
HEDIS® 2005 (Summary) Documentation for Reporting Year 2004

General Information

This documentation presents (1) a description of each HEDIS® measure that CMS collected for 205 Medicare managed care contract markets on health care provided in calendar year 2004 to Medicare beneficiaries and (2) the location of the rates associated with each HEDIS measure within the HEDIS workbook (HEDIS2005.XLS). CMS took the description and additional information for each measure from HEDIS 2005 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 measurement year, CMS required that all managed care organizations undergo an audit on all HEDIS measures. The summary data file includes all submitted data.

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The Medicare HEDIS reporting unit is the contract

In 2005, CMS collected data from 204 Medicare managed care contracts for health care delivered in 2004. CMS considers the reporting unit for a health plan as the equivalent to a contract. CMS signs a contract with health plans to provide health care for a given geographic service area. One contract still divides its geographic service area in two and reports at the "market area" level. This makes the total number of reported submissions 205.

The "Service_Area" sheet in the HEDIS workbook identifies the state and counties for each submission. If the contract that reports at the "market area" level is shown with the market area after the state (CA: Northern California" and "CA: Southern California.")

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 2005 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 2005, 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.

CMS includes our record of enrollment as of December of the measurement year in the "GENERAL" sheet in the HEDIS workbook. The HEDIS reported value is adjusted for individuals with partial-year enrollment and reflects the entire contract's enrollment. CMS's enrollment is now broken down by the number enrolled in the CMS approved contract market area.

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

AOC201 – Adults' Access to Preventive/Ambulatory Health Services

DESCRIPTION - The percentage of enrollees age 20 through 44, 45 through 64 and 65 years and older who had an ambulatory or preventive-care visit. Nine separate rates are calculated, one for each of the three product lines for each of the three age groups. MCOs report the percentage of:

- Medicaid and Medicare enrollees who were continuously enrolled during the measurement year and who had an ambulatory or preventive-care visit during the measurement year
- Commercial enrollees who were continuously enrolled during the measurement year and the two years prior to the measurement year and who had an ambulatory or preventive-care visit during the measurement year or the two years prior to the measurement year. (HEDIS 2005, Volume 2: Technical Specification, Pg. 156)

REPORTING LEVEL - Contract Market

AOC201-0010	Rate (Ages 20-44)
AOC201-0020	Rate (Ages 45-64)
AOC201-0030	Rate (Ages 65 and older)
AOC201-0040	Lower Confidence Interval - 20-44
AOC201-0050	Upper Confidence Interval - 20-44
AOC201-0060	Lower Confidence Interval - 45-64
AOC201-0070	Upper Confidence Interval - 45-64
AOC201-0080	Lower Confidence Interval - 65+
AOC201-0090	Upper Confidence Interval - 65+
AOC201-0095	Combined Total
AOC201-0100	Lower Confidence Interval - All
AOC201-0110	Upper Confidence Interval - All

AOC220 – Call Abandonment

DESCRIPTION - The percentage of calls received by the MCO's member services call centers (during member services operating hours) during the measurement year that were abandoned by the caller before being answered by a live voice. (HEDIS 2005, Volume 2: Technical Specification, Pg. 183)

REPORTING LEVEL - Contract Market

AOC220-0010	Reported rate
AOC220-0020	Lower Confidence Interval
AOC220-0030	Upper Confidence Interval

AOC225 – Call Answer Timeliness

DESCRIPTION - The percentage of calls received by the MCO's member services call centers (during member services operating hours) during the measurement year that were answered by a live voice within 30 seconds. (HEDIS 2005, Volume 2: Technical Specification, Pg. 180)

REPORTING LEVEL - Contract Market

AOC225-0010	Reported rate
AOC225-0020	Lower Confidence Interval
AOC225-0030	Upper Confidence Interval

AOC230 – Claims Timeliness

DESCRIPTION - The percentage of all claims received by the MCO or its claims processing centers, January 1 through December 1 of the measurement year, that were paid or denied within 30 calendar days of receipt. This includes all MCO claims delegates (e.g., keying centers, clearinghouses). (HEDIS 2005, Volume 2: Technical Specification, Pg. 177)

REPORTING LEVEL - Contract Market

AOC230-0010	Reported rate
AOC230-0020	Lower Confidence Interval
AOC230-0030	Upper Confidence Interval

AOC235 – Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

DESCRIPTION - This measure calculates two rates using the same population of members with Alcohol and Other Drug (AOD) dependence: Initiation of AOD Dependence Treatment: The percentage of adults diagnosed with AOD dependence who initiate treatment through either:

- an inpatient AOD admission, or
- an outpatient service for AOD abuse or dependence and any additional AOD services within 14 days.

Engagement of AOD Treatment is an intermediate step between initially accessing care (in the initiation treatment) and completing a full course of treatment. This measure is designed to assess the degree to which members engage in treatment with two additional AOD services within 30 days after initiation. (HEDIS 2005, Volume 2: Technical Specification, Pg. 173)

REPORTING LEVEL - Contract Market

AOC235-0010	Rate - Engagement
AOC235-0020	Lower Confidence Interval - Engagement
AOC235-0030	Upper Confidence Interval - Engagement

EOC003 – Breast Cancer Screening

DESCRIPTION - The percentage of women age 50 through 69 years, who were continuously enrolled during the measurement year and the year prior to the measurement year, and who had a mammogram during the measurement year or year prior to the measurement year. (HEDIS 2005, Volume 2: Technical Specification, Pg. 87)

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 enrolled members age 35 years and older during the measurement year, who were hospitalized and discharged alive from January 1–December 24 of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who received an ambulatory prescription for beta blockers upon discharge. The intent of this measure is to assess whether appropriate follow-up care has been rendered to members who suffer a heart attack. (HEDIS 2005, Volume 2: Technical Specification, Pg. 106)

REPORTING LEVEL - Contract Market

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

EOC010 – Followup after Hospitalization for Mental Illness

DESCRIPTION - The percentage of members age six years and older who were hospitalized for treatment of selected mental health disorders who were seen on an ambulatory basis or who were in intermediate treatment with a mental health provider.

Six separate calculations are required—one for each of the three product lines for both of the following:

- the percentage of discharges for members who had an ambulatory or intermediate mental health visit on the date of discharge, up to 30 days after hospital discharge, and
- the percentage of discharges for members who had an ambulatory or intermediate mental health visit on the date of discharge, up to 7 days after hospital discharge. (HEDIS 2005, Volume 2: Technical Specification, Pg. 131)

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 members 18-75 years with diabetes (type 1 and type 2) who had each of the following:

- Hemoglobin A1c (HbA1c) tested
- HbA1c poorly controlled (> 9.0%)
- eye exam (retinal) performed
- LDL-C screening performed
- LDL-C controlled (LDL less than 130 mg/dL)
- LDL-C controlled (LDL less than 100 mg/dL)

- kidney disease (nephropathy) monitored.

The MCO will report seven separate rates (one for each aspect of diabetes care identified) for each product line. These measures are consistent with the Diabetes Quality Improvement Project (DQIP) set of measures (excluding hypertension and foot care). (HEDIS 2005, Volume 2: Technical Specifications, Pg. 117)

REPORTING LEVEL - Contract Market

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
EOC020-0160	Rate - Nephropathy Monitor
EOC020-0170	Lower Confidence Interval - Nephropathy Monitor
EOC020-0180	Upper Confidence Interval - Nephropathy Monitor
EOC020-0190	Rate <130 LDL-C Level
EOC020-0200	Lower Confidence Interval <130 LDL-C Level
EOC020-0210	Upper Confidence Interval <130 LDL-C Level
EOC020-0220	Rate <100 LDL-C Level
EOC020-0230	Lower Confidence Interval <100 LDL-C Level
EOC020-0240	Upper Confidence Interval <100 LDL-C Level

EOC025 – Cholesterol Management After Acute Cardiovascular Events

DESCRIPTION - The percentage of members age 18 - 75 years old as of December 31 of the measurement year who were discharged alive in the year prior to the measurement year for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) and had evidence of LDL-C control below specified thresholds (<130mg/dL; <100mg/dL). (HEDIS 2005, Volume 2: Technical Specifications, Pg. 113)

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
EOC025-0070	Rate <130 LDL-C Level
EOC025-0080	Lower Confidence Interval <130 LDL-C Level
EOC025-0090	Upper Confidence Interval <130 LDL-C Level
EOC025-0100	Rate <100 LDL-C Level
EOC025-0110	Lower Confidence Interval <100 LDL-C Level
EOC025-0120	Upper Confidence Interval <100 LDL-C Level

EOC030 – Antidepressant Medication Management

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

1. Optimal Practitioner Contacts for Medication Management. The percentage of members 18 years and older as of the 120th day of the measurement year who were diagnosed with a new episode of depression and treated with antidepressant medication and had at least three follow-up contacts with a non-mental-health practitioner or mental health practitioner coded with a mental health diagnosis during the 84-day (12-week) Acute Treatment Phase.

At least one of the three follow-up contacts must be with a prescribing practitioner (e.g., licensed physician, physician assistant or other practitioner with prescribing privileges). This process measure assesses the adequacy of clinical management of new treatment episodes for adult members with a major depressive disorder.

2. Effective Acute Phase Treatment. The percentage of members 18 years and older as of the 120th day of the measurement year who were diagnosed with a new episode of depression and treated with antidepressant medication and remained on an antidepressant drug during the entire 84-day (12-week) Acute Treatment Phase.

This intermediate outcome measure assesses the percentage of adult members initiated on an antidepressant drug who received a continuous trial of medication treatment during the Acute Treatment Phase.

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

3. Effective Continuation Phase Treatment. The percentage of members 18 years and older as of the 120th day of the measurement year who were diagnosed with a new episode of depression and treated with antidepressant medication and remained on an antidepressant drug for at least 180 days (6 months).

This intermediate-outcome measure assesses the effectiveness of clinical management in achieving medication compliance and the likely effectiveness of the established dosage regimen by determining if adult members completed a period of Continuation Phase Treatment adequate for defining a recovery according to Agency for Healthcare Research and Quality (AHRQ, formerly AHCPR) Depression in Primary Care.

(HEDIS 2005, Volume 2: Technical Specifications, Pg. 134)

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

EOC035 – Controlling High Blood Pressure

DESCRIPTION -The percentage of enrolled members 45-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled ($\leq 140/90$) during the measurement year. This intermediate outcome measure assess if BP was controlled among adults with diagnosed HTN. The MCO must use the hybrid method for this measure. (HEDIS 2005, Volume 2: Technical Specification, Pg. 101)

REPORTING LEVEL - Contract Market

EOC035-0010	Rate - Effective Control of Hypertension
EOC035-0020	Lower Confidence Interval - Effective Control of Hypertension
EOC035-0030	Upper Confidence Interval - Effective Control of Hypertension

EOC040 – Colorectal Cancer Screening

DESCRIPTION -The percentage of adults 50–80 years of age who had appropriate screening for colorectal cancer (CRC). The hybrid method is recommended to calculate this measure. (HEDIS 2005, Volume 2: Technical Specification, Pg. 83)

REPORTING LEVEL - Contract Market

EOC040-0010	Rate
EOC040-0020	Lower Confidence Interval
EOC040-0030	Upper Confidence Interval

EOC045 – Osteoporosis Management in Women Who Had a Fracture

DESCRIPTION -The percentage of women 67 years of age and older who suffered a fracture, and who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the six months after date of the fracture. Because women who suffer a fracture are at an increased risk of additional fractures and are more likely to have osteoporosis, this measure assesses how well plans manage women at high risk for a second fracture. (HEDIS 2005, Volume 2: Technical Specification, Pg. 97)

REPORTING LEVEL - Contract Market

EOC045-0010	Reported rate
EOC045-0020	Lower Confidence Interval
EOC045-0030	Upper Confidence Interval

EOC050 – Glaucoma Screening in Older Adults

DESCRIPTION - The percentage of Medicare members 65 years and older without a prior diagnosis of glaucoma or glaucoma suspect who received a glaucoma eye exam in the last two years by an eye-care professional for early identification of persons with glaucomatous conditions. An eye-care professional is an ophthalmologist or optometrist. (HEDIS 2005, Volume 2: Technical Specification, Pg. 141)

REPORTING LEVEL - Contract Market

EOC050-0010	Reported rate
EOC050-0020	Lower Confidence Interval
EOC050-0030	Upper Confidence Interval

EOC055 – Persistence of Beta-Blocker Treatment After a Heart Attack

DESCRIPTION - The percentage of enrolled members 35 years of age and older during the measurement year who were hospitalized and discharged alive from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment.

MCOs will report the percentage of members who receive treatment with beta-blockers for six months after discharge. The intent of this measure is to assess if appropriate follow-up care has been rendered to members who suffer a heart attack. (HEDIS 2005, Volume 2: Technical Specification, Pg. 110)

REPORTING LEVEL - Contract Market

EOC055-0010 Reported rate
EOC055-0020 Lower Confidence Interval
EOC055-0030 Upper Confidence Interval

EOC060 – Management of Urinary Incontinence in Older Adults

DESCRIPTION - The following components of this measure assess the management of urinary incontinence (UI) in older adults.

Discussing Urinary Incontinence - The percentage of Medicare members 65 years of age and older who reported having a problem with urine leakage in the last six months and who discussed their urine leakage problem with their current practitioner.

Receiving Urinary Incontinence Treatment - The percentage of Medicare members 65 years of age and older who reported having a urine leakage problem in the last six months and who received treatment for their current urine leakage problem.

(HEDIS 2005, Volume 2: Technical Specification, Pg. 151)

REPORTING LEVEL - Contract Market

EOC060-0010 Discussing Urinary Incontinence Rate
EOC060-0020 Receiving Urinary Incontinence Treatment Rate

General – General Information

DESCRIPTION - General MCO 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 2000 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
General-0085 Submitted summary level HEDIS 2008 data to NCQA
General-0087 Included in HOS data from NCQA

HPS402 – Practitioner Turnover

DESCRIPTION - From the MCO provider database:

- the percentage of primary care physicians affiliated with the MCO as of December 31 of the year prior to the measurement year who were not affiliated with the MCO as of December 31 of the measurement year
- the percentage of nonphysician primary care practitioners affiliated with the MCO as of December 31 of the year prior to the measurement year who were not affiliated with the MCO as of December 31 of the measurement year.

(HEDIS 2005, Volume 2: Technical Specification, Pg. 195)

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 - The number of years since licensure (the number of years that each product line has existed) and the number of members enrolled as of December 31 of the measurement year. The number of years of operation should be considered when evaluating the MCO's financial profile. For example, a new MCO may have a greater level of debt than a more mature MCO, and financial profiles may vary according to MCO type (e.g., staff model HMO, POS, IPA). (HEDIS 2005, Volume 2: Technical Specification, Pg. 200)

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)

PD1801 – Board Certification/Residency Completion

DESCRIPTION - The percentage of the following physicians who are board certified:

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

Board certification refers to the various specialty certification programs of the American Board of Medical Specialties and the American Osteopathic Association. The MCO should report separately for each product as of December 31 of the measurement year. (HEDIS 2005, Volume 2: Technical Specification, Pg. 285)

REPORTING LEVEL - Contract Market

PD1801-0010	Board Certification - Primary Care Physicians (Percentage)
PD1801-0030	Board Certification - Physician Specialists (Percentage)
PD1801-0050	Board Certification - Geriatricians (Percentage)

PDI805 – Total Enrollment by Percentage

DESCRIPTION - This measure provides an overview of the mix of MCO membership. The MCO reports the percentage of total member months contributed by each product by age and sex during the measurement year.(HEDIS 2005, Volume 2: Technical Specification, Pg. 290)

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)
PDI805-0160	Percent of Plan's Total Member Months (Male - Other - Age 10-14)
PDI805-0170	Percent of Plan's Total Member Months (Male - Commercial - Age 15-17)
PDI805-0180	Percent of Plan's Total Member Months (Male - Medicaid - Age 15-17)
PDI805-0190	Percent of Plan's Total Member Months (Male - Medicare - Age 15-17)
PDI805-0200	Percent of Plan's Total Member Months (Male - Other - Age 15-17)
PDI805-0210	Percent of Plan's Total Member Months (Male - Commercial - Age 18-19)
PDI805-0220	Percent of Plan's Total Member Months (Male - Medicaid - Age 18-19)
PDI805-0230	Percent of Plan's Total Member Months (Male - Medicare - Age 18-19)
PDI805-0240	Percent of Plan's Total Member Months (Male - Other - Age 18-19)
PDI805-0250	Percent of Plan's Total Member Months (Male - Commercial - Subtotal: Age 0-19)
PDI805-0260	Percent of Plan's Total Member Months (Male - Medicaid - Subtotal: Age 0-19)
PDI805-0270	Percent of Plan's Total Member Months (Male - Medicare - Age 0-19)
PDI805-0280	Percent of Plan's Total Member Months (Male - Other - Age 0-19)
PDI805-0290	Percent of Plan's Total Member Months (Male - Commercial - Age 20-24)
PDI805-0300	Percent of Plan's Total Member Months (Male - Medicaid - Age 20-24)
PDI805-0310	Percent of Plan's Total Member Months (Male - Medicare - Age 20-24)
PDI805-0320	Percent of Plan's Total Member Months (Male - Other - Age 20-24)
PDI805-0330	Percent of Plan's Total Member Months (Male - Commercial - Age 25-29)
PDI805-0340	Percent of Plan's Total Member Months (Male - Medicaid - Age 25-29)
PDI805-0350	Percent of Plan's Total Member Months (Male - Medicare - Age 25-29)
PDI805-0360	Percent of Plan's Total Member Months (Male - Other - Age 25-29)
PDI805-0370	Percent of Plan's Total Member Months (Male - Commercial - Age 30-34)
PDI805-0380	Percent of Plan's Total Member Months (Male - Medicaid - Age 30-34)
PDI805-0390	Percent of Plan's Total Member Months (Male - Medicare - Age 30-34)
PDI805-0400	Percent of Plan's Total Member Months (Male - Other - Age 30-34)
PDI805-0410	Percent of Plan's Total Member Months (Male - Commercial - Age 35-39)
PDI805-0420	Percent of Plan's Total Member Months (Male - Medicaid - Age 35-39)
PDI805-0430	Percent of Plan's Total Member Months (Male - Medicare - Age 35-39)
PDI805-0440	Percent of Plan's Total Member Months (Male - Other - Age 35-39)
PDI805-0450	Percent of Plan's Total Member Months (Male - Commercial - Age 40-44)
PDI805-0460	Percent of Plan's Total Member Months (Male - Medicaid - Age 40-44)
PDI805-0470	Percent of Plan's Total Member Months (Male - Medicare - Age 40-44)
PDI805-0480	Percent of Plan's Total Member Months (Male - Other - Age 40-44)
PDI805-0490	Percent of Plan's Total Member Months (Male - Commercial - Subtotal: Age 20-44)
PDI805-0500	Percent of Plan's Total Member Months (Male - Medicaid - Subtotal: Age 20-44)
PDI805-0510	Percent of Plan's Total Member Months (Male - Medicare - Age 20-44)

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

PDI805-0520	Percent of Plan's Total Member Months (Male - Other - Age 20-44)
PDI805-0530	Percent of Plan's Total Member Months (Male - Commercial - Age 45-49)
PDI805-0540	Percent of Plan's Total Member Months (Male - Medicaid - Age 45-49)
PDI805-0550	Percent of Plan's Total Member Months (Male - Medicare - Age 45-49)
PDI805-0560	Percent of Plan's Total Member Months (Male - Other - Age 45-49)
PDI805-0570	Percent of Plan's Total Member Months (Male - Commercial - Age 50-54)
PDI805-0580	Percent of Plan's Total Member Months (Male - Medicaid - Age 50-54)
PDI805-0590	Percent of Plan's Total Member Months (Male - Medicare - Age 50-54)
PDI805-0600	Percent of Plan's Total Member Months (Male - Other - Age 50-54)
PDI805-0610	Percent of Plan's Total Member Months (Male - Commercial - Age 55-59)
PDI805-0620	Percent of Plan's Total Member Months (Male - Medicaid - Age 55-59)
PDI805-0630	Percent of Plan's Total Member Months (Male - Medicare - Age 55-59)
PDI805-0640	Percent of Plan's Total Member Months (Male - Other - Age 55-59)
PDI805-0650	Percent of Plan's Total Member Months (Male - Commercial - Age 60-64)
PDI805-0660	Percent of Plan's Total Member Months (Male - Medicaid - Age 60-64)
PDI805-0670	Percent of Plan's Total Member Months (Male - Medicare - Age 60-64)
PDI805-0680	Percent of Plan's Total Member Months (Male - Other - Age 60-64)
PDI805-0690	Percent of Plan's Total Member Months (Male - Commercial - Subtotal: Age 45-64)
PDI805-0700	Percent of Plan's Total Member Months (Male - Medicaid - Subtotal: Age 45-64)
PDI805-0710	Percent of Plan's Total Member Months (Male - Medicare - Age 45-64)
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)

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

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)
PDI805-1280	Percent of Plan's Total Member Months (Female - Other - Age 0-19)
PDI805-1290	Percent of Plan's Total Member Months (Female - Commercial - Age 20-24)
PDI805-1300	Percent of Plan's Total Member Months (Female - Medicaid - Age 20-24)
PDI805-1310	Percent of Plan's Total Member Months (Female - Medicare - Age 20-24)
PDI805-1320	Percent of Plan's Total Member Months (Female - Other - Age 20-24)
PDI805-1330	Percent of Plan's Total Member Months (Female - Commercial - Age 25-29)
PDI805-1340	Percent of Plan's Total Member Months (Female - Medicaid - Age 25-29)
PDI805-1350	Percent of Plan's Total Member Months (Female - Medicare - Age 25-29)
PDI805-1360	Percent of Plan's Total Member Months (Female - Other - Age 25-29)
PDI805-1370	Percent of Plan's Total Member Months (Female - Commercial - Age 30-34)
PDI805-1380	Percent of Plan's Total Member Months (Female - Medicaid - Age 30-34)
PDI805-1390	Percent of Plan's Total Member Months (Female - Medicare - Age 30-34)
PDI805-1400	Percent of Plan's Total Member Months (Female - Other - Age 30-34)
PDI805-1410	Percent of Plan's Total Member Months (Female - Commercial - Age 35-39)
PDI805-1420	Percent of Plan's Total Member Months (Female - Medicaid - Age 35-39)
PDI805-1430	Percent of Plan's Total Member Months (Female - Medicare - Age 35-39)
PDI805-1440	Percent of Plan's Total Member Months (Female - Other - Age 35-39)
PDI805-1450	Percent of Plan's Total Member Months (Female - Commercial - Age 40-44)
PDI805-1460	Percent of Plan's Total Member Months (Female - Medicaid - Age 40-44)
PDI805-1470	Percent of Plan's Total Member Months (Female - Medicare - Age 40-44)
PDI805-1480	Percent of Plan's Total Member Months (Female - Other - Age 40-44)
PDI805-1490	Percent of Plan's Total Member Months (Female - Commercial - Subtotal: Age 20-44)
PDI805-1500	Percent of Plan's Total Member Months (Female - Medicaid - Subtotal: Age 20-44)
PDI805-1510	Percent of Plan's Total Member Months (Female - Medicare - Age 20-44)
PDI805-1520	Percent of Plan's Total Member Months (Female - Other - Age 20-44)
PDI805-1530	Percent of Plan's Total Member Months (Female - Commercial - Age 45-49)
PDI805-1540	Percent of Plan's Total Member Months (Female - Medicaid - Age 45-49)
PDI805-1550	Percent of Plan's Total Member Months (Female - Medicare - Age 45-49)
PDI805-1560	Percent of Plan's Total Member Months (Female - Other - Age 45-49)
PDI805-1570	Percent of Plan's Total Member Months (Female - Commercial - Age 50-54)
PDI805-1580	Percent of Plan's Total Member Months (Female - Medicaid - Age 50-54)
PDI805-1590	Percent of Plan's Total Member Months (Female - Medicare - Age 50-54)
PDI805-1600	Percent of Plan's Total Member Months (Female - Other - Age 50-54)
PDI805-1610	Percent of Plan's Total Member Months (Female - Commercial - Age 55-59)
PDI805-1620	Percent of Plan's Total Member Months (Female - Medicaid - Age 55-59)
PDI805-1630	Percent of Plan's Total Member Months (Female - Medicare - Age 55-59)

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

PDI805-1640	Percent of Plan's Total Member Months (Female - Other - Age 55-59)
PDI805-1650	Percent of Plan's Total Member Months (Female - Commercial - Age 60-64)
PDI805-1660	Percent of Plan's Total Member Months (Female - Medicaid - Age 60-64)
PDI805-1670	Percent of Plan's Total Member Months (Female - Medicare - Age 60-64)
PDI805-1680	Percent of Plan's Total Member Months (Female - Other - Age 60-64)
PDI805-1690	Percent of Plan's Total Member Months (Female - Commercial - Subtotal: Age 45-64)
PDI805-1700	Percent of Plan's Total Member Months (Female - Medicaid - Subtotal: Age 45-64)
PDI805-1710	Percent of Plan's Total Member Months (Female - Medicare - Age 45-64)
PDI805-1720	Percent of Plan's Total Member Months (Female - Other - Age 45-64)
PDI805-1730	Percent of Plan's Total Member Months (Female - Commercial - Age 65-69)
PDI805-1740	Percent of Plan's Total Member Months (Female - Medicaid - Age 65-69)
PDI805-1750	Percent of Plan's Total Member Months (Female - Medicare - Age 65-69)
PDI805-1760	Percent of Plan's Total Member Months (Female - Other - Age 65-69)
PDI805-1770	Percent of Plan's Total Member Months (Female - Commercial - Age 70-74)
PDI805-1780	Percent of Plan's Total Member Months (Female - Medicaid - Age 70-74)
PDI805-1790	Percent of Plan's Total Member Months (Female - Medicare - Age 70-74)
PDI805-1800	Percent of Plan's Total Member Months (Female - Other - Age 70-74)
PDI805-1810	Percent of Plan's Total Member Months (Female - Commercial - Age 75-79)
PDI805-1820	Percent of Plan's Total Member Months (Female - Medicaid - Age 75-79)
PDI805-1830	Percent of Plan's Total Member Months (Female - Medicare - Age 75-79)
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)

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

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 Product Line

DESCRIPTION - This measure reports the total number of members enrolled for each product line stratified by age and sex.

- Medicaid is reported in the member months contributed by enrollees during the measurement year, it is stratified by Medicaid eligibility category, age and sex. MCOs can report this information only if it is provided by their state Medicaid agencies.

- Commercial and Medicare are reported in the number of member years contributed by enrollees during the measurement year, stratified by product line, age and sex. (HEDIS 2005, Volume 2: Technical Specification, Pg. 298)

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.

For Medicaid members, MCOs report the absolute number of procedures and the number of procedures per 1,000 member months.

For commercial and Medicare members, MCOs report the absolute number of procedures and the number of procedures per 1,000 members per year. (HEDIS 2005, Volume 2: Technical Specification, Pg. 224)

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)

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

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)
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)

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

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)
UOS505-0870	Cardiac Catheterization - 75-84 (Female)
UOS505-0880	Cardiac Catheterization - 85+ (Female)

UOS506 – Inpatient Utilization-General Hospital/Acute Care

DESCRIPTION - This measure 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. Medical and surgical services are reported separately because the factors influencing utilization in these two categories vary. This also facilitates comparisons between ambulatory surgery utilization (refer to the Ambulatory Care measure) and inpatient surgery utilization.

(HEDIS 2005, Volume 2: Technical Specification, Pg. 234)

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)

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

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)
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)

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

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)
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)
UOS506-0910	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, Emergency Department 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 2005, Volume 2: Technical Specification, Pg. 241)

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)

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

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)
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 exclude services with a principal diagnosis of mental health and chemical dependency. (HEDIS 2005, Volume 2: Technical Specification, Pg. 248)

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)

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

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)
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 2005, Volume 2: Technical Specification, Pg. 258)

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)

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

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)
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 measurement year in the following categories:

Any Mental Health Services (inpatient, intermediate, ambulatory)

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; report this information by age and sex. This measure is intended to give an overview of the extent to which the MCO uses the different levels of mental health care. (HEDIS 2005, Volume 2: Technical Specification, Pg. 261)

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)

[illegible][illegible]

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

[illegible]

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

UOS513-0690	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Any Mental Health Services (Total - Total)
UOS513-0700	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Inpatient Mental Health Services (Total - Total)
UOS513-0710	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Day/Night Mental Health Services (Total - Total)
UOS513-0720	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Ambulatory Mental Health Services (Total -Total)

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 2005, Volume 2: Technical Specification, Pg. 265)

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)

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

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)
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)

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 measurement year, stratified by age. (HEDIS 2005, Volume 2: Technical Specification, Pg. 272)

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)

UOS520 – Identification of Alcohol and Other Drug Services

DESCRIPTION - This measure reports the number and percentage of members with an alcohol and other drug (AOD) claim. AOD claims contain a diagnosis of AOD abuse or dependence and a specific AOD-related service during the measurement year, in the following categories:

-any chemical dependency services (inpatient, intermediate, ambulatory)

Report by age and sex:

-the number of members in each category who received the service

-from all enrollees with a chemical dependency benefit, the percentage of members who received the service.

This measure provides an overview of members with an AOD dependence diagnosis and the extent to which the different levels of chemical dependency services are utilized. (HEDIS 2005, Volume 2: Technical Specification, Pg. 268)

REPORTING LEVEL - Contract Market

UOS520-0010	Identification of Alcohol and Other Drug Services: Any, Age:0-12, Percent of Males
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Measure Measure Name/Measure Description/Field Name/Field Description

UOS520-0020	Identification of Alcohol and Other Drug Services: Any, Age:0-12, Percent of Females
UOS520-0030	Identification of Alcohol and Other Drug Services: Any, Age:0-12, Total Percent
UOS520-0040	Identification of Alcohol and Other Drug Services: Any, Age:13-17, Percent of Males
UOS520-0050	Identification of Alcohol and Other Drug Services: Any, Age:13-17, Percent of Females
UOS520-0060	Identification of Alcohol and Other Drug Services: Any, Age:13-17, Total Percent
UOS520-0070	Identification of Alcohol and Other Drug Services: Any, Age:18-64, Percent of Males
UOS520-0080	Identification of Alcohol and Other Drug Services: Any, Age:18-64, Percent of Females
UOS520-0090	Identification of Alcohol and Other Drug Services: Any, Age:18-64, Total Percent
UOS520-0100	Identification of Alcohol and Other Drug Services: Any, Age:65+, Percent of Males
UOS520-0110	Identification of Alcohol and Other Drug Services: Any, Age:65+, Percent of Females
UOS520-0120	Identification of Alcohol and Other Drug Services: Any, Age:65+, Total Percent
UOS520-0130	Identification of Alcohol and Other Drug Services: Any, Age:Unk, Percent of Males
UOS520-0140	Identification of Alcohol and Other Drug Services: Any, Age:Unk, Percent of Females
UOS520-0150	Identification of Alcohol and Other Drug Services: Any, Age:Unk, Total Percent
UOS520-0160	Identification of Alcohol and Other Drug Services: Any, Total Percent of Males
UOS520-0170	Identification of Alcohol and Other Drug Services: Any, Total Percent of Females
UOS520-0180	Identification of Alcohol and Other Drug Services: Any, Total Percent
UOS520-0190	Identification of Alcohol and Other Drug Services: Inpatient, 0-12, Percent of Males
UOS520-0200	Identification of Alcohol and Other Drug Services: Inpatient, 0-12, Percent of Females
UOS520-0210	Identification of Alcohol and Other Drug Services: Inpatient, 0-12, Total Percent
UOS520-0220	Identification of Alcohol and Other Drug Services: Inpatient, 13-17, Percent of Males
UOS520-0230	Identification of Alcohol and Other Drug Services: Inpatient, 13-17, Percent of Females
UOS520-0240	Identification of Alcohol and Other Drug Services: Inpatient, 13-17, Total Percent
UOS520-0250	Identification of Alcohol and Other Drug Services: Inpatient, 18-64,, Percent of Males
UOS520-0260	Identification of Alcohol and Other Drug Services: Inpatient, 18-64, Percent of Females
UOS520-0270	Identification of Alcohol and Other Drug Services: Inpatient, 18-64, Total Percent
UOS520-0280	Identification of Alcohol and Other Drug Services: Inpatient, 65+, Percent of Males
UOS520-0290	Identification of Alcohol and Other Drug Services: Inpatient, 65+, Percent of Females
UOS520-0300	Identification of Alcohol and Other Drug Services: Inpatient, 65+, Total Percent
UOS520-0310	Identification of Alcohol and Other Drug Services: Inpatient, Unk, Percent of Males
UOS520-0320	Identification of Alcohol and Other Drug Services: Inpatient, Unk, Percent of Females
UOS520-0330	Identification of Alcohol and Other Drug Services: Inpatient, Unk, Total Percent
UOS520-0340	Identification of Alcohol and Other Drug Services: Inpatient, Total Percentber of Males
UOS520-0350	Identification of Alcohol and Other Drug Services: Inpatient, Total Percentber of Females
UOS520-0360	Identification of Alcohol and Other Drug Services: Inpatient, Total Percent
UOS520-0370	Identification of Alcohol and Other Drug Services: Day/Night, 0-12, Percent of Males
UOS520-0380	Identification of Alcohol and Other Drug Services: Day/Night, 0-12, Percent of Females
UOS520-0390	Identification of Alcohol and Other Drug Services: Day/Night, 0-12, Total Percent
UOS520-0400	Identification of Alcohol and Other Drug Services: Day/Night, 13-17, Percent of Males
UOS520-0410	Identification of Alcohol and Other Drug Services: Day/Night, 13-17, Percent of Females
UOS520-0420	Identification of Alcohol and Other Drug Services: Day/Night, 13-17, Total Percent
UOS520-0430	Identification of Alcohol and Other Drug Services: Day/Night, 18-64, Percent of Males
UOS520-0440	Identification of Alcohol and Other Drug Services: Day/Night, 18-64, Percent of Females
UOS520-0450	Identification of Alcohol and Other Drug Services: Day/Night, 18-64, Total Percent
UOS520-0460	Identification of Alcohol and Other Drug Services: Day/Night, 65+, Percent of Males
UOS520-0470	Identification of Alcohol and Other Drug Services: Day/Night, 65+, Percent of Females
UOS520-0480	Identification of Alcohol and Other Drug Services: Day/Night, 65+, Total Percent
UOS520-0490	Identification of Alcohol and Other Drug Services: Day/Night, Unk, Percent of Males
UOS520-0500	Identification of Alcohol and Other Drug Services: Day/Night, Unk, Percent of Females
UOS520-0510	Identification of Alcohol and Other Drug Services: Day/Night, Unk, Total Percent
UOS520-0520	Identification of Alcohol and Other Drug Services: Day/Night, Total Percentber of Males
UOS520-0530	Identification of Alcohol and Other Drug Services: Day/Night, Total Percentber of Females
UOS520-0540	Identification of Alcohol and Other Drug Services: Day/Night, Total Percent
UOS520-0550	Identification of Alcohol and Other Drug Services: Ambulatory, 0-12, Percent of Males
UOS520-0560	Identification of Alcohol and Other Drug Services: Ambulatory, 0-12, Percent of Females
UOS520-0570	Identification of Alcohol and Other Drug Services: Ambulatory, 0-12, Total Percent

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

UOS520-0580	Identification of Alcohol and Other Drug Services: Ambulatory, 13-17, Percent of Males
UOS520-0590	Identification of Alcohol and Other Drug Services: Ambulatory, 13-17, Percent of Females
UOS520-0600	Identification of Alcohol and Other Drug Services: Ambulatory, 13-17, Total Percent
UOS520-0610	Identification of Alcohol and Other Drug Services: Ambulatory, 18-64, Percent of Males
UOS520-0620	Identification of Alcohol and Other Drug Services: Ambulatory, 18-64, Percent of Females
UOS520-0630	Identification of Alcohol and Other Drug Services: Ambulatory, 18-64, Total Percent
UOS520-0640	Identification of Alcohol and Other Drug Services: Ambulatory, 65+, Percent of Males
UOS520-0650	Identification of Alcohol and Other Drug Services: Ambulatory, 65+, Percent of Females
UOS520-0660	Identification of Alcohol and Other Drug Services: Ambulatory, 65+, Total Percent
UOS520-0670	Identification of Alcohol and Other Drug Services: Ambulatory, Unk, Percent of Males
UOS520-0680	Identification of Alcohol and Other Drug Services: Ambulatory, Unk, Percent of Females
UOS520-0690	Identification of Alcohol and Other Drug Services: Ambulatory, Unk, Total Percent
UOS520-0700	Identification of Alcohol and Other Drug Services: Ambulatory, Total, Percent of Males
UOS520-0710	Identification of Alcohol and Other Drug Services: Ambulatory, Total, Percent of Females
UOS520-0720	Identification of Alcohol and Other Drug Services: Ambulatory, Total Percent