

# ***HEDIS® 2025 (Summary) Documentation for Reporting Year 2024***

## **General Information**

This documentation presents a description of each HEDIS® measure that CMS collected for 661 Medicare managed care organizations for health care provided in calendar year 2024 to Medicare beneficiaries. CMS took the description and additional information for each measure from HEDIS Measurement Year 2024 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.

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## **Medicare HEDIS Reporting**

In 2025, CMS collected data from 661 Medicare managed care contracts for health care delivered in 2024. 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 Measurement Year 2024 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 Measurement Year 2024, 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 four types of missing values: NA, NB, NR, and BR**

The HEDIS guidelines specify three different types of missing values in the rate field: Not Applicable (NA), No Benefit (NB), Not Reported (NR), and Biased Rate (BR). 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. If the health plan's HEDIS Compliance Auditor determines that a rate is materially biased (applicable only to audited measures), health plans report BR.

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 excluded small contracts and suppressed a small number of rates to meet privacy requirements.**

CMS excluded contracts with fewer than 500 enrollees as of July of the measurement year. Additionally 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 2024. 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:

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

Where: TotE = Total enrollment for all PBPs with a valid numeric rate in the measure

En<sub>1</sub> = Enrollment in the first PBP with a valid numeric rate

Sn<sub>1</sub> = Reported rate for the first PBP with a valid numeric rate

En<sub>x</sub> = Enrollment in the last PBP with a valid numeric rate

Sn<sub>x</sub> = 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-0050	12/2024 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 2025 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 (1 = Yes, 0 = 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:

$$((En1/TotE)*Sn1)+((En2/TotE)*Sn2)+...+((Enx/TotE)*Snx)=\text{National Weighted Average Score}$$

Where:

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

En<sub>1</sub> = Enrollment in the first contract with a valid numeric rate

Sn<sub>1</sub> = Reported rate for the first contract with a valid numeric rate

En<sub>x</sub> = Enrollment in the last contract with a valid numeric rate

Sn<sub>x</sub> = 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 and HEDIS\_RAU\_Measures – HEDIS Public Use Measures**

The *MADictionary2025.xlsx* file is the data dictionary for the data in the HEDIS\_Measures and HEDIS\_RAU\_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 203602\_10, which contains the total rate for the Breast Cancer Screening (BCS-E) measure.

All measures on the HEDIS\_Measures and HEDIS\_RAU\_Measures tabs are reported at the contract level. The HEDIS\_RAU\_Measures tab contains the HEDIS risk adjusted utilization measures and the HEDIS\_Measures tab contains all other measures.

### **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 Measurement Year 2024, Volume 2: Technical Specification, Pg. 393)

### **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 Measurement Year 2024, Volume 2: Technical Specification, Pg. 473)

### **AIS-E – Adult Immunization Status**

DESCRIPTION - The percentage of members 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal.

(HEDIS Measurement Year 2024, Volume 2: Technical Specification, Pg. 607)

### **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 Measurement Year 2024, Volume 2: Technical Specifications, Pg. 223)

### **ASF-E – Unhealthy Alcohol Use Screening and Follow-Up**

DESCRIPTION - The percentage of members 18 years of age and older who were screened for unhealthy alcohol use using a standardized instrument and, if screened positive, received appropriate follow-up care.

- Unhealthy Alcohol Use Screening. The percentage of members who had a systematic screening for unhealthy alcohol use.
- Follow-Up Care on Positive Screen. The percentage of members receiving brief counseling or other follow-up care within 2 months of screening positive for unhealthy alcohol use.

(HEDIS Measurement Year 2024, Volume 2: Technical Specification, Pg. 635)

### **BCS-E - Breast Cancer Screening**

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

(HEDIS Measurement Year 2024, Volume 2: Technical Specification, Pg. 558)

### **BPD - Blood Pressure Control for Patients With Diabetes**

DESCRIPTION - The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

(HEDIS Measurement Year 2024, Volume 2: Technical Specification, Pg. 172)

### **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 Measurement Year 2024, Volume 2: Technical Specification, Pg. 132)

### **COL-E - Colorectal Cancer Screening**

DESCRIPTION - The percentage of members 45–75 years of age who had appropriate screening for colorectal cancer.

## **CRE – Cardiac Rehabilitation**

DESCRIPTION - The percentage of members 18 years and older, who attended cardiac rehabilitation following a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation or heart valve repair/replacement.

(HEDIS Measurement Year 2024, Volume 2: Technical Specification, Pg. 155)

## **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 Measurement Year 2024, Volume 2: Technical Specification, Pg. 337)

## **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 Measurement Year 2024, Volume 2: Technical Specification, Pg. 329)

## **DMS-E - Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults**

DESCRIPTION - The percentage of members 12 years of age and older with a diagnosis of major depression or dysthymia, who had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter.

(HEDIS Measurement Year 2024, Volume 2: Technical Specification, Pg. 616)

## **DRR-E - Depression Remission or Response for Adolescents and Adults**

DESCRIPTION - The percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 4–8 months of the elevated score.

- Follow-Up PHQ-9. The percentage of members who have a follow-up PHQ-9 score documented within 4–8 months after the initial elevated PHQ-9 score.
- Depression Remission. The percentage of members who achieved remission within 4–8 months after the initial elevated PHQ-9 score.
- Depression Response. The percentage of members who showed response within 4–8 months after the initial elevated PHQ-9 score.

(HEDIS Measurement Year 2024, Volume 2: Technical Specification, Pg. 626)

## **DSF-E - Depression Screening and Follow-Up for Adolescents and Adults**

DESCRIPTION - The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.

- Depression Screening. The percentage of members who were screened for clinical depression using a standardized instrument.
- Follow-Up on Positive Screen. The percentage of members who received follow-up care within 30 days of a positive depression screen finding.

(HEDIS Measurement Year 2024, Volume 2: Technical Specification, Pg. 606)

## **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 Measurement Year 2024, Volume 2: Technical Specification, Pg. 482)

## **EED – Eye Exam for Patients with Diabetes**

DESCRIPTION – The percentage of members 18-75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.

### **ENP - Enrollment by Product Line**

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

(HEDIS Measurement Year 2024, Volume 2: Technical Specification, Pg. 516)

### **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 Measurement Year 2024, Volume 2: Technical Specification, Pg. 304)

### **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 Measurement Year 2024, Volume 2: Technical Specification, Pg. 249)

### **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 Measurement Year 2024, Volume 2: Technical Specification, Pg. 228)

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

DESCRIPTION – 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 Measurement Year 2024, Volume 2: Technical Specification, Pg. 234)

### **GSD – Glycemic Status Assessment for Patients With Diabetes**

DESCRIPTION – The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year:

- Glycemic Status <8.0%.
- Glycemic Status >9.0%.

(HEDIS Measurement Year 2024, Volume 2: Technical Specifications, Pg. 162)

### **HDO – Use of Opioids at High Dosage**

DESCRIPTION - The percentage of members 18 years of age and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥90) for ≥15 days during the measurement year.

(HEDIS Measurement Year 2024, Volume 2: Technical Specification, Pg. 355)

### **HFS – Hospitalization Following Discharge From a Skilled Nursing Facility**

DESCRIPTION - For members 65 years of age and older, the percentage of skilled nursing facility discharges to the community that were followed by an unplanned acute hospitalization for any diagnosis within 30 and 60 days.

(HEDIS Measurement Year 2024, Volume 2: Technical Specification, Pg. 462)

### **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 Measurement Year 2024, Volume 2: Technical Specification, Pg. 490)

### **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.

### **KED – Kidney Health Evaluation for People with Diabetes**

DESCRIPTION - The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.

(HEDIS Measurement Year 2024, Volume 2: Technical Specification, Pg. 189)

### **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 Measurement Year 2024, Volume 2: Technical Specification, Pg. 518)

### **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 Measurement Year 2024, Volume 2: Technical Specification, Pg. 208)

### **OSW - Osteoporosis Screening in Older Women**

DESCRIPTION – The percentage of women 65–75 years of age who received osteoporosis screening.

(HEDIS Measurement Year 2024, Volume 2: Technical Specification, Pg. 214)

### **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 Measurement Year 2024, Volume 2: Technical Specification, Pg. 141)

### **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 Measurement Year 2024, Volume 2: Technical Specification, Pg. 119)

### **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 Measurement Year 2024, Volume 2: Technical Specification, Pg. 448)

### **POD – Pharmacotherapy for Opioid Disorder**

DESCRIPTION - The percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among members 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event.

(HEDIS Measurement Year 2024, Volume 2: Technical Specification, Pg. 256)

### **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.

(HEDIS Measurement Year 2024, Volume 2: Technical Specification, Pg. 310)

### **SAA – Adherence to Antipsychotic Medications for Individuals with Schizophrenia**

DESCRIPTION - The percentage of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

(HEDIS Measurement Year 2024, Volume 2: Technical Specification, Pg. 281)

### **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 Measurement Year 2024, Volume 2: Technical Specification, Pg. 148)

### **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 Measurement Year 2024, Volume 2: Technical Specification, Pg. 196)

### **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 Measurement Year 2024, Volume 2: Technical Specification, Pg. 294)

### **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 Measurement Year 2024, Volume 2: Technical Specification, Pg. 264)

### **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 Measurement Year 2024, Volume 2: Technical Specification, Pg. 379)

REPORTING LEVEL - Contract

Rate1	Discussing Fall Risk Rate
Rate2	Managing Fall Risk Rate

### **HEDISHOS\_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 Measurement Year 2024, Volume 2: Technical Specification, Pg. 380)

REPORTING LEVEL - Contract

Rate1	Discussing Urinary Incontinence Rate
Rate2	Treatment of Urinary Incontinence Rate
Rate3	Impact of Urinary Incontinence 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 Measurement Year 2024, Volume 2: Technical Specification, Pg. 381)

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, M/F 65+)
- Emergency Department Utilization (EDU, M/F 65+)
- Hospitalization Following Discharge From a Skilled Nursing Facility
  - 30-Day
  - 60-Day
- Hospitalization for Potentially Preventable Complications (HPC), there are separate formulas for:
  - Acute ACSC (M/F Total)
  - Chronic ACSC (M/F Total)
  - Total ACSC (M/F Total)

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

- Ages 18-64
- Ages 65+

## Calculating Measure 2024 AHU: Acute Hospital Utilization (M/F 65+)

All data is available in the CMS 2024 HEDIS® Public Use File (PUF)<sup>1</sup> and can be looked up by IndicatorKey (row) and Variable name (column).

The calculations below use the NonOutlierMemberCount, ObservedCount and ExpectedCount values from the AHU (M/F 65+) indicator (IndicatorKey = 203428\_10).

For each contract, calculate the (M/F 65+) Observed-over-Expected Ratio (OE):

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

Calculate the national average of the (M/F 65+) Observed Rate:

$$\text{NatAvgObs} = \text{Average} \left( \left( \frac{\text{ObservedCount}_1}{\text{NonOutlierMemberCount}_1} \right) + \dots + \left( \frac{\text{ObservedCount}_n}{\text{NonOutlierMemberCount}_n} \right) \right)$$

Where 1 through n are all contracts with a (M/F 65+) NonOutlierMemberCount larger than or equal to 150, and a (M/F 65+) OE larger than or equal to 0.2 and less than or equal to 5.0.

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

$$\text{Final Rate} = OE \times \text{NatAvgObs} \times 1000$$

And round to the nearest integer.

Example: Calculating the final rate for Contract 1

Contract	IndicatorKey	NonOutlierMemberCount	ObservedCount	ExpectedCount
Contract 1	203428_10	4,792	641	642
Contract 2	203428_10	4,761	688	668
Contract 3	203428_10	8,629	1,126	1,070
Contract 4	203428_10	533	79	73

$$\text{NatAvgObs} = \text{Average} \left( \left( \frac{641}{4,792} \right) + \left( \frac{688}{4,761} \right) + \left( \frac{1,126}{8,629} \right) + \left( \frac{79}{533} \right) \right)$$

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

$$\text{NatAvgObs} = 0.139245$$

$$\text{Final Rate Contract 1} = \left( \left( \frac{641}{642} \right) \times 0.139245 \right) \times 1000 = 139.028$$

$$\text{Final Rate reported for Contract 1} = 139$$

<sup>1</sup> <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDenrolData/MA-HEDIS-Public-Use-Files>

## Calculating Measure 2024 EDU: Emergency Department Utilization (M/F 65+)

All data is available in the CMS 2024 HEDIS® Public Use File (PUF)<sup>2</sup> and can be looked up by IndicatorKey (row) and Variable name (column).

The calculations below use the NonOutlierMemberCount, ObservedCount and ExpectedCount values from the EDU (M/F 65+) indicator (IndicatorKey = 203472\_10).

For each contract, calculate the (M/F 65+) Observed-over-Expected Ratio (OE):

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

Calculate the national average of the (M/F 65+) Observed Rate:

$$\text{NatAvgObs} = \text{Average} \left( \left( \frac{\text{ObservedCount}_1}{\text{NonOutlierMemberCount}_1} \right) + \dots + \left( \frac{\text{ObservedCount}_n}{\text{NonOutlierMemberCount}_n} \right) \right)$$

Where 1 through n are all contracts with a (M/F 65+) NonOutlierMemberCount larger than or equal to 150, and a (M/F 65+) OE larger than or equal to 0.2 and less than or equal to 5.0.

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

$$\text{Final Rate} = OE \times \text{NatAvgObs} \times 1000$$

And round to the nearest integer.

Example: Calculating the final rate for Contract 1

Contract	IndicatorKey	NonOutlierMemberCount	ObservedCount	ExpectedCount
Contract 1	203472_10	4,792	641	642
Contract 2	203472_10	4,761	688	668
Contract 3	203472_10	8,629	1,126	1,070
Contract 4	203472_10	533	79	73

$$\text{NatAvgObs} = \text{Average} \left( \left( \frac{641}{4,792} \right) + \left( \frac{688}{4,761} \right) + \left( \frac{1,126}{8,629} \right) + \left( \frac{79}{533} \right) \right)$$

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

$$\text{NatAvgObs} = 0.139245$$

$$\text{Final Rate Contract 1} = \left( \left( \frac{641}{642} \right) \times 0.139245 \right) \times 1000 = 139.028$$

$$\text{Final Rate reported for Contract 1} = 139$$

<sup>2</sup> <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDenrolData/MA-HEDIS-Public-Use-Files>

## Calculating Measure 2024 HFS: Hospitalization Following Discharge From a Skilled Nursing Facility - 30-Day (Total)

All data is available in the CMS 2024 HEDIS® Public Use File (PUF)<sup>3</sup> and can be looked up by IndicatorKey (row) and Variable name (column).

The calculations below use the Denominator, ObservedCount and ExpectedCount values from the HFS 30-Day (Total) indicator (IndicatorKey = 203519\_10).

For each contract, calculate the 30-Day (Total) Observed-over-Expected Ratio (OE):

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

Calculate the national average of the 30-Day (Total) Observed Rate:

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

Where 1 through n are all contracts with a 30-Day (Total) Denominator larger than or equal to 150, and a 30-Day (Total) OE larger than or equal to 0.2 and less than or equal to 5.0.

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

$$\text{Final Rate} = OE \times \text{NatAvgObs} \times 100$$

And round to the nearest integer.

Example: Calculating the final rate for Contract 1

Contract	IndicatorKey	Denominator	ObservedCount	ExpectedCount
Contract 1	203519_10	4,792	641	642
Contract 2	203519_10	4,761	688	668
Contract 3	203519_10	8,629	1,126	1,070
Contract 4	203519_10	533	79	73

$$\text{NatAvgObs} = \text{Average} \left( \left( \frac{641}{4,792} \right) + \left( \frac{688}{4,761} \right) + \left( \frac{1,126}{8,629} \right) + \left( \frac{79}{533} \right) \right)$$

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

$$\text{NatAvgObs} = 0.139245$$

$$OE \text{ Contract 1} = \left( \frac{641}{642} \right) = 0.998442$$

$$\text{Final Rate Contract 1} = 0.998442 \times 0.139245 \times 100 = 13.90$$

$$\text{Final Rate reported for Contract 1} = 14\%$$

<sup>3</sup> <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDenrolData/MA-HEDIS-Public-Use-Files>

## Calculating Measure 2024 HFS: Hospitalization Following Discharge From a Skilled Nursing Facility - 60-Day (Total)

All data is available in the CMS 2024 HEDIS® Public Use File (PUF)<sup>4</sup> and can be looked up by IndicatorKey (row) and Variable name (column).

The calculations below use the Denominator, ObservedCount and ExpectedCount values from the HFS 60-Day (Total) indicator (IndicatorKey = 203520\_10).

For each contract, calculate the 60-Day (Total) Observed-over-Expected Ratio (OE):

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

Calculate the national average of the 60-Day (Total) Observed Rate:

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

Where 1 through n are all contracts with a 60-Day (Total) Denominator larger than or equal to 150, and a 60-Day (Total) OE larger than or equal to 0.2 and less than or equal to 5.0.

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

$$\text{Final Rate} = OE \times \text{NatAvgObs} \times 100$$

And round to the nearest integer.

Example: Calculating the final rate for Contract 1

Contract	IndicatorKey	Denominator	ObservedCount	ExpectedCount
Contract 1	203520_10	4,792	641	642
Contract 2	203520_10	4,761	688	668
Contract 3	203520_10	8,629	1,126	1,070
Contract 4	203520_10	533	79	73

$$\text{NatAvgObs} = \text{Average} \left( \left( \frac{641}{4,792} \right) + \left( \frac{688}{4,761} \right) + \left( \frac{1,126}{8,629} \right) + \left( \frac{79}{533} \right) \right)$$

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

$$\text{NatAvgObs} = 0.139245$$

$$OE \text{ Contract 1} = \left( \frac{641}{642} \right) = 0.998442$$

$$\text{Final Rate Contract 1} = 0.998442 \times 0.139245 \times 100 = 13.90$$

$$\text{Final Rate reported for Contract 1} = 14\%$$

<sup>4</sup> <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDenrolData/MA-HEDIS-Public-Use-Files>

## Calculating Measure 2024 HPC: Hospitalization for Potentially Preventable Complications – Acute ACSC (M/F Total)

All data is available in the CMS 2024 HEDIS® Public Use File (PUF)<sup>5</sup> and can be looked up by IndicatorKey (row) and Variable name (column).

The calculations below use the NonOutlierMemberCount, ObservedCount and ExpectedCount values from the HPC Acute ACSC (M/F Total) indicator (IndicatorKey = 201243\_20).

For each contract, calculate the Acute ACSC (M/F Total) Observed-over-Expected Ratio (OE):

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

Calculate the national average of the Acute ACSC (M/F Total) Observed Rate:

$$\text{NatAvgObs} = \text{Average} \left( \left( \frac{\text{ObservedCount}_1}{\text{NonOutlierMemberCount}_1} \right) + \dots + \left( \frac{\text{ObservedCount}_n}{\text{NonOutlierMemberCount}_n} \right) \right)$$

Where 1 through n are all contracts with an Acute ACSC (M/F Total) NonOutlierMemberCount larger than or equal to 150, and an Acute ACSC (M/F Total) OE larger than or equal to 0.2 and less than or equal to 5.0.

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

$$\text{Final Rate} = OE \times \text{NatAvgObs} \times 1000$$

And round to the nearest integer.

Example: Calculating the final rate for Contract 1

Contract	IndicatorKey	NonOutlierMemberCount	ObservedCount	ExpectedCount
Contract 1	201243_20	4,792	641	642
Contract 2	201243_20	4,761	688	668
Contract 3	201243_20	8,629	1,126	1,070
Contract 4	201243_20	533	79	73

$$\text{NatAvgObs} = \text{Average} \left( \left( \frac{641}{4,792} \right) + \left( \frac{688}{4,761} \right) + \left( \frac{1,126}{8,629} \right) + \left( \frac{79}{533} \right) \right)$$

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

$$\text{NatAvgObs} = 0.139245$$

$$\text{Final Rate Contract 1} = \left( \left( \frac{641}{642} \right) \times 0.139245 \right) \times 1000 = 139.028$$

$$\text{Final Rate reported for Contract 1} = 139$$

<sup>5</sup> <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDenrolData/MA-HEDIS-Public-Use-Files>

## Calculating Measure 2024 HPC: Hospitalization for Potentially Preventable Complications – Chronic ACSC (M/F Total)

All data is available in the CMS 2024 HEDIS® Public Use File (PUF)<sup>6</sup> and can be looked up by IndicatorKey (row) and Variable name (column).

The calculations below use the NonOutlierMemberCount, ObservedCount and ExpectedCount values from the HPC Chronic ACSC (M/F Total) indicator (IndicatorKey = 201279\_20).

For each contract, calculate the Chronic ACSC (M/F Total) Observed-over-Expected Ratio (OE):

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

Calculate the national average of the Chronic ACSC (M/F Total) Observed Rate:

$$\text{NatAvgObs} = \text{Average} \left( \left( \frac{\text{ObservedCount}_1}{\text{NonOutlierMemberCount}_1} \right) + \dots + \left( \frac{\text{ObservedCount}_n}{\text{NonOutlierMemberCount}_n} \right) \right)$$

Where 1 through n are all contracts with a Chronic ACSC (M/F Total) NonOutlierMemberCount larger than or equal to 150, and a Chronic ACSC (M/F Total) OE larger than or equal to 0.2 and less than or equal to 5.0.

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

$$\text{Final Rate} = OE \times \text{NatAvgObs} \times 1000$$

And round to the nearest integer.

Example: Calculating the final rate for Contract 1

Contract	IndicatorKey	NonOutlierMemberCount	ObservedCount	ExpectedCount
Contract 1	201279_20	4,792	641	642
Contract 2	201279_20	4,761	688	668
Contract 3	201279_20	8,629	1,126	1,070
Contract 4	201279_20	533	79	73

$$\text{NatAvgObs} = \text{Average} \left( \left( \frac{641}{4,792} \right) + \left( \frac{688}{4,761} \right) + \left( \frac{1,126}{8,629} \right) + \left( \frac{79}{533} \right) \right)$$

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

$$\text{NatAvgObs} = 0.139245$$

$$\text{Final Rate Contract 1} = \left( \left( \frac{641}{642} \right) \times 0.139245 \right) \times 1000 = 139.028$$

$$\text{Final Rate reported for Contract 1} = 139$$

<sup>6</sup> <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDenrolData/MA-HEDIS-Public-Use-Files>



## Calculating Measure 2024 HPC: Hospitalization for Potentially Preventable Complications – Total ACSC (M/F Total)

All data is available in the CMS 2024 HEDIS® Public Use File (PUF)<sup>7</sup> and can be looked up by IndicatorKey (row) and Variable name (column).

The calculations below use the NonOutlierMemberCount, ObservedCount and ExpectedCount values from the HPC Total ACSC (M/F Total) indicator (IndicatorKey = 201315\_20).

For each contract, calculate the Total ACSC (M/F Total) Observed-over-Expected Ratio (OE):

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

Calculate the national average of the Total ACSC (M/F Total) Observed Rate:

$$\text{NatAvgObs} = \text{Average} \left( \left( \frac{\text{ObservedCount}_1}{\text{NonOutlierMemberCount}_1} \right) + \dots + \left( \frac{\text{ObservedCount}_n}{\text{NonOutlierMemberCount}_n} \right) \right)$$

Where 1 through n are all contracts with a Total ACSC (M/F Total) NonOutlierMemberCount larger than or equal to 150, and a Total ACSC (M/F Total) OE larger than or equal to 0.2 and less than or equal to 5.0.

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

$$\text{Final Rate} = OE \times \text{NatAvgObs} \times 1000$$

And round to the nearest integer.

Example: Calculating the final rate for Contract 1

Contract	IndicatorKey	NonOutlierMemberCount	ObservedCount	ExpectedCount
Contract 1	201315_20	4,792	641	642
Contract 2	201315_20	4,761	688	668
Contract 3	201315_20	8,629	1,126	1,070
Contract 4	201315_20	533	79	73

$$\text{NatAvgObs} = \text{Average} \left( \left( \frac{641}{4,792} \right) + \left( \frac{688}{4,761} \right) + \left( \frac{1,126}{8,629} \right) + \left( \frac{79}{533} \right) \right)$$

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

$$\text{NatAvgObs} = 0.139245$$

$$\text{Final Rate Contract 1} = \left( \left( \frac{641}{642} \right) \times 0.139245 \right) \times 1000 = 139.028$$

$$\text{Final Rate reported for Contract 1} = 139$$

<sup>7</sup> <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDenrolData/MA-HEDIS-Public-Use-Files>

## Calculating Measure 2024 PCR: Plan All-Cause Readmissions (18-64)

All data is available in the CMS 2024 HEDIS® Public Use File (PUF)<sup>8</sup> and can be looked up by IndicatorKey (row) and Variable name (column).

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

For each contract, calculate the (18-64) Observed-over-Expected Ratio (OE):

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

Calculate the national average of the (18-64) Observed Rate:

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

Where 1 through n are all contracts with a (18-64) Denominator larger than or equal to 150, and a (18-64) OE larger than or equal to 0.2 and less than or equal to 5.0.

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

$$\text{Final Rate} = OE \times \text{NatAvgObs} \times 100$$

And round to the nearest integer.

Example: Calculating the final rate for Contract 1

Contract	IndicatorKey	Denominator	ObservedCount	ExpectedCount
Contract 1	202025_20	4,792	641	642
Contract 2	202025_20	4,761	688	668
Contract 3	202025_20	8,629	1,126	1,070
Contract 4	202025_20	533	79	73

$$\text{NatAvgObs} = \text{Average} \left( \left( \frac{641}{4,792} \right) + \left( \frac{688}{4,761} \right) + \left( \frac{1,126}{8,629} \right) + \left( \frac{79}{533} \right) \right)$$

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

$$\text{NatAvgObs} = 0.139245$$

$$OE \text{ Contract 1} = \left( \frac{641}{642} \right) = 0.998442$$

$$\text{Final Rate Contract 1} = 0.998442 \times 0.139245 \times 100 = 13.90$$

$$\text{Final Rate reported for Contract 1} = 14\%$$

<sup>8</sup> <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDenrolData/MA-HEDIS-Public-Use-Files>

## Calculating Measure 2024 PCR: Plan All-Cause Readmissions (65+)

All data is available in the CMS 2024 HEDIS® Public Use File (PUF)<sup>9</sup> and can be looked up by IndicatorKey (row) and Variable name (column).

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

For each contract, calculate the (65+) Observed-over-Expected Ratio (OE):

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

Calculate the national average of the (65+) Observed Rate:

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

Where 1 through n are all contracts with a (65+) Denominator larger than or equal to 150, and a (65+) OE larger than or equal to 0.2 and less than or equal to 5.0.

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

$$\text{Final Rate} = OE \times \text{NatAvgObs} \times 100$$

And round to the nearest integer.

Example: Calculating the final rate for Contract 1

Contract	IndicatorKey	Denominator	ObservedCount	ExpectedCount
Contract 1	202111_20	4,792	641	642
Contract 2	202111_20	4,761	688	668
Contract 3	202111_20	8,629	1,126	1,070
Contract 4	202111_20	533	79	73

$$\text{NatAvgObs} = \text{Average} \left( \left( \frac{641}{4,792} \right) + \left( \frac{688}{4,761} \right) + \left( \frac{1,126}{8,629} \right) + \left( \frac{79}{533} \right) \right)$$

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

$$\text{NatAvgObs} = 0.139245$$

$$OE \text{ Contract 1} = \left( \frac{641}{642} \right) = 0.998442$$

$$\text{Final Rate Contract 1} = 0.998442 \times 0.139245 \times 100 = 13.90$$

$$\text{Final Rate reported for Contract 1} = 14\%$$

<sup>9</sup> <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDenrolData/MA-HEDIS-Public-Use-Files>