Weighting Value: 1

Major Disaster: Higher measure star (2021-2022) for contracts with 25% or more enrolled affected by 2019 disasters.

Meaningful Measure Area: Preventable Healthcare Harm

NQF #: Not Applicable

Data Display: Percentage with no decimal place

Reporting Requirements:	1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
	Yes	Yes	Yes	Yes	Yes	No	Yes
Cut Points:	1 Star	2 Stars	3 Stars	4 Stars	5 Stars		
	< 48 %	>= 48 % to < 55 %	>= 55 % to < 64 %	>= 64 % to < 72 %	>= 72 %		