SNP HEDIS 2018 (Summary) Documentation for Reporting Year 2017

General Information

This documentation presents (1) a description of each of the Special Needs Plan (SNP) HEDIS measures that CMS collected for 477 SNP plan benefit packages (PBPs) for health care provided in calendar year 2017 to Medicare SNP beneficiaries and (2) the location of the rates associated with each SNP HEDIS measure within the HEDIS workbook (HEDIS2018_SNP.XLS). CMS took the description and additional information for each measure from HEDIS 2018 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 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 SNP HEDIS Reporting

The reporting unit for SNP HEDIS is the PBP. Each Medicare Advantage contract must have at least one PBP; many contracts offer more than one. SNP PBPs limit enrollment to special needs individuals, i.e., those who are dual-eligible, institutionalized, or have one or more severe or disabling chronic conditions. In 2018, CMS collected data from 202 Medicare Advantage contracts for health care delivered by 477 SNP PBPs in 2017.

The "Service_Area" sheet in the SNP HEDIS workbook identifies the state(s) and counties where services are offered for that PBP.

HEDIS Technical Specifications

The description and related information provided for each measure in this documentation are taken from the HEDIS 2018 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.

Missing Values

The HEDIS guidelines distinguish between three different types of missing values in the rate field: Not Applicable (NA), No Benefit (NB) and Not Reportable (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.

Suppression for Small Numbers

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 enrollment by age category, and has suppressed an extremely small number of rates. CMS has replaced suppressed rates with an 'NA.' Please see the section on missing values above for an explanation of missing value designations.

Additional Variables

CMS includes our record of enrollment as of December of 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 as well as the PBP enrollment.

We have included the Post Balanced Budget Amendment Naming of plan types as well as indicators if the contract offered a Special Needs benefit package or a Part D drug benefit in 2017. These values and others can be found on the sheet named "GENERAL". The full list of fields included on this sheet is described later in this document.

There is a separate sheet called "Service Area" in the SNP HEDIS workbook which contains the contract, state(s) and counties served by the PBPs reporting HEDIS. There is an additional field "EGHP" which indicates if the county is available only to beneficiaries in Employer Groups.

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

EOC010 - Followup after Hospitalization for Mental Illness (FUH)

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 2018, Volume 2: Technical Specification, Pg. 179)

REPORTING LEVEL - Contract

EOC010-0011	Rate - 7 Days
EOC010-0012	Rate - 30 Days
EOC010-0021	Upper Confidence Interval - 7 Days
EOC010-0022	Upper Confidence Interval - 30 Days
EOC010-0031	Lower Confidence Interval - 7 Days
EOC010-0032	Lower Confidence Interval - 30 Days

EOC030 - Antidepressant Medication Management (AMM)

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 2018, Volume 2: Technical Specifications, Pg. 170)

REPORTING LEVEL - Contract

EOC030-0010	Rate - Effect.Continuation Phase Treat.
EOC030-0020	Lower Confidence Interval - Effect.Continuation Phase Treat.
EOC030-0030	Upper Confidence Interval - Effect.Continuation Phase Treat.
EOC030-0040	Rate - Effect.Acute Phase Treatment
EOC030-0050	Lower Confidence Interval - Effect.Acute Phase Treatment
EOC030-0060	Upper Confidence Interval - Effect.Acute Phase Treatment

EOC035 - Controlling High Blood Pressure (CBP)

DESCRIPTION - The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled during the measurement year based on the following criteria:

• Members 18–59 years of age whose BP was <140/90 mm Hg.

• Members 60–85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg.

• Members 60–85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg.

Note: Use the Hybrid Method for this measure. A single rate is reported and is the sum of all three groups

(HEDIS 2018, Volume 2: Technical Specification, Pg. 122)

REPORTING LEVEL - Contract

EOC035-0100	Rate - Total
EOC035-0110	Lower Confidence Interval tot
EOC035-0120	Upper Confidence Interval tot

EOC040 - Colorectal Cancer Screening (COL)

DESCRIPTION - The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer. (HEDIS 2018, Volume 2: Technical Specification, Pg. 86)

REPORTING LEVEL - Contract

EOC040-0010	Reported Rate
EOC040-0020	Lower Confidence Interval
EOC040-0030	Upper Confidence Interval

EOC045 - Osteoporosis Management in Women Who Had a Fracture (OMW)

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 2018, Volume 2: Technical Specification, Pg. 165)

REPORTING LEVEL - Contract

EOC045-0010	Reported rate
EOC045-0020	Lower Confidence Interval
EOC045-0030	Upper Confidence Interval

EOC055 - Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)

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 2018, Volume 2: Technical Specification, Pg. 129)

REPORTING LEVEL - Contract

EOC055-0010	Reported rate
EOC055-0020	Lower Confidence Interval
EOC055-0030	Upper Confidence Interval

EOC070 - Use of High-Risk Medications in the Elderly (DAE)

DESCRIPTION - • The percentage of Medicare members 66 years of age and older who received at least one high-risk medication.

• The percentage of Medicare members 66 years of age and older who received at least two different high-risk medications.

For both rates, a lower rate represents better performance.

(HEDIS 2018, Volume 2: Technical Specification, Pg. 253)

REPORTING LEVEL - Contract

EOC070-0010	Rate - one prescription
EOC070-0020	Lower Confidence Interval - one prescription
EOC070-0030	Upper Confidence Interval - one prescription
EOC070-0040	Rate - at least 2 prescriptions
EOC070-0050	Lower Confidence Interval - at least 2 prescriptions
EOC070-0060	Upper Confidence Interval - at least 2 prescriptions

EOC080 - Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)

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 2018, Volume 2: Technical Specification, Pg. 104)

REPORTING LEVEL - Contract

EOC080-0010	Reported rate
EOC080-0020	Lower Confidence Interval
EOC080-0030	Upper Confidence Interval

EOC090 - Potentially Harmful Drug-Disease Interactions in the Elderly (DDE)

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, nonbenzodiazepine hypnotics, SSRIs, antiemetics, antipsychotics, benzodiazepines or tricyclic antidepressants.

• Dementia and a prescription for antiemetics, antipsychotics, benzodiazepines, tricyclic antidepressants, H2 Receptor Antagonists, nonbenzodiazepine hypnotics 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 three rates.

(HEDIS 2018, Volume 2: Technical Specification, Pg. 247)

REPORTING LEVEL - Contract

EOC090-0010	Rate - DDI Falls + Anticonvulsants, Nonbenzodiazepine hypnotics, SSRIs, Antiemetics, Antipsychotics, Benzodiazepines or Tricyclic Antidepressants
EOC090-0020	Lower Confidence Interval - DDI Falls + Anticonvulsants, Nonbenzodiazepine hypnotics, SSRIs, Antiemetics, Antipsychotics, Benzodiazepines or Tricyclic Antidepressants
EOC090-0030	Upper Confidence Interval - DDI Falls + Anticonvulsants, Nonbenzodiazepine hypnotics, SSRIs, Antiemetics, Antipsychotics, Benzodiazepines or Tricyclic Antidepressants
EOC090-0040	Rate - DDI Dementia + Antiemetics, Antipsychotics, Benzodiazepines, Tricyclic Antidepressants, H2 Receptor Antagonists, Nonbenzodiazepine hypnotics or Anticholinergic Agents
EOC090-0050	Lower Confidence Interval - DDI Dementia + Antiemetics, Antipsychotics, Benzodiazepines, Tricyclic Antidepressants, H2 Receptor Antagonists, Nonbenzodiazepine hypnotics or Anticholinergic Agents
EOC090-0060	Upper Confidence Interval - DDI Dementia + Antiemetics, Antipsychotics, Benzodiazepines, Tricyclic Antidepressants, H2 Receptor Antagonists, Nonbenzodiazepine hypnotics or Anticholinergic Agents
EOC090-0070	Rate - DDI Chronic Kidney disease + Cox-2 Selective NSAIDs or Nonaspirin NSAIDs
EOC090-0080	Lower Confidence Interval - DDI Chronic Kidney disease + Cox-2 Selective NSAIDs or Nonaspirin NSAIDs
EOC090-0090	Upper Confidence Interval - DDI Chronic Kidney disease + Cox-2 Selective NSAIDs or Nonaspirin NSAIDs
EOC090-0100	Rate - Total
EOC090-0110	Lower Confidence Interval - Total
EOC090-0120	Upper Confidence Interval - Total

EOC105 - Pharmacotherapy Management of COPD Exacerbation (PCE)

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:

1. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.
2. 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 2018, Volume 2: Technical Specification, Pg. 107)

REPORTING LEVEL - Contract

EOC105-0010	Reported rate - Systemic corticosteroid
EOC105-0020	Lower 95% confidence interval - Systemic corticosteroid
EOC105-0030	Upper 95% confidence interval - Systemic corticosteroid
EOC105-0040	Reported rate - Bronchodilator
EOC105-0050	Lower 95% confidence interval - Bronchodilator
EOC105-0060	Upper 95% confidence interval - Bronchodilator

EOC115 - Care for Older Adults (COA)

DESCRIPTION - The percentage of adults 66 years and older who had each of the following during the measurement year:

- Advance care planning.
- Medication review.
- Functional status assessment.
- Pain assessment.

(HEDIS 2018, Volume 2: Technical Specification, Pg. 93)

REPORTING LEVEL - Plan Benefit Package

EOC115-0010	Reported rate - Advance Care Planning
EOC115-0020	Lower 95% confidence interval - Advance Care Planning
EOC115-0030	Upper 95% confidence interval - Advance Care Planning
EOC115-0040	Reported rate - Medication Review
EOC115-0050	Lower 95% confidence interval - Medication Review
EOC115-0060	Upper 95% confidence interval - Medication Review
EOC115-0070	Reported rate - Functional Status Assessment
EOC115-0080	Lower 95% confidence interval - Functional Status Assessment
EOC115-0090	Upper 95% confidence interval - Functional Status Assessment
EOC115-0100	Reported rate - Pain Assessment
EOC115-0110	Lower 95% confidence interval - Pain Assessment
EOC115-0120	Upper 95% confidence interval - Pain Assessment

EOC120 - Medication Reconciliation Post-Discharge (MRP)

DESCRIPTION - 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). (HEDIS 2018, Volume 2: Technical Specification, Pg. 212)

REPORTING LEVEL - Plan Benefit Package

EOC120-0010	Reported Rate
EOC120-0020	Lower Confidence Interval
EOC120-0030	Upper Confidence Interval

PDI801 - Board Certification/Residency Completion (BCR)

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
- 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 2018, Volume 2: Technical Specification, Pg. 422)

REPORTING LEVEL - Contract

PDI801-0010	Family Medicine Board Cert Pct
PDI801-0030	Oth Specialists Board Cert Pct
PDI801-0050	Geriatricians Board Cert Pct
PDI801-0060	Internal Medicine Board Cert Pct
PDI801-0070	OB/GYN Provs Board Cert Pct
PDI801-0080	Pediatrician Board Cert Pct

UOS524 - Plan All-Cause Readmissions (PCR)

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:

1. Count of Index Hospital Stays (HIS) (denominator).
2. Count of 30-Day Readmissions (numerator).
3. Expected Readmissions Rate.

(HEDIS 2018, Volume 2: Technical Specification, Pg. 379)

REPORTING LEVEL - Contract

UOS524-0010	Count of Index Stays (Denominator) 65-74
UOS524-0020	Count of 30-Day readmissions (Numerator) 65-74
UOS524-0025	Observed Readmission 65-74
UOS524-0030	Expected Readmissions Rate (Expected Readmission/Den) 65-74
UOS524-0035	Total Variance 65-74
UOS524-0040	Count of Index Stays (Denominator) 75-84
UOS524-0050	Count of 30-Day readmissions (Numerator) 75-84
UOS524-0055	Observed Readmission 75-84
UOS524-0060	Expected Readmissions Rate (Expected Readmission/Den) 75-84
UOS524-0065	Total Variance 75-84
UOS524-0070	Count of Index Stays (Denominator) 85+
UOS524-0080	Count of 30-Day readmissions (Numerator) 85+
UOS524-0085	Observed Readmission 85+
UOS524-0090	Expected Readmissions Rate (Expected Readmission/Den) 85+
UOS524-0095	Total Variance 85+
UOS524-0100	Count of Index Stays (Denominator) Total
UOS524-0110	Count of 30-Day readmissions (Numerator) Total

UOS524-0120	Observed Readmission Total
UOS524-0130	Expected Readmissions Rate (Expected Readmission/Den) Total
UOS524-0140	Total Variance Total
UOS524-0150	Observed-to-Expected Ratio Total
UOS524-0160	Lower Confidence Interval Total
UOS524-0170	Upper Confidence Interval Total
UOS524-0510	Count of Index Stays (Denominator) 18-44
UOS524-0520	Count of 30-Day readmissions (Numerator) 18-44
UOS524-0525	Observed Readmission 18-44
UOS524-0530	Expected Readmissions Rate (Expected Readmission/Den) 18-44
UOS524-0535	Total Variance 18-44
UOS524-0540	Count of Index Stays (Denominator) 45-54
UOS524-0550	Count of 30-Day readmissions (Numerator) 45-54
UOS524-0555	Observed Readmission 45-54
UOS524-0560	Expected Readmissions Rate (Expected Readmission/Den) 45-54
UOS524-0565	Total Variance 45-54
UOS524-0570	Count of Index Stays (Denominator) 55-64
UOS524-0580	Count of 30-Day readmissions (Numerator) 55-64
UOS524-0585	Observed Readmission 55-64
UOS524-0590	Expected Readmissions Rate (Expected Readmission/Den) 55-64
UOS524-0595	Total Variance 55-64
UOS524-0600	Count of Index Stays (Denominator) Total
UOS524-0610	Count of 30-Day readmissions (Numerator) Total
UOS524-0620	Expected Readmissions Rate (Expected Readmission/Den) Total
UOS524-0630	Observed Readmission Total
UOS524-0640	Total Variance Total
UOS524-0650	Observed-to-Expected Ratio Total
UOS524-0660	Lower Confidence Interval Total
UOS524-0670	Upper Confidence Interval Total

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 the HEDIS Plan All-Cause Readmissions measure:

- M18_PCR: Plan All-Cause Readmissions (UOS524), there are separate formulas for:
    - All Ages
    - Non-Seniors
    - Seniors

Calculating Measure M18_PCR: Plan All-Cause Readmissions, All Ages

All data come from the HEDIS 2016 M18_PCR & M18_PCRb data files, PUF Measure UOS524

Formula Value	PCR Field	IndicatorKey	Variable	Field Description	PUF Field
A	is1844	202014_20	Denominator	Count of Index Stays (Denominator) 18-44	UOS524-0510
G	r1844	202014_20	Numerator	Count of 30-Day readmissions (numerator) 18-44	UOS524-0520
M	err1844*	201977_20	Rate	Expected Readmissions Rate 18-44	UOS524-0530
B	is4554	202015_20	Denominator	Count of Index Stays (Denominator) 45-54	UOS524-0540
H	r4554	202015_20	Numerator	Count of 30-Day readmissions (numerator) 45-54	UOS524-0550
N	err4554*	201978_20	Rate	Expected Readmissions Rate 45-54	UOS524-0560
C	is5564	202016_20	Denominator	Count of Index Stays (Denominator) 55-64	UOS524-0570
I	r5564	202016_20	Numerator	Count of 30-Day readmissions (numerator) 55-64	UOS524-0580
O	err5564*	201979_20	Rate	Expected Readmissions Rate 55-64	UOS524-0590
Formula Value	**PCRb Field**			**Field Description**	**PUF Field**
D	is6574	202100_20	Denominator	Count of Index Stays (Denominator) 65-74	UOS524-0010
J	r6574	202100_20	Numerator	Count of 30-Day readmissions (numerator) 65-74	UOS524-0020
P	err6574*	202063_20	Rate	Expected Readmissions Rate 65-74	UOS524-0030
E	is7584	202101_20	Denominator	Count of Index Stays (Denominator) 75-84	UOS524-0040
K	r7584	202101_20	Numerator	Count of 30-Day readmissions (numerator) 75-84	UOS524-0050
Q	err7584*	202064_20	Rate	Expected Readmissions Rate 75-84	UOS524-0060
F	is85	202102_20	Denominator	Count of Index Stays (Denominator) 85+	UOS524-0070
L	r85	202102_20	Numerator	Count of 30-Day readmissions (numerator) 85+	UOS524-0080
R	err85*	202065_20	Rate	Expected Readmissions Rate 85+	UOS524-0090

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

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.

* Note: the description of these fields has been changed from "Average Adjusted Probability" to "Expected Readmission Rate" to better reflect their meaning, and the Fields have been renamed accordingly from e.g. "ap1844" to "err1844". This has no impact on the calculated rates or scores.

Calculating Measure M18_PCR: Plan All-Cause Readmissions, Non-Senior

All data come from the HEDIS 2016 M18_PCR data file, PUF Measure UOS524

Formula Value	PCR Field	IndicatorKey	Variable	Field Description	PUF Field
A	is1844	202014_20	Denominator	Count of Index Stays (Denominator) 18-44	UOS524-0510
D	r1844	202014_20	Numerator	Count of 30-Day readmissions (numerator) 18-44	UOS524-0520
G	err1844*	201977_20	Rate	Expected Readmissions Rate 18-44	UOS524-0530
B	is4554	202015_20	Denominator	Count of Index Stays (Denominator) 45-54	UOS524-0540
E	r4554	202015_20	Numerator	Count of 30-Day readmissions (numerator) 45-54	UOS524-0550
H	err4554*	201978_20	Rate	Expected Readmissions Rate 45-54	UOS524-0560
C	is5564	202016_20	Denominator	Count of Index Stays (Denominator) 55-64	UOS524-0570
F	r5564	202016_20	Numerator	Count of 30-Day readmissions (numerator) 55-64	UOS524-0580
I	err5564*	201979_20	Rate	Expected Readmissions Rate 55-64	UOS524-0590

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

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.

* Note: the description of these fields has been changed from "Average Adjusted Probability" to "Expected Readmission Rate" to better reflect their meaning, and the Fields have been renamed accordingly from e.g. "ap1844" to "err1844". This has no impact on the calculated rates or scores.

Calculating Measure M18_PCRb: Plan All-Cause Readmissions, Seniors

All data come from the HEDIS 2016 M18_PCRb data file, PUF Measure UOS524

Formula Value	PCRb Field	IndicatorKey	Variable	Field Description	PUF Field
A	is6574	202100_20	Denominator	Count of Index Stays (Denominator) 65-74	UOS524-0010
D	r6574	202100_20	Numerator	Count of 30-Day readmissions (numerator) 65-74	UOS524-0020
G	err6574*	202063_20	Rate	Expected Readmissions Rate 65-74	UOS524-0030
B	is7584	202101_20	Denominator	Count of Index Stays (Denominator) 75-84	UOS524-0040
E	r7584	202101_20	Numerator	Count of 30-Day readmissions (numerator) 75-84	UOS524-0050
H	err7584*	202064_20	Rate	Expected Readmissions Rate 75-84	UOS524-0060
C	is85	202102_20	Denominator	Count of Index Stays (Denominator) 85+	UOS524-0070
F	r85	202102_20	Numerator	Count of 30-Day readmissions (numerator) 85+	UOS524-0080
I	err85*	202065_20	Rate	Expected Readmissions Rate 85+	UOS524-0090

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

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.

* Note: the description of these fields has been changed from "Average Adjusted Probability" to "Expected Readmission Rate" to better reflect their meaning, and the Fields have been renamed accordingly from e.g. "ap1844" to "err1844". This has no impact on the calculated rates or scores.