



**Medicare
2018 Display Measure
Technical Notes
HEDIS Measures
For Contracts with
less than 500 Enrolled**

Document Change Log

Previous Version	Description of Change	Revision Date
-	Final Display Measure Technical Notes for HEDIS contracts with <500 enrolled	12/18/2018

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General

This document describes the metric, data source and reporting time period for the HEDIS data reported by contracts which 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, 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.

For each HEDIS measure, we provide the same descriptive information published in the 2018 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 2018 Star Ratings cut points.

Contact Information

The two 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 2018 Technical Specifications Volume 2, page 79	
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: (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:	
	<ul style="list-style-type: none">• Bilateral mastectomy (Bilateral Mastectomy Value Set).• Unilateral mastectomy (Unilateral Mastectomy Value Set) with a bilateral modifier (Bilateral Modifier Value Set).• Two unilateral mastectomies (Unilateral Mastectomy Value Set) with service dates 14 days or more apart. For example, if the service date for the first unilateral mastectomy was February 1 of the measurement year, the service date for the second unilateral mastectomy must be on or after February 15.• Both of the following (on the same or a different date of service):<ul style="list-style-type: none">– Unilateral mastectomy (Unilateral Mastectomy Value Set) with a right-side modifier (Right Modifier Value Set) (same date of service).– Unilateral mastectomy (Unilateral Mastectomy Value Set) with a left-side modifier (Left Modifier Value Set) (same date of service).• 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.
Contracts whose enrollment was at least 500 but less than 1,000 as of the July 2017 enrollment report and having measure score reliability less than 0.7 are excluded.	
Contracts whose enrollment was less than 500 as of the July 2017 enrollment report are excluded from this measure.	
Data Source: HEDIS	
Data Source Category: Health and Drug Plans	
Data Time Frame: 01/01/2017 – 12/31/2017	
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 2018 Technical Specifications Volume 2, page 86	
Metric: The percentage of MA enrollees aged 50 to 75 (denominator) who had appropriate screenings for colorectal cancer (numerator).	
Exclusions: (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.	

Title	Description
	Contracts whose enrollment was at least 500 but less than 1,000 as of the July 2017 enrollment report and having measure score reliability less than 0.7 are excluded.
	Contracts whose enrollment was less than 500 as of the July 2017 enrollment report are excluded from this measure.
Data Source: HEDIS	
Data Source Category: Health and Drug Plans	
Data Time Frame: 01/01/2017 – 12/31/2017	
General Trend: Higher is better	
Data Display: Percentage with no decimal place	

Measure: C07 - Adult BMI Assessment

Title	Description
HEDIS Label: Adult BMI Assessment (ABA)	
Measure Reference: NCQA HEDIS 2018 Technical Specifications Volume 2, page 58	
Metric: The percentage of MA enrollees 18-74 years of age (denominator) who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior the measurement year (numerator).	
Exclusions: (optional) Members who have a diagnosis of pregnancy (Pregnancy Value Set) during the measurement year or the year prior to the measurement year.	
	Contracts whose enrollment was at least 500 but less than 1,000 as of the July 2017 enrollment report and having measure score reliability less than 0.7 are excluded.
	Contracts whose enrollment was less than 500 as of the July 2017 enrollment report are excluded from this measure.
Data Source: HEDIS	
Data Source Category: Health and Drug Plans	
Data Time Frame: 01/01/2017 – 12/31/2017	
General Trend: Higher is better	
Data Display: Percentage with no decimal place	

Measure: C09 - Care for Older Adults – Medication Review

Title	Description
HEDIS Label: Care for Older Adults (COA) – Medication Review	
Measure Reference: NCQA HEDIS 2018 Technical Specifications Volume 2, page 93	
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 2016 SNP Comprehensive Report were excluded from this measure.	
Data Source: HEDIS	
Data Source Category: Health and Drug Plans	

Title	Description
Data Time Frame: 01/01/2017 – 12/31/2017	
General Trend: Higher is better	
Data Display: Percentage with no decimal place	

Measure: C10 - Care for Older Adults – Functional Status Assessment

Title	Description
HEDIS Label: Care for Older Adults (COA) – Functional Status Assessment	
Measure Reference: NCQA HEDIS 2018 Technical Specifications Volume 2, page 93	
Metric: The percentage of Medicare Advantage Special Needs Plan enrollees 66 years and older (denominator) who received at least one functional status assessment (Functional Status Assessment Value Set) during the measurement year (numerator).	
Exclusions: SNP benefit packages whose enrollment was less than 30 as of February 2016 SNP Comprehensive Report were excluded from this measure.	
Data Source: HEDIS	
Data Source Category: Health and Drug Plans	
Data Time Frame: 01/01/2017 – 12/31/2017	
General Trend: Higher is better	
Data Display: Percentage with no decimal place	

Measure: C11 - Care for Older Adults – Pain Assessment

Title	Description
HEDIS Label: Care for Older Adults (COA) – Pain Screening	
Measure Reference: NCQA HEDIS 2018 Technical Specifications Volume 2, page 93	
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 2016 SNP Comprehensive Report were excluded from this measure.	
Data Source: HEDIS	
Data Source Category: Health and Drug Plans	
Data Time Frame: 01/01/2017 – 12/31/2017	
General Trend: Higher is better	
Data Display: Percentage with no decimal place	

Measure: C12 - 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 2018 Technical Specifications Volume 2, page 165	
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: Contracts whose enrollment was at least 500 but less than 1,000 as of the July 2017 enrollment report and having measure score reliability less than 0.7 are excluded.	

Title	Description
	Contracts whose enrollment was less than 500 as of the July 2017 enrollment report are excluded from this measure.
Data Source: HEDIS	
Data Source Category: Health and Drug Plans	
Data Time Frame: 01/01/2017 – 12/31/2017	
General Trend: Higher is better	
Data Display: Percentage with no decimal place	

Measure: C13 - Diabetes Care – Eye Exam

Title	Description
HEDIS Label: Comprehensive Diabetes Care (CDC) – Eye Exam (Retinal) Performed	
Measure Reference: NCQA HEDIS 2018 Technical Specifications Volume 2, page 140	
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: (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. The denominator for all rates must be the same, with the exception of the HbA1c Control (<7.0%) for a Selected Population denominator.
	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.
	Contracts whose enrollment was at least 500 but less than 1,000 as of the July 2017 enrollment report and having measure score reliability less than 0.7 are excluded.
	Contracts whose enrollment was less than 500 as of the July 2017 enrollment report are excluded from this measure.
Data Source: HEDIS	
Data Source Category: Health and Drug Plans	
Data Time Frame: 01/01/2017 – 12/31/2017	
General Trend: Higher is better	
Data Display: Percentage with no decimal place	

Measure: C14 - Diabetes Care – Kidney Disease Monitoring

Title	Description
HEDIS Label: Comprehensive Diabetes Care (CDC) – Medical Attention for Nephropathy	
Measure Reference: NCQA HEDIS 2018 Technical Specifications Volume 2, page 140	
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).	
Exclusions: (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. The denominator for all rates must be the same, with the exception of the HbA1c Control (<7.0%) for a Selected Population denominator.	
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.	
Contracts whose enrollment was at least 500 but less than 1,000 as of the July 2017 enrollment report and having measure score reliability less than 0.7 are excluded.	
Contracts whose enrollment was less than 500 as of the July 2017 enrollment report are excluded from this measure.	
Data Source: HEDIS	
Data Source Category: Health and Drug Plans	
Data Time Frame: 01/01/2017 – 12/31/2017	
General Trend: Higher is better	
Data Display: Percentage with no decimal place	

Measure: C15 - Diabetes Care – Blood Sugar Controlled

Title	Description
HEDIS Label: Comprehensive Diabetes Care (CDC) – HbA1c poor control (>9.0%)	
Measure Reference: NCQA HEDIS 2018 Technical Specifications Volume 2, page 140	
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: (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. The denominator for all rates must be the same, with the exception of the HbA1c Control (<7.0%) for a Selected Population denominator.	

Title	Description
	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.
	Contracts whose enrollment was at least 500 but less than 1,000 as of the July 2017 enrollment report and having measure score reliability less than 0.7 are excluded.
	Contracts whose enrollment was less than 500 as of the July 2017 enrollment report are excluded from this measure.
Data Source: HEDIS	
Data Source Category: Health and Drug Plans	
Data Time Frame: 01/01/2017 – 12/31/2017	
General Trend: Higher is better	
Data Display: Percentage with no decimal place	

Measure: C16 - Controlling Blood Pressure

Title	Description
HEDIS Label: Controlling High Blood Pressure (CBP)	
Measure Reference: NCQA HEDIS 2018 Technical Specifications Volume 2, page 122	
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) for members 18-59 years of age and 60-85 years of age with diagnosis of diabetes or (150/90) for members 60-85 without a diagnosis of diabetes during the measurement year (numerator).	
Exclusions: (optional)	
<ul style="list-style-type: none"> • Exclude from the eligible population all members with evidence of end-stage renal disease (ESRD) (ESRD Value Set; ESRD Obsolete 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: <ol style="list-style-type: none"> 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 discharge date for the stay. 	
Contracts whose enrollment was at least 500 but less than 1,000 as of the July 2017 enrollment report and having measure score reliability less than 0.7 are excluded.	
Contracts whose enrollment was less than 500 as of the July 2017 enrollment report are excluded from this measure.	
Data Source: HEDIS	
Data Source Category: Health and Drug Plans	
Data Time Frame: 01/01/2017 – 12/31/2017	
General Trend: Higher is better	
Data Display: Percentage with no decimal place	

Measure: C17 - Rheumatoid Arthritis Management

Title	Description
HEDIS Label: Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	
Measure Reference: NCQA HEDIS 2018 Technical Specifications Volume 2, page 162	
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)	
	<ul style="list-style-type: none">• A diagnosis of HIV (HIV Value Set) any time during the member's history through December 31 of the measurement year.• A diagnosis of pregnancy (Pregnancy Value Set) any time during the measurement year.
	Contracts whose enrollment was at least 500 but less than 1,000 as of the July 2017 enrollment report and having measure score reliability less than 0.7 are excluded.
	Contracts whose enrollment was less than 500 as of the July 2017 enrollment report are excluded from this measure.
Data Source: HEDIS	
Data Source Category: Health and Drug Plans	
Data Time Frame: 01/01/2017 – 12/31/2017	
General Trend: Higher is better	
Data Display: Percentage with no decimal place	

Measure: C20 - Medication Reconciliation Post-Discharge

Title	Description
HEDIS Label: Medication Reconciliation Post-Discharge (MRP)	
Measure Reference: NCQA HEDIS 2018 Technical Specifications Volume 2, page 212	
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).	
Exclusions: Contracts whose enrollment was at least 500 but less than 1,000 as of the July 2017 enrollment report and having measure score reliability less than 0.7 are excluded.	
	Contracts whose enrollment was less than 500 as of the July 2017 enrollment report are excluded from this measure.
Data Source: HEDIS	
Data Source Category: Health and Drug Plans	
Data Time Frame: 01/01/2017 – 12/31/2017	
General Trend: Higher is better	
Data Display: Percentage with no decimal place	

Measure: C21 - Plan All-Cause Readmissions

Title	Description
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HEDIS Label: Plan All-Cause Readmissions (PCR)

Measure Reference: NCQA HEDIS 2018 Technical Specifications Volume 2, page 379

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 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 (65-74, 75-84 and 85+) 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 F: Calculating Measure C21: Plan All-Cause Readmissions for the complete formula, example calculation and National Average Observation value used to complete this measure.

Exclusions: Contracts whose enrollment was at least 500 but less than 1,000 as of the July 2017 enrollment report and having measure score reliability less than 0.7 are excluded.

Contracts whose enrollment was less than 500 as of the July 2017 enrollment report are excluded from this measure.

As listed in the HEDIS Technical Specifications. CMS has excluded contracts whose denominator was 10 or less.

Data Source: HEDIS

Data Source Category: Health and Drug Plans

Data Time Frame: 01/01/2017 – 12/31/2017

General Trend: Lower is better

Data Display: Percentage with no decimal place

Measure: C22 - Statin Therapy for Patients with Cardiovascular Disease

Title	Description
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HEDIS Label: Statin Therapy for Patients with Cardiovascular Disease (SPC)

Measure Reference: NCQA HEDIS 2018 Technical Specifications Volume 2, page 133

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

Title	Description
	<p>measurement year.</p> <ul style="list-style-type: none"> • 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. <p>Contracts whose enrollment was at least 500 but less than 1,000 as of the July 2017 enrollment report and having measure score reliability less than 0.7 are excluded.</p> <p>Contracts whose enrollment was less than 500 as of the July 2017 enrollment report are excluded from this measure.</p> <p>Data Source: HEDIS</p> <p>Data Source Category: Health and Drug Plans</p> <p>Data Time Frame: 01/01/2017 – 12/31/2017</p> <p>General Trend: Higher is better</p> <p>Data Display: Percentage with no decimal place</p>

Attachment A: Calculating Measure C21: Plan All-Cause Readmissions

All data come from the HEDIS 2018 M18_PCRb data file. The CMS MA HEDIS Public Use File (PUF) data can be found on this page: [Medicare Advantage/Part D Contract and Enrollment Data](#)

Formula Value	PCRb Field	Variable	Field Description	PUF Field
A	is6574	Denominator	Count of Index Stays (Denominator) 65-74	UOS524-0010
D	r6574	Numerator	Count of 30-Day readmissions (numerator) 65-74	UOS524-0020
G	err6574	Rate	Expected Readmissions Rate (Expected Readmission/Den) 65-74	UOS524-0030
B	is7584	Denominator	Count of Index Stays (Denominator) 75-84	UOS524-0040
E	r7584	Numerator	Count of 30-Day readmissions (numerator) 75-84	UOS524-0050
H	err7584	Rate	Expected Readmissions Rate (Expected Readmission/Den) 75-84	UOS524-0060
C	is85	Denominator	Count of Index Stays (Denominator) 85+	UOS524-0070
F	r85	Numerator	Count of 30-Day readmissions (numerator) 85+	UOS524-0080
I	err85	Rate	Expected Readmissions Rate (Expected Readmission/Den) 85+	UOS524-0090

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

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

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

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

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

Example: Calculating the final rate for Contract 1

Formula Value	PCR Field	Contract 1	Contract 2	Contract 3	Contract 4
A	is6574	2,217	1,196	4,157	221
D	r6574	287	135	496	30
G	err6574	0.126216947	0.141087156	0.122390927	0.129711036
B	is7584	1,229	2,483	3,201	180
E	r7584	151	333	434	27
H	err7584	0.143395345	0.141574415	0.168403941	0.165909069
C	is85	1,346	1,082	1,271	132
F	r85	203	220	196	22
I	err85	0.165292297	0.175702614	0.182608065	0.145632638

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

$$\text{NatAvgObs} = \text{Average} ((0.13376) + (0.14451) + (0.13049) + (0.14822))$$

$$\text{NatAvgObs} = 0.13924$$

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

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

$$\text{Expected Contract 1} = (0.058 + 0.037 + 0.046) = 0.142$$

$$\text{Final Rate Contract 1} = \left(\left(\frac{0.13376}{0.142} \right) \times 0.13924 \right) \times 100 = 13.1160158$$

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

The actual calculated NatAvgObs value used in the 2019 Star Ratings was 0.123796137345615