Medicare Special Needs Plans HEDIS® Performance Results: Measurement Years 2016–2021

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Background

Overview

This report contains results of measurement of care provided by Special Needs Plans (SNP) to Medicare Advantage (MA) beneficiaries using Healthcare Effectiveness Data and Information Set (HEDIS®[1]) measures over the past 5 years,

In measurement year (MY) 2016, 464 SNPs were required to report HEDIS results by the Centers for Medicare & Medicaid Services (CMS), with HEDIS enrollment at 2,019,808. In MY 2021, 787 SNPs were required to report, with HEDIS enrollment at 3,923,100. All results were audited by NCQA-Certified HEDIS Compliance Auditors.

About HEDIS

HEDIS is a comprehensive set of standardized performance measures designed to provide purchasers and consumers with the information they need for reliable comparison of health plan performance. The HEDIS measurement set is sponsored, supported and maintained by NCQA. Measures relate to many significant public health issues such as cancer, heart disease, behavioral health and diabetes. SNPs can use HEDIS performance data to identify opportunities for improvement, monitor the success of quality improvement initiatives, track improvement and provide a set of measurement standards that allow comparison with other plans. HEDIS data help identify performance gaps and establish realistic targets for improvement.

Development of a HEDIS measure involves multiple steps of refinement and evaluation. NCQA's Committee on Performance Measurement, which oversees evolution of the measurement set, includes representation by purchasers, consumers, health plans, health care providers and policy makers. Measurement Advisory Panels provide the clinical and technical knowledge required to develop measures. Additional HEDIS Expert Panels and the Technical Measurement Advisory Panel identify methodological issues and give feedback on new and existing measures.

Data Collection and Validation Process

To submit HEDIS measures, SNPs used NCQA's web-based Interactive Data Submission System, which has extensive data validation checks. Before the submission process, CMS and NCQA used SNP benefit package profile data to determine reporting eligibility.

CMS requires SNPs with ≥30 enrollees to report HEDIS results. Each year, CMS reviews the February *SNP Comprehensive Report,* which contains SNP enrollment figures for mid-January, to identify the plans required to submit SNP HEDIS results. HEDIS submissions are due in June of the year after the measurement year; for example, HEDIS MY 2021 data was reported by plans in June 2022.

Before data were submitted to NCQA, every SNP benefit package submission underwent an NCQA HEDIS Compliance Audit™: an overall assessment of information systems capabilities (IS standards) followed by an evaluation of a plan's ability to comply with HEDIS specifications (HD standards). NCQA-Certified HEDIS Compliance Auditors verified all measure results using the *NCQA HEDIS Compliance Audit™ Standards, Policies and Procedures* to ensure that measures were correctly calculated and reported.

[1]HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Measure Selection

CMS selected a subset of HEDIS measures to be reported by SNPs. Factors considered when selecting measures included, but were not limited to:

- An upper age limit above 75 years, because measures with an upper age limit below 75 would exclude many SNP beneficiaries.
- A focus on overall health management, rather than on one disease or condition, and therefore appropriate for a population with multiple comorbid conditions.

Included in this report are the HEDIS measures[2] described below. Unless otherwise noted, measures were reported from MY 2016–MY 2021 (excluding MY 2019). CMS eliminated the Medicare HEDIS MY 2019 submission requirement because of the COVID-19 pandemic. This report contains only measures that continued to be reported through MY 2021.

Measure Descriptions

Colorectal Cancer Screening (COL)

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

Care for Older Adults (COA)

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

- Advance care planning. *(COA—Advance Care Planning)*
- Medication review. *(COA—Medication Review)*
- Functional status assessment. *(COA—Functional Status Assessment)*
- Pain assessment. *(COA—Pain Assessment)*

Use of Spirometry Testing in the Assessment and Diagnosis of Chronic Obstructive Pulmonary Disease (COPD) (SPR)

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.

Pharmacotherapy Management of COPD Exacerbation (PCE)

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. *(PCE—Systemic Corticosteroid)*
- Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event. *(PCE—Bronchodilator)*

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.*

Controlling High Blood Pressure (CBP)

[2] In this report, the term “measure” means any rate reported by a SNP. A HEDIS measure may have multiple indicators or rates (e.g., Antidepressant Medication Management has two rates, *Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment*).

The percentage of members 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.

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

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 and who received persistent beta-blocker treatment for 6 months after discharge.

Osteoporosis Management in Women Who Had a Fracture (OMW)

The percentage of women 67–85 years of age who suffered a fracture and who had either a bone mineral density test or a prescription for a drug to treat osteoporosis in the 6 months after the fracture.

Antidepressant Medication Management (AMM)

The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and 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). *(AMM—Effective Acute Phase Treatment)*
- *Effective Continuation Phase Treatment.* The percentage of members who remained on an antidepressant medication for at least 180 days (6 months). *(AMM—Effective Continuation Phase Treatment)*

Follow-Up After Hospitalization for Mental Illness (FUH)

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported:

- The percentage of discharges for which the member received follow-up within 30 days after discharge. *(FUH—30 Days [Total])*
- The percentage of discharges for which the member received follow-up within 7 days after discharge. *(FUH—7 Days [Total])*

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

The percentage of 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 antiepileptics, antipsychotics, benzodiazepines, nonbenzodiazepine hypnotics or antidepressants (SSRIs, tricyclic antidepressants and SNRIs). *(DDE—History of Falls)*
- Dementia and a prescription for antipsychotics, benzodiazepines, nonbenzodiazepine hypnotics, tricyclic antidepressants, or anticholinergic agents. *(DDE—Dementia)*
- Chronic kidney disease and a prescription for Cox-2 selective NSAIDs or nonaspirin NSAIDs. *(DDE—Chronic Kidney Disease)*
- Total rate (the sum of the three numerators divided by the sum of the three denominators). *(DDE—Total)*

Members with more than one disease or condition may appear in the measure multiple times (i.e., in each indicator for which they qualify). A lower rate represents better performance for all rates.

Use of High-Risk Medications in Older Adults (DAE)

The percentage of members 67 years of age and older who had at least two dispensing events for the same high-risk medication. Three rates are reported:

- At least two dispensing events for high-risk medications to avoid from the same drug class. (*DAE—High-Risk Medications to Avoid)*
- At least two dispensing events for high-risk medications to avoid from the same drug class, except for appropriate diagnoses. *(DAE—High-Risk Medications to Avoid Except for Appropriate Diagnosis)*
- Total rate (the sum of the two numerators divided by the denominator, deduplicating for members in both numerators). *(DAE—Total)*

The measure reflects potentially inappropriate medication use in older adults, both for medications where any use is inappropriate (Rate 1) and for medications where use under all but specific indications is potentially inappropriate (Rate 2).

Transitions of Care (TRC)

The percentage of discharges for members 18 years of age and older who had each of the following. Four rates are reported:

- Notification of Inpatient Admission. Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days). *(TRC—Notification of Inpatient Admission [Total])*
- Receipt of Discharge Information. Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days). *(TRC—Receipt of Discharge Information [Total])*
- Patient Engagement After Inpatient Discharge. Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge. *(TRC—Patient Engagement After Inpatient Discharge [Total])*
- Medication Reconciliation Post-Discharge. Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days). *(TRC—Medication Reconciliation Post-Discharge [Total])*

Plan All-Cause Readmissions (PCR)

For members 18 years of age and older, the number of acute inpatient and observation 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. Information on how this measure is calculated is contained in Appendix A.

Rates included in this report:

- PCR (Risk-Adjusted Average ≥65).
- PCR (Risk-Adjusted Average <65).

Objectives

Report Objectives

This report presents results for SNPs reporting MY 2016–MY 2021 performance measures (excluding MY 2019 because CMS did not require reporting because of the COVID-19 pandemic). It displays SNP performance in table format and discusses performance results, provides an overview of the criteria used to select the measures and examines the data collection and validation process.

SNP Overview

SNPs were created by Congress in the Medicare Modernization Act (MMA) of 2003 as a type of Medicare managed care plan that focuses on certain vulnerable groups of Medicare beneficiaries. Unlike other types of MA plans, SNPs may limit enrollment to the following subgroups:

- *Dual-Eligible SNPs (D-SNP):* Beneficiaries who are eligible for Medicare and Medicaid.
- *Institutional SNPs (I-SNP):* Beneficiaries who are institutionalized or determined by use of a state assessment tool to meet an institutional level of care. Beneficiaries who meet this level of care can live in the community and be enrolled in the I-SNP.
- *Chronic SNPs (C-SNP):* Beneficiaries who have certain chronic or disabling conditions.

The MMA stated that SNPs should emphasize monitoring health status, managing chronic diseases, avoiding inappropriate hospitalizations and helping beneficiaries maintain or improve their health status.

Table 1. Key Differences Between SNPs and Standard MA Plans

Categories	SNPs	MA Plans
Enrollment	• Must limit enrollment to targeted special needs individuals (dual-eligible beneficiaries, those with specific chronic or disabling conditions or living in or eligible for residing in an institutional setting). • May target specific subsets of special needs populations (e.g., beneficiaries with congestive heart failure or diabetes). • Dual-eligible and institutionalized beneficiaries may enroll and disenroll throughout the year. Chronic care beneficiaries have a one-time enrollment option outside standard enrollment periods.	• Must be open to all Medicare-eligible beneficiaries. • Lock-in provision for all enrollees with an annual open enrollment period.
Benefits	• Standard MA benefits. • Must offer Part D prescription drug coverage.	• Standard MA benefits. • Part D coverage is voluntary.
Payments	• Standard MA geographic payment schedule, with PMPM payments risk-adjusted by hierarchical condition category (HCC) scores.	
Marketing	• May target special needs populations in the market area. • May target specific subsets of special needs populations (on a case-by-case basis) in the market area.	• Must include all Medicare-eligible beneficiaries in the market area.

CMS SNP HEDIS Reporting Requirement

Since 2009, CMS has required every SNP benefit package (identified by a CMS Plan ID) with ≥30 enrollees at the beginning of the MY to submit audited HEDIS results. SNPs listed in the February *SNP Comprehensive Report* as having ≤29 enrollees are not required to submit HEDIS results the following year that cover performance for the current year. For a plan's measure result to be publicly reported, NCQA requires a denominator of at least 30 enrollees. Denominators below this size do not support public reporting of individual plan rates.

Measures that have a broader reach (e.g., screening measures such as Colorectal Cancer Screening) tend to have a larger percentage of publicly reportable plans; measures with a narrower specification (e.g., measures requiring a specific condition or event, such as Persistence of Beta-Blocker Treatment After a Heart Attack, Osteoporosis Management in Women Who Had a Fracture) tend to have a lower percentage of publicly reportable plans.

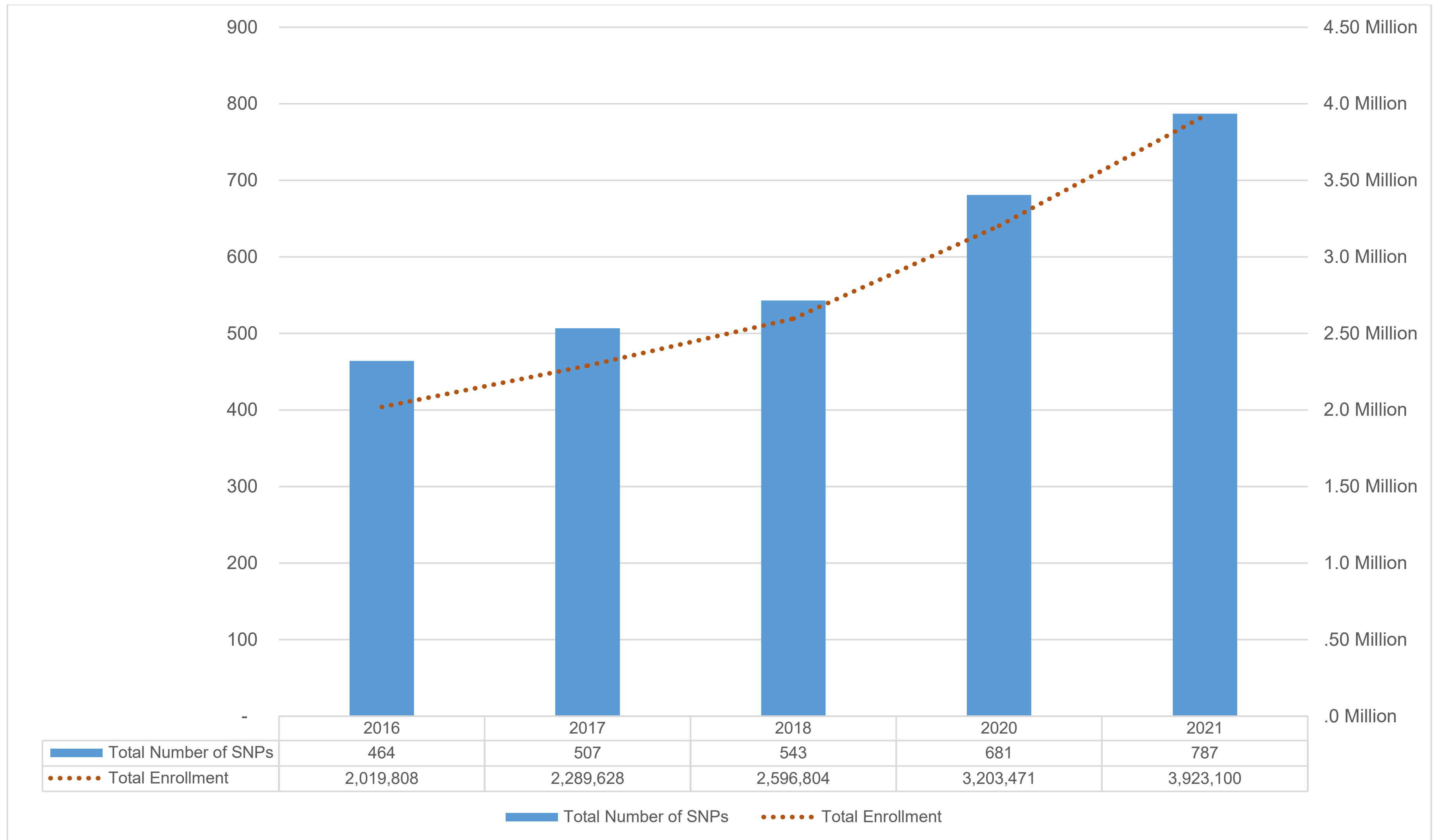
MY 2021 had a 22% increase in enrollment from MY 2020.

Table 2. SNP Enrollment Trends MY 2016–2021

Measurement Year	SNPs Required to Report HEDIS Measures	
	Number of SNPs	Enrollment
2016	464	2,019,808
2017	507[3]	2,289,628
2018	543	2,596,804
2020	681	3,203,471
2021	787	3,923,100

[3] Two SNPs submitted HEDIS MY 2017 data, although they were not required to, one due to small enrollment size and one due to lack of total enrollment. The number required to report was 505.

Figure 1. SNP Enrollment Trends MY 2016–MY 2021



	2016	2017	2018	2020	2021
Total Number of SNPs	464	507	543	681	787
Total Enrollment	2,019,808	2,289,628	2,596,804	3,203,471	3,923,100

HEDIS Results

Measures With Trend Breaks and Trend Cautions (Table 3)

NCQA makes updates to measure technical specifications on a regular basis. Updates range from minor revisions to keep the codes used in the measures current to more significant revisions to improve the measure or respond to changes in clinical guidelines. NCQA makes trending determinations based on measure technical specification updates that may cause a fluctuation in results when comparing over years.

In Table 3, *Trend Break* indicates when trending to the prior year's measure result is broken. *Trend Caution* indicates when trending to the prior year's measure data is appropriate with caution because specification changes may cause fluctuations in results.

No single measure remained unchanged over the MY 2016–MY 2021 period, but five measures had generally consistent specifications (one or two cautions over the 5-year period):

- Care for Older Adults (COA).
- Use of Spirometry Testing in the Assessment and Diagnosis of Chronic Obstructive Pulmonary Disease (COPD) (SPR).
- Pharmacotherapy Management of COPD Exacerbation (PCE).
- Persistence of Beta-Blocker Treatment After a Heart Attack (PBH).
- Antidepressant Medication Management (AMM).

Table 3: Measures With Trend Breaks and Trend Cautions

Measure	MY 2021–MY 2020	MY 2020–MY 2018	MY 2018–MY 2017	MY 2017–MY 2016	MY 2016–MY 2015
Prevention and Screening					
COL	—	Trend Caution	Trend Caution	Trend Caution	Trend Break
COA—Functional Status Assessment	—	Trend Caution	—	—	—
COA—Medication Review	—	—	—	—	—
COA—Advance Care Planning	—	—	—	—	—
COA—Pain Assessment	—	—	—	—	—
Respiratory Conditions					
SPR	—	—	Trend Caution	—	—
PCE—Systemic Corticosteroid	—	—	—	Trend Caution	Trend Caution
PCE—Bronchodilator	—	—	—	Trend Caution	Trend Caution
Cardiovascular Conditions					
CBP	—	Trend Break	Trend Break	—	—
PBH	—	—	Trend Caution	—	—

Measure	MY 2021–MY 2020	MY 2020–MY 2018	MY 2018–MY 2017	MY 2017–MY 2016	MY 2016–MY 2015
Musculoskeletal Conditions					
OMW	—	Trend Caution	Trend Caution	Trend Break	—
Behavioral Health					
AMM—Effective Acute Phase Treatment	—	—	—	Trend Caution	—
AMM—Effective Continuation Phase Treatment	—	—	—	Trend Caution	—
FUH—7 Days (Total)	—	Trend Caution	Trend Caution	Trend Break	—
FUH—30 Days (Total)	—	Trend Caution	Trend Caution	Trend Break	—
Overuse/Appropriateness					
DDE—Dementia* (Rate 2)	—	Trend Caution	—	—	Trend Break
DDE—History of Falls* (Rate 1)	—	Trend Caution	—	Trend Caution	Trend Caution
DDE—Chronic Kidney Disease*	—	Trend Caution	—	—	Trend Caution
DDE—Total*	—	Trend Caution	—	Trend Caution	Trend Break
DAE—High-Risk Medications to Avoid*	—	Trend Break	—	—	Trend Break
DAE—High-Risk Medications to Avoid Except for Appropriate Diagnosis*	♦	♦	♦	♦	♦
DAE—Total*	♦	♦	♦	♦	♦
Risk Adjusted Utilization					
PCR (Risk-Adjusted Average ≥65)*	—	Trend Break	Trend Caution	—	—
PCR (Risk-Adjusted Average <65)*	—	Trend Break	Trend Caution	—	—

*A lower rate represents better performance.

— = No trending impact.

♦ = Prior to MY 2021, the measure indicator was significantly different and cannot be compared.

Trend Break: Do not allow trending by breaking the link to the prior year's measure results.
Trend Caution: Allow trending with caution; specification changes may cause a fluctuation in results compared with the prior year.

SNP Program Performance Changes MY 2016–MY 2021 (Table 4)

Table 4 shows 5-year HEDIS measure results (MY 2016–MY 2021), aggregated across plans for the SNP program as a whole. SNP and MA overall rates are calculated as the sum of numerators across SNP/MA plans divided by the sum of denominators across SNP/MA plans. This table shows SNP program performance for measures that SNP and MA plans are required to report, in the context of overall MA program performance.

SNPs report a subset of the full MA HEDIS measures set, except for Care for Older Adults (COA), which is only required from SNPs. SNPs report COA's four indicators: Advance Care Planning, Functional Status Assessment, Medication Review, Pain Assessment.

Note: *MA plans report HEDIS measures at the contract level, which may include SNP beneficiaries because some MA contracts include SNP plan benefit packages. However, these represent a small portion of the overall MA population, as indicated by the eligible population data for each measure.*

In MY 2021, there were 12 measures with a total of 24 indicators that both MA contracts and SNPs were required to report. All 24 indicators were publicly reported. MA performance was higher than SNP performance on most measures. Table 4 shows the number and specific measures where SNP performance was better than MA performance.

Table 4. Measures Where SNP Performance Was Better Than MA Performance

Measurement Year	Number of Measure(s)	Measure(s)
2016	4	PCE—Bronchodilator, OMW, FUH—7 Days (Total), FUH—30 Days (Total)
2017	2	PCE—Bronchodilator and OMW
2018	2	PCE—Bronchodilator and OMW
2020	1	PCE—Bronchodilator
2021	1	PCE—Bronchodilator

Table 4a. HEDIS Performance for SNP Program MY 2021–MY 2016 Overall Rate

This table includes all SNP results combined for all plans.

Measure	MY 2021	MY 2020	MY 2018	MY 2017	MY 2016
Prevention and Screening					
COL	74.5	75.0TC	77.0TC	76.5TC	75.3TB
COA—Functional Status Assessment	81.5	80.4TC	89.4	88.3	87.3
COA—Medication Review	93.8	92.8	94.0	93.3	92.8
COA—Advance Care Planning	65.8	66.4	74.7	69.7	67.3
COA—Pain Assessment	94.1	93.3	95.0	94.0	93.4
Respiratory Conditions					
SPR	26.5	29.7	34.0TC	33.9	33.6
PCE—Systemic Corticosteroid	72.7	70.5	68.4	67.4TC	64.6TC
PCE—Bronchodilator	85.9	84.4	81.9	81.4TC	79.6TC
Cardiovascular Conditions					
CBP	69.2	63.8TB	70.5TB	63.7	63.8
PBH	88.4	88.0	87.1TC	89.6	90.5
Musculoskeletal Conditions					
OMW	47.3	43.0TC	56.3TC	51.9TB	45.9
Behavioral Health					
AMM—Effective Acute Phase Treatment	76.9	74.9	68.6	66.2TC	64.6
AMM—Effective Continuation Phase Treatment	60.7	58.3	50.8	48.9TC	47.8
FUH—7 Days (Total)	28.8	29.7TC	25.8TC	29.6TB	35.7
FUH—30 Days (Total)	49.6	50.0TC	46.6TC	50.6TB	54.6
Medication Management and Care Coordination					
TRC—Notification of Inpatient Admission (Total)	12.7	13.6	NA	NA	NA
TRC—Receipt of Discharge Information (Total)	10.2	10.7	NA	NA	NA
TRC—Patient Engagement After Inpatient Discharge (Total)	82.9	81.1	NA	NA	NA
TRC—Medication Reconciliation Post-Discharge (Total)	60.6	58.9	NA	NA	NA

Measure	MY 2021	MY 2020	MY 2018	MY 2017	MY 2016
Overuse/Appropriateness					
DDE—Dementia*	44.7	44.4TC	55.5	56.5	56.0TB
DDE—History of Falls*	42.1	41.6TC	55.7	55.7TC	54.6TC
DDE—Chronic Kidney Disease*	14.2	15.0TC	16.0	15.9	16.6TC
DDE—Total*	36.7	36.6TC	47.3	47.7TC	47.1TB
DAE—High-Risk Medications to Avoid*	18.5	17.6TB	12.5	12.6	11.7TB
DAE—High-Risk Medications to Avoid Except for Appropriate Diagnosis*	7.3	♦	♦	♦	♦
DAE—Total*	23.8	♦	♦	♦	♦
Risk Adjusted Utilization					
PCR (Risk-Adjusted Average ≥65)*	12.4	12.8TB	14.1TC	14.9	14.6
PCR (Risk-Adjusted Average <65)*	12.3	12.6TB	17.8TC	18.3	18.5

*Lower values signify better performance.

NA = Measure was not reported that year.

TB = Trending to the prior year's measure result is broken because of technical specification changes.

TC = Rate is not comparable to prior year's due to significant rate changes.

♦ = Prior to MY 2021, the measure indicator was significantly different and cannot be compared.

Table 4b. HEDIS Performance for SNP Program and MA Program MY 2021–MY 2016 Overall Rate

This table includes both SNP program and MA program results.

Measure	SNP MY 2021	MA MY 2021	SNP MY 2020	MA MY 2020	SNP MY 2018	MA MY 2018	SNP MY 2017	MA MY 2017	SNP MY 2016	MA MY 2016
Prevention and Screening										
COL	74.5	77.9	75.0[TC]	78.1[TC]	77.0[TC]	79.1[TC]	76.5[TC]	77.0[TC]	75.3[TB]	75.9[TB]
COA—Functional Status Assessment	81.5	†	80.4[TC]	†	89.4	†	88.3	†	87.3	†
COA—Medication Review	93.8	†	92.8	†	94.0	†	93.3	†	92.8	†
COA—Advance Care Planning	65.8	†	66.4	†	74.7	†	69.7	†	67.3	†
COA—Pain Assessment	94.1	†	93.3	†	95.0	†	94.0	†	93.4	†
Respiratory Conditions										
SPR	26.5	29.7	29.7	32.8	34.0[TC]	36.7[TC]	33.9	36.6	33.6	36.3
PCE—Systemic Corticosteroid	72.7	74.5	70.5	72.7	68.4	71.9	67.4[TC]	70.6[TC]	64.6[TC]	66.8[TC]
PCE—Bronchodilator	85.9	83.5	84.4	81.7	81.9	79.1	81.4[TC]	78.7[TC]	79.6[TC]	75.9[TC]
Cardiovascular Conditions										
CBP	69.2	75.6	63.8[TB]	64.8[TB]	70.5[TB]	74.5[TB]	63.7	78.1	63.8	76.8
PBH	88.4	89.3	88.0	89.6	87.1[TC]	87.7[TC]	89.6	90.8	90.5	90.7
Musculoskeletal Conditions										
OMW	47.3	48.2	43.0[TC]	44.4[TC]	56.3[TC]	52.2[TC]	51.9[TB]	50.0[TB]	45.9	44.2
Behavioral Health										
AMM—Effective Acute Phase Treatment	76.9	80.6	74.9	79.2	68.6	73.4	66.2[TC]	71.6[TC]	64.6	70.3
AMM—Effective Continuation Phase Treatment	60.7	64.5	58.3	62.8	50.8	56.7	48.9[TC]	55.5[TC]	47.8	54.4
FUH—7 Days (Total)	28.8	29.2	29.7[TC]	30.2[TC]	25.8[TC]	27.2[TC]	29.6[TB]	30.8[TB]	35.7	35.0
FUH—30 Days (Total)	49.6	49.8	50.0[TC]	50.4[TC]	46.6[TC]	48.1[TC]	50.6[TB]	52.0[TB]	54.6	54.6
Medication Management and Care Coordination										
TRC—Notification of Inpatient Admission (Total)	12.7	20.8	13.6	20.4	NA	NA	NA	NA	NA	NA
TRC—Receipt of Discharge Information (Total)	10.2	15.8	10.7	14.4	NA	NA	NA	NA	NA	NA

Measure	SNP MY 2021	MA MY 2021	SNP MY 2020	MA MY 2020	SNP MY 2018	MA MY 2018	SNP MY 2017	MA MY 2017	SNP MY 2016	MA MY 2016
TRC—Patient Engagement After Inpatient Discharge (Total)	82.9	86.4	81.1	84.2	NA	NA	NA	NA	NA	NA
TRC—Medication Reconciliation Post-Discharge (Total)	60.6	73.4	58.9	72.6	NA	NA	NA	NA	NA	NA
Overuse/Appropriateness										
DDE—Dementia*	44.7	37.7	44.4 TC	37.6 TC	55.5	46.1	56.5	47.2	56.0 TB	46.8 TB
DDE—History of Falls*	42.1	34.2	41.6 TC	33.7 TC	55.7	47.6	55.7 TC	47.6 TC	54.6 TC	46.8 TC
DDE—Chronic Kidney Disease*	14.2	9.2	15.0 TC	9.4 TC	16.0	9.7	15.9	9.8	16.6 TC	9.8 TC
DDE—Total*	36.7	30.5	36.6 TC	30.5 TC	47.3	40.5	47.7 TC	40.9 TC	47.1 TB	40.2 TB
DAE—High-Risk Medications to Avoid*	18.5	12.2	17.6 TB	11.6 TB	12.5	8.5	12.6	8.9	11.7 TB	8.4 TB
DAE—High-Risk Medications to Avoid Except for Appropriate Diagnosis*	7.3	4.4	♦	♦	♦	♦	♦	♦	♦	♦
DAE--Total*	23.8	15.6	♦	♦	♦	♦	♦	♦	♦	♦
Risk Adjusted Utilization										
PCR (Risk-Adjusted Average ≥65)*	12.4	10.8	12.8 TB	10.8 TB	14.1 TC	11.5 TC	14.9	12.3	14.6	12.2
PCR (Risk-Adjusted Average <65)*	12.3	11.8	12.6 TB	11.7 TB	17.8 TC	16.4 TC	18.3	17.2	18.5	17.1

***Lower values signify better performance.**

† = Not reported by MA plans.

NA = Measure was not reported that year.

TB = Trending to the prior year's measure result is broken because of technical specification changes.

TC = Rate is not comparable to prior year's due to significant rate changes.

♦ = Prior to MY 2021, the measure indicator was significantly different and cannot be compared

SNP Program Performance by SNP Type (Table 5)

Program performance by SNP type (Table 5). Table 5 shows the overall rates for Dual (D-SNPs), Institutional (I-SNPs) and Chronic (C-SNPs) from MY 2016–MY 2021. There was variation between SNP types.

Table 5. SNP Overall Program Performance by SNP Type MY 2016–MY 2021

Measure	MY 2021			MY 2020			MY 2018			MY 2017			MY 2016		
	D-SNP	I-SNP	C-SNP	D-SNP	I-SNP	C-SNP	D-SNP	I-SNP	C-SNP	D-SNP	I-SNP	C-SNP	D-SNP	I-SNP	C-SNP
Prevention and Screening															
COL	74.2	59.7	78.0	74.6[TC]	77.1[TC]	77.8[TC]	76.6[TC]	74.8[TC]	78.9[TC]	76.0[TC]	82.2[TC]	78.8[TC]	74.5[TB]	70.4[TB]	79.2[TB]
COA—Functional Status Assessment	80.7	95.3	84.3	79.0[TC]	99.3[TC]	85.0[TC]	88.4	99.4	92.0	87.5	97.9	90.1	86.2	98.9	90.1
COA—Medication Review	93.5	95.0	95.6	92.2	98.8	94.9	93.3	98.9	96.4	92.7	96.6	95.4	92.0	98.2	95.1
COA—Advance Care Planning	64.7	95.0	67.7	65.1	98.8	67.5	73.6	97.8	76.0	69.0	95.7	68.3	66.6	97.6	65.6
COA—Pain Assessment	93.8	96.1	95.8	92.8	99.2	94.7	94.5	99.1	96.7	93.6	96.1	95.3	92.8	98.7	95.2
Respiratory Conditions															
SPR	26.7	5.1	26.9	30.1	5.8	30.2	34.4[TC]	6.3[TC]	33.6[TC]	34.2	5.8	35.1	32.4	9.1	41.0
PCE—Systemic Corticosteroid	73.1	57.2	68.3	70.9	62.1	66.0	68.8	53.6	65.0	67.9[TC]	52.7[TC]	64.9[TC]	64.8[TC]	52.9[TC]	64.3[TC]
PCE—Bronchodilator	86.3	85.2	79.4	85.0	83.5	77.1	82.8	83.5	74.2	82.7[TC]	84.4[TC]	72.8[TC]	80.4[TC]	87.2[TC]	74.0[TC]
Cardiovascular Conditions															
CBP	68.7	68.4	72.9	63.6[TB]	77.0[TB]	65.4[TB]	70.6[TB]	75.4[TB]	69.6[TB]	65.2	64.2	57.0	65.7	68.5	56.0
PBH	88.9	75.0	85.6	88.1	84.6	87.8	87.4[TC]	100.0[TC]	85.5[TC]	89.9	89.1	88.8	90.6	88.2	90.2
Musculoskeletal Conditions															
OMW	46.2	NA	54.6	42.3[TC]	NA	46.8[TC]	55.8[TC]	30.8[TC]	58.9[TC]	51.5[TB]	50.0[TB]	53.5[TB]	44.5	19.8	54.6
Behavioral Health															
AMM—Effective Acute Phase Treatment	76.4	88.6	79.9	74.4	84.1	78.2	68.2	79.8	71.5	65.7[TC]	83.7[TC]	69.5[TC]	64.3	77.4	66.7

Measure	MY 2021			MY 2020			MY 2018			MY 2017			MY 2016		
	D-SNP	I-SNP	C-SNP	D-SNP	I-SNP	C-SNP	D-SNP	I-SNP	C-SNP	D-SNP	I-SNP	C-SNP	D-SNP	I-SNP	C-SNP
AMM—Effective Continuation Phase Treatment	60.0	82.7	61.9	57.7	77.8	60.6	50.5	75.1	52.4	48.3[TC]	75.6[TC]	52.1[TC]	47.4	73.6	49.3
FUH—7 Days (Total)	29.1	7.5	23.3	30.1[TC]	6.6[TC]	21.7[TC]	26.1[TC]	5.4[TC]	22.4[TC]	30.0[TB]	7.3[TB]	25.4[TB]	36.0	15.8	32.9
FUH—30 Days (Total)	50.0	16.3	41.6	50.5[TC]	13.6[TC]	40.4[TC]	47.0[TC]	8.4[TC]	43.9[TC]	51.1[TB]	12.7[TB]	47.6[TB]	55.0	19.7	51.6
Medication Management and Care Coordination															
TRC—Notification of Inpatient Admission (Total)	13.4	3.8	6.6	14.5	3.5	7.5	NA	NA	NA	NA	NA	NA	NA	NA	NA
TRC—Receipt of Discharge Information (Total)	10.8	1.7	4.4	11.7	1.5	4.2	NA	NA	NA	NA	NA	NA	NA	NA	NA
TRC—Patient Engagement After Inpatient Discharge (Total)	82.7	53.6	87.4	81.1	47.0	84.6	NA	NA	NA	NA	NA	NA	NA	NA	NA
TRC—Medication Reconciliation Post-Discharge (Total)	60.2	40.5	65.2	58.7	39.8	62.1	NA	NA	NA	NA	NA	NA	NA	NA	NA
Overuse/Appropriateness															
DDE—Dementia*	45.9	35.0	41.6	45.5[TC]	36.3[TC]	42.5[TC]	57.0	48.4	51.6	57.9	50.5	52.5	57.4[TB]	51.8[TB]	51.0[TB]
DDE—History of Falls*	41.9	40.7	43.5	41.4[TC]	42.2[TC]	42.6[TC]	55.3	63.8	56.4	55.3[TC]	64.0[TC]	56.1[TC]	54.2[TC]	63.2[TC]	54.7[TC]
DDE—Chronic Renal Failure*	15.2	6.0	11.2	16.4[TC]	6.3[TC]	11.4[TC]	17.7	7.2	12.0	17.8	5.5	11.8	18.6[TC]	5.5[TC]	12.4[TC]
DDE—Total Rate*	37.9	31.5	31.4	37.8[TC]	32.9[TC]	31.4[TC]	48.6	46.7	41.4	49.1[TC]	47.8[TC]	41.5[TC]	48.6[TB]	48.5[TB]	40.1[TB]
DAE—High-Risk Medications to Avoid*	18.5	13.4	19.4	17.4[TB]	12.7[TB]	19.3[TB]	12.7	11.4	11.3	13.0	11.2	11.0	12.2[TB]	11.2[TB]	9.9[TB]
DAE—High-Risk Medications to Avoid Except for Appropriate Diagnosis*	7.4	13.5	5.8	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦
DAE—Total*	23.8	24.8	23.6	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦

Measure	MY 2021			MY 2020			MY 2018			MY 2017			MY 2016		
	D-SNP	I-SNP	C-SNP	D-SNP	I-SNP	C-SNP	D-SNP	I-SNP	C-SNP	D-SNP	I-SNP	C-SNP	D-SNP	I-SNP	C-SNP
Risk Adjusted Utilization															
PCR (Risk-Adjusted Average ≥65)*	12.7	8.6	11.4	13.0TB	9.1TB	12.0TB	14.4TC	8.7TC	13.0TC	15.3	9.7	13.9	15.1	9.1	13.5
PCR (Risk-Adjusted Average <65)*	12.4	9.3	11.4	12.6TB	10.6TB	12.2TB	17.9TC	11.5TC	17.1TC	18.5	12.8	17.7	18.8	15.4	17.2

*Lower values signify better performance.

NA = Measure was not reported that year.

TB = Trending to the prior year's measure result is broken because of technical specification changes.

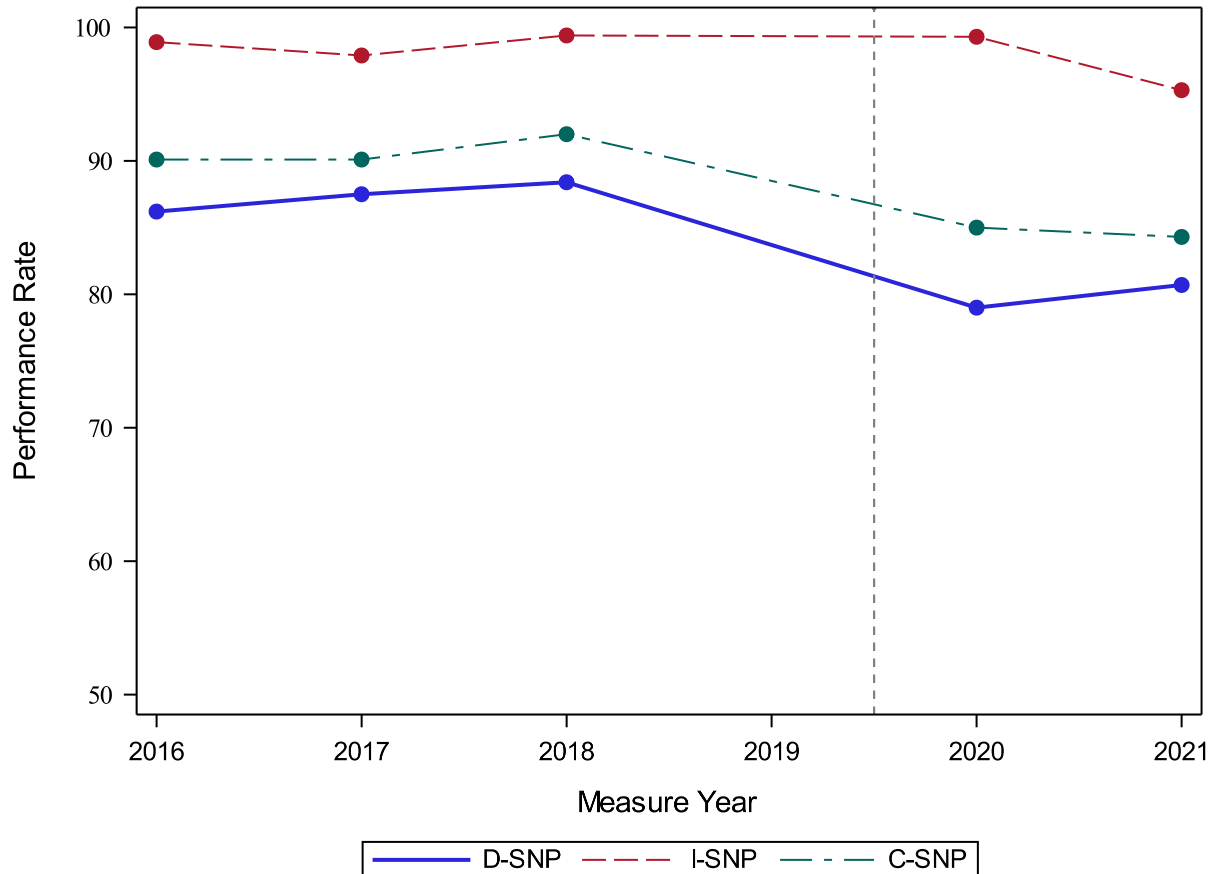
TC = Rate is not comparable to prior year's due to significant rate changes.

♦ = Prior to MY 2021, the measure indicator was significantly different and cannot be compared.

SNP Type Measure Performance MY 2016–MY 2021 (Figures 2–5)

Care for Older Adults (COA) is only reported by SNP programs. Figures 2–5 show performance across all SNP types for MY 2016–MY 2021 for all four indicators of COA.

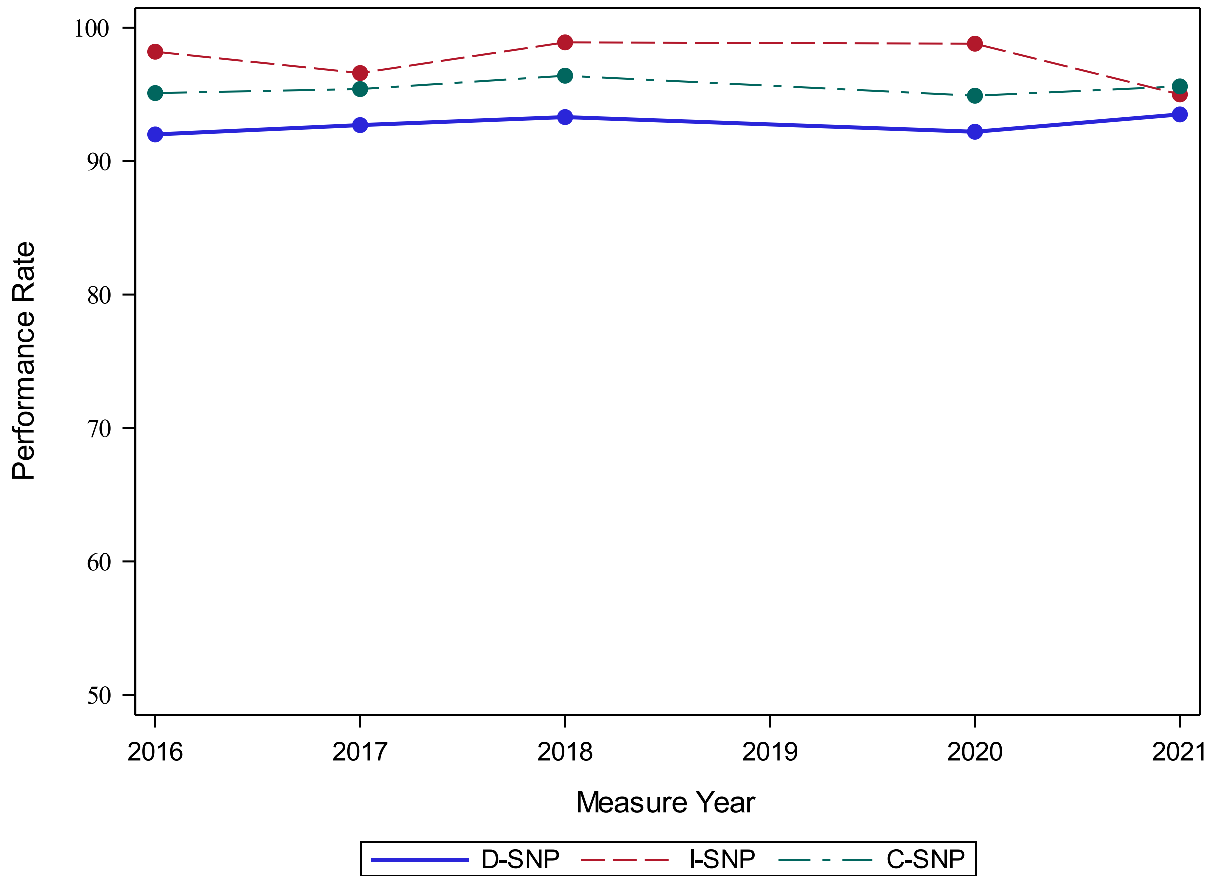
Figure 2. COA Functional Status Assessment Performance Across All SNP Types MY 2016–MY 2021



HEDIS data was not reported for Medicare beneficiaries in MY 2019.

Dotted lines represent cautions in trending between years.

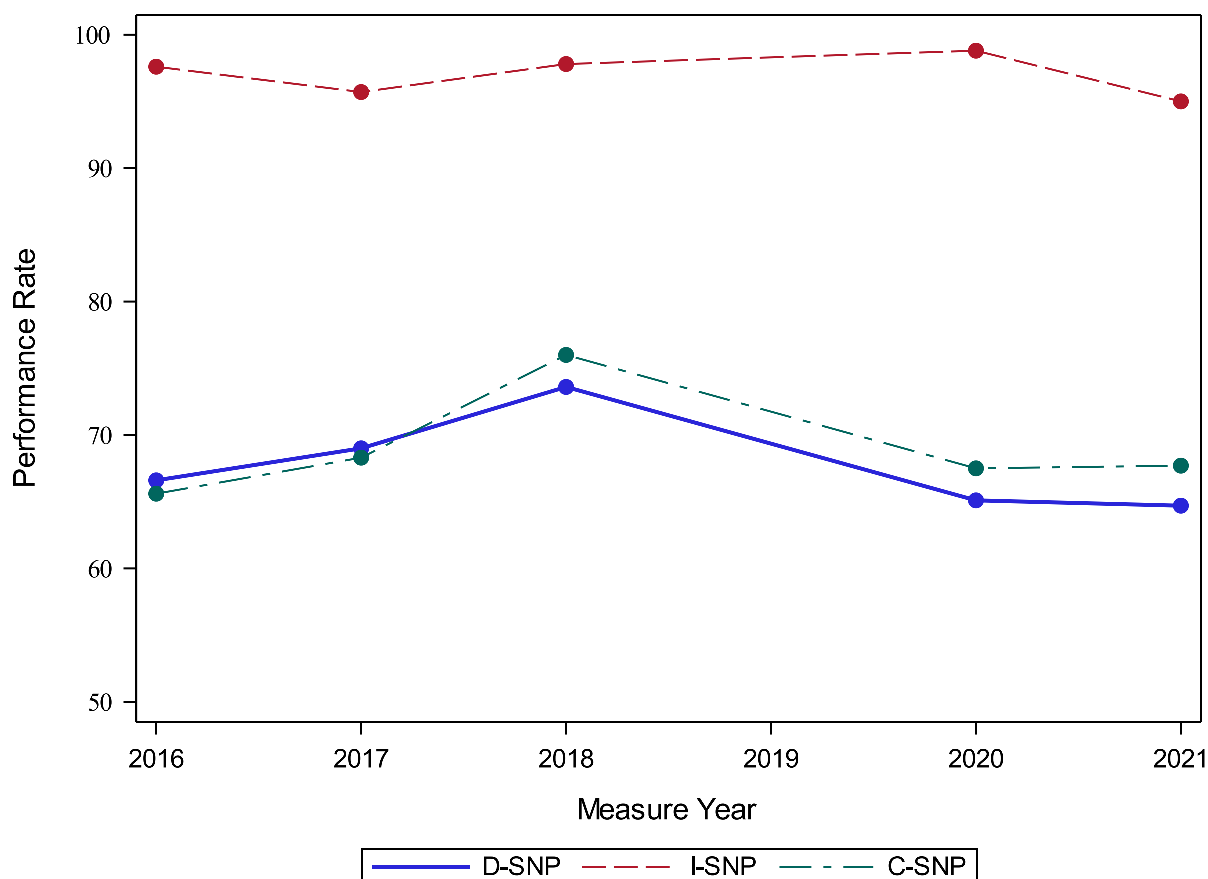
Figure 3. COA Medication Review Performance Across All SNP Types MY 2016–MY 2021



HEDIS data was not reported for Medicare beneficiaries in MY 2019.

Dotted lines represent cautions in trending between years.

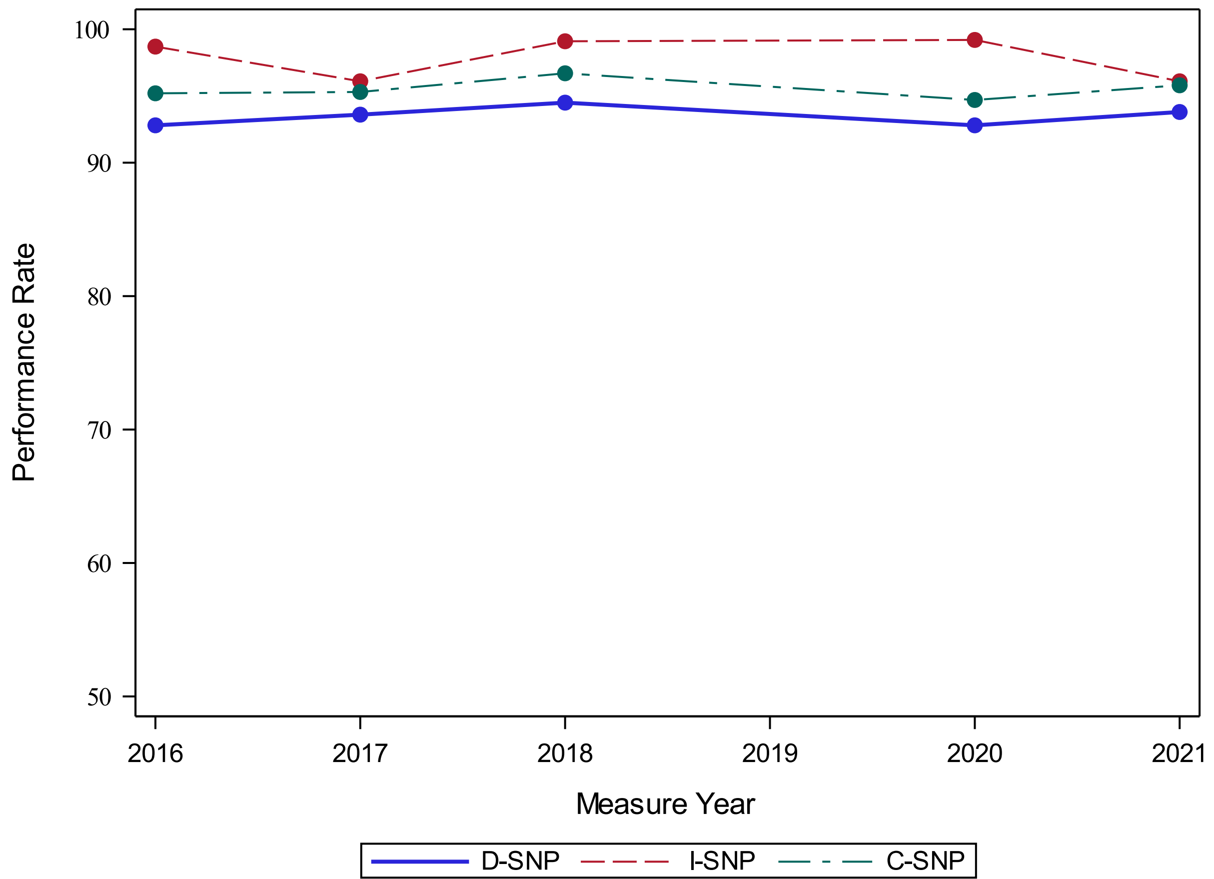
Figure 4. COA Advance Care Planning Performance Across All SNP Types MY 2016–MY 2021



HEDIS data was not reported for Medicare beneficiaries in MY 2019.

Dotted lines represent cautions in trending between years.

Figure 5. COA Pain Assessment Performance Across All SNP Types MY 2016–MY 2021



HEDIS data was not reported for Medicare beneficiaries in MY 2019.

Dotted lines represent cautions in trending between years.

Appendix A: Reporting Plan All-Cause Readmissions

Reporting Plan All-Cause Readmissions. The Plan All-Cause Readmissions measure results in an observed to expected (O/E) ratio for each health plan. Starting with MY 2016, to enhance interpretability of results and put this measure on the same 0%–100% scale as other HEDIS measures, NCQA created calibrated risk-standardized rates using the following steps:

- *Calibration* sets the average O/E ratio as the reference point for each reporting unit to correct for aging of risk weights (NCQA calculates weights on a 3-year schedule) and differences between the data sample used to generate risk weights and the population of reporting units (the sample NCQA uses to generate the weights is a non-random sample of all MA reporting units).
- *Risk standardization* rescales the measure from O/E performance to 30-day readmissions. In the example in Table A.1, the reporting unit has a risk-standardized rate of 16%, which is 11.1% better than the national average performance of 18%.

This approach lets NCQA calculate significance testing for changes in measure performance.

Table A.1. Calculating the Calibrated Risk-Standardized Rate for Plan All-Cause Readmissions

Step	Explanation	Example
Step 1	Obtain each reporting unit's O/E ratio.	Assume this unit is: $(O/E)_{unit}$ = 0.8
Step 2	Calibrate the O/E ratio to the national average O/E: $(O/E)_{Calibrated} = (O/E)_{unit}/(O/E)_{Avg}$	$(O/E)_{Avg.} = 0.9$ $(O/E)_{Calibrated} = 0.8/0.9 = 0.8889$
Step 3	Calculate the national average observed performance rate. $Observed_{Avg} = \sum Observed_i / N$	Assume the average of all units is: $Observed_{Avg} = 18.0\%$
Step 4	Convert to risk standardized rate. $Rate = (O/E)_{Calibrated} \times Observed_{Avg}$	$Rate = 0.8889 \times 18.0\% = 16\%$