
HEDIS® 1999 (Summary) Documentation for Reporting Year 1998

General Information

This documentation presents (1) a description of each HEDIS® measure that CMS collected for 322 Medicare managed care contract markets on health care provided in calendar year 1998 to Medicare beneficiaries and (2) the location of the rates associated with each HEDIS measure within the HEDIS workbook (HEDIS1999.XLS). CMS took the description and additional information for each measure from HEDIS 1999 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 has made minor modifications to the original data. CMS confirmed that all reported rates are commensurate with the HEDIS general guidelines. For example, the HEDIS guidelines advise plans to report "not applicable" for measures that rely on a small number of observations, and CMS appropriately suppressed these rates. CMS also added two variables to the database. A brief discussion of each issue identified here appears below.

For this reporting year, CMS required that all managed care organizations undergo an audit on selected HEDIS measures. The audited measures are: Antidepressant Medication Management, Cholesterol Management after Acute Cardiovascular Events, Breast Cancer Screening, Beta Blocker Treatment after a Heart Attack, Eye Exams for People with Diabetes, Adults' Access to Preventive/Ambulatory Health Services, Practitioner Turnover, Frequency of Selected Procedures, Board Certification. The summary data file includes all submitted data and includes both audited and unaudited data. For more information on the CMS reporting requirements for this reporting year, review Operational Policy Letter 78 (OPL99.078), and is included in this public use file package. Please note that in the OPL, CMS is referred to by our old name HCFA.

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The Medicare HEDIS reporting unit is a "contract market"

In 1999, CMS collected 322 HEDIS submissions from Medicare managed care plans for health care delivered in 1998. The reporting unit for CMS is a "contract market." CMS signs contracts with health plans to provide health care for a given geographic area. A contract market is usually the entire contract area. However, CMS did not believe that HEDIS results would adequately represent local health care when a contract covers a large geographic region with high enrollment. For this reason, CMS broke large contracts covering several areas with high enrollment into smaller "market areas" containing at least 5,000 beneficiaries. The 322 submissions by contract market represent 292 contracts. The "GENERAL" sheet in the HEDIS workbook identifies the state and counties for each submission. If the submission is a "market area," the city designation appears next to the state. For example, the state variable for a contract in Ohio with two market areas might appear as "OH: Eastern Ohio" and "OH: Western & Southern Ohio."

CMS collected most data at the contract market level. However, some reported information, such as financial data reflects the health plan, which could administer several contracts. This documentation indicates the reporting level for each measure.

CMS copied the description of each measure from the HEDIS Technical Specifications

The description and related information provided for each measure in this documentation are taken from the HEDIS 1999 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. As opposed to the Beta Blocker measure described below, the calculation of the measure for the number of years a plan has had a commercial product is fairly straightforward. The

technical specifications necessary to produce HEDIS measures are available from NCQA in HEDIS 1999, Volume 2: Technical Specifications."

The specifications for Beta Blocker Treatment After Heart Attack demonstrate the extent of detailed instructions provided for many measures. For this measure, the specifications describe the unit of measurement (members vs. procedures or discharges); data sources used to identify the numerator and denominator (membership, claims/encounter, hospital discharge, and pharmacy data); the period of time under consideration (the reporting year); age ranges for member inclusion in the measure (35 and older); diagnosis codes to identify acute myocardial infarction (AMI); diagnosis codes to identify exclusions for beta blocker; a list of beta blocker prescriptions; appropriate sample size if the plan chooses to use a sample; and other instructions, such as the appropriate interpretation of two AMI episodes for an individual member.

HEDIS Guidelines identify two types of missing values: NA and NR

The HEDIS guidelines distinguish between two different types of missing values in the rate field: Not Applicable (NA) and Not Report (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.)

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 1000 member years), material bias exists if the number of counted procedures deviates by more than ten percent from the true number of procedures.

CMS suppressed a small number of rates to meet privacy requirements.

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 reported enrollment by age category, and has suppressed an extremely small number of rates. CMS has replaced suppressed rates with a 'NA.' Please see the section on missing values above for an explanation of missing value designations.

CMS has added variables to the HEDIS data.

In the HEDIS 3.0 files for Reporting Year 1996, we included two additional variables that proved useful in assessment of the data. The first, our record of enrollment as of December for the measurement year, is still included 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. CMS's enrollment is now broken down by the number enrolled in the market area. The second additional variable identified those plans with four or more years previous experience reporting HEDIS data. This variable was not provided to CMS by NCQA, so it was discontinued from this report. The Alternate Plan Name and Plan Short Name were also not provided and have been dropped from the "GENERAL" sheet. We have included the Balanced Budget Amendment plan type designations as well as indicators if the contract is a Medicare Plus Choice and Coordinated Care Plan type. These values can be found on the "GENERAL" sheet.

We have also changed the way we are reporting the area served by each contract. The states served by each contract used to be reported within every measure. Since this data is constant for the measurement year and the size of the areas covered by each contract have increased dramatically, we have moved the area served into its own separate reports. You will find a separate sheet called "Service Area" in the HEDIS workbook which contains the contract, state(s) and counties served by the contracts reporting HEDIS. There is additional field "EGHP" which indicates if the county is available only to beneficiaries in Employer Groups. The old "Service State" field in each measure now just lists the Market Area served by the contract for the contracts still reporting by market area.

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 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 contracts with a valid numeric rate in the measure

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

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

En_x = Enrollment in the last contract with a valid numeric rate

Sn_x = Reported rate for the last contract with a valid numeric rate

Measure Measure Name/Measure Description/Field Name/Field Description

AOC201 – Adults' Access to Preventive/Ambulatory Health Services

DESCRIPTION - The percentage of Medicaid, commercial and enrollees age 20 through 44, 45 through 64 and 65 years and older as of December 31 of the reporting year who have had an ambulatory or preventive care visit. Nine separate rates will be calculated: one for each of the three age groups. Report the percentage of:

- Medicaid and Medicare enrollees who were continuously enrolled during the reporting year and who had ambulatory or preventive-care visit during the reporting year.
- Commercial enrollees who were continuously enrolled during the reporting year and the two calendar years preceding the reporting year and who had an ambulatory or preventive-care visit during year or the two calendar years preceding the reporting year. (HEDIS 1999, Volume 2: Technical Specification, Pg. 129)

REPORTING LEVEL - Contract Market

AOC201-0010 Rate (Ages 20-44)

AOC201-0020 Rate (Ages 45-64)

AOC201-0030 Rate (Ages 65 and older)

AOC209a – Availability of Language Interpretation Services

DESCRIPTION - Health plans should complete two tables for this measure: (Part 1 of 3)

A description of out-of-plan interpreter services secured during the reporting year for Medicaid, commercial and Medicare members. (HEDIS 1999, Volume 2: Technical Specification, Pg. 150)

REPORTING LEVEL - Contract Market

AOC209-0010	Out-of-Plan interpreter services secured during the reporting year - Language 1 (Language)
AOC209-0020	Out-of-Plan interpreter services secured during the reporting year - Language 1 (Interpreter Services)
AOC209-0030	Out-of-Plan interpreter services secured during the reporting year - Language 1 (Description)
AOC209-0040	Out-of-Plan interpreter services secured during the reporting year - Language 1 (Type of Agreement)
AOC209-0050	Out-of-Plan interpreter services secured during the reporting year - Language 1 (Restrictions on Availability)
AOC209-0060	Out-of-Plan interpreter services secured during the reporting year - Language 2 (Language)
AOC209-0070	Out-of-Plan interpreter services secured during the reporting year - Language 2 (Interpreter Services)
AOC209-0080	Out-of-Plan interpreter services secured during the reporting year - Language 2 (Description)
AOC209-0090	Out-of-Plan interpreter services secured during the reporting year - Language 2 (Type of Agreement)
AOC209-0100	Out-of-Plan interpreter services secured during the reporting year - Language 2 (Restrictions on Availability)
AOC209-0110	Out-of-Plan interpreter services secured during the reporting year - Language 3 (Language)
AOC209-0120	Out-of-Plan interpreter services secured during the reporting year - Language 3 (Interpreter Services)
AOC209-0130	Out-of-Plan interpreter services secured during the reporting year - Language 3 (Description)
AOC209-0140	Out-of-Plan interpreter services secured during the reporting year - Language 3 (Type of Agreement)
AOC209-0150	Out-of-Plan interpreter services secured during the reporting year - Language 3 (Restrictions on Availability)
AOC209-0160	Out-of-Plan interpreter services secured during the reporting year - Language 4 (Language)
AOC209-0170	Out-of-Plan interpreter services secured during the reporting year - Language 4 (Interpreter Services)
AOC209-0180	Out-of-Plan interpreter services secured during the reporting year - Language 4 (Description)
AOC209-0190	Out-of-Plan interpreter services secured during the reporting year - Language 4 (Type of Agreement)
AOC209-0200	Out-of-Plan interpreter services secured during the reporting year - Language 4 (Restrictions on Availability)
AOC209-0210	Out-of-Plan interpreter services secured during the reporting year - Language 5 (Language)
AOC209-0220	Out-of-Plan interpreter services secured during the reporting year - Language 5 (Interpreter Services)
AOC209-0230	Out-of-Plan interpreter services secured during the reporting year - Language 5 (Description)
AOC209-0240	Out-of-Plan interpreter services secured during the reporting year - Language 5 (Type of Agreement)

Measure Measure Name/Measure Description/Field Name/Field Description

AOC209-0250	Out-of-Plan interpreter services secured during the reporting year - Language 5 (Restrictions on Availability)
AOC209-0260	Out-of-Plan interpreter services secured during the reporting year - Language 6 (Language)
AOC209-0270	Out-of-Plan interpreter services secured during the reporting year - Language 6 (Interpreter Services)
AOC209-0280	Out-of-Plan interpreter services secured during the reporting year - Language 6 (Description)
AOC209-0290	Out-of-Plan interpreter services secured during the reporting year - Language 6 (Type of Agreement)
AOC209-0300	Out-of-Plan interpreter services secured during the reporting year - Language 6 (Restrictions on Availability)
AOC209-0310	Out-of-Plan interpreter services secured during the reporting year - Language 7 (Language)
AOC209-0320	Out-of-Plan interpreter services secured during the reporting year - Language 7 (Interpreter Services)
AOC209-0330	Out-of-Plan interpreter services secured during the reporting year - Language 7 (Description)
AOC209-0340	Out-of-Plan interpreter services secured during the reporting year - Language 7 (Type of Agreement)
AOC209-0350	Out-of-Plan interpreter services secured during the reporting year - Language 7 (Restrictions on Availability)
AOC209-0360	Out-of-Plan interpreter services secured during the reporting year - Language 8 (Language)
AOC209-0370	Out-of-Plan interpreter services secured during the reporting year - Language 8 (Interpreter Services)
AOC209-0380	Out-of-Plan interpreter services secured during the reporting year - Language 8 (Description)
AOC209-0390	Out-of-Plan interpreter services secured during the reporting year - Language 8 (Type of Agreement)
AOC209-0400	Out-of-Plan interpreter services secured during the reporting year - Language 8 (Restrictions on Availability)
AOC209-0410	Out-of-Plan interpreter services secured during the reporting year - Language 9 (Language)
AOC209-0420	Out-of-Plan interpreter services secured during the reporting year - Language 9 (Interpreter Services)
AOC209-0430	Out-of-Plan interpreter services secured during the reporting year - Language 9 (Description)
AOC209-0440	Out-of-Plan interpreter services secured during the reporting year - Language 9 (Type of Agreement)
AOC209-0450	Out-of-Plan interpreter services secured during the reporting year - Language 9 (Restrictions on Availability)
AOC209-0460	Out-of-Plan interpreter services secured during the reporting year - Language 10 (Language)
AOC209-0470	Out-of-Plan interpreter services secured during the reporting year - Language 10 (Interpreter Services)
AOC209-0480	Out-of-Plan interpreter services secured during the reporting year - Language 10 (Description)
AOC209-0490	Out-of-Plan interpreter services secured during the reporting year - Language 10 (Type of Agreement)
AOC209-0500	Out-of-Plan interpreter services secured during the reporting year - Language 10 (Restrictions on Availability)

AOC209b – Availability of Language Interpretation Services

DESCRIPTION - Health plans should complete two tables for this measure: (Part 2 of 3)

A description of out-of-plan interpreter services secured during the reporting year for Medicaid, commercial and Medicare members.
(HEDIS 1999, Volume 2: Technical Specification, Pg. 150)

REPORTING LEVEL - Contract Market

AOC209-0510	Out-of-Plan interpreter services secured during the reporting year - Language 11 (Language)
AOC209-0520	Out-of-Plan interpreter services secured during the reporting year - Language 11 (Interpreter Services)
AOC209-0530	Out-of-Plan interpreter services secured during the reporting year - Language 11 (Description)
AOC209-0540	Out-of-Plan interpreter services secured during the reporting year - Language 11 (Type of Agreement)
AOC209-0550	Out-of-Plan interpreter services secured during the reporting year - Language 11 (Restrictions on Availability)
AOC209-0560	Out-of-Plan interpreter services secured during the reporting year - Language 12 (Language)
AOC209-0570	Out-of-Plan interpreter services secured during the reporting year - Language 12 (Interpreter Services)
AOC209-0580	Out-of-Plan interpreter services secured during the reporting year - Language 12 (Description)
AOC209-0590	Out-of-Plan interpreter services secured during the reporting year - Language 12 (Type of Agreement)
AOC209-0600	Out-of-Plan interpreter services secured during the reporting year - Language 12 (Restrictions on Availability)
AOC209-0610	Out-of-Plan interpreter services secured during the reporting year - Language 13 (Language)
AOC209-0620	Out-of-Plan interpreter services secured during the reporting year - Language 13 (Interpreter Services)
AOC209-0630	Out-of-Plan interpreter services secured during the reporting year - Language 13 (Description)
AOC209-0640	Out-of-Plan interpreter services secured during the reporting year - Language 13 (Type of Agreement)
AOC209-0650	Out-of-Plan interpreter services secured during the reporting year - Language 13 (Restrictions on Availability)
AOC209-0660	Out-of-Plan interpreter services secured during the reporting year - Language 14 (Language)
AOC209-0670	Out-of-Plan interpreter services secured during the reporting year - Language 14 (Interpreter Services)
AOC209-0680	Out-of-Plan interpreter services secured during the reporting year - Language 14 (Description)
AOC209-0690	Out-of-Plan interpreter services secured during the reporting year - Language 14 (Type of Agreement)
AOC209-0700	Out-of-Plan interpreter services secured during the reporting year - Language 14 (Restrictions on Availability)
AOC209-0710	Out-of-Plan interpreter services secured during the reporting year - Language 15 (Language)
AOC209-0720	Out-of-Plan interpreter services secured during the reporting year - Language 15 (Interpreter Services)
AOC209-0730	Out-of-Plan interpreter services secured during the reporting year - Language 15 (Description)
AOC209-0740	Out-of-Plan interpreter services secured during the reporting year - Language 15 (Type of Agreement)

Measure Measure Name/Measure Description/Field Name/Field Description

AOC209-0750	Out-of-Plan interpreter services secured during the reporting year - Language 15 (Restrictions on Availability)
AOC209-0760	Out-of-Plan interpreter services secured during the reporting year - Language 16 (Language)
AOC209-0770	Out-of-Plan interpreter services secured during the reporting year - Language 16 (Interpreter Services)
AOC209-0780	Out-of-Plan interpreter services secured during the reporting year - Language 16 (Description)
AOC209-0790	Out-of-Plan interpreter services secured during the reporting year - Language 16 (Type of Agreement)
AOC209-0800	Out-of-Plan interpreter services secured during the reporting year - Language 16 (Restrictions on Availability)
AOC209-0810	Out-of-Plan interpreter services secured during the reporting year - Language 17 (Language)
AOC209-0820	Out-of-Plan interpreter services secured during the reporting year - Language 17 (Interpreter Services)
AOC209-0830	Out-of-Plan interpreter services secured during the reporting year - Language 17 (Description)
AOC209-0840	Out-of-Plan interpreter services secured during the reporting year - Language 17 (Type of Agreement)
AOC209-0850	Out-of-Plan interpreter services secured during the reporting year - Language 17 (Restrictions on Availability)
AOC209-0860	Out-of-Plan interpreter services secured during the reporting year - Language 18 (Language)
AOC209-0870	Out-of-Plan interpreter services secured during the reporting year - Language 18 (Interpreter Services)
AOC209-0880	Out-of-Plan interpreter services secured during the reporting year - Language 18 (Description)
AOC209-0890	Out-of-Plan interpreter services secured during the reporting year - Language 18 (Type of Agreement)
AOC209-0900	Out-of-Plan interpreter services secured during the reporting year - Language 18 (Restrictions on Availability)
AOC209-0910	Out-of-Plan interpreter services secured during the reporting year - Language 19 (Language)
AOC209-0920	Out-of-Plan interpreter services secured during the reporting year - Language 19 (Interpreter Services)
AOC209-0930	Out-of-Plan interpreter services secured during the reporting year - Language 19 (Description)
AOC209-0940	Out-of-Plan interpreter services secured during the reporting year - Language 19 (Type of Agreement)
AOC209-0950	Out-of-Plan interpreter services secured during the reporting year - Language 19 (Restrictions on Availability)
AOC209-0960	Out-of-Plan interpreter services secured during the reporting year - Language 20 (Language)
AOC209-0970	Out-of-Plan interpreter services secured during the reporting year - Language 20 (Interpreter Services)
AOC209-0980	Out-of-Plan interpreter services secured during the reporting year - Language 20 (Description)
AOC209-0990	Out-of-Plan interpreter services secured during the reporting year - Language 20 (Type of Agreement)
AOC209-1000	Out-of-Plan interpreter services secured during the reporting year - Language 20 (Restrictions on Availability)

AOC209c – Availability of Language Interpretation Services

DESCRIPTION - Health plans should complete two tables for this measure: (Part 3 of 3)

A description of out-of-plan interpreter services secured during the reporting year for Medicaid, commercial and Medicare members.
(HEDIS 1999, Volume 2: Technical Specification, Pg. 150)

REPORTING LEVEL - Contract Market

AOC209-1010	Out-of-Plan interpreter services secured during the reporting year - Language 21 (Language)
AOC209-1020	Out-of-Plan interpreter services secured during the reporting year - Language 21 (Interpreter Services)
AOC209-1030	Out-of-Plan interpreter services secured during the reporting year - Language 21 (Description)
AOC209-1040	Out-of-Plan interpreter services secured during the reporting year - Language 21 (Type of Agreement)
AOC209-1050	Out-of-Plan interpreter services secured during the reporting year - Language 21 (Restrictions on Availability)
AOC209-1060	Out-of-Plan interpreter services secured during the reporting year - Language 22 (Language)
AOC209-1070	Out-of-Plan interpreter services secured during the reporting year - Language 22 (Interpreter Services)
AOC209-1080	Out-of-Plan interpreter services secured during the reporting year - Language 22 (Description)
AOC209-1090	Out-of-Plan interpreter services secured during the reporting year - Language 22 (Type of Agreement)
AOC209-1100	Out-of-Plan interpreter services secured during the reporting year - Language 22 (Restrictions on Availability)
AOC209-1110	Out-of-Plan interpreter services secured during the reporting year - Language 23 (Language)
AOC209-1120	Out-of-Plan interpreter services secured during the reporting year - Language 23 (Interpreter Services)
AOC209-1130	Out-of-Plan interpreter services secured during the reporting year - Language 23 (Description)
AOC209-1140	Out-of-Plan interpreter services secured during the reporting year - Language 23 (Type of Agreement)
AOC209-1150	Out-of-Plan interpreter services secured during the reporting year - Language 23 (Restrictions on Availability)
AOC209-1160	Out-of-Plan interpreter services secured during the reporting year - Language 24 (Language)
AOC209-1170	Out-of-Plan interpreter services secured during the reporting year - Language 24 (Interpreter Services)
AOC209-1180	Out-of-Plan interpreter services secured during the reporting year - Language 24 (Description)
AOC209-1190	Out-of-Plan interpreter services secured during the reporting year - Language 24 (Type of Agreement)
AOC209-1200	Out-of-Plan interpreter services secured during the reporting year - Language 24 (Restrictions on Availability)
AOC209-1210	Out-of-Plan interpreter services secured during the reporting year - Language 25 (Language)
AOC209-1220	Out-of-Plan interpreter services secured during the reporting year - Language 25 (Interpreter Services)
AOC209-1230	Out-of-Plan interpreter services secured during the reporting year - Language 25 (Description)
AOC209-1240	Out-of-Plan interpreter services secured during the reporting year - Language 25 (Type of Agreement)

Measure Measure Name/Measure Description/Field Name/Field Description

AOC209-1250	Out-of-Plan interpreter services secured during the reporting year - Language 25 (Restrictions on Availability)
AOC209-1260	Out-of-Plan interpreter services secured during the reporting year - Language 26 (Language)
AOC209-1270	Out-of-Plan interpreter services secured during the reporting year - Language 26 (Interpreter Services)
AOC209-1280	Out-of-Plan interpreter services secured during the reporting year - Language 26 (Description)
AOC209-1290	Out-of-Plan interpreter services secured during the reporting year - Language 26 (Type of Agreement)
AOC209-1300	Out-of-Plan interpreter services secured during the reporting year - Language 26 (Restrictions on Availability)
AOC209-1310	Out-of-Plan interpreter services secured during the reporting year - Language 27 (Language)
AOC209-1320	Out-of-Plan interpreter services secured during the reporting year - Language 27 (Interpreter Services)
AOC209-1330	Out-of-Plan interpreter services secured during the reporting year - Language 27 (Description)
AOC209-1340	Out-of-Plan interpreter services secured during the reporting year - Language 27 (Type of Agreement)
AOC209-1350	Out-of-Plan interpreter services secured during the reporting year - Language 27 (Restrictions on Availability)
AOC209-1360	Out-of-Plan interpreter services secured during the reporting year - Language 28 (Language)
AOC209-1370	Out-of-Plan interpreter services secured during the reporting year - Language 28 (Interpreter Services)
AOC209-1380	Out-of-Plan interpreter services secured during the reporting year - Language 28 (Description)
AOC209-1390	Out-of-Plan interpreter services secured during the reporting year - Language 28 (Type of Agreement)
AOC209-1400	Out-of-Plan interpreter services secured during the reporting year - Language 28 (Restrictions on Availability)
AOC209-1410	Out-of-Plan interpreter services secured during the reporting year - Language 29 (Language)
AOC209-1420	Out-of-Plan interpreter services secured during the reporting year - Language 29 (Interpreter Services)
AOC209-1430	Out-of-Plan interpreter services secured during the reporting year - Language 29 (Description)
AOC209-1440	Out-of-Plan interpreter services secured during the reporting year - Language 29 (Type of Agreement)
AOC209-1450	Out-of-Plan interpreter services secured during the reporting year - Language 29 (Restrictions on Availability)
AOC209-1460	Out-of-Plan interpreter services secured during the reporting year - Language 30 (Language)
AOC209-1470	Out-of-Plan interpreter services secured during the reporting year - Language 30 (Interpreter Services)
AOC209-1480	Out-of-Plan interpreter services secured during the reporting year - Language 30 (Description)
AOC209-1490	Out-of-Plan interpreter services secured during the reporting year - Language 30 (Type of Agreement)
AOC209-1500	Out-of-Plan interpreter services secured during the reporting year - Language 30 (Restrictions on Availability)
AOC209-1510	Out-of-Plan interpreter services secured during the reporting year - Language 31 (Language)
AOC209-1520	Out-of-Plan interpreter services secured during the reporting year - Language 31 (Interpreter Services)
AOC209-1530	Out-of-Plan interpreter services secured during the reporting year - Language 31 (Description)
AOC209-1540	Out-of-Plan interpreter services secured during the reporting year - Language 31 (Type of Agreement)
AOC209-1550	Out-of-Plan interpreter services secured during the reporting year - Language 31 (Restrictions on Availability)
AOC209-1560	Out-of-Plan interpreter services secured during the reporting year - Language 32 (Language)
AOC209-1570	Out-of-Plan interpreter services secured during the reporting year - Language 32 (Interpreter Services)
AOC209-1580	Out-of-Plan interpreter services secured during the reporting year - Language 32 (Description)
AOC209-1590	Out-of-Plan interpreter services secured during the reporting year - Language 32 (Type of Agreement)
AOC209-1600	Out-of-Plan interpreter services secured during the reporting year - Language 32 (Restrictions on Availability)

AOC210 – Availability of Language Interpretation Services

DESCRIPTION - Health plans should complete two tables for this measure:

The number of health plan providers and member service staff who serve each payer (i.e., Medicaid and Medicare) as of December 31 of the reporting year and who speak languages other than English (HEDIS 1999, Volume 2: Technical Specification, Pg. 150)

REPORTING LEVEL - Contract Market

AOC210-0000	Language 1-Language
AOC210-0010	Language 1-No of dental prov
AOC210-0020	Language 1-No of OB/GYN prov
AOC210-0030	Language 1-No of MH/CD prov
AOC210-0040	Language 1-No of mem svcs staff
AOC210-0050	Language 1-No of PCP
AOC210-0060	Language 2-Language
AOC210-0070	Language 2-No of dental prov
AOC210-0080	Language 2-No of OB/GYN prov
AOC210-0090	Language 2-No of MH/CD prov
AOC210-0100	Language 2-No of mem svcs staff
AOC210-0110	Language 2-No of PCP
AOC210-0120	Language 3-Language
AOC210-0130	Language 3-No of dental prov

Measure Measure Name/Measure Description/Field Name/Field Description

AOC210-0140	Language 3-No of OB/GYN prov
AOC210-0150	Language 3-No of MH/CD prov
AOC210-0160	Language 3-No of mem svcs staff
AOC210-0170	Language 3-No of PCP
AOC210-0180	Language 4-Language
AOC210-0190	Language 4-No of dental prov
AOC210-0200	Language 4-No of OB/GYN prov
AOC210-0210	Language 4-No of MH/CD prov
AOC210-0220	Language 4-No of mem svcs staff
AOC210-0230	Language 4-No of PCP
AOC210-0240	Language 5-Language
AOC210-0250	Language 5-No of dental prov
AOC210-0260	Language 5-No of OB/GYN prov
AOC210-0270	Language 5-No of MH/CD prov
AOC210-0280	Language 5-No of mem svcs staff
AOC210-0290	Language 5-No of PCP
AOC210-0300	Language 6-Language
AOC210-0310	Language 6-No of dental prov
AOC210-0320	Language 6-No of OB/GYN prov
AOC210-0330	Language 6-No of MH/CD prov
AOC210-0340	Language 6-No of mem svcs staff
AOC210-0350	Language 6-No of PCP
AOC210-0360	Language 7-Language
AOC210-0370	Language 7-No of dental prov
AOC210-0380	Language 7-No of OB/GYN prov
AOC210-0390	Language 7-No of MH/CD prov
AOC210-0400	Language 7-No of mem svcs staff
AOC210-0410	Language 7-No of PCP
AOC210-0420	Language 8-Language
AOC210-0430	Language 8-No of dental prov
AOC210-0440	Language 8-No of OB/GYN prov
AOC210-0450	Language 8-No of MH/CD prov
AOC210-0460	Language 8-No of mem svcs staff
AOC210-0470	Language 8-No of PCP
AOC210-0480	Language 9-Language
AOC210-0490	Language 9-No of dental prov
AOC210-0500	Language 9-No of OB/GYN prov
AOC210-0510	Language 9-No of MH/CD prov
AOC210-0520	Language 9-No of mem svcs staff
AOC210-0530	Language 9-No of PCP
AOC210-0540	Language 10-Language
AOC210-0550	Language 10-No of dental prov
AOC210-0560	Language 10-No of OB/GYN prov
AOC210-0570	Language 10-No of MH/CD prov
AOC210-0580	Language 10-No of mem svcs staff
AOC210-0590	Language 10-No of PCP
AOC210-0600	Language 11-Language
AOC210-0610	Language 11-No of dental prov
AOC210-0620	Language 11-No of OB/GYN prov
AOC210-0630	Language 11-No of MH/CD prov
AOC210-0640	Language 11-No of mem svcs staff
AOC210-0650	Language 11-No of PCP
AOC210-0660	Language 12-Language
AOC210-0670	Language 12-No of dental prov
AOC210-0680	Language 12-No of OB/GYN prov
AOC210-0690	Language 12-No of MH/CD prov

Measure Measure Name/Measure Description/Field Name/Field Description

AOC210-0700	Language 12-No of mem svcs staff
AOC210-0710	Language 12-No of PCP
AOC210-0720	Language 13-Language
AOC210-0730	Language 13-No of dental prov
AOC210-0740	Language 13-No of OB/GYN prov
AOC210-0750	Language 13-No of MH/CD prov
AOC210-0760	Language 13-No of mem svcs staff
AOC210-0770	Language 13-No of PCP
AOC210-0780	Language 14-Language
AOC210-0790	Language 14-No of dental prov
AOC210-0800	Language 14-No of OB/GYN prov
AOC210-0810	Language 14-No of MH/CD prov
AOC210-0820	Language 14-No of mem svcs staff
AOC210-0830	Language 14-No of PCP
AOC210-0840	Language 15-Language
AOC210-0850	Language 15-No of dental prov
AOC210-0860	Language 15-No of OB/GYN prov
AOC210-0870	Language 15-No of MH/CD prov
AOC210-0880	Language 15-No of mem svcs staff
AOC210-0890	Language 15-No of PCP
AOC210-0900	Language 16-Language
AOC210-0910	Language 16-No of dental prov
AOC210-0920	Language 16-No of OB/GYN prov
AOC210-0930	Language 16-No of MH/CD prov
AOC210-0940	Language 16-No of mem svcs staff
AOC210-0950	Language 16-No of PCP
AOC210-0960	Language 17-Language
AOC210-0970	Language 17-No of dental prov
AOC210-0980	Language 17-No of OB/GYN prov
AOC210-0990	Language 17-No of MH/CD prov
AOC210-1000	Language 17-No of mem svcs staff
AOC210-1010	Language 17-No of PCP
AOC210-1020	Language 18-Language
AOC210-1030	Language 18-No of dental prov
AOC210-1040	Language 18-No of OB/GYN prov
AOC210-1050	Language 18-No of MH/CD prov
AOC210-1060	Language 18-No of mem svcs staff
AOC210-1070	Language 18-No of PCP
AOC210-1080	Language 19-Language
AOC210-1090	Language 19-No of dental prov
AOC210-1100	Language 19-No of OB/GYN prov
AOC210-1110	Language 19-No of MH/CD prov
AOC210-1120	Language 19-No of mem svcs staff
AOC210-1130	Language 19-No of PCP
AOC210-1140	Language 20-Language
AOC210-1150	Language 20-No of dental prov
AOC210-1160	Language 20-No of OB/GYN prov
AOC210-1170	Language 20-No of MH/CD prov
AOC210-1180	Language 20-No of mem svcs staff
AOC210-1190	Language 20-No of PCP
AOC210-1200	Language 21-Language
AOC210-1210	Language 21-No of dental prov
AOC210-1220	Language 21-No of OB/GYN prov
AOC210-1230	Language 21-No of MH/CD prov
AOC210-1240	Language 21-No of mem svcs staff
AOC210-1250	Language 21-No of PCP

Measure Measure Name/Measure Description/Field Name/Field Description

AOC210-1260	Language 22-Language
AOC210-1270	Language 22-No of dental prov
AOC210-1280	Language 22-No of OB/GYN prov
AOC210-1290	Language 22-No of MH/CD prov
AOC210-1300	Language 22-No of mem svcs staff
AOC210-1310	Language 22-No of PCP
AOC210-1320	Language 23-Language
AOC210-1330	Language 23-No of dental prov
AOC210-1340	Language 23-No of OB/GYN prov
AOC210-1350	Language 23-No of MH/CD prov
AOC210-1360	Language 23-No of mem svcs staff
AOC210-1370	Language 23-No of PCP
AOC210-1380	Language 24-Language
AOC210-1390	Language 24-No of dental prov
AOC210-1400	Language 24-No of OB/GYN prov
AOC210-1410	Language 24-No of MH/CD prov
AOC210-1420	Language 24-No of mem svcs staff
AOC210-1430	Language 24-No of PCP
AOC210-1440	Language 25-Language
AOC210-1450	Language 25-No of dental prov
AOC210-1460	Language 25-No of OB/GYN prov
AOC210-1470	Language 25-No of MH/CD prov
AOC210-1480	Language 25-No of mem svcs staff
AOC210-1490	Language 25-No of PCP
AOC210-1500	Language 26-Language
AOC210-1510	Language 26-No of dental prov
AOC210-1520	Language 26-No of OB/GYN prov
AOC210-1530	Language 26-No of MH/CD prov
AOC210-1540	Language 26-No of mem svcs staff
AOC210-1550	Language 26-No of PCP
AOC210-1560	Language 27-Language
AOC210-1570	Language 27-No of dental prov
AOC210-1580	Language 27-No of OB/GYN prov
AOC210-1590	Language 27-No of MH/CD prov
AOC210-1600	Language 27-No of mem svcs staff
AOC210-1610	Language 27-No of PCP
AOC210-1620	Language 28-Language
AOC210-1630	Language 28-No of dental prov
AOC210-1640	Language 28-No of OB/GYN prov
AOC210-1650	Language 28-No of MH/CD prov
AOC210-1660	Language 28-No of mem svcs staff
AOC210-1670	Language 28-No of PCP
AOC210-1680	Language 29-Language
AOC210-1690	Language 29-No of dental prov
AOC210-1700	Language 29-No of OB/GYN prov
AOC210-1710	Language 29-No of MH/CD prov
AOC210-1720	Language 29-No of mem svcs staff
AOC210-1730	Language 29-No of PCP
AOC210-1740	Language 30-Language
AOC210-1750	Language 30-No of dental prov
AOC210-1760	Language 30-No of OB/GYN prov
AOC210-1770	Language 30-No of MH/CD prov
AOC210-1780	Language 30-No of mem svcs staff
AOC210-1790	Language 30-No of PCP
AOC210-1800	Language 31-Language
AOC210-1810	Language 31-No of dental prov

Measure Measure Name/Measure Description/Field Name/Field Description

AOC210-1820	Language 31-No of OB/GYN prov
AOC210-1830	Language 31-No of MH/CD prov
AOC210-1840	Language 31-No of mem svcs staff
AOC210-1850	Language 31-No of PCP
AOC210-1860	Language 32-Language
AOC210-1870	Language 32-No of dental prov
AOC210-1880	Language 32-No of OB/GYN prov
AOC210-1890	Language 32-No of MH/CD prov
AOC210-1900	Language 32-No of mem svcs staff
AOC210-1910	Language 32-No of PCP

COC601 – Rate Trends

DESCRIPTION - An effective managed care organization is expected to control the rate of increase in premiums. This measure provides information on a health plan's actual expenses per member per month (PMPM) and prospective rate trend assumptions for the reporting year and the two preceding years. Purchasers may compare the predicted increase in the cost to deliver health care (i.e., prospective rate trend assumptions) to actual costs incurred by the plan. (HEDIS 1999, Volume 2: Technical Specification, Pg. 271)

REPORTING LEVEL - Contract

COC601-0010	Actual expense PMPM (1996)
COC601-0020	Actual expense PMPM (1997)
COC601-0030	Actual expense PMPM (1998)
COC601-0040	% change (1996)
COC601-0050	% change (1997)
COC601-0060	% change (1998)
COC601-0070	Rate trend (1996)
COC601-0080	Rate trend (1997)
COC601-0090	Rate trend (1998)

COC602 – High-Occurrence/High-Cost DRGs

DESCRIPTION - Discharges per 1,000 members per year, average cost per discharge and average length of stay are reported for nine high-occurrence/high-cost DRGs for the commercial population and for six high-occurrence/high-cost DRGs for the Medicare population.

FORMULAS: Refer to Formulas and Instructions in the Use of Services domain for the formulas to calculate the components contained in this measure.(HEDIS 1999, Volume 2: Technical Specification, Pg. 273)

REPORTING LEVEL - Contract

COC602-0010	DRG 127: Heart failure (Discharges Per 1000 Member Years)
COC602-0020	DRG 127: Heart failure (Average Cost/Discharge)
COC602-0030	DRG 127: Heart failure (Average Length of Stay)
COC602-0040	DRG 140: Angina pectoris (Discharges Per 1000 Member Years)
COC602-0050	DRG 140: Angina pectoris (Average Cost/Discharge)
COC602-0060	DRG 140: Angina pectoris (Average Length of Stay)
COC602-0070	Cardiac (Subtotal) (Discharges Per 1000 Member Years)
COC602-0080	Cardiac (Subtotal) (Average Cost/Discharge)
COC602-0090	Cardiac (Subtotal) (Average Length of Stay)
COC602-0100	DRG 89: Simple Pneumonia and pleurisy s/CC (Discharges Per 1000 Member Years)
COC602-0110	DRG 89: Simple Pneumonia and pleurisy s/CC (Average Cost/Discharge)
COC602-0120	DRG 89: Simple Pneumonia and pleurisy s/CC (Average Length of Stay)
COC602-0130	DRG 88: Chronic obstructive pulmonary disease (Discharges Per 1000 Member Years)
COC602-0140	DRG 88: Chronic obstructive pulmonary disease (Average Cost/Discharge)
COC602-0150	DRG 88: Chronic obstructive pulmonary disease (Average Length of Stay)
COC602-0170	Respiratory (Subtotal) (Average Cost/Discharge)
COC602-0180	Respiratory (Subtotal) (Average Length of Stay)
COC602-0190	DRG 14: Specific cerebrovascular disorders except TIA (Discharges Per 1000 Member Years)
COC602-0200	DRG 14: Specific cerebrovascular disorders except TIA (Average Cost/Discharge)
COC602-0210	DRG 14: Specific cerebrovascular disorders except TIA (Average Length of Stay)
COC602-0220	DRG 209: Major joint and limb reattachment (Discharges Per 1000 Member Years)
COC602-0230	DRG 209: Major joint and limb reattachment (Average Cost/Discharge)

Measure Measure Name/Measure Description/Field Name/Field Description

COC602-0240	DRG 209: Major joint and limb reattachment (Average Length of Stay)
COC602-0250	Cerebrovascular & Reattachment Procedures (Subtotal) (Discharges Per 1000 Member Years)
COC602-0260	Cerebrovascular & Reattachment Procedures (Subtotal) (Average Cost/Discharge)
COC602-0270	Cerebrovascular & Reattachment Procedures (Subtotal) (Average Length of Stay)

EOC003 – Breast Cancer Screening

DESCRIPTION - The percentage of Medicaid, commercial and Medicare women age 52 through 69 years, who were continuously enrolled during the reporting year and the preceding year, and who had a mammogram during the reporting year or the preceding year. (HEDIS 1999, Volume 2: Technical Specification, Pg. 51)

REPORTING LEVEL - Contract Market

EOC003-0010	Rate
EOC003-0020	Lower 95% confidence interval
EOC003-0030	Upper 95% confidence interval

EOC008 – Beta Blocker Treatment

DESCRIPTION - The percentage of Medicaid, commercial and Medicare members age 35 years and older during the reporting year, who were hospitalized and discharged alive from January 1 through December 24 of the reporting year with a diagnosis of acute myocardial infarction (AMI) and who received a prescription for beta blockers upon discharge. (HEDIS 1999, Volume 2: Technical Specification, Pg. 75)

REPORTING LEVEL - Contract Market

EOC008-0010	Rate
EOC008-0020	Lower 95% confidence interval
EOC008-0030	Upper 95% confidence interval

EOC009 – Eye Exams for Diabetes

DESCRIPTION - The percentage of Medicaid, commercial and Medicare members with diabetes (Type I and Type II) age 31 years and older, who were continuously enrolled during the reporting year, and who had a retinal examination during the reporting year. (HEDIS 1999, Volume 2: Technical Specification, Pg. 84)

REPORTING LEVEL - Contract Market

EOC009-0010	Rate
EOC009-0020	Lower 95% confidence interval
EOC009-0030	Upper 95% confidence interval

EOC010 – Followup after Hospitalization for Mental Illness

DESCRIPTION - The percentage of Medicaid, commercial and Medicare members age six years and older who were hospitalized for treatment of selected mental health disorders who were continuously enrolled without breaks for 30 days after discharge, and who were seen on an ambulatory basis or were in day/night treatment with a mental health provider. Six separate calculations are required-one for each of the three payers for both of the following:

- the percentage of members who had an ambulatory or day/night mental health visit within 30 days of hospital discharge
- The percentage of members who had an ambulatory or day/night mental health visit within 7 days of hospital discharge. (HEDIS 1999, Volume 2: Technical Specification, Pg. 106)

REPORTING LEVEL - Contract Market

EOC010-0011	Rate within 7days
EOC010-0012	Rate within 30days
EOC010-0021	Lower 95% confidence interval within 7days
EOC010-0022	Lower 95% confidence interval within 30days
EOC010-0031	Upper 95% confidence interval within 7days
EOC010-0032	Upper 95% confidence interval within 30days

EOC020 – Comprehensive Diabetes Care

Description - The percentage of Medicaid, commercial and Medicare members with diabetes (Type 1 and Type 2) age 18 through 75 years old, who are continuously enrolled during the reporting year, who had each of the following:

- Hemoglobin A1c (HbA1c) tested
- HbA1c poorly controlled (>9.5%)
- lipid profile performed
- lipid controlled (LDL <130 mg/dL)
- dilated eye exam performed
- kidney disease (nephropathy) monitored

Health plans will report six separate rates (one for each aspect of diabetes care identified) for each payer (i.e., Medicaid, commercial and Medicare). An Administrative Data Specification is not specified for this measure, because the denominator used to calculate each rate is the same and data systems are unlikely to contain all aspects of diabetes care measured. For this measure only, plans may report a rate on the sampled population using administrative data only. (HEDIS 1999, Volume 2: Technical Specifications, Pg. 92)

REPORTING LEVEL - Contract Marketing

EOC020-0010	Rate - HbA1c Testing
EOC020-0020	Lower Confidence Interval - HbA1c Testing
EOC020-0030	Upper Confidence Interval - HbA1c Testing
EOC020-0040	Rate - Poor HbA1c Control
EOC020-0050	Lower Confidence Interval - Poor HbA1c Control
EOC020-0060	Upper Confidence Interval - Poor HbA1c Control
EOC020-0070	Rate - Eye Exams
EOC020-0080	Lower Confidence Interval - Eye Exams
EOC020-0090	Upper Confidence Interval - Eye Exams
EOC020-0100	Rate - Lipid Profile
EOC020-0110	Lower Confidence Interval -Lipid Profile
EOC020-0120	Upper Confidence Interval -Lipid Profile
EOC020-0130	Rate - Lipid Control
EOC020-0140	Lower Confidence Interval - Lipid Control
EOC020-0150	Upper Confidence Interval - Lipid Control
EOC020-0160	Rate - Nephropathy Monitor
EOC020-0170	Lower Confidence Interval - Nephropathy Monitor
EOC020-0180	Upper Confidence Interval - Nephropathy Monitor

EOC025 – Cholesterol Management After Acute Cardiovascular Events

Description - The percentage of Medicaid, commercial and Medicare members age 18 through 75 years old as of December 31 of the reporting year, who are discharged alive in the year prior to the reporting year for acute myocardial infarction (AMI), Coronary Artery Bypass Graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) and had evidence of LDL-C screening and an LDL-C < 130 mg/dL. NOTE: Evidence of LDL-C levels will not be required for HEDIS 1999, but will be required for HEDIS2000. (HEDIS 1999, Volume 2: Technical Specifications, Pg. 80)

REPORTING LEVEL - Contract Market

EOC025-0010	Rate - LDL-C Screening
EOC025-0020	Lower Confidence Interval - LDL-C Screening
EOC025-0030	Upper Confidence Interval - LDL-C Screening
EOC025-0040	Rate - level <130mg/dL
EOC025-0050	Lower Confidence Interval - level <130mg/dL
EOC025-0060	Upper Confidence Interval - level <130mg/dL

EOC030 – Antidepressant Medication Management

Description - The following three components of this measure assess different facets of the successful pharmacological management of depression:

1. Optimal Practitioner Contacts for Medication Management.
2. Effective Acute Phase Treatment.
3. Effective Continuation Phase Treatment.

(HEDIS 1999, Volume 2: Technical Specifications, Pg. 112)

REPORTING LEVEL - Contract Market

EOC030-0010	Rate - Effective Continuation Phase Treatment
EOC030-0020	Lower Confidence Interval - Effective Continuation Phase Treatment
EOC030-0030	Upper Confidence Interval - Effective Continuation Phase Treatment
EOC030-0040	Rate - Effective Acute Phase Treatment
EOC030-0050	Lower Confidence Interval - Effective Acute Phase Treatment
EOC030-0060	Upper Confidence Interval - Effective Acute Phase Treatment
EOC030-0070	Rate-Practitioner Contacts for Medication Management
EOC030-0080	Lower Confidence Interval - Practitioner Contacts for Medication Management
EOC030-0090	Upper Confidence Interval - Practitioner Contacts for Medication Management

GENERAL – General Information

DESCRIPTION - General Plan Information. These fields are not explicitly identified in the HEDIS Technical Specifications.

REPORTING LEVEL - N/A

GENERAL-0010	Type of Plan (Risk, Cost)
GENERAL-0011	Type of Plan (Post Balanced Budget Amendment Naming)
GENERAL-0012	M+C Plan Type (Yes or No)
GENERAL-0013	Coordinated Care Plan Type (Yes or No)
GENERAL-0020	Line of Business (HMO, POS)
GENERAL-0030	Model Type (Group, IPA, Mixed, Network, Other, Staff)
GENERAL-0050	1996 Enrollment as Reported by HCFA's Plan Information Control System (PICS)
GENERAL-0060	HCFA Region Number
GENERAL-0070	HCFA Region Name
GENERAL-0080	Patient Population

HPS401 – Disenrollment

DESCRIPTION - This measure provides information on the number of health plan members who disenrolled during the reporting year. The disenrollment rate is reported in the aggregate by payer (i.e., commercial and Medicare). (HEDIS 1999, Volume 2: Technical Specification, Pg. 163)

REPORTING LEVEL - Contract Market

HPS401-0010	Disenrollment
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HPS402 – Provider Turnover

DESCRIPTION - The following two percentages should be reported separately for each population (Medicaid, commercial and Medicare):

- The percentage of primary care physicians affiliated with the health plan as of December 31 of the year preceding the reporting year who were NOT affiliated with the plan as of December 31 of the reporting year.
- The percentage of non-physician primary care providers affiliated with the health plan as of December 31 of the year preceding the reporting year who were NOT affiliated with the plan as of December 31 of the reporting year.

(HEDIS 1999, Volume 2: Technical Specification, Pg. 165)

REPORTING LEVEL - Contract Market

HPS402-0010	Provider Turnover- Primary Care Physicians
HPS402-0020	Provider Turnover- Non-Physicians Primary Care Providers

HPS403 – Years In Business/Total Membership

DESCRIPTION - This table reports the number of years since licensure (i.e., the number of years each product line has existed) and the number of members enrolled as of December 31 of the reporting year. (HEDIS 1999, Volume 2: Technical Specification, Pg. 169)

REPORTING LEVEL - Contract Market

HPS403-0010	HMO Total (Years In Business)
HPS403-0020	HMO Medicaid (Years In Business)
HPS403-0030	HMO Commercial (Years In Business)
HPS403-0040	HMO Medicare Risk (Years In Business)
HPS403-0060	HMO Self-insured (Years In Business)
HPS403-0070	HMO Other (Years In Business)
HPS403-0080	PPO Total (Years In Business)
HPS403-0090	PPO Commercial (Years In Business)
HPS403-0100	PPO Medicare Risk (Years In Business)
HPS403-0120	PPO Self-insured (Years In Business)
HPS403-0130	PPO Other (Years In Business)
HPS403-0140	POS Total (Years In Business)
HPS403-0150	POS Commercial (Years In Business)
HPS403-0160	POS Medicare Risk (Years In Business)
HPS403-0180	POS Self-insured (Years In Business)
HPS403-0190	POS Other (Years In Business)
HPS403-0210	HMO Total (Members)
HPS403-0220	HMO Medicaid (Members)
HPS403-0230	HMO Commercial (Members)
HPS403-0240	HMO Medicare Risk (Members)
HPS403-0260	HMO Self-insured (Members)
HPS403-0270	HMO Other (Members)
HPS403-0280	PPO Total (Members)
HPS403-0290	PPO Commercial (Members)
HPS403-0300	PPO Medicare Risk (Members)
HPS403-0320	PPO Self-insured (Members)
HPS403-0330	PPO Other (Members)
HPS403-0340	POS Total (Members)
HPS403-0350	POS Commercial (Members)
HPS403-0360	POS Medicare Risk (Members)
HPS403-0380	POS Self-insured (Members)
HPS403-0390	POS Other (Members)
HPS403-0400	Total Product Lines/Payers (Members)

HPS404 – Indicators of Financial Stability

DESCRIPTION - This measure presents information commonly used to evaluate the financial stability of a health plan. The financial profiles and specific results of different plans are dependent on the type of operations involved (e.g., staff model HMO versus an IPA). For each measure, the description of the financial indicator, the definition of the financial indicator, the NAIC report location for the financial indicator (NAIC Annual Statement HMO-Association Edition, revised 1997), and the range by which to evaluate the financial indicator are provided. (HEDIS 1999, Volume 2: Technical Specification, Pg. 171)

REPORTING LEVEL - Legal Entity

HPS404-0010	Total membership (1996)
HPS404-0020	Total membership (1997)
HPS404-0030	Total membership (1998)
HPS404-0040	Total membership (Change from 1997 to 1998)
HPS404-0050	Total membership (Percent change from 1997 to 1998)
HPS404-0060	Total revenue (1996)
HPS404-0070	Total revenue (1997)
HPS404-0080	Total revenue (1998)
HPS404-0090	Total revenue (Change from 1997 to 1998)
HPS404-0100	Total revenue (Percent change from 1997 to 1998)
HPS404-0110	Net income (1996)

Measure Measure Name/Measure Description/Field Name/Field Description

HPS404-0120	Net income (1997)
HPS404-0130	Net income (1998)
HPS404-0140	Net income (Change from 1997 to 1998)
HPS404-0150	Net income (Percent change from 1997 to 1998)
HPS404-0160	Net worth (1996)
HPS404-0170	Net worth (1997)
HPS404-0180	Net worth (1998)
HPS404-0190	Net worth (Change from 1997 to 1998)
HPS404-0200	Net worth (Percent change from 1997 to 1998)
HPS404-0210	Dept-to-service ratio (1996)
HPS404-0220	Dept-to-service ratio (1997)
HPS404-0230	Dept-to-service ratio (1998)
HPS404-0240	Dept-to-service ratio (Change from 1997 to 1998)
HPS404-0250	Dept-to-service ratio (Percent change from 1997 to 1998)
HPS404-0260	Overall loss ratio (1996)
HPS404-0270	Overall loss ratio (1997)
HPS404-0280	Overall loss ratio (1998)
HPS404-0290	Overall loss ratio (Change from 1997 to 1998)
HPS404-0300	Overall loss ratio (Percent change from 1997 to 1998)
HPS404-0310	Administrative loss ratio (1996)
HPS404-0320	Administrative loss ratio (1997)
HPS404-0330	Administrative loss ratio (1998)
HPS404-0340	Administrative loss ratio (Change from 1997 to 1998)
HPS404-0350	Administrative loss ratio (Percent change from 1997 to 1998)
HPS404-0360	Medical loss ratio (1996)
HPS404-0370	Medical loss ratio (1997)
HPS404-0380	Medical loss ratio (1998)
HPS404-0390	Medical loss ratio (Change from 1997 to 1998)
HPS404-0400	Medical loss ratio (Percent change from 1997 to 1998)
HPS404-0410	Operating profit margin (1996)
HPS404-0420	Operating profit margin (1997)
HPS404-0430	Operating profit margin (1998)
HPS404-0440	Operating profit margin (Change from 1997 to 1998)
HPS404-0450	Operating profit margin (Percent change from 1997 to 1998)
HPS404-0460	Overall profit margin (1996)
HPS404-0470	Overall profit margin (1997)
HPS404-0480	Overall profit margin (1998)
HPS404-0490	Overall profit margin (Change from 1997 to 1998)
HPS404-0500	Overall profit margin (Percent change from 1997 to 1998)
HPS404-0510	Days cash on hand (1996)
HPS404-0520	Days cash on hand (1997)
HPS404-0530	Days cash on hand (1998)
HPS404-0540	Days cash on hand (Change from 1997 to 1998)
HPS404-0550	Days cash on hand (Percent change from 1997 to 1998)
HPS404-0560	Ratio of cash to claims payable (1996)
HPS404-0570	Ratio of cash to claims payable (1997)
HPS404-0580	Ratio of cash to claims payable (1998)
HPS404-0590	Ratio of cash to claims payable (Change from 1997 to 1998)
HPS404-0600	Ratio of cash to claims payable (Percent change from 1997 to 1998)
HPS404-0610	Days in receivables (1996)
HPS404-0620	Days in receivables (1997)
HPS404-0630	Days in receivables (1998)
HPS404-0640	Days in receivables (Change from 1997 to 1998)
HPS404-0650	Days in receivables (Percent change from 1997 to 1998)
HPS404-0660	Days in unpaid claims (1996)
HPS404-0670	Days in unpaid claims (1997)

Measure Measure Name/Measure Description/Field Name/Field Description

HPS404-0680	Days in unpaid claims (1998)
HPS404-0690	Days in unpaid claims (Change from 1997 to 1998)
HPS404-0700	Days in unpaid claims (Percent change from 1997 to 1998)
HPS404-0710	State minimum reserve requirements (1996)
HPS404-0720	State minimum reserve requirements (1997)
HPS404-0730	State minimum reserve requirements (1998)
HPS404-0740	State minimum reserve requirements (Change from 1997 to 1998)
HPS404-0750	State minimum reserve requirements (Percent change from 1997 to 1998)
HPS404-0760	Actual reserves held by plan (1996)
HPS404-0770	Actual reserves held by plan (1997)
HPS404-0780	Actual reserves held by plan (1998)
HPS404-0790	Actual reserves held by plan (Change from 1997 to 1998)
HPS404-0800	Actual reserves held by plan (Percent change from 1997 to 1998)

PDI801 – Board Certification

DESCRIPTION - This measure reports the percentage of the following physicians that have completed residency training or fellowship training (in their respective specialties) and who are board certified. Plans should report separately for each payer (Medicaid, commercial and Medicare) as of December 31 of the reporting year:

- primary care physicians
- OB/GYN physicians
- pediatric physician specialists
- geriatricians
- all other physician specialists

NOTE: Board certification refers to the various specialty certification programs of the American Board of Medical Specialties and the American Osteopathic Association. This measure does not capture chiropractors, podiatrists or other providers who are certified by other programs.(HEDIS 1999, Volume 2: Technical Specification, Pg. 285)

REPORTING LEVEL - Contract Market

PDI801-0010	Board Certification - Primary Care Physicians (Percentage)
PDI801-0020	Residency Completion - Primary Care Physicians (Percentage)
PDI801-0030	Board Certification - Physician Specialists (Percentage)
PDI801-0040	Residency Completion - Physician Specialists (Percentage)
PDI801-0050	Board Certification - Geriatricians (Percentage)
PDI801-0060	Residency Completion - Geriatricians (Percentage)

PDI802 – Physician Payment Arrangement

DESCRIPTION - This measure reports quantitative and qualitative information on the plan's compensation arrangements with:

- primary care practitioners (for Medicaid, commercial and Medicare)
- specialist (for Medicaid only)
- mental health practitioners (for Medicaid only)
- chemical dependency practitioners (for Medicaid only)
- dentists (for Medicaid only)

Plans should report the number of practitioners who participate with the plan individually or as part of a group or IPA.
(HEDIS 1999, Volume 2: Technical Specification, Pg. 291)

REPORTING LEVEL - Contract

PDI802-0030	Salary without withhold or bonus (Number)
PDI802-0040	Salary without withhold or bonus (Percentage)
PDI802-0050	Salary without withhold or bonus (Basis for Bonus/Withhold)
PDI802-0060	Salary with withhold (Lower range boundry)
PDI802-0070	Salary with withhold (Upper range boundry)
PDI802-0080	Salary with withhold (Number)
PDI802-0090	Salary with withhold (Percentage)
PDI802-0100	Salary with withhold (Basis for Bonus/Withhold)
PDI802-0110	Salary with bonus (Lower range boundry)
PDI802-0120	Salary with bonus (Upper range boundry)
PDI802-0130	Salary with bonus (Number)

Measure Measure Name/Measure Description/Field Name/Field Description

PDI802-0140	Salary with bonus (Percentage)
PDI802-0150	Salary with bonus (Basis for Bonus/Withhold)
PDI802-0180	Fee for service without withhold or bonus (Number)
PDI802-0190	Fee for service without withhold or bonus (Percentage)
PDI802-0200	Fee for service without withhold or bonus (Basis for Bonus/Withhold)
PDI802-0210	Fee for service with withhold (Lower range boundry)
PDI802-0220	Fee for service with withhold (Upper range boundry)
PDI802-0230	Fee for service with withhold (Number)
PDI802-0240	Fee for service with withhold (Percentage)
PDI802-0250	Fee for service with withhold (Basis for Bonus/Withhold)
PDI802-0260	Fee for service with bonus (Lower range boundry)
PDI802-0270	Fee for service with bonus (Upper range boundry)
PDI802-0280	Fee for service with bonus (Number)
PDI802-0290	Fee for service with bonus (Percentage)
PDI802-0300	Fee for service with bonus (Basis for Bonus/Withhold)
PDI802-0311	Capitated without withhold or bonus and capitated as individuals
PDI802-0312	List of services capitated (capitated as individuals)
PDI802-0313	Capitated without withhold or bonus and capitated as IPA
PDI802-0314	Capitated without withhold or bonus and capitated as Group Model
PDI802-0330	Capitated without withhold or bonus (Number)
PDI802-0340	Capitated without withhold or bonus (Percentage)
PDI802-0350	Capitated without withhold or bonus (Basis for Bonus/Withhold)
PDI802-0361	Capitated with withhold and capitated as individuals
PDI802-0362	List of services capitated (capitated as individuals)
PDI802-0363	Capitated with withhold and capitated as IPA
PDI802-0364	Capitated with withhold and capitated as Group Model
PDI802-0380	Capitated with withhold (Number)
PDI802-0390	Capitated with withhold (Percentage)
PDI802-0400	Capitated with withhold (Basis for Bonus/Withhold)
PDI802-0411	Capitated with bonus and capitated as individuals
PDI802-0412	List of services capitated (capitated as individuals)
PDI802-0413	Capitated with bonus and capitated as IPA
PDI802-0414	Capitated with bonus and capitated as Group Model
PDI802-0430	Capitated with bonus (Number)
PDI802-0440	Capitated with bonus (Percentage)
PDI802-0450	Capitated with bonus (Basis for Bonus/Withhold)

PDI805 – Total Enrollment

DESCRIPTION - This table is intended to provide an overview of the mix of plan membership. Plans report the percentage of local member months contributed by each payer (Medicaid, commercial, Medicare and other), by age and sex, during the reporting year. (HEDIS 1999, Volume 2: Technical Specification, Pg. 298)

REPORTING LEVEL - Contract

PDI805-0010	Percent of Plan's Total Member Months (Male - Commercial - Age < 1)
PDI805-0020	Percent of Plan's Total Member Months (Male - Medicaid - Age < 1)
PDI805-0030	Percent of Plan's Total Member Months (Male - Medicare - Age < 1)
PDI805-0040	Percent of Plan's Total Member Months (Male - Other - Age < 1)
PDI805-0050	Percent of Plan's Total Member Months (Male - Commercial - Age 1-4)
PDI805-0060	Percent of Plan's Total Member Months (Male - Medicaid - Age 1-4)
PDI805-0070	Percent of Plan's Total Member Months (Male - Medicare - Age 1-4)
PDI805-0080	Percent of Plan's Total Member Months (Male - Other - Age 1-4)
PDI805-0090	Percent of Plan's Total Member Months (Male - Commercial - Age 5-9)
PDI805-0100	Percent of Plan's Total Member Months (Male - Medicaid - Age 5-9)
PDI805-0110	Percent of Plan's Total Member Months (Male - Medicare - Age 5-9)
PDI805-0120	Percent of Plan's Total Member Months (Male - Other - Age 5-9)
PDI805-0130	Percent of Plan's Total Member Months (Male - Commercial - Age 10-14)
PDI805-0140	Percent of Plan's Total Member Months (Male - Medicaid - Age 10-14)
PDI805-0150	Percent of Plan's Total Member Months (Male - Medicare - Age 10-14)

Measure	Measure Name/Measure Description/Field Name/Field Description

[illegible]

Measure Measure Name/Measure Description/Field Name/Field Description

PDI805-0720	Percent of Plan's Total Member Months (Male - Other - Age 45-64)
PDI805-0730	Percent of Plan's Total Member Months (Male - Commercial - Age 65-69)
PDI805-0740	Percent of Plan's Total Member Months (Male - Medicaid - Age 65-69)
PDI805-0750	Percent of Plan's Total Member Months (Male - Medicare - Age 65-69)
PDI805-0760	Percent of Plan's Total Member Months (Male - Other - Age 65-69)
PDI805-0770	Percent of Plan's Total Member Months (Male - Commercial - Age 70-74)
PDI805-0780	Percent of Plan's Total Member Months (Male - Medicaid - Age 70-74)
PDI805-0790	Percent of Plan's Total Member Months (Male - Medicare - Age 70-74)
PDI805-0800	Percent of Plan's Total Member Months (Male - Other - Age 70-74)
PDI805-0810	Percent of Plan's Total Member Months (Male - Commercial - Age 75-79)
PDI805-0820	Percent of Plan's Total Member Months (Male - Medicaid - Age 75-79)
PDI805-0830	Percent of Plan's Total Member Months (Male - Medicare - Age 75-79)
PDI805-0840	Percent of Plan's Total Member Months (Male - Other - Age 75-79)
PDI805-0850	Percent of Plan's Total Member Months (Male - Commercial - Age 80-84)
PDI805-0860	Percent of Plan's Total Member Months (Male - Medicaid - Age 80-84)
PDI805-0870	Percent of Plan's Total Member Months (Male - Medicare - Age 80-84)
PDI805-0880	Percent of Plan's Total Member Months (Male - Other - Age 80-84)
PDI805-0890	Percent of Plan's Total Member Months (Male - Commercial - Age 85-89)
PDI805-0900	Percent of Plan's Total Member Months (Male - Medicaid - Age 85-89)
PDI805-0910	Percent of Plan's Total Member Months (Male - Medicare - Age 85-89)
PDI805-0920	Percent of Plan's Total Member Months (Male - Other - Age 85-89)
PDI805-0930	Percent of Plan's Total Member Months (Male - Commercial - Age >=90)
PDI805-0940	Percent of Plan's Total Member Months (Male - Medicaid - Age >=90)
PDI805-0950	Percent of Plan's Total Member Months (Male - Medicare - Age >=90)
PDI805-0960	Percent of Plan's Total Member Months (Male - Other - Age >=90)
PDI805-0970	Percent of Plan's Total Member Months (Male - Commercial - Subtotal: Age >=65)
PDI805-0980	Percent of Plan's Total Member Months (Male - Medicaid - Subtotal: Age >=65)
PDI805-0990	Percent of Plan's Total Member Months (Male - Medicare - Age >=65)
PDI805-1000	Percent of Plan's Total Member Months (Male - Other - Age >=65)
PDI805-1010	Percent of Plan's Total Member Months (Female - Commercial - Age < 1)
PDI805-1020	Percent of Plan's Total Member Months (Female - Medicaid - Age < 1)
PDI805-1030	Percent of Plan's Total Member Months (Female - Medicare - Age < 1)
PDI805-1040	Percent of Plan's Total Member Months (Female - Other - Age < 1)
PDI805-1050	Percent of Plan's Total Member Months (Female - Commercial - Age 1-4)
PDI805-1060	Percent of Plan's Total Member Months (Female - Medicaid - Age 1-4)
PDI805-1070	Percent of Plan's Total Member Months (Female - Medicare - Age 1-4)
PDI805-1080	Percent of Plan's Total Member Months (Female - Other - Age 1-4)
PDI805-1090	Percent of Plan's Total Member Months (Female - Commercial - Age 5-9)
PDI805-1100	Percent of Plan's Total Member Months (Female - Medicaid - Age 5-9)
PDI805-1110	Percent of Plan's Total Member Months (Female - Medicare - Age 5-9)
PDI805-1120	Percent of Plan's Total Member Months (Female - Other - Age 5-9)
PDI805-1130	Percent of Plan's Total Member Months (Female - Commercial - Age 10-14)
PDI805-1140	Percent of Plan's Total Member Months (Female - Medicaid - Age 10-14)
PDI805-1150	Percent of Plan's Total Member Months (Female - Medicare - Age 10-14)
PDI805-1160	Percent of Plan's Total Member Months (Female - Other - Age 10-14)
PDI805-1170	Percent of Plan's Total Member Months (Female - Commercial - Age 15-17)
PDI805-1180	Percent of Plan's Total Member Months (Female - Medicaid - Age 15-17)
PDI805-1190	Percent of Plan's Total Member Months (Female - Medicare - Age 15-17)
PDI805-1200	Percent of Plan's Total Member Months (Female - Other - Age 15-17)
PDI805-1210	Percent of Plan's Total Member Months (Female - Commercial - Age 18-19)
PDI805-1220	Percent of Plan's Total Member Months (Female - Medicaid - Age 18-19)
PDI805-1230	Percent of Plan's Total Member Months (Female - Medicare - Age 18-19)
PDI805-1240	Percent of Plan's Total Member Months (Female - Other - Age 18-19)
PDI805-1250	Percent of Plan's Total Member Months (Female - Commercial - Subtotal: Age 0-19)
PDI805-1260	Percent of Plan's Total Member Months (Female - Medicaid - Subtotal: Age 0-19)
PDI805-1270	Percent of Plan's Total Member Months (Female - Medicare - Age 0-19)

Measure	Measure Name/Measure Description/Field Name/Field Description
	(This section contains detailed information about various measures related to the program.)

[illegible]

Measure Measure Name/Measure Description/Field Name/Field Description

PDI805-1840	Percent of Plan's Total Member Months (Female - Other - Age 75-79)
PDI805-1850	Percent of Plan's Total Member Months (Female - Commercial - Age 80-84)
PDI805-1860	Percent of Plan's Total Member Months (Female - Medicaid - Age 80-84)
PDI805-1870	Percent of Plan's Total Member Months (Female - Medicare - Age 80-84)
PDI805-1880	Percent of Plan's Total Member Months (Female - Other - Age 80-84)
PDI805-1890	Percent of Plan's Total Member Months (Female - Commercial - Age 85-89)
PDI805-1900	Percent of Plan's Total Member Months (Female - Medicaid - Age 85-89)
PDI805-1910	Percent of Plan's Total Member Months (Female - Medicare - Age 85-89)
PDI805-1920	Percent of Plan's Total Member Months (Female - Other - Age 85-89)
PDI805-1930	Percent of Plan's Total Member Months (Female - Commercial - Age >=90)
PDI805-1940	Percent of Plan's Total Member Months (Female - Medicaid - Age >=90)
PDI805-1950	Percent of Plan's Total Member Months (Female - Medicare - Age >=90)
PDI805-1960	Percent of Plan's Total Member Months (Female - Other - Age >=90)
PDI805-1970	Percent of Plan's Total Member Months (Female - Commercial - Subtotal: Age >=65)
PDI805-1980	Percent of Plan's Total Member Months (Female - Medicaid - Subtotal: Age >=65)
PDI805-1990	Percent of Plan's Total Member Months (Female - Medicare - Age >=65)
PDI805-2000	Percent of Plan's Total Member Months (Female - Other - Age >=65)
PDI805-2010	Percent of Plan's Total Member Months (Total - Commercial - Subtotal: Age 0-19)
PDI805-2020	Percent of Plan's Total Member Months (Total - Medicaid - Subtotal: Age 0-19)
PDI805-2030	Percent of Plan's Total Member Months (Total - Medicare - Subtotal: Age 0-19)
PDI805-2040	Percent of Plan's Total Member Months (Total - Other - Subtotal: Age 0-19)
PDI805-2050	Percent of Plan's Total Member Months (Total - Commercial - Subtotal: Age 20-44)
PDI805-2060	Percent of Plan's Total Member Months (Total - Medicaid - Subtotal: Age 20-44)
PDI805-2070	Percent of Plan's Total Member Months (Total - Medicare - Subtotal: Age 20-44)
PDI805-2080	Percent of Plan's Total Member Months (Total - Other - Subtotal: Age 20-44)
PDI805-2090	Percent of Plan's Total Member Months (Total - Commercial - Subtotal: Age 45-64)
PDI805-2100	Percent of Plan's Total Member Months (Total - Medicaid - Subtotal: Age 45-64)
PDI805-2110	Percent of Plan's Total Member Months (Total - Medicare - Subtotal: Age 45-64)
PDI805-2120	Percent of Plan's Total Member Months (Total - Other - Subtotal: Age 45-64)
PDI805-2130	Percent of Plan's Total Member Months (Total - Commercial - Subtotal: Age >=65)
PDI805-2140	Percent of Plan's Total Member Months (Total - Medicaid - Subtotal: Age >=65)
PDI805-2150	Percent of Plan's Total Member Months (Total - Medicare - Subtotal: Age >=65)
PDI805-2160	Percent of Plan's Total Member Months (Total - Other - Subtotal: Age >=65)
PDI805-2170	Percent of Plan's Total Member Months (Total - Commercial - Subtotal: Age Unknown)
PDI805-2180	Percent of Plan's Total Member Months (Total - Medicaid - Subtotal: Age Unknown)
PDI805-2190	Percent of Plan's Total Member Months (Total - Medicare - Subtotal: Age Unknown)
PDI805-2200	Percent of Plan's Total Member Months (Total - Other - Subtotal: Age Unknown)
PDI805-2210	Percent of Plan's Total Member Months (Total - Commercial)
PDI805-2220	Percent of Plan's Total Member Months (Total - Medicaid)
PDI805-2230	Percent of Plan's Total Member Months (Total - Medicare)
PDI805-2240	Percent of Plan's Total Member Months (Total - Other)

PDI806 – Enrollment by Payer

DESCRIPTION - Total number of member months for Medicaid enrollees during the reporting year, stratified by Medicaid eligibility category, age and sex.

NOTE: Plans can report this information only by ensuring it is provided by their state Medicaid agencies.

- Total number of member years for commercial and Medicare enrollees during the reporting year, stratified by payer, age and sex. Tables for this measure are defined as:

Table 8E1 = Total Medicaid

Table 8E2 = Medicaid/Medicare Dual Eligibles

Table 8E3 = Medicaid-Disabled

Table 8E4 = Medicaid-Other Low Income

Table 8E5 = Commercial-By Product (or combined HMO/POS)

Table 8E6 = Commercial-Employer/Purchaser Specific

Table 8E7 = Medicare

(HEDIS 19997, Volume 2: Technical Specification, Pg. 302)

Measure Measure Name/Measure Description/Field Name/Field Description

REPORTING LEVEL - Contract

PDI806-0010	Member Years of Enrollment: Medicare Risk (Male)
PDI806-0020	Member Years of Enrollment: Medicare Risk (Female)
PDI806-0030	Member Years of Enrollment: Medicare Risk (Total)

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

SA-0010	Market Area Name
SA-0020	Market Area Code
SA-0030	Social Security Administration (SSA) State/County Code
SA-0040	American National Standards Institute (ANSI) State/County Code INCITS 31-2009 (formerly Federal Information Processing Standard [FIPS] State/County codes)
SA-0050	State Abbreviation (United States Postal Service (USPS) State Code)
SA-0060	County Name
SA-0070	County serves only beneficiaries in an Employer Group Health Plan (Y = Yes, N = No)

UOS505 – Frequency of Selected Procedures

DESCRIPTION - This measure provides a summary of the number and rate of several frequently performed procedures. These procedures often show wide regional variation and have generated concern regarding potentially inappropriate utilization. (HEDIS 1999, Volume 2: Technical Specification, Pg. 207)

REPORTING LEVEL - Contract Market

UOS505-0010	CABG <65 (Male)
UOS505-0020	CABG 65-74 (Male)
UOS505-0030	CABG 75-84 (Male)
UOS505-0040	CABG 85+ (Male)
UOS505-0050	Angioplasty(PTCA) <65 (Male)
UOS505-0060	Angioplasty(PTCA) 65-74 (Male)
UOS505-0070	Angioplasty(PTCA) 75-84 (Male)
UOS505-0080	Angioplasty(PTCA) 85+ (Male)
UOS505-0090	Carotid Endarterectomy <65 (Male)
UOS505-0100	Carotid Endarterectomy 65-74 (Male)
UOS505-0110	Carotid Endarterectomy 75-84 (Male)
UOS505-0120	Carotid Endarterectomy 85+ (Male)
UOS505-0130	Reduction of Fracture of Femur <65 (Male)
UOS505-0140	Reduction of Fracture of Femur 65-74 (Male)
UOS505-0150	Reduction of Fracture of Femur 75-84 (Male)
UOS505-0160	Reduction of Fracture of Femur 85+ (Male)
UOS505-0170	Total Hip Replacement <65 (Male)
UOS505-0180	Total Hip Replacement 65-74 (Male)
UOS505-0190	Total Hip Replacement 75-84 (Male)
UOS505-0200	Total Hip Replacement 85+ (Male)
UOS505-0210	Total Knee Replacement <65 (Male)
UOS505-0220	Total Knee Replacement 65-74 (Male)
UOS505-0230	Total Knee Replacement 75-84 (Male)
UOS505-0240	Total Knee Replacement 85+ (Male)
UOS505-0250	Partial Excision of Large Intestine <65 (Male)
UOS505-0260	Partial Excision of Large Intestine 65-74 (Male)
UOS505-0270	Partial Excision of Large Intestine 75-84 (Male)
UOS505-0280	Partial Excision of Large Intestine 85+ (Male)
UOS505-0290	Cholecystectomy -open <65 (Male)
UOS505-0300	Cholecystectomy -open 65-74 (Male)
UOS505-0310	Cholecystectomy -open 75-84 (Male)
UOS505-0320	Cholecystectomy -open 85+ (Male)
UOS505-0330	Cholecystectomy -closed(laparoscopic) <65 (Male)
UOS505-0340	Cholecystectomy -closed(laparoscopic) 65-74 (Male)

Measure Measure Name/Measure Description/Field Name/Field Description

UOS505-0350	Cholecystectomy -closed(laparoscopic) 75-84 (Male)
UOS505-0360	Cholecystectomy -closed(laparoscopic) 85+ (Male)
UOS505-0370	Prostatectomy <65 (Male)
UOS505-0380	Prostatectomy 65-74 (Male)
UOS505-0390	Prostatectomy 75-84 (Male)
UOS505-0400	Prostatectomy 85+ (Male)
UOS505-0410	CABG <65 (Female)
UOS505-0420	CABG 65-74 (Female)
UOS505-0430	CABG 75-84 (Female)
UOS505-0440	CABG 85+ (Female)
UOS505-0450	Angioplasty(PTCA) <65 (Female)
UOS505-0460	Angioplasty(PTCA) 65-74 (Female)
UOS505-0470	Angioplasty(PTCA) 75-84 (Female)
UOS505-0480	Angioplasty(PTCA) 85+ (Female)
UOS505-0490	Carotid Endarterectomy <65 (Female)
UOS505-0500	Carotid Endarterectomy 65-74 (Female)
UOS505-0510	Carotid Endarterectomy 75-84 (Female)
UOS505-0520	Carotid Endarterectomy 85+ (Female)
UOS505-0530	Reduction of Fracture of Femur <65 (Female)
UOS505-0540	Reduction of Fracture of Femur 65-74 (Female)
UOS505-0550	Reduction of Fracture of Femur 75-84 (Female)
UOS505-0560	Reduction of Fracture of Femur 85+ (Female)
UOS505-0570	Total Hip Replacement <65 (Female)
UOS505-0580	Total Hip Replacement 65-74 (Female)
UOS505-0590	Total Hip Replacement 75-84 (Female)
UOS505-0600	Total Hip Replacement 85+ (Female)
UOS505-0610	Total Knee Replacement <65 (Female)
UOS505-0620	Total Knee Replacement 65-74 (Female)
UOS505-0630	Total Knee Replacement 75-84 (Female)
UOS505-0640	Total Knee Replacement 85+ (Female)
UOS505-0650	Partial Excision of Large Intestine <65 (Female)
UOS505-0660	Partial Excision of Large Intestine 65-74 (Female)
UOS505-0670	Partial Excision of Large Intestine 75-84 (Female)
UOS505-0680	Partial Excision of Large Intestine 85+ (Female)
UOS505-0690	Cholecystectomy -open <65 (Female)
UOS505-0700	Cholecystectomy -open 65-74 (Female)
UOS505-0710	Cholecystectomy -open 75-84 (Female)
UOS505-0720	Cholecystectomy -open 85+ (Female)
UOS505-0730	Cholecystectomy -closed(laparoscopic) <65 (Female)
UOS505-0740	Cholecystectomy -closed(laparoscopic) 65-74 (Female)
UOS505-0750	Cholecystectomy -closed(laparoscopic) 75-84 (Female)
UOS505-0760	Cholecystectomy -closed(laparoscopic) 85+ (Female)
UOS505-0771	Hysterectomy - Abdominal <65 (Female)
UOS505-0772	Hysterectomy - Vaginal <65 (Female)
UOS505-0781	Hysterectomy - Abdominal 65-74 (Female)
UOS505-0782	Hysterectomy - Vaginal 65-74 (Female)
UOS505-0791	Hysterectomy - Abdominal 75-84 (Female)
UOS505-0792	Hysterectomy - Vaginal 75-84 (Female)
UOS505-0801	Hysterectomy - Abdominal 85+ (Female)
UOS505-0802	Hysterectomy - Vaginal 85+ (Female)
UOS505-0810	Cardiac Catheterization - <65 (Male)
UOS505-0820	Cardiac Catheterization - 65-74 (Male)
UOS505-0830	Cardiac Catheterization - 75-84 (Male)
UOS505-0840	Cardiac Catheterization - 85+ (Male)
UOS505-0850	Cardiac Catheterization - <65 (Female)
UOS505-0860	Cardiac Catheterization - 65-74 (Female)

Measure Measure Name/Measure Description/Field Name/Field Description

UOS505-0870 Cardiac Catheterization - 75-84 (Female)

UOS505-0880 Cardiac Catheterization - 85+ (Female)

UOS506 – Inpatient Utilization-General Hospital/Acute Care

DESCRIPTION - This table summarizes utilization of acute inpatient services in the following categories: total services, medicine, surgery and maternity. Nonacute care, mental health and chemical dependency services, as well as newborn care, are excluded. (HEDIS 1999, Volume 2: Technical Specification, Pg. 218)

REPORTING LEVEL - Contract Market

UOS506-0010	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Total Inpatient - Age < 1)
UOS506-0020	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Total Inpatient - Age < 1)
UOS506-0030	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Total Inpatient - Age < 1)
UOS506-0040	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Total Inpatient - Age 1-9)
UOS506-0050	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Total Inpatient - Age 1-9)
UOS506-0060	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Total Inpatient - Age 1-9)
UOS506-0070	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Total Inpatient - Age 10-19)
UOS506-0080	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Total Inpatient - Age 10-19)
UOS506-0090	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Total Inpatient - Age 10-19)
UOS506-0100	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Total Inpatient - Age 20-44)
UOS506-0110	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Total Inpatient - Age 20-44)
UOS506-0120	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Total Inpatient - Age 20-44)
UOS506-0130	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Total Inpatient - Age 45-64)
UOS506-0140	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Total Inpatient - Age 45-64)
UOS506-0150	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Total Inpatient - Age 45-64)
UOS506-0160	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Total Inpatient - Age 65-74)
UOS506-0170	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Total Inpatient - Age 65-74)
UOS506-0180	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Total Inpatient - Age 65-74)
UOS506-0190	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Total Inpatient - Age 75-84)
UOS506-0200	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Total Inpatient - Age 75-84)
UOS506-0210	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Total Inpatient - Age 75-84)
UOS506-0220	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Total Inpatient - Age 85+)
UOS506-0230	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Total Inpatient - Age 85+)
UOS506-0240	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Total Inpatient - Age 85+)
UOS506-0270	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Total Inpatient - Age Unknown)
UOS506-0280	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Total Inpatient - Total)
UOS506-0290	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Total Inpatient - Total)
UOS506-0300	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Total Inpatient - Total)
UOS506-0310	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Medicine - Age < 1)
UOS506-0320	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Medicine - Age < 1)
UOS506-0330	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Medicine - Age < 1)
UOS506-0340	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Medicine - Age 1-9)
UOS506-0350	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Medicine - Age 1-9)

Measure Measure Name/Measure Description/Field Name/Field Description

UOS506-0360	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Medicine - Age 1-9)
UOS506-0370	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Medicine - Age 10-19)
UOS506-0380	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Medicine - Age 10-19)
UOS506-0390	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Medicine - Age 10-19)
UOS506-0400	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Medicine - Age 20-44)
UOS506-0410	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Medicine - Age 20-44)
UOS506-0420	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Medicine - Age 20-44)
UOS506-0430	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Medicine - Age 45-64)
UOS506-0440	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Medicine - Age 45-64)
UOS506-0450	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Medicine - Age 45-64)
UOS506-0460	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Medicine - Age 65-74)
UOS506-0470	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Medicine - Age 65-74)
UOS506-0480	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Medicine - Age 65-74)
UOS506-0490	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Medicine - Age 75-84)
UOS506-0500	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Medicine - Age 75-84)
UOS506-0510	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Medicine - Age 75-84)
UOS506-0520	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Medicine - Age 85+)
UOS506-0530	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Medicine - Age 85+)
UOS506-0540	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Medicine - Age 85+)
UOS506-0570	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Medicine - Age Unknown)
UOS506-0580	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Medicine - Total)
UOS506-0590	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Medicine - Total)
UOS506-0600	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Medicine - Total)
UOS506-0610	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Surgery - Age < 1)
UOS506-0620	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Surgery - Age < 1)
UOS506-0630	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Surgery - Age < 1)
UOS506-0640	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Surgery - Age 1-9)
UOS506-0650	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Surgery - Age 1-9)
UOS506-0660	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Surgery - Age 1-9)
UOS506-0670	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Surgery - Age 10-19)
UOS506-0680	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Surgery - Age 10-19)
UOS506-0690	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Surgery - Age 10-19)
UOS506-0700	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Surgery - Age 20-44)
UOS506-0710	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Surgery - Age 20-44)
UOS506-0720	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Surgery - Age 20-44)
UOS506-0730	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Surgery - Age 45-64)
UOS506-0740	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Surgery - Age 45-64)
UOS506-0750	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Surgery - Age 45-64)
UOS506-0760	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Surgery - Age 65-74)
UOS506-0770	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Surgery - Age 65-74)
UOS506-0780	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Surgery - Age 65-74)
UOS506-0790	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Surgery - Age 75-84)
UOS506-0800	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Surgery - Age 75-84)
UOS506-0810	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Surgery - Age 75-84)

Measure Measure Name/Measure Description/Field Name/Field Description

UOS506-0820	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Surgery - Age 85+)
UOS506-0830	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Surgery - Age 85+)
UOS506-0840	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Surgery - Age 85+)
UOS506-0870	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Surgery - Age Unknown)
UOS506-0880	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Surgery - Total)
UOS506-0890	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Surgery - Total)
UOS506-0900	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Surgery - Total)
UOS506-0901	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Maternity - Age <1)
UOS506-0902	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Maternity - Age <1)
UOS506-0903	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Maternity - Age <1)
UOS506-0904	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Maternity - Ages 1-9)
UOS506-0905	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Maternity - Ages 1-9)
UOS506-0906	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Maternity - Ages 1-9)
UOS506-0910	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Maternity - Age 10-19)
UOS506-0920	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Maternity - Age 10-19)
UOS506-0930	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Maternity - Age 10-19)
UOS506-0940	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Maternity - Age 20-44)
UOS506-0950	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Maternity - Age 20-44)
UOS506-0960	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Maternity - Age 20-44)
UOS506-0970	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Maternity - Age 45-64)
UOS506-0980	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Maternity - Age 45-64)
UOS506-0990	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Maternity - Age 45-64)
UOS506-1020	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Maternity - Age Unknown)
UOS506-1030	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Maternity - Total)
UOS506-1040	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Maternity - Total)
UOS506-1050	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Maternity - Total)
UOS506-1090	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Maternity - Ages 65+)
UOS506-1100	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Maternity - Ages 65+)
UOS506-1110	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Maternity - Ages 65+)

UOS507 – Ambulatory Care

DESCRIPTION - This measure summarizes utilization of ambulatory services in the following categories: Outpatient Visits (excluding mental health and chemical dependency), Emergency Room Visits, Ambulatory Surgery/Procedures performed in hospital outpatient facilities or freestanding surgical centers, and Observation Room Stays that result in discharge (Observation Room Stays resulting in an inpatient admission are counted in the Inpatient Utilization - General Hospital Acute Care measure. (HEDIS 1999, Volume 2: Technical Specification, Pg. 225)

REPORTING LEVEL - Contract Market

UOS507-0010	Ambulatory Care- Total Outpatient Visits/1000 (Age < 1)
UOS507-0020	Ambulatory Care- Total Emergency Room Visits/1000 (Age < 1)
UOS507-0030	Ambulatory Care- Total Ambulatory Surgery Procedures/1000 (Age < 1)
UOS507-0040	Ambulatory Care- Observation Room Stays Resulting in Discharge/1000 (Age < 1)
UOS507-0050	Ambulatory Care- Total Outpatient Visits/1000 (Age 1-9)
UOS507-0060	Ambulatory Care- Total Emergency Room Visits/1000 (Age 1-9)
UOS507-0070	Ambulatory Care- Total Ambulatory Surgery Procedures/1000 (Age 1-9)
UOS507-0080	Ambulatory Care- Observation Room Stays Resulting in Discharge/1000 (Age 1-9)
UOS507-0090	Ambulatory Care- Total Outpatient Visits/1000 (Age 10-19)
UOS507-0100	Ambulatory Care- Total Emergency Room Visits/1000 (Age 10-19)
UOS507-0110	Ambulatory Care- Total Ambulatory Surgery Procedures/1000 (Age 10-19)

Measure Measure Name/Measure Description/Field Name/Field Description

UOS507-0120	Ambulatory Care- Observation Room Stays Resulting in Discharge/1000 (Age 10-19)
UOS507-0130	Ambulatory Care- Total Outpatient Visits/1000 (Age 20-44)
UOS507-0140	Ambulatory Care- Total Emergency Room Visits/1000 (Age 20-44)
UOS507-0150	Ambulatory Care- Total Ambulatory Surgery Procedures/1000 (Age 20-44)
UOS507-0160	Ambulatory Care- Observation Room Stays Resulting in Discharge/1000 (Age 20-44)
UOS507-0170	Ambulatory Care- Total Outpatient Visits/1000 (Age 45-64)
UOS507-0180	Ambulatory Care- Total Emergency Room Visits/1000 (Age 45-64)
UOS507-0190	Ambulatory Care- Total Ambulatory Surgery Procedures/1000 (Age 45-64)
UOS507-0200	Ambulatory Care- Observation Room Stays Resulting in Discharge/1000 (Age 45-64)
UOS507-0210	Ambulatory Care- Total Outpatient Visits/1000 (Age 65-74)
UOS507-0220	Ambulatory Care- Total Emergency Room Visits/1000 (Age 65-74)
UOS507-0230	Ambulatory Care- Total Ambulatory Surgery Procedures/1000 (Age 65-74)
UOS507-0240	Ambulatory Care- Observation Room Stays Resulting in Discharge/1000 (Age 65-74)
UOS507-0250	Ambulatory Care- Total Outpatient Visits/1000 (Age 75-84)
UOS507-0260	Ambulatory Care- Total Emergency Room Visits/1000 (Age 75-84)
UOS507-0270	Ambulatory Care- Total Ambulatory Surgery Procedures/1000 (Age 75-84)
UOS507-0280	Ambulatory Care- Observation Room Stays Resulting in Discharge/1000 (Age 75-84)
UOS507-0290	Ambulatory Care- Total Outpatient Visits/1000 (Age 85+)
UOS507-0300	Ambulatory Care- Total Emergency Room Visits/1000 (Age 85+)
UOS507-0310	Ambulatory Care- Total Ambulatory Surgery Procedures/1000 (Age 85+)
UOS507-0320	Ambulatory Care- Observation Room Stays Resulting in Discharge/1000 (Age 85+)
UOS507-0370	Ambulatory Care- Total Outpatient Visits/1000 (Total)
UOS507-0380	Ambulatory Care- Total Emergency Room Visits/1000 (Total)
UOS507-0390	Ambulatory Care- Total Ambulatory Surgery Procedures/1000 (Total)
UOS507-0400	Ambulatory Care- Observation Room Stays Resulting in Discharge/1000 (Total)

UOS508 – Inpatient Utilization-NonAcute Care

DESCRIPTION - This measure summarizes utilization of nonacute inpatient care in the following facilities: hospice, nursing home, rehabilitation, SNF, transitional care and respite. These data excludes services with a principle diagnosis of mental health and chemical dependency. (HEDIS 1999, Volume 2: Technical Specification, Pg. 232)

REPORTING LEVEL - Contract Market

UOS508-0010	Inpatient Utilization - Non-Acute Care- Total Inpatient Discharges/1000 (Age < 1)
UOS508-0020	Inpatient Utilization - Non-Acute Care- Total Inpatient Days/1000 (Age < 1)
UOS508-0030	Inpatient Utilization - Non-Acute Care- Total Inpatient Average Length of Stay (Age < 1)
UOS508-0040	Inpatient Utilization - Non-Acute Care- Total Inpatient Discharges/1000 (Age 1-9)
UOS508-0050	Inpatient Utilization - Non-Acute Care- Total Inpatient Days/1000 (Age 1-9)
UOS508-0060	Inpatient Utilization - Non-Acute Care- Total Inpatient Average Length of Stay (Age 1-9)
UOS508-0070	Inpatient Utilization - Non-Acute Care- Total Inpatient Discharges/1000 (Age 10-19)
UOS508-0080	Inpatient Utilization - Non-Acute Care- Total Inpatient Days/1000 (Age 10-19)
UOS508-0090	Inpatient Utilization - Non-Acute Care- Total Inpatient Average Length of Stay (Age 10-19)
UOS508-0100	Inpatient Utilization - Non-Acute Care- Total Inpatient Discharges/1000 (Age 20-44)
UOS508-0110	Inpatient Utilization - Non-Acute Care- Total Inpatient Days/1000 (Age 20-44)
UOS508-0120	Inpatient Utilization - Non-Acute Care- Total Inpatient Average Length of Stay (Age 20-44)
UOS508-0130	Inpatient Utilization - Non-Acute Care- Total Inpatient Discharges/1000 (Age 45-64)
UOS508-0140	Inpatient Utilization - Non-Acute Care- Total Inpatient Days/1000 (Age 45-64)
UOS508-0150	Inpatient Utilization - Non-Acute Care- Total Inpatient Average Length of Stay (Age 45-64)
UOS508-0160	Inpatient Utilization - Non-Acute Care- Total Inpatient Discharges/1000 (Age 65-74)
UOS508-0170	Inpatient Utilization - Non-Acute Care- Total Inpatient Days/1000 (Age 65-74)
UOS508-0180	Inpatient Utilization - Non-Acute Care- Total Inpatient Average Length of Stay (Age 65-74)
UOS508-0190	Inpatient Utilization - Non-Acute Care- Total Inpatient Discharges/1000 (Age 75-84)
UOS508-0200	Inpatient Utilization - Non-Acute Care- Total Inpatient Days/1000 (Age 75-84)
UOS508-0210	Inpatient Utilization - Non-Acute Care- Total Inpatient Average Length of Stay (Age 75-84)
UOS508-0220	Inpatient Utilization - Non-Acute Care- Total Inpatient Discharges/1000 (Age 85+)
UOS508-0230	Inpatient Utilization - Non-Acute Care- Total Inpatient Days/1000 (Age 85+)
UOS508-0240	Inpatient Utilization - Non-Acute Care- Total Inpatient Average Length of Stay (Age 85+)
UOS508-0270	Inpatient Utilization - Non-Acute Care- Total Inpatient Average Length of Stay (Age Unknown)
UOS508-0280	Inpatient Utilization - Non-Acute Care- Total Inpatient Discharges/1000 (Total)

Measure Measure Name/Measure Description/Field Name/Field Description

UOS508-0290 Inpatient Utilization - Non-Acute Care- Total Inpatient Days/1000 (Total)
UOS508-0300 Inpatient Utilization - Non-Acute Care- Total Inpatient Average Length of Stay (Total)

UOS512 – Mental Health Utilization-Inpatient Discharges/Average Length of Stay

DESCRIPTION - This measure summarizes utilization of inpatient mental health services, stratified by age and sex. (HEDIS 1999, Volume 2: Technical Specification, Pg. 248)

REPORTING LEVEL - Contract Market

UOS512-0010 Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Male - Age 0-12)
UOS512-0020 Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Male - Age 0-12)
UOS512-0030 Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Male - Age 13-17)
UOS512-0040 Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Male - Age 13-17)
UOS512-0050 Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Male - Age 18-64)
UOS512-0060 Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Male - Age 18-64)
UOS512-0070 Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Male - Age 65+)
UOS512-0080 Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Male - Age 65+)
UOS512-0100 Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Male - Age Unknown)
UOS512-0110 Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Male - Total)
UOS512-0120 Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Male - Total)
UOS512-0130 Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Female - Age 0-12)
UOS512-0140 Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Female - Age 0-12)
UOS512-0150 Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Female - Age 13-17)
UOS512-0160 Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Female - Age 13-17)
UOS512-0170 Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Female - Age 18-64)
UOS512-0180 Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Female - Age 18-64)
UOS512-0190 Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Female - Age 65+)
UOS512-0200 Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Female - Age 65+)
UOS512-0220 Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Female - Age Unknown)
UOS512-0230 Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Female - Total)
UOS512-0240 Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Female - Total)
UOS512-0250 Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Total - Age 0-12)
UOS512-0260 Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Total - Age 0-12)
UOS512-0270 Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Total - Age 13-17)

Measure Measure Name/Measure Description/Field Name/Field Description

UOS512-0280	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Total - Age 13-17)
UOS512-0290	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Total - Age 18-64)
UOS512-0300	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Total - Age 18-64)
UOS512-0310	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Total - Age 65+)
UOS512-0320	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Total - Age 65+)
UOS512-0340	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Total - Age Unknown)
UOS512-0350	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Total - Total)
UOS512-0360	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Total - Total)

UOS513 – Mental Health Utilization-% of Members Receiving Inpatient, Day/Night, and Ambulatory Services

DESCRIPTION - This measure reports the number and percentage of members receiving mental health services during the reporting year in the following categories: Any Mental Health Services (inpatient, day/night, ambulatory), Inpatient Mental Health Services, Day/Night Mental Health Services and Ambulatory Mental Health Services.

Report in each category the number of members who received the respective service and, of all enrollees with a mental health benefit, the percentage who received the respective service. This information is reported by age and sex.

This measure is intended to give an overview of the extent to which the plan uses the different levels of mental health care.

(HEDIS 1999, Volume 2: Technical Specification, Pg. 251)

REPORTING LEVEL - Contract Market

UOS513-0010	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Any Mental Health Services (Male - Age 0-12)
UOS513-0020	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Inpatient Mental Health Services (Male - Age 0-12)
UOS513-0030	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Day/Night Mental Health Services (Male - Age 0-12)
UOS513-0040	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Ambulatory Mental Health Services (Male - Age 0-12)
UOS513-0050	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Any Mental Health Services (Male - Age 13-17)
UOS513-0060	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Inpatient Mental Health Services (Male - Age 13-17)
UOS513-0070	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Day/Night Mental Health Services (Male - Age 13-17)
UOS513-0080	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Ambulatory Mental Health Services (Male - Age 13-17)
UOS513-0090	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Any Mental Health Services (Male - Age 18-64)
UOS513-0100	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Inpatient Mental Health Services (Male - Age 18-64)
UOS513-0110	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Day/Night Mental Health Services (Male - Age 18-64)
UOS513-0120	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Ambulatory Mental Health Services (Male - Age 18-64)
UOS513-0130	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Any Mental Health Services (Male - Age 65+)
UOS513-0140	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Inpatient Mental Health Services (Male - Age 65+)
UOS513-0150	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Day/Night Mental Health Services (Male - Age 65+)

Measure	Measure Name/Measure Description/Field Name/Field Description

[illegible]

Measure	Measure Name/Measure Description/Field Name/Field Description

[illegible]

UOS515 – Chemical Dependency utilization-Inpatient Discharges/Average Length of Stay

DESCRIPTION - This measure summarizes utilization of inpatient chemical dependency services, stratified by age and sex. (HEDIS 1999, Volume 2: Technical Specification, Pg. 257)

REPORTING LEVEL - Contract Market

UOS515-0010	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Male - Age 0-12)
UOS515-0020	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Male - Age 0-12)
UOS515-0030	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Male - Age 13-17)
UOS515-0040	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Male - Age 13-17)
UOS515-0050	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Male - Age 18-64)
UOS515-0060	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Male - Age 18-64)
UOS515-0070	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Male - Age 65+)
UOS515-0080	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Male - Age 65+)
UOS515-0100	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Male - Age Unknown)
UOS515-0110	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Male - Total)
UOS515-0120	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Male - Total)
UOS515-0130	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Female - Age 0-12)
UOS515-0140	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Female - Age 0-12)
UOS515-0150	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Female - Age 13-17)
UOS515-0160	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Female - Age 13-17)
UOS515-0170	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Female - Age 18-64)
UOS515-0180	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Female - Age 18-64)
UOS515-0190	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Female - Age 65+)
UOS515-0200	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Female - Age 65+)
UOS515-0220	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Female - Age Unknown)
UOS515-0230	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Female - Total)
UOS515-0240	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Female - Total)
UOS515-0250	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Total - Age 0-12)
UOS515-0260	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Total - Age 0-12)
UOS515-0270	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Total - Age 13-17)
UOS515-0280	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Total - Age 13-17)

Measure Measure Name/Measure Description/Field Name/Field Description

UOS515-0290	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Total - Age 18-64)
UOS515-0300	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Total - Age 18-64)
UOS515-0310	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Total - Age 65+)
UOS515-0320	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Total - Age 65+)
UOS515-0340	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Total - Age Unknown)
UOS515-0350	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Total - Total)
UOS515-0360	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Total - Total)

UOS516 – Chemical Dependency utilization-% of members Receiving Inpatient, Day/Night, and Ambulatory Services

DESCRIPTION - This measure reports the number and percentage of members receiving chemical dependency services during the reporting year in the following categories: Any Chemical Dependency Services (inpatient, day/night, ambulatory), Inpatient Chemical Dependency Services, Day/Night Chemical Dependency Services and Ambulatory Chemical Dependency Services. Report in each category the number of members who received the respective service and, of all enrollees with a chemical dependency benefit, the percentage that received the respective service, This information is reported by age and sex.

This measure is intended to give an overview of the extent to which the plan uses the different levels of chemical dependency care. (HEDIS 1999, Volume 2: Technical Specification, Pg. 260)

REPORTING LEVEL - Contract Market

UOS516-0010	Chemical Dependency Utilization -- Percentage Of Members Receiving Inpatient And Day/Night Care And Ambulatory Services- Total Percentage Receiving Any Mental Health Services (Male - Age 0-12)
UOS516-0020	Chemical Dependency Utilization -- Percentage Of Members Receiving Inpatient And Day/Night Care And Ambulatory Services- Total Percentage Receiving Inpatient Mental Health Services (Male - Age 0-12)
UOS516-0030	Chemical Dependency Utilization -- Percentage Of Members Receiving Inpatient And Day/Night Care And Ambulatory Services- Total Percentage Receiving Day/Night Mental Health Services (Male - Age 0-12)
UOS516-0040	Chemical Dependency Utilization -- Percentage Of Members Receiving Inpatient And Day/Night Care And Ambulatory Services- Total Percentage Receiving Ambulatory Mental Health Services (Male - Age 0-12)
UOS516-0050	Chemical Dependency Utilization -- Percentage Of Members Receiving Inpatient And Day/Night Care And Ambulatory Services- Total Percentage Receiving Any Mental Health Services (Male - Age 13-17)
UOS516-0060	Chemical Dependency Utilization -- Percentage Of Members Receiving Inpatient And Day/Night Care And Ambulatory Services- Total Percentage Receiving Inpatient Mental Health Services (Male - Age 13-17)
UOS516-0070	Chemical Dependency Utilization -- Percentage Of Members Receiving Inpatient And Day/Night Care And Ambulatory Services- Total Percentage Receiving Day/Night Mental Health Services (Male - Age 13-17)
UOS516-0080	Chemical Dependency Utilization -- Percentage Of Members Receiving Inpatient And Day/Night Care And Ambulatory Services- Total Percentage Receiving Ambulatory Mental Health Services (Male - Age 13-17)
UOS516-0090	Chemical Dependency Utilization -- Percentage Of Members Receiving Inpatient And Day/Night Care And Ambulatory Services- Total Percentage Receiving Any Mental Health Services (Male - Age 18-64)
UOS516-0100	Chemical Dependency Utilization -- Percentage Of Members Receiving Inpatient And Day/Night Care And Ambulatory Services- Total Percentage Receiving Inpatient Mental Health Services (Male - Age 18-64)
UOS516-0110	Chemical Dependency Utilization -- Percentage Of Members Receiving Inpatient And Day/Night Care And Ambulatory Services- Total Percentage Receiving Day/Night Mental Health Services (Male - Age 18-64)
UOS516-0120	Chemical Dependency Utilization -- Percentage Of Members Receiving Inpatient And Day/Night Care And Ambulatory Services- Total Percentage Receiving Ambulatory Mental Health Services (Male - Age 18-64)
UOS516-0130	Chemical Dependency Utilization -- Percentage Of Members Receiving Inpatient And Day/Night Care And Ambulatory Services- Total Percentage Receiving Any Mental Health Services (Male - Age 65+)
UOS516-0140	Chemical Dependency Utilization -- Percentage Of Members Receiving Inpatient And Day/Night Care And Ambulatory Services- Total Percentage Receiving Inpatient Mental Health Services (Male - Age 65+)
UOS516-0150	Chemical Dependency Utilization -- Percentage Of Members Receiving Inpatient And Day/Night Care And Ambulatory Services- Total Percentage Receiving Day/Night Mental Health Services (Male - Age 65+)
UOS516-0160	Chemical Dependency Utilization -- Percentage Of Members Receiving Inpatient And Day/Night Care And Ambulatory Services- Total Percentage Receiving Ambulatory Mental Health Services (Male - Age 65+)

Measure	Measure Name/Measure Description/Field Name/Field Description

[illegible]

[illegible][illegible]

UOS518 – Outpatient Drug Utilization

DESCRIPTION - This measure summarizes data on outpatient utilization of drug prescriptions (Total Cost of Prescriptions, Average Cost of Prescriptions per Member per Month, Total Number of Prescriptions and Average Number of Prescriptions per Member per Year) during the reporting year, stratified by age. (HEDIS 1999, Volume 2: Technical Specification, Pg. 266)

REPORTING LEVEL - Contract Market

UOS518-0010	Outpatient Drug Utilization- Total Average Cost of Prescriptions Per Member Per Month (Age 0-9)
UOS518-0020	Outpatient Drug Utilization- Total Average Number of Prescriptions Per Member Per Year (Age 0-9)
UOS518-0030	Outpatient Drug Utilization- Total Average Cost of Prescriptions Per Member Per Month (Age 10-19)
UOS518-0040	Outpatient Drug Utilization- Total Average Number of Prescriptions Per Member Per Year (Age 10-19)
UOS518-0050	Outpatient Drug Utilization- Total Average Cost of Prescriptions Per Member Per Month (Age 20-44)
UOS518-0060	Outpatient Drug Utilization- Total Average Number of Prescriptions Per Member Per Year (Age 20-44)
UOS518-0070	Outpatient Drug Utilization- Total Average Cost of Prescriptions Per Member Per Month (Age 45-64)
UOS518-0080	Outpatient Drug Utilization- Total Average Number of Prescriptions Per Member Per Year (Age 45-64)
UOS518-0090	Outpatient Drug Utilization- Total Average Cost of Prescriptions Per Member Per Month (Age 65-74)
UOS518-0100	Outpatient Drug Utilization- Total Average Number of Prescriptions Per Member Per Year (Age 65-74)
UOS518-0110	Outpatient Drug Utilization- Total Average Cost of Prescriptions Per Member Per Month (Age 75-84)
UOS518-0120	Outpatient Drug Utilization- Total Average Number of Prescriptions Per Member Per Year (Age 75-84)
UOS518-0130	Outpatient Drug Utilization- Total Average Cost of Prescriptions Per Member Per Month (Age 85+)
UOS518-0140	Outpatient Drug Utilization- Total Average Number of Prescriptions Per Member Per Year (Age 85+)
UOS518-0170	Outpatient Drug Utilization- Total Average Cost of Prescriptions Per Member Per Month (Total)
UOS518-0180	Outpatient Drug Utilization- Total Average Number of Prescriptions Per Member Per Year (Total)