
SNP HEDIS 2019 (Summary) Documentation for Reporting Year 2018

General Information

This documentation presents a description of each of the Special Needs Plan (SNP) HEDIS measures that CMS collected for 544 SNP plan benefit packages (PBPs) for health care provided in calendar year 2018 to Medicare SNP beneficiaries. CMS took the description and additional information for each measure from HEDIS 2019 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.

The HEDIS measure descriptions reprinted here are done with the permission of the National Committee for Quality Assurance (NCQA). HEDIS is a registered trademark of NCQA, and a copyright for HEDIS 2019 is held by the National Committee for Quality Assurance, 1100 13th Street, NW, Suite 1000, Washington, DC 20005. All rights reserved.

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 2019, CMS collected data from 211 Medicare Advantage contracts for health care delivered by 544 SNP PBPs in 2018.

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 2019 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 specify 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 a 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 2018. 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:

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

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

En₁ = Enrollment in the first PBP with a valid numeric rate

Sn₁ = 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

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	Contract Offers Special Needs Plans to beneficiaries (Yes or No)
General-0016	Contract Offers Part D benefits (Yes or No)
General-0050	12/2018 Contract 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-0090	Plan ID
General-0095	Name of Plan
General-0100	Plan is a Special Needs Plan (Yes or No)
General-0105	Type of Special Needs Plan
General-0110	Plan offers Part D benefits (Yes or No)
General-0117	Plan is an Employer Group Waiver Plan (Yes or No)
General-0120	Number of non-Special Needs Plans offered by contract
General-0125	Number of Special Needs Plans offered by contract
General-0130	Total number of plans offered by contract
General-0135	All plans offered by contract are Special Needs Plans (Yes or No)
General-0170	12/2018 Plan enrollment as reported by the Medicare Advantage Prescription Drug (MARx) system

Service_Area - Contract Service Area

DESCRIPTION - The area where the contract provides services to Medicare care beneficiaries. This data comes from the Health Plan Management System (HPMS) as reported by the contract.

REPORTING LEVEL - N/A

ssacode	Social Security Administration (SSA) State/County Code
ansicode	American National Standards Institute (ANSI) State/County Code INCITS 31-2009 (formerly Federal Information Processing Standard [FIPS] State/County codes)
state	State Abbreviation (United States Postal Service (USPS) State Code)
countyname	County Name
eghp	County serves only beneficiaries in an Employer Group Health Plan (Yes or 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 PBPs with a valid numeric rate in the measure

En1 = Enrollment in the first PBP with a valid numeric rate

Sn1 = Reported rate for the first PBP with a valid numeric rate

Enx = Enrollment in the last PBP with a valid numeric rate

Snx = Reported rate for the last PBP 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 PBP that submitted a numeric HEDIS rate for this measure and field
NR-0070	The total number of enrollees in the PBPs that submitted a numeric HEDIS rate for this measure and field

HEDIS_Measures – HEDIS Public Use Measures

The *SNPDictionary2019.xlsx* file is the data dictionary for the data in the HEDIS_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 200659_20 contains the Effective Acute Phase Treatment rate for the Antidepressant Medication Management (AMM) measure.

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 2019, Volume 2: Technical Specifications, Pg. 188)

BCR - Board Certification/Residency Completion

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 2019, Volume 2: Technical Specification, Pg. 464)

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 2019, Volume 2: Technical Specification, Pg. 130)

COA - Care for Older Adults

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 2019, Volume 2: Technical Specification, Pg. 100)

COL - Colorectal Cancer Screening

DESCRIPTION - The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 91)

DAE - Use of High-Risk Medications in the Elderly

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 2019, Volume 2: Technical Specification, Pg. 279)

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).

(HEDIS 2019, Volume 2: Technical Specification, Pg. 273)

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 2019, Volume 2: Technical Specification, Pg. 198)

MRP - Medication Reconciliation Post-Discharge

DESCRIPTION - The percentage of discharges from January 1 to 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 2019, Volume 2: Technical Specification, Pg. 236)

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 2019, Volume 2: Technical Specification, Pg. 182)

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 acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge.

(HEDIS 2019, Volume 2: Technical Specification, Pg. 137)

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 emergency department (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 2019, Volume 2: Technical Specification, Pg. 115)

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 2019, Volume 2: Technical Specification, Pg. 415)

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

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 2019, Volume 2: Technical Specification, Pg. 112)

TRC - Transitions of Care

DESCRIPTION - 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 2019, Volume 2: Technical Specification, Pg. 240)

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 Plan All-Cause Readmissions, All Ages

All data come from the HEDIS 2019 PCR and PCRb data

Formula Value	IndicatorKey	Variable	Field Description
A	202014_20	Denominator	Count of Index Stays (Denominator) 18-44
G	202014_20	Numerator	Count of 30-Day readmissions (numerator) 18-44
M	201977_20	Rate	Expected Readmissions Rate 18-44
B	202015_20	Denominator	Count of Index Stays (Denominator) 45-54
H	202015_20	Numerator	Count of 30-Day readmissions (numerator) 45-54
N	201978_20	Rate	Expected Readmissions Rate 45-54
C	202016_20	Denominator	Count of Index Stays (Denominator) 55-64
I	202016_20	Numerator	Count of 30-Day readmissions (numerator) 55-64
O	201979_20	Rate	Expected Readmissions Rate 55-64
Formula Value			Field Description
D	202100_20	Denominator	Count of Index Stays (Denominator) 65-74
J	202100_20	Numerator	Count of 30-Day readmissions (numerator) 65-74
P	202063_20	Rate	Expected Readmissions Rate 65-74
E	202101_20	Denominator	Count of Index Stays (Denominator) 75-84
K	202101_20	Numerator	Count of 30-Day readmissions (numerator) 75-84
Q	202064_20	Rate	Expected Readmissions Rate 75-84
F	202102_20	Denominator	Count of Index Stays (Denominator) 85+
L	202102_20	Numerator	Count of 30-Day readmissions (numerator) 85+
R	202065_20	Rate	Expected Readmissions Rate 85+

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

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.

Calculating Plan All-Cause Readmissions, Non-Senior

All data come from the HEDIS 2019 PCR data file

Formula Value	IndicatorKey	Variable	Field Description
A	202014_20	Denominator	Count of Index Stays (Denominator) 18-44
D	202014_20	Numerator	Count of 30-Day readmissions (numerator) 18-44
G	201977_20	Rate	Expected Readmissions Rate 18-44
B	202015_20	Denominator	Count of Index Stays (Denominator) 45-54
E	202015_20	Numerator	Count of 30-Day readmissions (numerator) 45-54
H	201978_20	Rate	Expected Readmissions Rate 45-54
C	202016_20	Denominator	Count of Index Stays (Denominator) 55-64
F	202016_20	Numerator	Count of 30-Day readmissions (numerator) 55-64
I	201979_20	Rate	Expected Readmissions Rate 55-64

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

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.

Calculating Plan All-Cause Readmissions, Seniors

All data come from the HEDIS 2019 PCRb data

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

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

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.