



HEDIS® MY2022- MY2024 Medicare Measure Rate Comparison

Measures	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024	HEDIS MY 2024 Percentile	HEDIS MY 2024 Goals	CMS Star Measure
Acute Hospital Utilization (AHU)[^]						
<i>Total Acute 65+</i>	0.58	0.59	0.94	33.33 rd ↓	TBD**	
<i>Total Acute</i>	0.56	0.5840	0.92	75 th ↑	0.9190	
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	75.54%	75.61%	64.22%	<10 th ↓	89.90%	
Adult Immunization Status (AIS-E)						
<i>Influenza 66+</i>	40.29%	48.75%	44.82%	33.33 rd ↓	63.27%	
<i>Influenza Total</i>	N/A	45.03%	40.95%	33.33 rd	64.00%	
<i>Tdap 66+</i>	41.67%	48.12%	51.94%	75 th ↓	56.44%	
<i>Tdap Total</i>	N/A	49.89%	53.34%	66.67 th	56.30%	
<i>Zoster 66+</i>	25.59%	31.81%	38.24%	75 th ↔	45.00%	
<i>Zoster Total</i>	N/A	29.44%	36.17%	66.67 th	48.20%	
<i>Pneumococcal 66+</i>	43.75%	65.44%	68.16%	66.67 th ↓	79.00%	
Advanced Care Planning (ACP)	61.53%	63.11%	44.11%	33.33 rd ↓	78.80%	
Antidepressant Medication Management (AMM)						
<i>Effective Acute Phase</i>	81.77%	87.95%	75.19%	10 th ↓	87.31%	
<i>Effective Continuation Phase</i>	73.10%	78.28%	56.27%	<10 th ↓	77.70%	
Appropriate Testing for Pharyngitis (CWP) – Total	10.65%	15.27%	17.09%	10 th ↔	76.60%	
Appropriate Treatment for Upper Respiratory Infection (URI)* – Total	62.45%	65.40%	69.16%	33.33 rd ↑	82.40%	
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)* – Total	22.82%	29.17%	41.45%	66.67 th ↑	46.60%	
Blood Pressure Control for Patients With Diabetes (BPD)	73.48%	72.50%	75.14%	33.33 rd ↔	85.30%	
Breast Cancer Screening (BCS-E)	65.80%	71.10%	75.34%	33.33 rd ↑	83.70%	X
Controlling High Blood Pressure (CBP)	73.05%	68.90%	70.28%	10 th ↔	86.80%	X
Care for Older Adults (COA)						
<i>Medication Review</i>	89.43%	89.25%	90.27%	33.33 rd ↑	100.00%	X
<i>Functional Status Assessment</i>	72.68%	75.82%	78.10%	N/A	N/A	
<i>Pain Assessment</i>	88.40%	89.85%	91.48%	33.33 rd ↑	98.72%	X
Colorectal Cancer Screening (COL-E)	60.46%	65.39%	69.39%	33.33 rd	81.40%	X
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)						
<i>Depression Screening</i>	3.70%	5.83%	17.80%	50 th	59.04%	
<i>Follow-Up on Positive Screen</i>	55.56%	52.17%	60.64%	25 th	80.66%	

Measures	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024	HEDIS MY 2024 Percentile	HEDIS MY 2024 Goals	CMS Star Measure
Depression Remission or Response for Adolescents and Adults (DRR-E)						
Follow-Up PHQ-9	0.00%	66.48%	65.67%	95 th	60.96%	
Depression Remission	0.00%	26.70%	30.90%	95 th	17.14%	
Depression Response	0.00%	32.39%	36.91%	95 th	21.43%	
Emergency Department Utilization (EDU)[^] – 65+	1.24	1.3616	1.68	10 th ↓	TBD**	
Eye Exam for Patients With Diabetes (EED)	73.48%	76.94%	77.87%	33.33 rd ↔	87.20%	X
Follow-Up After Hospitalization for Mental Illness (FUH)						
7-Day Follow-Up – Total	36.84%	33.51%	41.94%	66.67 th ↓	51.40%	
30-Day Follow-Up – Total	59.83%	55.41%	66.86%	66.67 th ↓	77.36%	
Follow-Up After Emergency Department Visit for Substance Use (FUA)						
7-Day Follow-Up – Total	21.00%	24.66%	25.28%	33.33 rd ↑	35.80%	
30-Day Follow-Up – Total	38.00%	46.12%	43.82%	33.33 rd ↓	61.90%	
Follow-Up After Emergency Department Visit for Mental Illness (FUM)						
7-Day Follow-Up – Total	43.68%	45.68%	39.07%	66.67 th ↔	54.00%	
30-Day Follow-Up – Total	58.05%	64.20%	59.60%	50 th ↔	75.68%	
Follow-Up After Emergency Department Visit for People with High-Risk Multiple Chronic Conditions (FMC)						
65+ years	50.38%	49.44%	50.42%	10 th ↔	76.00%	
Total	51.32%	50.25%	52.35%	25 th ↑	72.57%	X
Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)						
7-Day Follow-Up	8.97%	20.00%	23.29%	50 th ↑	40.58%	
30-Day Follow-Up	28.21%	38.67%	35.62%	25 th ↓	65.22%	
Glycemic Status Assessment for Patients With Diabetes (GSD)						
HbA1c Poor Control (>9.0%) [^]	20.92%	25.28%	19.67%	95 th ↑	71.02%	X
HbA1c Control (<8.0%)	68.37%	67.22%	69.67%	10 th ↓	83.20%	
Hospitalization Following Discharge From a Skilled Nursing Facility O/E (HFS)[^]						
Within 30 days [^]	0.67	0.8554	1.25	10 th ↓↓	0.7170	
Within 60 days [^]	0.71	0.8579	1.14	10 th ↓↓	0.7724	
Hospitalization for Potentially Preventable Complications O/E (HPC) – Total[^]	0.42	0.4466	1.06	33.33 rd ↓	TBD**	
Emergency Department Visits for Hypoglycemia in Older Adults With Diabetes (EDH)						
Diabetes – Dual Eligible	N/A	N/A	0.8339	50 th	0.5630	
Diabetes – Not Dual Eligible	N/A	N/A	1.7918	10 th	0.5799	

Commented [JW1]: Will add goal/percentile when Quality Compass is released on 10/31/25.

Commented [JW2R1]: Done.

Measures	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024	HEDIS MY 2024 Percentile	HEDIS MY 2024 Goals	CMS Star Measure
<i>Insulin – Dual Eligible</i>	N/A	N/A	0.7521	50 th	0.4781	
<i>Insulin – Not Dual Eligible</i>	N/A	N/A	2.9036	<10 th	0.7952	
Initiation and Engagement of AOD Dependence Treatment (IET)						
<i>Initiation – Total</i>	22.45%	38.34%	37.58%	33.33 rd ↓	57.11%	
<i>Engagement – Total</i>	2.76%	5.56%	5.81%	66.67 th ↑	9.80%	
Kidney Health Evaluation for Patients With Diabetes (KED) – Total	55.89%	64.42%	68.96%	66.67 th ↑	76.50%	X
Non-Recommended PSA-Based Screening in Older Men (PSA) ^	36.23%	37.91%	36.26%	33.33 rd ↑	16.30%	
Osteoporosis Management in Women Who Had a Fracture (OMW)	25.62%	28.82%	45.64%	33.33 rd ↑	65.50%	X
Osteoporosis Screening in Older Women (OSW)	37.63%	42.59%	48.77%	10 th ↔	68.70%	
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	92.31%	41.67%	62.50%	N/A***	N/A***	
Pharmacotherapy for Opioid Use Disorder (POD)	31.18%	27.59%	24.79%	<10 th ↓	48.97%	
Pharmacotherapy Management of COPD Exacerbation (PCE)						
<i>Systemic Corticosteroid</i>	76.56%	75.23%	54.47%	<10 th ↓	83.90%	
<i>Bronchodilator</i>	90.77%	89.94%	82.88%	33.33 rd ↓	91.20%	
Plan All-Cause Readmissions O/E (PCR) ^						
<i>65+ ^</i>	1.16	1.0768	1.09	<10 th ↓	TBD**	
<i>Total Rate ^</i>	12.36%	12.12%	11.92%	33.33 rd ↔	N/A	X
Potentially Harmful Drug-Disease Interactions in the Elderly (DDE) ^ – Total	40.54%	42.98%	37.31%	10 th ↑	26.40%	
Statin Therapy for Patients with Cardiovascular Disease (SPC)						
<i>Received Statin Therapy – Total</i>	79.04%	82.79%	86.45%	33.33 rd ↔	91.30%	X
<i>Statin Adherence 80% – Total</i>	78.93%	72.31%	73.70%	<10 th ↔	92.40%	X
Statin Therapy for Patients with Diabetes (SPD)						
<i>Received Statin Therapy – Total</i>	79.05%	80.33%	81.18%	33.33 rd ↑	85.60%	
<i>Statin Adherence 80% – Total</i>	78.46%	71.03%	73.76%	<10 th ↔	92.20%	
Transition of Care (TRC)						
<i>Notification of Inpatient Admission – 65+</i>	12.41%	7.94%	11.58%	<10 th ↓	83.30%	
<i>Receipt of Discharge Information – 65+</i>	5.84%	15.52%	10.18%	10 th ↓	63.10%	
<i>Patient Engagement after Inpatient Discharge – 65+</i>	88.32%	83.75%	88.42%	33.33 rd ↑	94.70%	
<i>Medication Reconciliation Post-Discharge – 65+</i>	67.88%	72.20%	81.40%	33.33 rd ↑	93.50%	

Measures	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024	HEDIS MY 2024 Percentile	HEDIS MY 2024 Goals	CMS Star Measure
<i>Medication Reconciliation Post-Discharge – Total</i>	64.72%	72.02%	78.35%	50 th ↔	91.73%	X
<i>Transitions of Care – Average</i>	41.91%	44.53%	46.29%	N/A	69%	X
Unhealthy Alcohol Use Screening and Follow-Up (ASF-E)						
<i>Unhealthy Alcohol Use Screening</i>	0.00%	0.00%	0.00%	33.33 rd	13.84%	
<i>Alcohol Counseling or Other Follow-up Care</i>	0.00%	0.00%	0.00%	50 th	1.35%	
Use of High-Risk Medications in Older Adults (DAE) ^ – Total	21.40%	22.71%	19.08%	10 th ↔	10.70%	
Use of Opioids at High Dosage (HDO) ^	4.47%	3.57%	1.95%	95 th ↑	88.74%	
Use of Opioids from Multiple Providers (UOP) ^						
<i>Multiple Prescribers</i>	18.45%	19.84%	18.92%	95 th ↑↑	76.28%	
<i>Multiple Pharmacies</i>	2.37%	3.05%	0.38%	95 th ↑↑	95.00%	
<i>Multiple Prescribers and Multiple Pharmacies</i>	1.68%	2.36%	0.22%	95 th ↑↑	96.93%	
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)	5.04%	8.39%	10.30%	50 th	47.16%	
Cardiac Rehabilitation (CRE)						
<i>Initiation</i>	1.30%	1.27%	0.47%	10 th ↓	13.49%	
<i>Engagement 1</i>	0.00%	0.42%	0.94%	10 th ↔	10.10%	
<i>Engagement 2</i>	0.00%	0.85%	0.47%	10 th ↔	9.38%	
<i>Achievement</i>	0.00%	0.85%	0.47%	25 th ↓	4.68%	
Diagnosed Mental Health Disorders (DMH)	46.76%	47.84%	48.12%	33.33 rd ↓	65.11%	
Diagnosed Substance Use Disorder (DSU)						
<i>Alcohol</i>	4.04%	3.80%	3.75%	50 th ↓	6.43%	
<i>Opioid</i>	5.85%	6.05%	5.55%	75 th ↓	5.57%	
<i>Other or Unspecified</i>	5.21%	5.10%	4.85%	66.67 th ↓	5.77%	
<i>Any</i>	12.74%	12.71%	12.21%	75 th ↔	13.37%	
Adults' Access to Preventive/Ambulatory Health Services (AAP)						
<i>20 – 44 years</i>	89.34%	91.99%	93.02%	50 th ↔	96.63%	
<i>45 – 64 years</i>	95.24%	96.00%	96.39%	33.33 rd ↓	98.37%	
<i>65+ years</i>	92.82%	94.54%	94.96%	33.33 rd ↔	98.58%	
<i>Total</i>	93.10%	94.66%	95.10%	33.33 rd ↔	98.58%	
Social Need Screening and Intervention (SNS-E)						
<i>Food Screening</i>	N/A	0.00%	0.00%	Benchmark not yet available.	TBD	
<i>Food Intervention</i>	N/A	0.00%	0.00%	Benchmark not yet available.	TBD	
<i>Housing Screening</i>	N/A	0.00%	0.00%	Benchmark not yet available.	TBD	

Measures	HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024	HEDIS MY 2024 Percentile	HEDIS MY 2024 Goals	CMS Star Measure
<i>Housing Intervention</i>	N/A	0.00%	0.00%	Benchmark not yet available.	TBD	
<i>Transportation Screening</i>	N/A	0.00%	0.00%	Benchmark not yet available.	TBD	
<i>Transportation Intervention</i>	N/A	0.00%	0.00%	Benchmark not yet available.	TBD	

Source: 2024 Health Plan Ratings Percentiles and Benchmarks and 2025 NCQA Quality Compass D-SNP National Benchmarks

Benchmark used for MY 2024 goals reflect the 90th percentile

^ Lower Rate is Better

* Reflects an inverted rate

**90th percentile cut point not yet available; pending receipt of 2025 NCQA Quality Compass MEDICARE National Benchmarks, on which HPR cut points are based.

***No benchmark included in 2025 NCQA Quality Compass D-SNP National Benchmarks

N/A: Not available due to changes in reporting stratification or newly reported measure.

Performance Summary Keys:

↓	Indicates a decrease in the percentile ranking as compared to the previous measurement year. Each arrow down reflects a level of change in the percentile ranking. (e.g. a measure that went from the 75th percentile to the 50th percentile will display one down arrow)
↑	Indicates an increase in the percentile ranking as compared to the previous measurement year. Each arrow up reflects a level of change in the percentile ranking. (e.g. a measure that went from the 25th percentile to the 75th percentile will display two up arrows)
↔	Indicates no change in the percentile ranking as compared to the previous measurement year.