



**Medicare
2025 Display Measure
Technical Notes
HEDIS Measures
For Contracts with
less than 500 Enrolled**

Updated –12/04/2024

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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, and Demonstration contracts. All other organization types are included.

Background

For each HEDIS measure, we provide the same descriptive information published in the 2024 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 2024 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 2023 Technical Specifications Volume 2, page 606

Metric: The percentage of women MA enrollees 50 to 74 years of age (denominator) as of December 31 of the measurement year who had a mammogram to screen for breast cancer (numerator) in the past two years.

- Exclusions:
- Members in hospice or using hospice services any time during the measurement period.
 - Members receiving palliative care any time during the measurement period.
 - 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 with frailty and advanced illness during the measurement year. Members must meet BOTH of the following frailty and advanced illness criteria to be excluded:
 - At least two indications of frailty with different dates of service during the measurement period.
 - At least two outpatient visits, observation visits, ED visits, telephone visits, e-visits or virtual check-ins, nonacute inpatient encounters or nonacute inpatient discharges on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits.
 - Members who had a bilateral mastectomy or both right and left unilateral mastectomies 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.
 - Unilateral mastectomy with a bilateral modifier (same procedure).
 - Two unilateral mastectomies found in clinical data with a bilateral modifier (same procedure).
 - History of bilateral mastectomy.
 - Any combination of the following that indicate a mastectomy on both the left and right side on the same or on different dates of service:
 - Unilateral mastectomy with a right-side modifier (same procedure).
 - Unilateral mastectomy with a left-side modifier (same procedure).
 - Absence of the left breast.
 - Absence of the right breast.
 - Left unilateral mastectomy.
 - Right unilateral mastectomy.

Data Source: HEDIS

Data Source Category: Health and Drug Plans

Title	Description
Data Time Frame: 01/01/2023 – 12/31/2023	
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 2023 Technical Specifications Volume 2, page 102	
Metric: The percentage of MA enrollees aged 50 to 75 (denominator) as of December 31 of the measurement year who had appropriate screenings for colorectal cancer (numerator).	
Exclusions:	<ol style="list-style-type: none"> <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) 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.</p>
Data Source: HEDIS	
Data Source Category: Health and Drug Plans	
Data Time Frame: 01/01/2022 – 12/31/2022	
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 2023 Technical Specifications Volume 2, page 115	
Metric: The percentage of Medicare Advantage Special Needs Plan enrollees 66 years and older (denominator) who received at least one medication review (Medication Review Value Set) conducted by a prescribing practitioner or clinical pharmacist during the measurement year and the presence of a medication list in the medical record (Medication List Value Set) (numerator).	
Exclusions:	<p>SNP benefit packages whose enrollment was less than 30 as of February 2023 SNP Comprehensive Report were excluded from this measure.</p> <p>Exclude members in hospice or using hospice services or who died any time during the measurement year.</p>
Data Source: HEDIS	
Data Source Category: Health and Drug Plans	
Data Time Frame: 01/01/2023 – 12/31/2023	

Title	Description
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 2023 Technical Specifications Volume 2, page 115	
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 2023 SNP Comprehensive Report were excluded from this measure.	
Exclude members in hospice or using hospice services or who died any time during the measurement year.	
Data Source: HEDIS	
Data Source Category: Health and Drug Plans	
Data Time Frame: 01/01/2023 – 12/31/2023	
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 2023 Technical Specifications Volume 2, page 232	
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: • 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 in hospice or using hospice services any time during the measurement year.	
• Members who died any time during the measurement year.	
• Members who received palliative care any time during the intake period through the end of the measurement year.	
• Members 67 years of age and older as of December 31 of the measurement year who meet either of the following:	
– 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.	
• Members 67-80 years of age as of December 31 of the measurement year with frailty and advanced illness. Members must meet both of the following frailty and advanced illness criteria to be excluded:	

Title	Description
	<ul style="list-style-type: none"> • At least two indications of frailty with different dates of service during the intake period through the end of the measurement year. • Any of the following during the measurement year or the year prior to the measurement year: <ul style="list-style-type: none"> • At least two outpatient visits, observation visits, ED visits, telephone visits, e-visits or virtual check-ins, nonacute inpatient encounters or nonacute inpatient discharges on different dates of service, with an advanced illness diagnosis. • At least one acute inpatient encounter with an advanced illness diagnosis. • At least one acute inpatient discharge with an advanced illness diagnosis on the discharge claim. • 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. • A dispenses dementia medication. • Members 81 years of age and older as of December 31 of the measurement year with at least two indications of frailty with different dates of service during the intake period through the end of the measurement year. <p>Contracts whose enrollment was at least 500 but less than 1,000 as of the July 2023 enrollment report and having measure score reliability less than 0.7 are excluded. Contracts whose enrollment was less than 500 as of the July 2023 enrollment report are excluded from this measure.</p>

Data Source: HEDIS

Data Source Category: Health and Drug Plans

Data Time Frame: 01/01/2023 – 12/31/2023

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 2023 Technical Specifications Volume 2, page 203	
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 with both frailty and advanced illness during the measurement year. Members must meet both the following frailty and advanced illness criteria to be excluded:<ol style="list-style-type: none">1. At least two indications of frailty with different dates of service during the measurement year.2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):<ol style="list-style-type: none">a. At least two outpatient visits, observation visits, ED visits, telephone visits, e-visits or virtual check-ins, nonacute inpatient encounters, nonacute inpatient discharges on different dates of service, with an advanced illness diagnosis.b. At least one acute inpatient encounter with an advanced illness diagnosis.c. At least one acute inpatient discharge with an advanced illness diagnosis on the discharge claim.d. A dispensed dementia medication.
	<ul style="list-style-type: none">• (Required) Exclude members who meet any of the following criteria:<ul style="list-style-type: none">– Members who did not have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.– Members in hospice or using hospice services any time during the measurement year.– Members who died any time during the measurement year.– Members receiving palliative care any time during the measurement year.
Data Source: HEDIS	
Data Source Category: Health and Drug Plans	
Data Time Frame: 01/01/2023 – 12/31/2023	
General Trend: Higher is better	
Data Display: Percentage with no decimal place	

Measure: C10 - Diabetes Care – Blood Sugar Controlled

Title	Description
HEDIS Label: Comprehensive Diabetes Care (CDC) – HbA1c poor control (greater than 9.0%)	
Measure Reference: NCQA HEDIS Measurement Year 2023 Technical Specifications Volume 2, page 184	
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	

Title	Description
	(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:	<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 with both frailty and advanced illness during the measurement year. Members must meet both the following frailty and advanced illness criteria to be excluded: <ol style="list-style-type: none"> 3. At least two indications of frailty with different dates of service during the measurement year. 4. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years): <ol style="list-style-type: none"> a. At least two outpatient visits, observation visits, ED visits, telephone visits, e-visits or virtual check-ins, nonacute inpatient encounters, or nonacute inpatient discharges on different dates of service, with an advanced illness diagnosis. b. At least one acute inpatient encounter with an advanced illness diagnosis. c. At least one acute inpatient discharge with an advanced illness diagnosis on the discharge claim. d. A dispensed dementia medication. • (Required) Exclude members who meet any of the following criteria: <ul style="list-style-type: none"> – Members who did not have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year. – Members in hospice or using hospice services any time during the measurement year. – Members who died any time during the measurement year. – Members receiving palliative care any time during the measurement year.
Data Source:	HEDIS
Data Source Category:	Health and Drug Plans
Data Time Frame:	01/01/2023 – 12/31/2023
General Trend:	Higher is better
Data Display:	Percentage with no decimal place

Measure: C11 - Controlling High Blood Pressure

Title	Description
HEDIS Label:	Controlling Blood Pressure (CBP)
Measure Reference:	NCQA HEDIS MY 2023 Technical Specifications Volume 2, page 152
Metric:	Percent of MA members 18-85 years of age who had a diagnosis of hypertension (HTN) (denominator) and whose blood pressure was adequately controlled (less than 140/90 mm Hg) during the measurement year (numerator).
Exclusions	Exclude members who meet any of the following criteria:

Title	Description
	<ul style="list-style-type: none"> • 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 81 years of age and older as of December 31 of the measurement year with at least two indications of frailty with different dates of service during the measurement year. • Members 66–80 years of age and older as of December 31 of the measurement year with frailty and advanced illness. Members must meet both of the following frailty and advanced illness criteria to be excluded: <ul style="list-style-type: none"> • At least two indications of frailty with different dates of service during the measurement year. • Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years): <ul style="list-style-type: none"> • At least two outpatient visits, observation visits, ED visits, telephone visits, e-visits or virtual check-ins, nonacute inpatient encounters, or nonacute inpatient discharges on different dates of service, with an advanced illness diagnosis. • At least one acute inpatient encounter with an advanced illness diagnosis. • At least one acute inpatient discharge with an advanced illness diagnosis on the discharge claim. • A dispensed dementia medication. • (Required) Exclude members who meet any of the following criteria: <ul style="list-style-type: none"> – Members with evidence of end-stage renal disease (ESRD), dialysis, nephrectomy, or kidney transplant any time during the member's history on or prior to December 31 of the measurement year. – Members receiving palliative care during the measurement year. – Members with a diagnosis of pregnancy during the measurement year. – Members in hospice or using hospice services any time during the measurement year. – Members who died any time during the measurement year

Data Source: HEDIS

Data Source Category: Health and Drug Plans

Data Time Frame: 01/01/2023 – 12/31/2023

General Trend: Higher is better

Data Display: Percentage with no decimal place

Measure: C14 - Medication Reconciliation Post-Discharge

Title	Description
HEDIS Label: Medication Reconciliation Post-Discharge (MRP)	
Measure Reference: NCQA HEDIS Measurement Year 2023 Technical Specifications Volume 2, page 330	
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: Members in hospice or using hospice services any time during the measurement year.	

Title	Description
	Members who died any time during the measurement year.
Data Source: HEDIS	
Data Source Category: Health and Drug Plans	
Data Time Frame: 01/01/2023 – 12/31/2023	
General Trend: Higher is better	
Data Display: Percentage with no decimal place	

Measure: C15 - Plan All-Cause Readmissions

Title	Description
	HEDIS Label: Plan All-Cause Readmissions (PCR)
	Measure Reference: NCQA HEDIS Measurement Year 2023 Technical Specifications Volume 2, page 498
	Metric: The percentage of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days, for members 18 years of age and older using the following formula to control for differences in the case mix of patients across different contracts.
	For contract A, their case-mix adjusted readmission rate relative to the national average is the observed readmission rate for contract A divided by the expected readmission rate for contract A. This ratio is then multiplied by the national average observed rate.
	See Attachment A : Calculating Measure C15: Plan All-Cause Readmissions (18+) for the complete formula, example calculation and National Average Observation value used to complete this measure.
	Exclusions: Exclude hospital stays for the following reasons: <ul style="list-style-type: none"> • The member died during the stay. • Members with a principal diagnosis of pregnancy on the discharge claim. • A principal diagnosis of a condition originating in the perinatal period on the discharge claim.
	(Required) Exclude members in hospice or using hospice services any time during the measurement year.
	As listed in the HEDIS Technical Specifications. CMS has excluded contracts whose denominator was less than 150.
Data Source: HEDIS	
Data Source Category: Health and Drug Plans	
Data Time Frame: 01/01/2023 – 12/31/2023	
General Trend: Lower 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 2023 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).

Title	Description
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Exclusions: Exclude members who meet any of the following criteria:

- Pregnancy during the measurement year or year prior to the measurement year.
- In vitro fertilization 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 or dialysis during the measurement year or the year prior to the measurement year.
- Cirrhosis during the measurement year or the year prior to the measurement year.
- Myalgia, myositis, myopathy, or rhabdomyolysis during the measurement year.
- Members in hospice or using hospice services any time during the measurement year.
- Members who died any time during the measurement year.
- Members receiving palliative care any time 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:
 - 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 and advanced illness during the measurement year. Members must meet both of the following frailty and advanced illness criteria to be excluded:
 - At least two indications of frailty with different dates of service during the measurement year.
 - Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):
 1. At least two outpatient visits, observation visits, ED visits, telephone visits, e-visits, virtual check-ins, nonacute inpatient encounters, or nonacute inpatient discharges on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits.
 2. At least one acute inpatient encounter with an advanced illness diagnosis.
 3. At least one acute inpatient discharge with an advanced illness diagnosis on the discharge claim.
 4. A dispensed dementia medication.

Data Source: HEDIS

Data Source Category: Health and Drug Plans

Data Time Frame: 01/01/2023 – 12/31/2023

General Trend: Higher is better

Data Display: Percentage with no decimal place

Measure: C17 - Transitions of Care

Title	Description
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HEDIS Label: Transitions of Care (TRC)

Measure Reference: NCQA HEDIS Measurement Year 2023 Technical Specifications Volume 2, page 330

Metric: The average of the rates for Transitions of Care - Medication Reconciliation Post-Discharge, Transitions of Care - Notification of Inpatient Admission, Transitions of Care - Patient Engagement After Inpatient Discharge, and Transitions of Care - Receipt of Discharge Information.

Exclusions: If the discharge is followed by a readmission or direct transfer to an acute or nonacute inpatient care setting on the date of discharge through 30 days after discharge (31 days

Title	Description
	<p>total), use the admit date from the first admission and the discharge date from the last discharge. To identify readmissions and direct transfers during the 31-day period:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2. Identify the admission date for the stay (the admission date must occur during the 31-day period). 3. Identify the discharge date for the stay (the discharge date is the event date). <p>If the admission dates and the discharge date for an acute inpatient stay occur between the admission and discharge dates for a nonacute inpatient stay, include only the nonacute inpatient discharge.</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> • Members in hospice or using hospice services any time during the measurement year. • Members who died any time during the measurement year. <p>Exclude both the initial and the readmission/direct transfer discharge if the last discharge occurs after December 1 of the measurement year.</p> <p>Data Source: HEDIS</p> <p>Data Source Category: Health and Drug Plans</p> <p>Data Time Frame: 01/01/2023 – 12/31/2023</p> <p>General Trend: Higher is better</p> <p>Data Display: Percentage with no decimal place</p>

Measure: C18 - Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions

Title	Description
HEDIS Label:	Follow-up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)
Measure Reference:	NCQA HEDIS Measurement Year 2023 Technical Specifications Volume 2, page 340
Metric:	The percentage of emergency department (ED) visits for members 18 years and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.
Exclusions:	<p>Exclude ED visits that result in an inpatient stay. Exclude ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within 7 days after the ED visit, regardless of the principal diagnosis for admission. To identify admissions to an acute or nonacute inpatient care setting:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Identify the admission date for the stay. <p>These events are excluded from the measure because admission to an acute or nonacute setting may prevent an outpatient follow-up visit from taking place</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> • Members in hospice or using hospice services any time during the measurement year. • Members who died any time during the measurement year.
Primary Data Source:	HEDIS
Data Source Category:	Health and Drug Plans

Title	Description
Data Time Frame: 01/01/2023 – 12/31/2023	
General Trend: Higher is better	
Data Display: Percentage with no decimal place	

Attachment A: Calculating Measure C15: Plan All-Cause Readmissions

All data are available in the CMS 2023 HEDIS® Public Use File (PUF)¹ 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) and the PCR (65+) indicator (IndicatorKey = 202111_20).

For each contract, calculate the (18+) Denominator, ObservedCount, and ExpectedCount:

$$\text{Denominator}(18+) = \text{Denominator}(18-64) + \text{Denominator}(65+)$$

$$\text{ObservedCount}(18+) = \text{ObservedCount}(18-64) + \text{ObservedCount}(65+)$$

$$\text{ExpectedCount}(18+) = \text{ExpectedCount}(18-64) + \text{ExpectedCount}(65+)$$

Using these (18+) values, calculate the (18+) Observed-over-Expected ratio (OE):

$$\text{OE}(18+) = \left(\frac{\text{ObservedCount}(18+)}{\text{ExpectedCount}(18+)} \right)$$

And the national average of the (18+) Observed Rate:

$$\text{NatAvgObs}(18+) = \text{Average} \left(\left(\frac{\text{ObservedCount}(18+)_1}{\text{Denominator}(18+)_1} \right), \dots, \left(\frac{\text{ObservedCount}(18+)_n}{\text{Denominator}(18+)_n} \right) \right)$$

Where 1 through n are all contracts with a (18+) Denominator larger than or equal to 150, and a (18+) 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:

$$\text{Final Rate}(18+) = \text{OE}(18+) \times \text{NatAvgObs}(18+) \times 100$$

And round to the nearest integer.

Example: Calculating the final rate for Contract 1

Contract	IndicatorKey	Denominator	ObservedCount	ExpectedCount
Contract 1	202025_20	214	8	12
Contract 1	202111_20	4,792	641	642
Contract 2	202025_20	225	12	7
Contract 2	202111_20	4,761	688	668
Contract 3	202025_20	573	31	35
Contract 3	202111_20	8,629	1,126	1,070
Contract 4	202025_20	12	0	1
Contract 4	202111_20	533	79	73

$$\text{NatAvgObs} = \text{Average} \left(\left(\frac{8+641}{214+4,792} \right), \left(\frac{12+688}{225+4,761} \right), \left(\frac{31+1,126}{573+8,629} \right), \left(\frac{0+79}{12+533} \right) \right)$$

$$\text{NatAvgObs} = 0.135181$$

$$\text{OE Contract 1} = \left(\frac{8+641}{12+642} \right) = 0.992355$$

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

Final Rate Contract 1 = $0.992355 \times 0.135181 \times 100 = 13.41$

Final Rate reported for Contract 1 = 13%

The actual calculated National Observed Rate used in the 2025 Star Ratings was 0.110821345940212.