Office of the Patient Advocate (OPA)
California Health Care Quality Health Plan Report Card, 2019-20 Edition

Scoring Documentation for Public Reporting on HEDIS[1]
(Reporting Year 2019)

Background

Representing the interests of health plan and medical group members, the California Office of the Patient Advocate (OPA) publicly reports on health care quality. OPA published its first HMO Health Care Quality Report Card in 2001 and has since annually updated, enhanced and expanded the Report Cards on HMOs, PPOs and Medical Groups. The current version (2019-20 Edition) of the online Health Care Quality Report Cards is available at www.opa.ca.gov .

Performance results are reported at a health plan reporting unit level in the Health Plan Report Card. Ten (10) participating health plans report HMO Healthcare Effectiveness Data and Information Set (HEDIS®[2]) results.

        Aetna Health of California, Inc.
        Anthem Blue Cross of California
        Blue Shield of California
        CIGNA HealthCare of California, Inc.
        Health Net of California, Inc.
        Kaiser Foundation Health Plan of Northern California, Inc.
        Kaiser Foundation Health Plan of Southern California, Inc.
        Sharp Health Plan
        United Healthcare of California, Inc.
        Western Health Advantage

Six (6) participating health plans report PPO Healthcare Effectiveness Data and Information Set (HEDIS®) results.

        Aetna Health of California, Inc.
        Anthem Blue Cross of California
        Blue Shield of California
        CIGNA HealthCare of California, Inc.
        Health Net of California, Inc.
        United Healthcare Insurance Co., Inc.

Sources of Data for California Health Care Quality Report Cards

The 2019-20 Edition of the Report Cards is published in Fall 2019, using data reported in Reporting Year (RY) 2019 for performance in Measurement Year (MY) 2018. Data sources are:

1. **The National Committee for Quality Assurance's (NCQA) publicly reported HMO and PPO Healthcare Effectiveness Data and Information Set (HEDIS®)** and Consumer Assessment of

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[1] Also see the Scoring Methodology for the Health Plan Report Card patient experience ratings:
http://www.opa.ca.gov/Pages/AboutRatingsandMore.aspx

[2] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). HEDIS is a source for data contained in the California Health Care Quality Report Cards obtained from Quality Compass®2019 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2019 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA.

Healthcare Providers and Systems (CAHPS®[3]) commercial measure data. (HEDIS and CAHPS Methodology Descriptions in separate documents)

2. The Integrated Healthcare Association (IHA) Align. Measure. Perform. (AMP) Commercial HMO program's medical group clinical performance data. (Methodology Description in a separate document)

3. The Pacific Business Group on Health's (PBGH) Patient Assessment Survey's (PAS) patient experience data for medical groups. (Methodology Description in a separate document)

Health Plan HEDIS Methodology Process

1. **Methodology Decision Making Process**
   OPA conducts a multi-stakeholder process to determine the scoring methodology. Beginning with the 2013 Edition of the Report Cards, OPA enhanced its partnership with IHA's AMP Commercial HMO programs. IHA's Technical Measurement Committee (TMC) now serves as the primary advisory body to OPA regarding methodologies for the Health Plan Report Card for both HEDIS clinical and CAHPS patient experience data and the Medical Group Report Card clinical data. Comprised of representatives from health plans, medical groups, and health care purchaser organizations, TMC members are well-versed in issues of health care quality and patient experience measurement, data collection and public reporting. OPA's Health Care Quality Report Cards are a standing item at the TMC meetings.

   TMC Roster (2019)
   Chair: Michael-Anne Browne, MD, *Stanford Health Care*
   Alyson Spencer, *Blue Shield of California Promise Health Plan*
   Cheryl Damberg, PhD, *RAND*
   Chris Jioras, *Humboldt IPA*
   Christine Castano, MD, *HealthCare Partners*
   Dave Schweppe, *Kaiser Foundation Health Plan*
   Edward Yu, MD, *Sutter Palo Alto Medical Foundation*
   Eric Garthwaite, *Health Net*
   John Ford, MD, MPH, *Practicing Physician*
   Kenneth Phenow, MD, *Cigna*
   Leticia Schumann, *Anthem*
   Lindsey Galli, *PFCCpartners*
   Marnie Baker, MD, MPH, *MemorialCare Medical Group*
   Meg Durbin, MD, *Canopy Health*
   Rachel Brodie, *Pacific Business Group on Health*
   Ralph Vogel, PhD, *Kaiser Permanente*
   Ranyan Lu, PhD, *UnitedHealthcare*
   Tory Robinson, *Blue Shield of California*

   Please note that the methodology and display decisions made by OPA do not necessarily reflect the views of each organization on the advisory committee.

   Additionally, OPA values the opinions and perspectives of other stakeholders with interest and expertise in the field of healthcare quality measurement, data collection and display and, as such, welcomes questions and comments sent to OPAReportCard@ncqa.org.

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[3] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

2. **Stakeholder Preview and Corrections Period**
   Each year, prior to the public release of the OPA Report Cards, all participating health plans and medical groups are invited to preview the Health Care Quality Report Cards. Health plans and medical groups are given access to a test web site with updated results and given several days to review their data and submit corrections and questions regarding the data and methodology to OPA and its contractors. If an error in the data is identified within the given time period, it is corrected prior to the public release of the OPA Report Cards.

Health Plan HEDIS Scoring Methodology

There are three levels of measurement:

1. **HEDIS Measures**: There are forty-one (41) HMO and PPO commercial HEDIS measures.

2. **Topic**: There are nine composite condition topic areas composed of thirty-nine (39) commercial HEDIS measures.

3. **Category**: There is one composite category, "Quality of Medical Care," which is the aggregated All-HEDIS summary performance score composed of thirty-nine (39) commercial HEDIS measures.

See Appendix A for mapping of HEDIS measures to the one category and nine topics for HMOs and PPOs.

Performance Grading

HMOs and PPOs are graded relative to nationwide performance for HEDIS measures for "Quality of Medical Care". All the performance results are expressed such that a higher score means better performance. Based on relative performance, plans are assigned star ratings for category and topic composites.

Star rating performance grading is based on the NCQA RY 2018 Quality Compass® All Lines of Business (Health Maintenance Organization-HMO, Point of Service-POS and Preferred Provider Organization-PPO) benchmarks. Quality Compass RY 2019 values are used to grade performance for new or revised measures.

1. **Composite Calculation for Category and Topic Scoring**
   Composite calculation for category and topic scoring for clinical quality measures are very similar:

   a) **To calculate the category level composite, "Quality of Medical Care":** Calculate the mean of all HEDIS measures displayed under "Quality of Medical Care", except for *Doctor Advises Patient to Quit Smoking* and *Preventing Hospital Readmission After Discharge*. All measures are equally weighted, after the five blended measures are combined (see Section 4). The resulting rate is not rounded, though a 0.5 point buffer is added to the raw mean score. This sum (raw mean + 0.5) is used to assign the star rating performance grade.

   b) **To calculate the topic level composites**: Measures are organized into each of the nine condition topics. A mean score is calculated for each topic by summing the

proportional rates for each measure within the topic and dividing by the number of measures. The measures are equally weighted within each of the nine condition topics, after any blended measures are combined (see Section 4). The resulting rate is not rounded, though a 0.5 point buffer is added to the raw mean score. This sum (raw mean + 0.5) is used to assign the star rating performance grade.

2. **Individual Measure Scoring**
   a) The HEDIS individual measure scores are calculated as proportional rates using the numerators and denominators that are reported per the NCQA measurement requirements. Measures will be dropped from star rating calculations and benchmarks if at least 50% of California plans cannot report a valid rate. Rates will be reported for all plans with valid rates, regardless of whether a particular measure has been dropped from a star rating calculation due to less than 50% of California plans having a valid rate.

   b) The HEDIS measure results are converted to a score using the following formula:
      (HEDIS measure numerator/HEDIS measure denominator)*100

3. **Handling Missing Data**
   Not all health plans are able to report valid rates for each measure. In order to calculate category and topic star ratings for as many health plans as possible, missing measure data is imputed under specific conditions using an adjusted half-scale rule. This is accomplished by developing an actual measure-level-imputed-result for plans with missing data and using those results for star calculations. Imputed results are not reported as an individual measure rate. If a plan is able to report valid rates for at least half of its measures in a topic or category composite rating, then missing values will be replaced using an adjusted half-scale rule for all missing measures to calculate the composite score. Because eligibility for missing value re-assignment (imputation) is assessed independently at the category and topic levels, it is possible to have a category score even if topic or measure scores are missing.

4. **Two Component Measure Scoring**
   a) The following measures are comprised of two interval component measures each – the same patients are included in each denominator respectively and the two events capture services provided along a continuum of care. Although the two results are displayed individually within their respective topic, the results are blended using an equal 50/50 weight and counted only one time in topic and category star ratings.

      i. Alcohol/drug dependent treatment (initiation and engagement phases)
      ii. Chronic obstructive pulmonary disease (COPD) exacerbation care (corticosteroid and bronchodilator prescriptions)
      iii. Follow-up care for children with Attention Deficit/Hyperactivity Disorder (ADHD) medication (initiation and continuation phases)
      iv. Anti-depressant medication management (acute and continuation phases)
      v. Follow-up after hospitalization for mental illness (seven and 30-day follow-up)

   b) The following two measures have two age cohorts that are scored, reported and used to calculate topic and category star ratings separately:

      i. Asthma medications age 12-18 and Asthma medications age 19-64 are combined

to form the 12-64 age band.
　　ii. Body mass index (BMI) children age 3-11 and body mass index (BMI) adolescents age 12-17 are reported separately.

6. Changes from the 2018-19 Edition Report Card to the 2019-20 Edition Report Card and Notes
　　a) There were no measure additions or retirements for the Health Plan Report Card for the 2019 reporting year.

　　b) The Health Plan Report Card now has an upgraded filter menu that allows the user to apply multiple filters to help narrow search results. The filter is accessible by selecting the "Filter Menu" button on the left side of the Health Plan Report Card landing page.

7. Calculate Percentiles
　　a) One of five star rating grades is assigned to each of the nine topics and to the "Quality of Medical Care" category using the cutpoints shown in Table 1. Four cutpoints are used to calculate the performance grades. Cutpoints were calculated per the NCQA RY 2018 Quality Compass® All Lines of Business (Health Maintenance Organization-HMO, Point of Service-POS and Preferred Provider Organization-PPO)

　　b) The cutpoints are calculated by summing the nationwide scores for the respective percentile value for each measure in a given topic. In turn, the measure-specific percentile scores are summed and an average score is calculated for each of the four cutpoints for that topic.

8. From Percentiles to Stars
　　a) Health plan performance in MY 2018 (RY 2019) is graded against score thresholds derived from MY 2017 (RY 2018) data. There are four thresholds corresponding to five-star rating assignments. If a topic or category composite rate meets or exceeds the "Excellent" thresholds, the plan is assigned a rating of five stars. If a topic or category composite rate meets or exceeds the "Very Good" threshold (but is less than the "Excellent" threshold) then the plan is given a rating of four stars. If a topic or category composite rate meets or exceeds the "Good" threshold (but is less than the "Very Good" threshold) then the plan is given a rating of three stars. If a topic or category composite rate meets or exceeds the "Fair" threshold (but is less than the "Good" threshold) then the plan is given a rating of two stars. Topic or category scores that are less than the two-star "Fair" threshold result in a rating of one star, "Poor".

　　b) The grade spans vary for each of the nine condition topics listed in Table 1:

Top cutpoint:	90th percentile nationwide
Middle-high cutpoint:	65th percentile nationwide
Middle-low cutpoint:	35th percentile nationwide
Low cutpoint:	10th percentile nationwide

Table 1: HEDIS Performance Cutpoints for the 2019-20 Edition of the Health Plan Report Card

	Number of Measures Included	Excellent Cutpoint 90th percentile	Very Good Cutpoint 65th percentile	Good Cutpoint 35th percentile	Fair Cutpoint 10th percentile	Poor Cutpoint <10th percentile
Condition Topics						
Appropriateness of Tests, Treatments and Procedures	2	64	55	50	44	<44
Asthma and Lung Disease Care*	5	78	73	69	63	<63
Diabetes Care	6	77	71	645	49	<49
Heart Care	3	85	79	74	66	<66
Maternity Care	2	90	83	76	51	<51
Behavioral and Mental Health*	6	56	50	45	38	<38
Preventive Screenings	4	74	66	61	54	<54
Treating Adults	4	84	78	73	58	<58
Treating Children*	7	70	61	53	33	<33
All HEDIS Summary Category						
Quality of Medical Care*	39	75	68	62	50	<50

The Asthma and Lung Disease Care, Behavioral and Mental Health and Treating Children Topics, as well as the Quality of Medical Care All HEDIS Summary Category, contain two-interval component measures, as described in section 4.a. These measures are counted as two measures in Table 1 but are blended together prior to calculation of the topic or category composite; the blended rate is weighted once in the topic and category calculations.

    c) Using the example of "Quality of Medical Care" category, four cutpoints are used to define five performance grades:

        <u>Quality of Medical Care</u>
        75 Excellent
        68 Very Good
        62 Good
        50 Fair
        <50 Poor

    d) A buffer zone of a half-point (0.5) span is applied to the category and topic ratings. Any health plan whose score is in the buffer zone that is 0.5 point below the grade cutpoint is assigned the next highest category grade. For example, an All-HEDIS® summary score of 49.5 would be assigned a grade of "Fair". A score of 49.4, which is outside of the buffer zone, would be assigned a grade of "Poor".

9. **Risk Adjustment**
   NCQA's Committee on Performance Measurement and its Board of Directors determined that risk adjustment would not be appropriate for HEDIS measures because the processes and outcomes being measured should be achieved, regardless of the nature of the population.

   Preventing Hospital Readmission After Discharge is one such measure that incorporates risk-adjustment into its calculation. Because of this, it is not considered as part of the topic or category rating calculations. The rate is calculated by taking a plan's observed-to-expected (O/E) ratio and dividing it by the average of O/E rates for each plan type (HMO and PPO separately), resulting in a new ratio, calibrated to the plans in which it will be measured against. This new calibrated ratio is then multiplied by the average observed rate of readmissions for the same group of plans (HMO or PPO). This rate is then inverted and rounded to the nearest whole number, for ease of consumer display.

$$\text{Performance rate} = 100 - \left(\left(\frac{\text{plan O/E ratio}}{\text{average of O/E ratio}} \right) * \text{average rate} \right)$$

Appendix A - Mapping of HEDIS Measures to Category and Topics

Topic	HEDIS Measure Abbreviation	HEDIS Measure Name	OPA Measure Name	Definition
Appropriateness of Tests, Treatments and Procedures	AAB	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	Treating Bronchitis: Getting the Right Care	% of adults ages 18-64 who have acute bronchitis who were <u>not</u> given an antibiotic; medicines that often don't work for these short-term bronchial inflammations
	LBP	Use of Imaging Studies for Low Back Pain	Testing for Cause of Back Pain	% of adults age 18-50 who did not receive imaging studies (plain x-ray, MRI, CT scan) for acute low back pain (reverse scored)
Asthma and Lung Disease Care	AMR	Asthma Medication Ratio, 5-11 years	Asthma Medicines for Children	% of children ages 5-11 with asthma who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater
	AMR	Asthma Medication Ratio, 12-64 years	Asthma Medicines for Adults/Adolescents	% of adolescents/adults ages 12-64 with asthma who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater
	PCE	Pharmacotherapy Management of COPD Exacerbation: Corticosteroid	Treating Lung Disease - Corticosteroid	% of adults age 40 or older with Chronic Obstructive Pulmonary Disease (COPD) who had worsening of symptoms indicated by a hospitalization or ED visit who were dispensed systemic corticosteroid within 14 days
	PCE	Pharmacotherapy Management of COPD Exacerbation: Bronchodilator	Treating Lung Disease - Bronchodilator	% of adults age 40 or older with COPD who had worsening symptoms indicated by a hospitalization or ED visit and were a) dispensed systemic corticosteroid within 14 days and b) dispensed a bronchodilator within 30 days

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Topic	HEDIS Measure Abbreviation	HEDIS Measure Name	OPA Measure Name	Definition
	SPR	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Testing Lung Disease	% of adults age 40 or older newly diagnosed with COPD who received a spirometry test to confirm the diagnosis
Diabetes Care	CDC	Comprehensive Diabetes Care: Eye Exam	Eye Exam for People with Diabetes	% of patients with diabetes who had a retinal eye exam in last year
	CDC	Comprehensive Diabetes Care: HbA1c Testing	Testing Blood Sugar for People with Diabetes	% of patients with diabetes who had an HbA1c test in last year
	CDC	Comprehensive Diabetes Care: HbA1c Control	Controlling Blood Sugar for People with Diabetes	% of patients with diabetes with HbA1c <= 8.0%
	CDC	Comprehensive Diabetes Care: Monitoring Diabetic Nephropathy	Testing Kidney Function for People with Diabetes	% of patients with diabetes who had nephropathy screening test in last year
	CDC	Comprehensive Diabetes Care: Blood Pressure Control	Controlling Blood Pressure for People with Diabetes	% of patients with diabetes whose blood pressure level (<140/90) was controlled
	SPD	Statin Therapy for Patients with Diabetes	Prescribing Statins to People with Diabetes	% of patients age 40-75 with diabetes who were prescribed at least one statin medication in the last year

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Topic	HEDIS Measure Abbreviation	HEDIS Measure Name	OPA Measure Name	Definition
Heart Care	CBP	Controlling High Blood Pressure	Controlling High Blood Pressure	% of adults ages 18-85 who are diagnosed with hypertension and whose blood pressure was controlled (<140/90)
	PBH	Persistence of Beta-Blocker Treatment After a Heart Attack	Heart Attack Medication	% of persons age 18 and older hospitalized for a heart attack who received beta blocker medication through a 6 month period post event
	SPC	Statin Therapy for Patients with Cardiovascular Disease	Prescribing Statins to People with Heart Disease	% of patients ages 21-75 (male) and 40-75 (female) with heart disease who were given at least one statin medication during the last year
Maternity Care	PPC	Prenatal and Postpartum Care: Prenatal	Visits During Pregnancy	% of pregnant women who began prenatal care during first 13 weeks of pregnancy
	PPC	Prenatal and Postpartum Care: Postpartum	Visits After Giving Birth	% of women who had a live birth who had a postpartum visit between 21-56 days after delivery
Preventive Screenings	COL	Colorectal Cancer Screening	Colorectal Cancer Screening	% of adults ages 51-75 who were tested for colorectal cancer using any one of four tests
	BCS	Breast Cancer Screening	Breast Cancer Screening	% of women ages 42-69 who had a mammogram during past two years
	CCS	Cervical Cancer Screening	Cervical Cancer Screening	% of women ages 24-64 who had a Pap test during past three years
	CHL	Chlamydia Screening in Women	Chlamydia Screening	% of sexually active women ages 16-24 who were screened for chlamydia in prior year

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Behavioral and Mental Health	IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: 14 Days	Alcohol & Drug Dependence Treatment – Initiation Phase	% of adolescents and adults (age 13 or older) diagnosed with alcohol and other drug (AOD) dependence who initiated treatment within 14 days after the initiation of AOD treatment
	IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: 30 Days	Alcohol & Drug Dependence Treatment – Ongoing Phase	% of adolescents and adults (age 13 or older) diagnosed with alcohol and other drug (AOD) dependence who a) initiated treatment and b) had two or more additional AOD services within 30 days after the initiation of AOD treatment
	FUH	Follow-Up After Hospitalization for Mental Illness: 7 Days	Follow-up Visit Within 7 Days After Mental Illness Hospital Stay	% of patients age 6 or older who were hospitalized for a mental illness who had an outpatient visit with a mental health provider within 7 days after discharge
	FUH	Follow-Up After Hospitalization for Mental Illness: 30 Days	Follow-up Visit Within 30 Days After Mental Illness Hospital Stay	% of patients age 6 or older who were hospitalized for a mental illness who had an outpatient visit with a mental health provider within 30 days after discharge
	AMM	Antidepressant Medication Management: Acute Phase	Anti-depressant Medication — First Three Months of Treatment	% of depressed patients who remained on antidepressant medication for the 12-week acute treatment phase
	AMM	Antidepressant Medication Management: Continuation Phase	Anti-depressant Medication — Six Months Continuation of Treatment	% of depressed patients who remained on antidepressant medication for the six-month continuation phase

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Treating Adults	ART	Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy for Rheumatoid Arthritis	Treating Arthritis With Medications	% of patients age 18 and older diagnosed with rheumatoid arthritis who have had at least one prescription for DMARD drug during measurement year
	MPM	Annual Monitoring for Patients on Persistent Medications	Giving Lab Tests for Patients Taking Medications for a Long Time	% of patients age 18 and older who received at least a 180-day supply of any of a set of designated drugs and had two therapeutic monitoring tests during the measurement year (at least one serum potassium and either a serum creatinine or a blood urea nitrogen test)
	FVA	Flu Vaccinations for Adults Ages 18–64 (CAHPS survey reported as clinical care)	Flu Shots for Adults	% of members ages 50-64 who received an influenza vaccination between September 1 and date survey was completed
	ABA	Adult BMI Assessment	Checking if Weight Could Cause Health Problems	% of members ages 18-74 who had an outpatient visit who had their body mass index (BMI) documented in the past 2 years

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Topic	HEDIS Measure Abbreviation	HEDIS Measure Name	OPA Measure Name	Definition
Treating Children	CIS	Childhood Immunizations (Combination 10)	Immunizations for Children	% of children who by their 2nd birthday received designated measles, mumps, rubella (MMR); H influenza type B (HiBs); chicken pox (Varicella); diphtheria, tetanus, acellular pertussis (DtaP/DT); polio (IPV); hepatitis B (HepB), pneumococcal conjugate (PCV) vaccinations, hepatitis A (HepA), rotavirus and influenza vaccinations (Combo 10)
	IMA	Immunizations for Adolescents	Immunizations for Early Teens	% of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (TdaP) and completed the HPV vaccine series by their 13th birthday
	CWP	Appropriate Testing for Children With Pharyngitis	Treating Children with Throat Infections	% of children ages 2-18 who were diagnosed with pharyngitis (throat infection) and given an antibiotic medication and who were first tested for strep throat
	ADD	Follow-Up Care for Children Prescribed ADHD Medication – Initiation Phase	Starting Care for Attention Deficit Disorder	% of children ages 6-12 who were prescribed an ADHD medication and had a follow-up visit with a practitioner during the 30-day Initiation Phase
	ADD	Follow-Up Care for Children Prescribed ADHD Medication Continuation Phase	Ongoing Care for Attention Deficit Disorder Phase	% of children ages 6-12 who were prescribed an ADHD medication, remained on the medication for at least 210 days and had two follow-up visits within the 9 month- Continuation/Maintenance Phase

Treating Children, continued	WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents: Ages 3-11	Checking if Children's Weight Could Cause Health Problems	% of children ages 3-11 (numerator 1) who had a visit with their regular doctor (PCP/ob-gyn) and had their body mass index (BMI) documented during the past year
	WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents: Ages 12-17	Checking if Adolescent Weight Could Cause Health Problems	% of children ages 12-17 (numerator 2) who had a visit with their regular doctor (PCP/ob-gyn) and had their body mass index (BMI) checked in the past year
Preventing Hospital Readmission After Discharge	PCR*	Plan All Cause Readmissions	Preventing Hospital Readmission After Discharge	For members 18 years of age and older, the number of acute inpatient hospital stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.
Doctor Advises Patient to Quit Smoking	MSC†	Medical Assistance With Smoking and Tobacco Use Cessation (CAHPS survey reported as clinical care)	Doctor Advises Patient to Quit Smoking	In the last 12 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan

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* Preventing Hospital Readmission After Discharge and Doctor Advises Patient to Quit Smoking measures are reported as stand-alone measures, and not included in a topic score or the All-HEDIS Summary Performance Score "Quality of Medical Care".