



**Medicare
2022 Display Measure
Technical Notes
HEDIS Measures
For Contracts with
less than 500 Enrolled**

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General

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

For each HEDIS measure, we provide the same descriptive information published in the 2022 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 2022 Star Ratings cut points.

Contact Information

The 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
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HEDIS Label: Breast Cancer Screening (BCS)

Measure Reference: NCQA HEDIS Measurement Year 2020 and Measurement Year 2021 Technical Specifications Volume 2, page 98

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: • Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:

- Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.
- Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement year.
- Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty (Frailty Value Set) and advanced illness during the measurement year. To identify members with advanced illness, any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years), meet criteria:
 - At least two outpatient visits (Outpatient Value Set), observation visits (Observation Value Set), ED visits (ED Value Set) or nonacute inpatient encounters (Nonacute Inpatient Value Set) on different dates of service, with an advanced illness diagnosis (Advanced Illness Value Set). Visit type need not be the same for the two visits.
 - At least one acute inpatient encounter (Acute Inpatient Value Set) with an advanced illness diagnosis (Advanced Illness Value Set).
 - A dispensed dementia medication (Dementia Medications List).

(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:

- 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):
 - 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 2020 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 2020 enrollment report are excluded from this measure.
	Data Source: HEDIS
	Data Source Category: Health and Drug Plans
	Data Time Frame: 01/01/2020 – 12/31/2020
	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 Measurement Year 2020 and Measurement Year 2021 Technical Specifications Volume 2, page 109
	Metric: The percentage of MA enrollees aged 50 to 75 (denominator) who had appropriate screenings for colorectal cancer (numerator).
	Exclusions: <ul style="list-style-type: none"> • Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> – Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. – Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. • Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty (Frailty Value Set) and advanced illness during the measurement year.
	(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.
	Contracts whose enrollment was at least 500 but less than 1,000 as of the July 2020 enrollment report and having measure score reliability less than 0.7 are excluded.
	Contracts whose enrollment was less than 500 as of the July 2020 enrollment report are excluded from this measure.
	Data Source: HEDIS
	Data Source Category: Health and Drug Plans
	Data Time Frame: 01/01/2020 – 12/31/2020
	General Trend: Higher is better
	Data Display: Percentage with no decimal place

Measure: C06 - Care for Older Adults – Medication Review

Title	Description
	HEDIS Label: Care for Older Adults (COA) – Medication Review
	Measure Reference: NCQA HEDIS Measurement Year 2020 and Measurement Year 2021 Technical Specifications Volume 2, page 121
	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

Title	Description
	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 2019 SNP Comprehensive Report were excluded from this measure.
	Data Source: HEDIS
	Data Source Category: Health and Drug Plans
	Data Time Frame: 01/01/2020 – 12/31/2020
	General Trend: Higher is better
	Data Display: Percentage with no decimal place

Measure: C07 - Care for Older Adults – Pain Assessment

Title	Description
	HEDIS Label: Care for Older Adults (COA) – Pain Screening
	Measure Reference: NCQA HEDIS Measurement Year 2020 and Measurement Year 2021 Technical Specifications Volume 2, page 121
	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 2019 SNP Comprehensive Report were excluded from this measure.
	Data Source: HEDIS
	Data Source Category: Health and Drug Plans
	Data Time Frame: 01/01/2020 – 12/31/2020
	General Trend: Higher is better
	Data Display: Percentage with no decimal place

Measure: C08 - 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 Measurement Year 2020 and Measurement Year 2021 Technical Specifications Volume 2, page 225
	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: <ul style="list-style-type: none"> • Members who had a BMD test (Bone Mineral Density Tests Value Set) during the 730 days (24 months) prior to the IESD. • Members who had a claim/encounter for osteoporosis therapy (Osteoporosis Medications Value Set) during the 365 days (12 months) prior to the IESD. • Members who received a dispensed prescription or had an active prescription to treat osteoporosis (Osteoporosis Medications List) during the 365 days (12 months) prior to the IESD. • Members who are enrolled in an Institutional SNP (I-SNP) any time during the measurement year. • Members living long-term in an institution any time during the measurement year.
	Contracts whose enrollment was at least 500 but less than 1,000 as of the July 2020 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 2020 enrollment report are excluded from this measure.
	Data Source: HEDIS
	Data Source Category: Health and Drug Plans
	Data Time Frame: 01/01/2020 – 12/31/2020
	General Trend: Higher is better
	Data Display: Percentage with no decimal place

Measure: C09 - Diabetes Care – Eye Exam

Title	Description
	HEDIS Label: Comprehensive Diabetes Care (CDC) – Eye Exam (Retinal) Performed
	Measure Reference: NCQA HEDIS Measurement Year 2020 and Measurement Year 2021 Technical Specifications Volume 2, page 184
	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: <ul style="list-style-type: none"> • Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> – Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. – Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. • Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty (Frailty Value Set) and advanced illness during the measurement year. <p>(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.</p> <p>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.</p> <p>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.</p> <p>Contracts whose enrollment was at least 500 but less than 1,000 as of the July 2020 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 2020 enrollment report are excluded from this measure.</p>
	Data Source: HEDIS
	Data Source Category: Health and Drug Plans
	Data Time Frame: 01/01/2020 – 12/31/2020
	General Trend: Higher is better

Title	Description
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Data Display: Percentage with no decimal place

Measure: C10 - Diabetes Care – Kidney Disease Monitoring

Title	Description
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HEDIS Label: Comprehensive Diabetes Care (CDC) – Medical Attention for Nephropathy

Measure Reference: NCQA HEDIS Measurement Year 2020 and Measurement Year 2021 Technical Specifications Volume 2, page 184

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:

- Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
 - Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.
 - Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File.
- Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty (Frailty Value Set) and advanced illness during the measurement year.

(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 2020 enrollment report and having measure score reliability less than 0.7 are excluded.

Contracts whose enrollment was less than 500 as of the July 2020 enrollment report are excluded from this measure.

Data Source: HEDIS

Data Source Category: Health and Drug Plans

Data Time Frame: 01/01/2020 – 12/31/2020

General Trend: Higher is better

Data Display: Percentage with no decimal place

Measure: C11 - Diabetes Care – Blood Sugar Controlled

Title	Description
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HEDIS Label: Comprehensive Diabetes Care (CDC) – HbA1c poor control (>9.0%)

Measure Reference: NCQA HEDIS Measurement Year 2020 and Measurement Year 2021 Technical Specifications Volume 2, page 184

Title	Description
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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: • Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
 – Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.
 – Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File.
 • Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty (Frailty Value Set) and advanced illness during the measurement year.

(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.

(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 2020 enrollment report and having measure score reliability less than 0.7 are excluded.

Contracts whose enrollment was less than 500 as of the July 2020 enrollment report are excluded from this measure.

Data Source: HEDIS

Data Source Category: Health and Drug Plans

Data Time Frame: 01/01/2020 – 12/31/2020

General Trend: Higher is better

Data Display: Percentage with no decimal place

Measure: C12 - Rheumatoid Arthritis Management

Title	Description
HEDIS Label: Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	
Measure Reference: NCQA HEDIS Measurement Year 2020 and Measurement Year 2021 Technical Specifications Volume 2, page 220	
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: Exclude from Medicare reporting members age 66 and older as of December 31 of the measurement year who meet either of the following: <ul data-bbox="380 422 1536 842" style="list-style-type: none">• Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.• Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File.<ul data-bbox="380 590 1536 653" style="list-style-type: none">– Use the run date of the file to determine if a member had an LTI flag during the measurement year. Exclude members from all product lines age 81 and older as of December 31 of the measurement year with frailty. Exclude members from all product lines age 66 and older as of December 31 of the measurement year with advanced illness and frailty. Members must meet both the frailty and advanced illness criteria to be excluded.	
(optional) <ul data-bbox="380 842 1536 1052" 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 2020 enrollment report and having measure score reliability less than 0.7 are excluded.	
Contracts whose enrollment was less than 500 as of the July 2020 enrollment report are excluded from this measure.	
Data Source: HEDIS	
Data Source Category: Health and Drug Plans	
Data Time Frame: 01/01/2020 – 12/31/2020	
General Trend: Higher is better	
Data Display: Percentage with no decimal place	

Measure: C15 - Medication Reconciliation Post-Discharge

Title	Description
HEDIS Label: Medication Reconciliation Post-Discharge (MRP)	
Measure Reference: NCQA HEDIS Measurement Year 2020 and Measurement Year 2021 Technical Specifications Volume 2, page 308	
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 2020 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 2020 enrollment report are excluded from this measure.
Data Source:	HEDIS
Data Source Category:	Health and Drug Plans
Data Time Frame:	01/01/2020 – 12/31/2020
General Trend:	Higher is better
Data Display:	Percentage with no decimal place

Measure: C16 - Statin Therapy for Patients with Cardiovascular Disease

Title	Description
HEDIS Label:	Statin Therapy for Patients with Cardiovascular Disease (SPC)
Measure Reference:	NCQA HEDIS Measurement Year 2020 and Measurement Year 2021 Technical Specifications Volume 2, page 168
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:	<p>Exclude members who meet any of the following criteria:</p> <ul style="list-style-type: none"> • Pregnancy (Pregnancy Value Set) during the measurement year or year prior to the measurement year. • 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. • Members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> – Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. – Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement year. • Members 66 years of age and older as of December 31 of the measurement year with frailty (Frailty Value Set) and advanced illness during the measurement year. To identify members with advanced illness, any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years), meet criteria: <ul style="list-style-type: none"> – At least two outpatient visits (Outpatient Value Set), observation visits (Observation Value Set), ED visits (ED Value Set) or nonacute inpatient encounters (Nonacute Inpatient Value Set) on different dates of service, with an advanced illness diagnosis (Advanced Illness Value Set). Visit type need not be the same for the two visits. – At least one acute inpatient encounter (Acute Inpatient Value Set) with an advanced illness diagnosis (Advanced Illness Value Set). – A dispensed dementia medication (Dementia Medications List). <p>Contracts whose enrollment was at least 500 but less than 1,000 as of the July 2020 enrollment report and having measure score reliability less than 0.7 are excluded.</p>

Title	Description
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Contracts whose enrollment was less than 500 as of the July 2020 enrollment report are excluded from this measure.

Data Source: HEDIS

Data Source Category: Health and Drug Plans

Data Time Frame: 01/01/2020 – 12/31/2020

General Trend: Higher is better

Data Display: Percentage with no decimal place