HEDIS® 2019 (Summary) Documentation for Reporting Year 2018

General Information

This documentation presents a description of each HEDIS® measure that CMS collected for 450 Medicare managed care organizations for health care provided in calendar year 2018 to Medicare beneficiaries. CMS took the description and additional information for each measure from HEDIS 2019 Volume 2: Technical Specifications. This release contains only those rates, percentages, or averages for each measure and not the numerator or denominator used to create those measures. CMS has made minor modifications to the original data. CMS confirmed that all reported rates are commensurate with the HEDIS general guidelines. For example, the HEDIS guidelines advise plans to report "not applicable" for measures that rely on a small number of observations, and CMS appropriately suppressed these rates. CMS also added two variables to the database. A brief discussion of each issue identified here appears below.

CMS requires that all managed care organizations undergo an audit on all HEDIS measures. The summary data file includes all submitted data following the audit.

Medicare HEDIS Reporting

In 2019, CMS collected data from 450 Medicare managed care contracts for health care delivered in 2018. CMS considers the reporting unit for a health plan as the equivalent to a contract. CMS signs a contract with health plans to provide health care for a given geographic service area.

CMS copied the description of each measure from the HEDIS Technical Specifications

The description and related information provided for each measure in this documentation are taken from the HEDIS 2019 Technical Specifications, which are the specific instructions for calculating HEDIS measures that NCQA provides to Medicare managed care plans. For each measure, the Technical Specifications detail the precise method for sampling (when appropriate), identification of the numerator and denominator, measure calculation, and any other important considerations specific to that measure. The technical specifications also contain general guidelines that apply to all measures, such as the use of medical records and when a plan should not report a measure because its eligible membership is too small. Some measures require more detailed specifications than others. Compared to the Beta Blocker measure described below, the calculation of the measure for the number of years a plan has had a commercial product is fairly straightforward. The technical specifications necessary to produce HEDIS measures are available from NCQA in HEDIS 2019, Volume 2: Technical Specifications.

The specifications for Beta Blocker Treatment After Heart Attack demonstrate the extent of detailed instructions provided for many measures. For this measure, the specifications describe the unit of measurement (members vs. procedures or discharges); data sources used to identify the numerator and denominator (membership, claims/encounter, hospital discharge, and pharmacy data); the period of time under consideration (the reporting year); age ranges for member inclusion in the measure (35 and older); diagnosis codes to identify acute myocardial infarction (AMI); diagnosis codes to identify exclusions for beta blocker; a list of beta blocker prescriptions; appropriate sample size if the plan chooses to use a sample; and other instructions, such as the appropriate interpretation of two AMI episodes for an individual member.

HEDIS Guidelines identify three types of missing values: NA, NB and NR

The HEDIS guidelines specify three different types of missing values in the rate field: Not Applicable (NA), No Benefit (NB) and Not Reported (NR). Health plans report NA when they: do not have a large enough population to calculate a representative rate (e.g., many measures require that rates be based on at least 30 members) or are not eligible for a measure (e.g., a health plan cannot calculate outpatient drug utilization if it does not offer an outpatient drug benefit; a health plan cannot calculate a measure requiring a year of continuous enrollment if its first enrollment began mid-way through the reporting year.)

A value of NB is recorded when the health plan did not offer the health benefit required by the measure (e.g., Mental Health/Chemical Dependency). Health plans report NR when they choose not to calculate and report a rate, or the health plan's HEDIS Compliance Auditor determines that a rate is materially biased (applicable only to audited measures).

For measures reported as a percentage, material bias is defined as a deviation of more than five percentage points from the true rate. For other measures (e.g., procedures per 1,000 member years), material bias exists if the number of counted procedures deviates by more than ten percent from the true number of procedures.

CMS suppressed a small number of rates to meet privacy requirements.

Under the Privacy Act, CMS cannot publish or otherwise disclose the data in a form raising unacceptable possibilities that an individual could be identified (i.e., the data must not be beneficiary-specific and must be aggregated to a level where no data cells have 10 or fewer beneficiaries). To ensure that no beneficiary can be identified, CMS has chosen not to report certain measures, specifically reported enrollment by age category, and has suppressed a small number of rates. CMS has replaced suppressed rates with 'NA.' Please see the section on missing values above for an explanation of missing value designations.

CMS has added variables to the HEDIS data.

CMS includes our record of enrollment as of December for the measurement year in the "GENERAL" sheet in the HEDIS workbook. The HEDIS reported value is adjusted for individuals with partial-year enrollment and reflects the entire contract's enrollment. CMS's enrollment is now broken down by the number enrolled in the CMS approved contract market area.

We have included the Medicare Modernization Act plan type designations as well as indicators if the contract offers a Special Needs benefit packages or offered a Part D Drug benefit in 2018. These values can be found on the sheet named "GENERAL".

We have also changed the way we are reporting the area served by each contract. The states served by each contract used to be reported within every measure. Since this data is constant for the measurement year and the size of the areas covered by each contract has increased dramatically, we have moved the area served into its own separate reports. You will find a separate sheet called "Service Area" in the HEDIS workbook which contains the contract, state(s) and counties served by the contracts reporting HEDIS. There is an additional field "EGHP" which indicates if the county is available only to beneficiaries in Employer Groups. The old "Service State" field in each measure now just lists the Market Area served by the contract for the contracts still reporting by market area.

National Enrollment Weighted Average Score

CMS has calculated and included a weighted national average for all of the Effectiveness of Care (EOC) measures. These rates are reported on a separate sheet called "National Rates" in the SNP HEDIS workbook. The rate for each of the EOC measures was calculated using the following formula:

$((En_1/TotE)*Sn_1)+((En_2/TotE)*Sn_2)+\ldots+((En_x/TotE)*Sn_x)$=National Enrollment Weighted Average Score

Where: TotE = Total enrollment for all PBPs with a valid numeric rate in the measure
En_1 = Enrollment in the first PBP with a valid numeric rate
Sn_1 = Reported rate for the first PBP with a valid numeric rate
En_x = Enrollment in the last PBP with a valid numeric rate
Sn_x = Reported rate for the last PBP with a valid numeric rate

General - General Information

DESCRIPTION - General organization Information. These fields are not explicitly identified in the HEDIS Technical Specifications.

REPORTING LEVEL - N/A

General-0010	Type of Organization (Local CCP, 1876 Cost, etc.)
General-0011	Type of Plan (Post Balanced Budget Amendment Naming)
General-0014	Offers Special Needs Plans to beneficiaries (Yes or No)
General-0015	Offers Part D benefits (Yes or No)
General-0020	Line of Business (HMO, POS, etc.)
General-0050	12/2011 Enrollment as reported by the Medicare Advantage Prescription Drug (MARx) system
General-0060	CMS Region Number
General-0070	CMS Region Name
General-0080	Patient Population
General-0085	Submitted summary level HEDIS 2008 data to NCQA
General-0087	Included in HOS data from NCQA

Service_Area - Contract Service Area

DESCRIPTION - The area where the contract provides services to Medicare beneficiaries. This data comes from the Health Plan Management System (HPMS) as reported by the contract.

REPORTING LEVEL - N/A

SA-0030	Social Security Administration (SSA) State/County Code
SA-0040	American National Standards Institute (ANSI) State/County Code INCITS 31-2009 (formerly Federal Information Processing Standard [FIPS] State/County codes)
SA-0050	State Abbreviation (United States Postal Service (USPS) State Code)
SA-0060	County Name
SA-0070	County serves only beneficiaries in an Employer Group Health Plan (Y = Yes, N = No)

National_Rates - National Rates

CMS has calculated and included a weighted National average for all of the Effectiveness of Care (EOC) measures. These rates are reported on a separate sheet called "National Rates" in the HEDIS Workbook. The rate for each of the EOC measures was calculated using the following formula:

((En1/TotE)*Sn1)+((En2/TotE)*Sn2)+...+((Enx/TotE)*Snx)=National Weighted Average Score

Where:

TotE = Total enrollment for all contracts with a valid numeric rate in the measure

En_1 = Enrollment in the first contract with a valid numeric rate

Sn_1 = Reported rate for the first contract with a valid numeric rate

En_x = Enrollment in the last contract with a valid numeric rate

Sn_x = Reported rate for the last contract with a valid numeric rate

REPORTING LEVEL - National

NR-0010	The HEDIS Year of the data (the measurement year is one year prior)
NR-0020	Measure from the HEDIS Public Use File for which the national rate has been calculated
NR-0030	Field from the HEDIS Public Use File for which the national rate has been calculated
NR-0040	Indicator key from the HEDIS Public Use File for which the national rate has been calculated
NR-0050	The National Rate for this measure and field
NR-0060	The number of contracts that submitted a numeric HEDIS rate for this measure and field
NR-0070	The total number of enrollees in the contracts that submitted a numeric HEDIS rate for this measure and field

HEDIS_Measures – HEDIS Public Use Measures

The *MADictionary2019.xlsx* file is the data dictionary for the data in the HEDIS_Measures tab. The data dictionary can be linked to the HEDIS_measures data using the indicatorkey field. The data dictionary provides a description of the data contained in each field for a given measure. For example, the data dictionary indicates the rate field associated with indicatorkey 200694_20, which contains the total rate for the Breast Cancer Screening (BCS) measure. All measures on the HEDIS_Measures tab are reported at the contract level.

AAP - Adults' Access to Preventive/Ambulatory Health Services

DESCRIPTION - The percentage of members 20 years and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line.

• Medicaid and Medicare members who had an ambulatory or preventive care visit during the measurement year.

• Commercial members who had an ambulatory or preventive care visit during the measurement year or the two years prior to the measurement year.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 311)

ABA - Adult BMI Assessment

DESCRIPTION - The percentage of members 18–74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 62)

ABX - Antibiotic Utilization

DESCRIPTION - This measure summarizes the following data on outpatient utilization of antibiotic prescriptions during the measurement year, stratified by age and gender:

• Total number of antibiotic prescriptions.

• Average number of antibiotic prescriptions per member per year (PMPY).

• Total days supplied for all antibiotic prescriptions.

• Average days supplied per antibiotic prescription.

• Total number of prescriptions for antibiotics of concern.

• Average number of prescriptions PMPY for antibiotics of concern.

• Percentage of antibiotics of concern for all antibiotic prescriptions.

• Average number of antibiotics PMPY reported by drug class:

– For selected “antibiotics of concern.”

– For all other antibiotics.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 394)

AHU - Acute Hospital Utilization (Note: NCQA renamed from Inpatient Hospital Utilization (IHU))

DESCRIPTION - For members 18 years of age and older, the risk-adjusted ratio of observed to expected acute inpatient discharges during the measurement year reported by Surgery, Medicine and Total.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 434)

AMB - Ambulatory Care

DESCRIPTION - This measure summarizes utilization of ambulatory care in the following categories.

• Outpatient Visits

• Emergency Department (ED) Visits

(HEDIS 2019, Volume 2: Technical Specification, Pg. 370)

AMM - Antidepressant Medication Management

DESCRIPTION - The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported.

• Effective Acute Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).

• Effective Continuation Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

(HEDIS 2019, Volume 2: Technical Specifications, Pg. 188)

ART - Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis

DESCRIPTION - The percentage of members 18 years of age and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).

(HEDIS 2019, Volume 2: Technical Specification, Pg. 178)

BCR - Board Certification/Residency Completion

DESCRIPTION - The percentage of the following physicians whose board certification is active as of December 31 of the measurement year:

- Family medicine physicians
- Internal medicine physicians
- Pediatricians
- Obstetrics/Gynecology (OB/GYN) physicians
- Geriatricians
- Other physician specialists

Board certification refers to the various specialty certification programs of the American Board of Medical Specialties and the American Osteopathic Association. Report each product separately as of December 31 of the measurement year.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 464)

BCS - Breast Cancer Screening

DESCRIPTION - The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 83)

CBP - Controlling High Blood Pressure

DESCRIPTION - The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 130)

CDC - Comprehensive Diabetes Care (CDC)

DESCRIPTION - The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following.

- Hemoglobin A1c (HbA1c) testing
- HbA1c poor control (>9.0%)
- HbA1c control (<8.0%)
- Eye exam (retinal) performed
- Medical attention for nephropathy
- BP control (<140/90 mm Hg)

(HEDIS 2019, Volume 2: Technical Specifications, Pg. 150)

COL - Colorectal Cancer Screening

DESCRIPTION - The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 91)

DAE - Use of High-Risk Medications in the Elderly

DESCRIPTION - The percentage of Medicare members 66 years of age and older who had at least one dispensing event for a high-risk medication.

The percentage of Medicare members 66 years of age and older who had at least two dispensing events for the same high-risk medication.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 279)

DDE - Potentially Harmful Drug-Disease Interactions in the Elderly

DESCRIPTION - The percentage of Medicare members 65 years of age and older who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis.

Report each of the three rates separately and as a total rate.

- A history of falls and a prescription for anticonvulsants, SSRIs, antipsychotics, benzodiazepines, nonbenzodiazepine hypnotics or tricyclic antidepressants.
- Dementia and a prescription for antipsychotics, benzodiazepines, nonbenzodiazepine hypnotics, tricyclic antidepressants, H2 receptor antagonists or anticholinergic agents.
- Chronic kidney disease and prescription for Cox-2 selective NSAIDs or nonaspirin NSAIDs.
- Total rate (the sum of the three numerators divided by the sum of the three denominators).

Members with more than one disease or condition may appear in the measure multiple times (i.e., in each indicator for which they qualify). A lower rate represents better performance for all rates.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 273)

EBS - Enrollment by State

DESCRIPTION - The number of members enrolled as of December 31 of the measurement year, by state.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 472)

EDU - Emergency Department Utilization

DESCRIPTION - For members 18 years of age and older, the risk-adjusted ratio of observed to expected emergency department (ED) visits during the measurement year.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 445)

ENP - Enrollment by Product Line

DESCRIPTION - The total number of members enrolled in the product line, stratified by age and gender.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 468)

FMC - Follow-Up After Emergency Department Visit for People With High-Risk Multiple Chronic Conditions

The percentage of emergency department (ED) visits for members 18 years and older who have high-risk multiple chronic conditions who had a follow-up service within 7 days of the ED visit.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 247)

FSP - Frequency of Selected Procedures

DESCRIPTION - This measure summarizes the utilization of frequently performed procedures that often show wide regional variation and have generated concern regarding potentially inappropriate utilization.

(HEDIS 2019, Volume 2: Technical Specification, Pg.361)

FUA - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)

The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD. Two rates are reported:

- The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
- The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

(HEDIS 2019, Volume 2: Technical Specification, Pg. 206)

FUH - Follow-up after Hospitalization for Mental Illness

DESCRIPTION - The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported:

- The percentage of discharges for which the member received follow-up within 30 days of discharge.
- The percentage of discharges for which the member received follow-up within 7 days of discharge.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 198)

FUM - Follow-Up after Emergency Department Visit for Mental Illness

The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness, who had a follow-up visit for mental illness. Two rates are reported:

- The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
- The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

(HEDIS 2019, Volume 2: Technical Specification, Pg. 202)

HPC - Hospitalization for Potentially Preventable Complications

DESCRIPTION - For members 67 years of age and older, the rate of discharges for ambulatory care sensitive conditions (ACSC) per 1,000 members and the risk-adjusted ratio of observed to expected discharges for ACSC by chronic and acute conditions.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 451)

IAD - Identification of Alcohol and Other Drug Services

DESCRIPTION - This measure summarizes the number and percentage of members with an alcohol and other drug (AOD) claim who received the following chemical dependency services during the measurement year.

- Inpatient
- Intensive outpatient or partial hospitalization
- Outpatient or an ambulatory MAT dispensing event
- ED
- Telehealth
- Any service

(HEDIS 2019, Volume 2: Technical Specification, Pg. 379)

IET - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

DESCRIPTION - The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received the following.

• Initiation of AOD Treatment. The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.

• Engagement of AOD Treatment. The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 317)

IPU - Inpatient Utilization-General Hospital/Acute Care

DESCRIPTION - This measure summarizes utilization of acute inpatient care and services in the following categories.

• Total inpatient

• Maternity

• Surgery

• Medicine

(HEDIS 2019, Volume 2: Technical Specification, Pg. 374)

LDM - Language Diversity of Membership

DESCRIPTION - An unduplicated count and percentage of members enrolled at any time during the measurement year by spoken language preferred for health care and preferred language for written materials.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 473)

MPT - Mental Health Utilization

DESCRIPTION - This measure summarizes the number and percentage of members receiving the following mental health services during the measurement year.

• Inpatient

• Intensive outpatient or partial hospitalization

• Outpatient

• ED

• Telehealth

• Any service

(HEDIS 2019, Volume 2: Technical Specification, Pg. 389)

MRP - Medication Reconciliation Post-Discharge

The percentage of discharges from January 1 to 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).

(HEDIS 2019, Volume 2: Technical Specification, Pg. 236)

MUI - Management of Urinary Incontinence in Older Adults

DESCRIPTION - The following components of this measure assess the management of urinary incontinence in older adults.

• Discussing Urinary Incontinence. The percentage of Medicare members 65 years of age and older who reported having urine leakage in the past six months and who discussed their urinary leakage problem with a health care provider.

• Discussing Treatment of Urinary Incontinence. The percentage of Medicare members 65 years of age and older who reported having urine leakage in the past six months and who discussed treatment options for their current urine leakage problem.

• Impact of Urinary Incontinence. The percentage of Medicare members 65 years of age and older who reported having urine leakage in the past six months and who reported that urine leakage made them change their daily activities or interfered with their sleep a lot.

(HEDIS 2019, Volume 2: Technical Specification, Pg.300)

OMW - Osteoporosis Management in Women Who Had a Fracture

DESCRIPTION - The percentage of women 67–85 years of age who suffered a fracture 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.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 182)

PBH - Persistence of Beta-Blocker Treatment After a Heart Attack

DESCRIPTION - The percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 (of the year prior to the measurement year) to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 137)

PCE - Pharmacotherapy Management of COPD Exacerbation

DESCRIPTION - The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported:

• Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.

• Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.

Note: The eligible population for this measure is based on acute inpatient discharges and ED visits, not on members. It is possible for the denominator to include multiple events for the same individual.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 115)

PCR - Plan All-Cause Readmissions

DESCRIPTION - For members 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories.

• Count of Index Hospital Stays (IHS) (denominator)

• Count of 30-Day Readmissions (numerator)

• Expected Readmissions Rate

(HEDIS 2019, Volume 2: Technical Specification, Pg. 415)

PSA - Non-Recommended PSA-Based Screening in Older Men

DESCRIPTION - The percentage of men 70 years and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening.

Note: A lower rate indicates better performance.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 254)

RDM - Race/Ethnicity Diversity of Membership

DESCRIPTION - An unduplicated count and percentage of members enrolled any time during the measurement year, by race and ethnicity.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 476)

SPC - Statin Therapy for Patients with Cardiovascular Disease

DESCRIPTION - 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) and met the following criteria. The following rates are reported:

• Received Statin Therapy. Members who were dispensed at least one high 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.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 142)

SPD - Statin Therapy for Patients with Diabetes

DESCRIPTION - The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported:

• Received Statin Therapy. Members who were dispensed at least one statin medication of any intensity during the measurement year.

• Statin Adherence 80%. Members who remained on a statin medication of any intensity for at least 80% of the treatment period.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 169)

SPR - Use of Spirometry Testing in the Assessment and Diagnosis of COPD

DESCRIPTION - The percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 112)

TLM - Total Membership

DESCRIPTION - The number of members enrolled as of December 31 of the measurement year.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 481)

TRC - Transitions of Care

The percentage of discharges for members 18 years of age and older who had each of the following during the measurement year. Four rates are reported:

• Notification of Inpatient Admission. Documentation of receipt of notification of inpatient admission on the day of admission or the

following day.

• Receipt of Discharge Information. Documentation of receipt of discharge information on the day of discharge or the following day.

• Patient Engagement After Inpatient Discharge. Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.

• Medication Reconciliation Post-Discharge. Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).

(HEDIS 2019, Volume 2: Technical Specification, Pg. 240)

UOD - Use of Opioids at High Dosage

For members 18 years and older, the rate per 1,000 receiving prescription opioids for ≥15 days during the measurement year at a high dosage (average morphine equivalent dose [MED] >120 mg).

Note: A lower rate indicates better performance.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 284)

UOP - Use of Opioids From Multiple Providers

For members 18 years and older, the rate per 1,000 receiving prescription opioids for ≥15 days during the measurement year who received opioids from multiple providers. Three rates are reported.

• Multiple Prescribers: The rate per 1,000 of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.

• Multiple Pharmacies: The rate per 1,000 of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.

• Multiple Prescribers and Multiple Pharmacies: The rate per 1,000 of members receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the measurement year (i.e., the rate per 1,000 of members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates).

Note: A lower rate indicates better performance for all three rates.

(HEDIS 2019, Volume 2: Technical Specification, Pg.289)

HEDISHOS_FRM - Fall Risk Management (FRM) HOS

DESCRIPTION - The two components of this measure assess different facets of fall risk management.

• Discussing Fall Risk. The percentage of Medicare members 75 years of age and older or 65–74 years of age with balance or walking problems or a fall in the past 12 months, who were seen by a practitioner in the past 12 months and who discussed falls or problems with balance or walking with their current practitioner.

• Managing Fall Risk. 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 and who received fall risk intervention from their current practitioner.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 299)

REPORTING LEVEL - Contract

Rate1	Discussing Fall Risk Rate
Rate2	Managing Fall Risk Rate

HEDISHOS_OTO - Osteoporosis Testing in Older Women (OTO) HOS

DESCRIPTION - The percentage of Medicare women 65–85 years of age who report ever having received a bone density test to check for osteoporosis.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 301)

REPORTING LEVEL - Contract

Rate	Osteoporosis Testing Rate

HEDISHOS_PAO - Physical Activity in Older Adults (PAO) HOS

DESCRIPTION - The two components of this measure assess different facets of promoting physical activity in older adults.

• Discussing Physical Activity. The percentage of Medicare members 65 years of age and older who had a doctor's visit in the past 12 months and who spoke with a doctor or other health provider about their level of exercise or physical activity.

• Advising Physical Activity. The percentage of Medicare members 65 years of age and older who had a doctor's visit in the past 12 months and who received advice to start, increase or maintain their level exercise or physical activity.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 302)

REPORTING LEVEL - Contract

Rate1	Discussing Physical Activity Rate
Rate2	Advising Physical Activity Rate

Appendix A: Formulas for calculating results for specific HEDIS Measures

The pages that follow contain formulas necessary for calculating the final rate for individual contracts in these HEDIS measures:

- Inpatient Hospital Utilization (AHU), there are separate formulas for:
    - Medicine
    - Surgery
    - Total
- Emergency Department Utilization (EDU)
- Hospitalization for Potentially Preventable Complications (HPC), there are separate formulas for:
    - Acute
    - Chronic
    - Total

  Plan All-Cause Readmissions (PCR), there are separate formulas for:
    - All Ages
    - Non-Seniors
    - Seniors

Calculating Inpatient Hospital Utilization, Medicine

All data come from the HEDIS 2019 AHU data

Formula Value	IndicatorKey	Variable	Field Description
A	201463_20	Denominator	Non-Outliers Members - Total 18-44
G	201463_20	Numerator	Medicine 18-44 Total Observed Discharges
M	201461_20	Numerator	Medicine 18-44 Total Expected Discharges
B	201472_20	Denominator	Non-Outliers Members - Total 45-54
H	201472_20	Numerator	Medicine 45-54 Total Observed Discharges
N	201470_20	Numerator	Medicine 45-54 Total Expected Discharges
C	201481_20	Denominator	Non-Outliers Members - Total 55-64
I	201481_20	Numerator	Medicine 55-64 Total Observed Discharges
O	201479_20	Numerator	Medicine 55-64 Total Expected Discharges
D	201490_20	Denominator	Non-Outliers Members - Total 65-74
J	201490_20	Numerator	Medicine 65-74 Total Observed Discharges
P	201488_20	Numerator	Medicine 65-74 Total Expected Discharges
E	201499_20	Denominator	Non-Outliers Members - Total 75-84
K	201499_20	Numerator	Medicine 75-84 Total Observed Discharges
Q	201497_20	Numerator	Medicine 75-84 Total Expected Discharges
F	201508_20	Denominator	Non-Outliers Members - Total 85+
L	201508_20	Numerator	Medicine 85+ Total Observed Discharges
R	201506_20	Numerator	Medicine 85+ Total Expected Discharges

$$\text{National Observed Rate} = \text{Average}\left(\left(\frac{G_1 + H_1 + I_1 + J_1 + K_1 + L_1}{A_1 + B_1 + C_1 + D_1 + E_1 + F_1}\right) + \ldots + \left(\frac{G_n + H_n + I_n + J_n + K_n + L_n}{A_n + B_n + C_n + D_n + E_n + F_n}\right)\right)$$

where 1 through n are all contracts with numeric data.

Observed Count = G + H + I + J + K + L

Expected Count = M + N + O + P + Q + R

Denominator = A + B + C + D + E + F

$$\text{Final Rate} = \left(\left(\frac{\text{Observed Count}}{\text{Expected Count}}\right) \times \text{National Observed Rate}\right) \text{ x } 1000$$

Data Exclusion Rules:

1) Observed / Expected: contracts with values < 0.2 or > 5.0 are dropped from further calculations.

Denominator: contracts with values < 150 are dropped from further calculations.

Calculating Inpatient Hospital Utilization, Surgery

All data come from the HEDIS 2019 M19_AHU data file

Formula Value	IndicatorKey	Variable	Field Description
A	201526_20	Denominator	Non-Outliers Members - Total 18-44
G	201526_20	Numerator	Surgery 18-44 Total Observed Discharges
M	201524_20	Numerator	Surgery 18-44 Total Expected Discharges
B	201535_20	Denominator	Non-Outliers Members - Total 45-54
H	201535_20	Numerator	Surgery 45-54 Total Observed Discharges
N	201533_20	Numerator	Surgery 45-54 Total Expected Discharges
C	201544_20	Denominator	Non-Outliers Members - Total 55-64
I	201544_20	Numerator	Surgery 55-64 Total Observed Discharges
O	201542_20	Numerator	Surgery 55-64 Total Expected Discharges
D	201553_20	Denominator	Non-Outliers Members - Total 65-74
J	201553_20	Numerator	Surgery 65-74 Total Observed Discharges
P	201551_20	Numerator	Surgery 65-74 Total Expected Discharges
E	201562_20	Denominator	Non-Outliers Members - Total 75-84
K	201562_20	Numerator	Surgery 75-84 Total Observed Discharges
Q	201560_20	Numerator	Surgery 75-84 Total Expected Discharges
F	201571_20	Denominator	Non-Outliers Members - Total 85+
L	201571_20	Numerator	Surgery 85+ Total Observed Discharges
R	201569_20	Numerator	Surgery 85+ Total Expected Discharges

National Observed Rate = $\text{Average}\left(\left(\frac{G_1 + H_1 + I_1 + J_1 + K_1 + L_1}{A_1 + B_1 + C_1 + D_1 + E_1 + F_1}\right) + \ldots + \left(\frac{G_n + H_n + I_n + J_n + K_n + L_n}{A_n + B_n + C_n + D_n + E_n + F_n}\right)\right)$

where 1 through n are all contracts with numeric data.

Observed Count = G + H + I + J + K + L

Expected Count = M + N + O + P + Q + R

Denominator = A + B + C + D +E + F

Final Rate = $\left(\left(\frac{\text{Observed Count}}{\text{Expected Count}}\right) \times \text{National Observed Rate}\right)$ x 1000

Data Exclusion Rules:

1) Observed / Expected: contracts with values < 0.2 or > 5.0 are dropped from further calculations.

Denominator: contracts with values < 150 are dropped from further calculations.

Calculating Inpatient Hospital Utilization, Total

All data come from the HEDIS AHU data file

Formula Value	IndicatorKey	Variable	Field Description
A	201589_20	Denominator	Non-Outliers Members - Total 18-44
G	201589_20	Numerator	Total 18-44 Total Observed Discharges
M	201587_20	Numerator	Total 18-44 Total Expected Discharges
B	201598_20	Denominator	Non-Outliers Members - Total 45-54
H	201598_20	Numerator	Total 45-54 Total Observed Discharges
N	201596_20	Numerator	Total 45-54 Total Expected Discharges
C	201607_20	Denominator	Non-Outliers Members - Total 55-64
I	201607_20	Numerator	Total 55-64 Total Observed Discharges
O	201605_20	Numerator	Total 55-64 Total Expected Discharges
D	201616_20	Denominator	Non-Outliers Members - Total 65-74
J	201616_20	Numerator	Total 65-74 Total Observed Discharges
P	201614_20	Numerator	Total 65-74 Total Expected Discharges
E	201625_20	Denominator	Non-Outliers Members - Total 75-84
K	201625_20	Numerator	Total 75-84 Total Observed Discharges
Q	201623_20	Numerator	Total 75-84 Total Expected Discharges
F	201634_20	Denominator	Non-Outliers Members - Total 85+
L	201634_20	Numerator	Total 85+ Total Observed Discharges
R	201632_20	Numerator	Total 85+ Total Expected Discharges

National Observed Rate = $\text{Average}\left(\left(\frac{G_1 + H_1 + I_1 + J_1 + K_1 + L_1}{A_1 + B_1 + C_1 + D_1 + E_1 + F_1}\right) + \ldots + \left(\frac{G_n + H_n + I_n + J_n + K_n + L_n}{A_n + B_n + C_n + D_n + E_n + F_n}\right)\right)$

where 1 through n are all contracts with numeric data.

Observed Count = G + H + I + J + K + L

Expected Count = M + N + O + P + Q + R

Denominator = A + B + C + D + E + F

Final Rate = $\left(\left(\frac{\text{Observed Count}}{\text{Expected Count}}\right) \times \text{National Observed Rate}\right)$ x 1000

Data Exclusion Rules:

1) Observed / Expected: contracts with values < 0.2 or > 5.0 are dropped from further calculations.

Denominator: contracts with values < 150 are dropped from further calculations.

Calculating Emergency Department Utilization

All data come from the HEDIS 2019 EDU data file

Formula Value	IndicatorKey	Variable	Field Description
A	200839_20	Denominator	Number of Members in the Eligible Population: Total 18-44
G	200860_20	Numerator	ED visits by Age and Risk Adjustment 18-44 Total Observed ED Visits
M	200839_20	Numerator	ED visits by Age and Risk Adjustment 18-44 Total Expected ED Visits
B	200842_20	Denominator	Number of Members in the Eligible Population: Total 45-54
H	200863_20	Numerator	ED visits by Age and Risk Adjustment 45-54 Total Observed ED Visits
N	200842_20	Numerator	ED visits by Age and Risk Adjustment 45-54 Total Expected ED Visits
C	200845_20	Denominator	Number of Members in the Eligible Population: Total 55-64
I	200866_20	Numerator	ED visits by Age and Risk Adjustment 55-64 Total Observed ED Visits
O	200845_20	Numerator	ED visits by Age and Risk Adjustment 55-64 Total Expected ED Visits
D	200848_20	Denominator	Number of Members in the Eligible Population: Total 65-74
J	200869_20	Numerator	ED visits by Age and Risk Adjustment 65-74 Total Observed ED Visits
P	200848_20	Numerator	ED visits by Age and Risk Adjustment 65-74 Total Expected ED Visits
E	200851_20	Denominator	Number of Members in the Eligible Population: Total 75-84
K	200872_20	Numerator	ED visits by Age and Risk Adjustment 75-84 Total Observed ED Visits
Q	200851_20	Numerator	ED visits by Age and Risk Adjustment 75-84 Total Expected ED Visits
F	200854_20	Denominator	Number of Members in the Eligible Population: Total 85+
L	200875_20	Numerator	ED visits by Age and Risk Adjustment 85+ Total Observed ED Visits
R	200854_20	Numerator	ED visits by Age and Risk Adjustment 85+ Total Expected ED Visits

$$\text{National Observed Rate} = \text{Average}\left(\left(\frac{G_1 + H_1 + I_1 + J_1 + K_1 + L_1}{A_1 + B_1 + C_1 + D_1 + E_1 + F_1}\right) + \ldots + \left(\frac{G_n + H_n + I_n + J_n + K_n + L_n}{A_n + B_n + C_n + D_n + E_n + F_n}\right)\right)$$

where 1 through n are all contracts with numeric data.

$$\text{Observed Count} = G + H + I + J + K + L$$

$$\text{Expected Count} = M + N + O + P + Q + R$$

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

$$\text{Final Rate} = \left(\left(\frac{\text{Observed Count}}{\text{Expected Count}}\right) \times \text{National Observed Rate}\right) \times 1{,}000$$

Data Exclusion Rules:

1) Observed / Expected: contracts with values < 0.2 or > 5.0 are dropped from further calculations.
2) Denominator: contracts with values < 150 are dropped from further calculations.

Calculating Hospitalization for Potentially Preventable Complications, Acute

All data come from the HEDIS 2019 HPC data file

Formula Value	IndicatorKey	Variable	Field Description
A	201216_20	Denominator	Acute ACSC Non-Outlier Members - Total 67-74
D	201216_20	Numerator	Acute ACSC 67-74 Total Observed Acute ACSC Discharges
H	201214_20	Numerator	Acute ACSC 67-74 Total Expected Acute ACSC Discharges
B	201225_20	Denominator	Acute ACSC Non-Outlier Members - Total 75-84
E	201225_20	Numerator	Acute ACSC 75-84 Total Observed Acute ACSC Discharges
I	201223_20	Numerator	Acute ACSC 75-84 Total Expected Acute ACSC Discharges
C	201234_20	Denominator	Acute ACSC Non-Outlier Members - Total 85+
F	201234_20	Numerator	Acute ACSC 85+ Total Observed Acute ACSC Discharges
J	201232_20	Numerator	Acute ACSC 85+ Total Expected Acute ACSC Discharges

National Observed Rate = $\text{Average}\left(\left(\frac{D_1 + E_1 + F_1}{A_1 + B_1 + C_1}\right) + \ldots + \left(\frac{D_n + E_n + F_n}{A_n + B_n + C_n}\right)\right)$

where 1 through n are all contracts with numeric data.

Observed Count = D + E + F

Expected Count = H + I + J

Denominator = A + B + C

Final Rate = $\left(\left(\frac{\text{Observed Count}}{\text{Expected Count}}\right) \times \text{National Observed Rate}\right) \times 1000$

Data Exclusion Rules:

1) Observed / Expected: contracts with values < 0.2 or > 5.0 are dropped from further calculations.
2) Denominator: contracts with values < 200 are dropped from further calculations.

Calculating Hospitalization for Potentially Preventable Complications, Chronic

All data come from the HEDIS 2019 HPC data file

Formula Value	IndicatorKey	Variable	Field Description
A	201252_20	Denominator	Chronic ACSC Non-Outlier Members - Total 67-74
D	201252_20	Numerator	Chronic ACSC 67-74 Total Observed Chronic ACSC Discharges
H	201250_20	Numerator	Chronic ACSC 67-74 Total Expected Chronic ACSC Discharges
B	201261_20	Denominator	Chronic ACSC Non-Outlier Members - Total 75-84
E	201261_20	Numerator	Chronic ACSC 75-84 Total Observed Chronic ACSC Discharges
I	201259_20	Numerator	Chronic ACSC 75-84 Total Expected Chronic ACSC Discharges
C	201270_20	Denominator	Chronic ACSC Non-Outlier Members - Total 85+
F	201270_20	Numerator	Chronic ACSC 85+ Total Observed Chronic ACSC Discharges
J	201268_20	Numerator	Chronic ACSC 85+ Total Expected Chronic ACSC Discharges

$$\text{National Observed Rate} = \text{Average}\left(\left(\frac{D_1 + E_1 + F_1}{A_1 + B_1 + C_1}\right) + \ldots + \left(\frac{D_n + E_n + F_n}{A_n + B_n + C_n}\right)\right)$$

where 1 through n are all contracts with numeric data.

Observed Count = D + E + F

Expected Count = H + I + J

Denominator = A + B + C

$$\text{Final Rate} = \left(\left(\frac{\text{Observed Count}}{\text{Expected Count}}\right) \times \text{National Observed Rate}\right) \text{ x } 1000$$

Data Exclusion Rules:

1) Observed / Expected: contracts with values < 0.2 or > 5.0 are dropped from further calculations.

Denominator: contracts with values < 200 are dropped from further calculations.

Calculating Hospitalization for Potentially Preventable Complications, Total

All data come from the HEDIS 2019 HPC data

Formula Value	IndicatorKey	Variable	Field Description
A	201288_20	Denominator	Number of Members in the Eligible Population - Total 67-74
K	201288_20	OutlierAcute	Acute ACSC Outlier Members - Total 67-74
L	201288_20	OutlierChronic	Chronic ACSC Outlier Members - Total 67-74
D	201288_20	Numerator	Total ACSC 67-74 Total Observed Total ACSC Discharges
H	201286_20	Numerator	Total ACSC 67-74 Total Expected Total ACSC Discharges
B	201297_20	Denominator	Number of Members in the Eligible Population - Total 75-84
M	201297_20	OutlierAcute	Acute ACSC Outlier Members - Total 75-84
N	201297_20	OutlierChronic	Chronic ACSC Outlier Members - Total 75-84
E	201297_20	Numerator	Total ACSC 75-84 Total Observed Total ACSC Discharges
I	201295_20	Numerator	Total ACSC 75-84 Total Expected Total ACSC Discharges
C	201306_20	Denominator	Number of Members in the Eligible Population - Total 85+
O	201306_20	OutlierAcute	Acute ACSC Outlier Members - Total 85+
P	201306_20	OutlierChronic	Chronic ACSC Outlier Members - Total 85+
F	201306_20	Numerator	Total ACSC 85+ Total Observed Total ACSC Discharges
J	201304_20	Numerator	Total ACSC 85+ Total Expected Total ACSC Discharges

Observed Count = D + E + F

Expected Count = H + I + J

Denominator = A + B + C – (K + L + M + N + O + P)

$$\text{National Observed Rate} = \text{Average}\left(\left(\frac{\text{Observed Count}_1}{\text{Denominator}_1}\right) + \ldots + \left(\frac{\text{Observed Count}_n}{\text{Denominator}_n}\right)\right)$$

where 1 through n are all contracts with numeric data.

$$\text{Final Rate} = \left(\left(\frac{\text{Observed Count}}{\text{Expected Count}}\right) \times \text{National Observed Rate}\right) \times 1000$$

Data Exclusion Rules:

1) Observed / Expected: contracts with values < 0.2 or > 5.0 are dropped from further calculations.
2) Denominator: contracts with values < 200 are dropped from further calculations.

Calculating Plan All-Cause Readmissions, All Ages

All data come from the HEDIS 2019 PCR and PCRb data

Formula Value	IndicatorKey	Variable	Field Description
A	202014_20	Denominator	Count of Index Stays (Denominator) 18-44
G	202014_20	Numerator	Count of 30-Day readmissions (numerator) 18-44
M	201977_20	Rate	Expected Readmissions Rate 18-44
B	202015_20	Denominator	Count of Index Stays (Denominator) 45-54
H	202015_20	Numerator	Count of 30-Day readmissions (numerator) 45-54
N	201978_20	Rate	Expected Readmissions Rate 45-54
C	202016_20	Denominator	Count of Index Stays (Denominator) 55-64
I	202016_20	Numerator	Count of 30-Day readmissions (numerator) 55-64
O	201979_20	Rate	Expected Readmissions Rate 55-64
Formula Value			Field Description
D	202100_20	Denominator	Count of Index Stays (Denominator) 65-74
J	202100_20	Numerator	Count of 30-Day readmissions (numerator) 65-74
P	202063_20	Rate	Expected Readmissions Rate 65-74
E	202101_20	Denominator	Count of Index Stays (Denominator) 75-84
K	202101_20	Numerator	Count of 30-Day readmissions (numerator) 75-84
Q	202064_20	Rate	Expected Readmissions Rate 75-84
F	202102_20	Denominator	Count of Index Stays (Denominator) 85+
L	202102_20	Numerator	Count of 30-Day readmissions (numerator) 85+
R	202065_20	Rate	Expected Readmissions Rate 85+

$$\text{NatAvgObs} = \text{Average}\left(\left(\frac{G_1 + H_1 + I_1 + J_1 + K_1 + L_1}{A_1 + B_1 + C_1 + D_1 + E_1 + F_1}\right) + \ldots + \left(\frac{G_n + H_n + I_n + J_n + K_n + L_n}{A_n + B_n + C_n + D_n + E_n + F_n}\right)\right)$$

Where 1 through n are all contracts with numeric data.

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

$$\text{Observed} = \frac{G + H + I + J + K + L}{A + B + C + D + E + F}$$

$$\text{Expected} = \left(\left(\frac{A}{A + B + C + D + E + F}\right) \times M\right) + \left(\left(\frac{B}{A + B + C + D + E + F}\right) \times N\right) + \left(\left(\frac{C}{A + B + C + D + E + F}\right) \times O\right) + \left(\left(\frac{D}{A + B + C + D + E + F}\right) \times P\right) + \left(\left(\frac{E}{A + B + C + D + E + F}\right) \times Q\right) + \left(\left(\frac{F}{A + B + C + D + E + F}\right) \times R\right)$$

$$\text{Final Rate} = \left(\left(\frac{\text{Observed}}{\text{Expected}}\right) \times \text{NatAvgObs}\right) \times 100$$

Data Exclusion Rules:

1) Denominator: contracts with values <10 are dropped from further calculations.

Calculating Plan All-Cause Readmissions, Non-Senior

All data come from the HEDIS 2019 PCR data

Formula Value	IndicatorKey	Variable	Field Description
A	202014_20	Denominator	Count of Index Stays (Denominator) 18-44
D	202014_20	Numerator	Count of 30-Day readmissions (numerator) 18-44
G	201977_20	Rate	Expected Readmissions Rate 18-44
B	202015_20	Denominator	Count of Index Stays (Denominator) 45-54
E	202015_20	Numerator	Count of 30-Day readmissions (numerator) 45-54
H	201978_20	Rate	Expected Readmissions Rate 45-54
C	202016_20	Denominator	Count of Index Stays (Denominator) 55-64
F	202016_20	Numerator	Count of 30-Day readmissions (numerator) 55-64
I	201979_20	Rate	Expected Readmissions Rate 55-64

$$\text{NatAvgObs} = \text{Average}\left(\left(\frac{D_1 + E_1 + F_1}{A_1 + B_1 + C_1}\right) + \ldots + \left(\frac{D_n + E_n + F_n}{A_n + B_n + C_n}\right)\right)$$

Where 1 through n are all contracts with numeric data.

$$\text{Denominator} = A + B + C$$

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

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

$$\text{Final Rate} = \left(\left(\frac{\text{Observed}}{\text{Expected}}\right) \times \text{NatAvgObs}\right) \times 100$$

Data Exclusion Rules:

1) Denominator: contracts with values <10 are dropped from further calculations.

Calculating Plan All-Cause Readmissions, Seniors

All data come from the HEDIS 2019 PCRb data

Formula Value	IndicatorKey	Variable	Field Description
A	202100_20	Denominator	Count of Index Stays (Denominator) 65-74
D	202100_20	Numerator	Count of 30-Day readmissions (numerator) 65-74
G	202063_20	Rate	Expected Readmissions Rate 65-74
B	202101_20	Denominator	Count of Index Stays (Denominator) 75-84
E	202101_20	Numerator	Count of 30-Day readmissions (numerator) 75-84
H	202064_20	Rate	Expected Readmissions Rate 75-84
C	202102_20	Denominator	Count of Index Stays (Denominator) 85+
F	202102_20	Numerator	Count of 30-Day readmissions (numerator) 85+
I	202065_20	Rate	Expected Readmissions Rate 85+

$$\text{NatAvgObs} = \text{Average}\left(\left(\frac{D_1 + E_1 + F_1}{A_1 + B_1 + C_1}\right) + \ldots + \left(\frac{D_n + E_n + F_n}{A_n + B_n + C_n}\right)\right)$$

Where 1 through n are all contracts with numeric data.

$$\text{Denominator} = A + B + C$$

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

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

$$\text{Final Rate} = \left(\left(\frac{\text{Observed}}{\text{Expected}}\right) \times \text{NatAvgObs}\right) \times 100$$

Data Exclusion Rules:

1) Denominator: contracts with values <10 are dropped from further calculations.