
HEDIS® 2006 (Summary) Documentation for Reporting Year 2005

General Information

This documentation presents (1) a description of each HEDIS® measure that CMS collected for 254 Medicare managed care contract markets on health care provided in calendar year 2005 to Medicare beneficiaries and (2) the location of the rates associated with each HEDIS measure within the HEDIS workbook (HEDIS2006.XLS). CMS took the description and additional information for each measure from HEDIS 2006 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 2006, CMS collected data from 253 Medicare managed care contracts for health care delivered in 2005. 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 254.

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 2006 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 2006, 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 included the Medicare Modernization Act plan type designations as well as indicators if the contract offers a Special Needs benefit packages or a Part D Drug benefit in 2005. These values can be found on the sheet named "GENERAL".

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 20–44, 45–64 and 65 years of age 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. The MCO reports the percentage of:

- Medicaid and Medicare enrollees who had an ambulatory or preventive care visit during the measurement year
- commercial enrollees who had an ambulatory or preventive care visit during the measurement year or the two years prior to the measurement year.

(HEDIS 2006, Volume 2: Technical Specification, Pg. 184)

REPORTING LEVEL - Contract Market

AOC201-0010	Rate 20-44
AOC201-0020	Rate 45-64
AOC201-0030	Rate 65+
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 2006, Volume 2: Technical Specification, Pg. 214)

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 2006, Volume 2: Technical Specification, Pg. 211)

REPORTING LEVEL - Contract Market

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

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

DESCRIPTION - This measure calculates two rates for adult members and two rates for adolescent members with Alcohol and Other Drug (AOD) dependence:

Initiation of AOD Dependence Treatment: The percentage of adolescent and adult members diagnosed with AOD dependence who initiate treatment through either:

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

Engagement of AOD Treatment is an intermediate step between initially accessing care (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 2006, Volume 2: Technical Specification, Pg. 202)

REPORTING LEVEL - Contract Market

AOC235-0010	Rate - Engagement - Overall Year Olds
AOC235-0020	Lower Confidence Interval - Engagement - Overall Year Olds
AOC235-0030	Upper Confidence Interval - Engagement - Overall Year Olds

EOC003 – Breast Cancer Screening

DESCRIPTION - The percentage of women 50–69 years of age who had a mammogram during the measurement year or the year prior to the measurement year. (HEDIS 2006, Volume 2: Technical Specification, Pg. 96)

REPORTING LEVEL - Contract Market

EOC003-0010	Rate
EOC003-0020	Upper Confidence Interval
EOC003-0030	Lower Confidence Interval

EOC008 – Beta Blocker Treatment

DESCRIPTION - The percentage of enrolled members 35 years of age 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 2006, Volume 2: Technical Specification, Pg. 113)

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 discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who were seen on an ambulatory basis or 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 2006, Volume 2: Technical Specification, Pg. 140)

REPORTING LEVEL - Contract Market

EOC010-0011	Rate - 7 Days
EOC010-0012	Rate - 30 Days
EOC010-0021	Upper Confidence Interval - 7 Days
EOC010-0022	Upper Confidence Interval - 30 Days
EOC010-0031	Lower Confidence Interval - 7 Days
EOC010-0032	Lower Confidence Interval - 30 Days

EOC020 – Comprehensive Diabetes Care

DESCRIPTION - The percentage of members 18–75 years of age 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.

(HEDIS 2006, Volume 2: Technical Specifications, Pg. 124)

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

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

EOC020-0100	Rate - Lipid Profile
EOC020-0110	Lower Confidence Interval - Lipid Profile
EOC020-0120	Upper Confidence Interval - Lipid Profile
EOC020-0160	Rate - Monitoring Diabetic Nephropathy
EOC020-0170	Lower Confidence Interval - Monitoring Diabetic Nephropathy
EOC020-0180	Upper Confidence Interval - Monitoring Diabetic Nephropathy
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

EOC026 – Cholesterol Management for Patients with Cardiovascular Conditions

DESCRIPTION - The percentage of members 18–75 years of age who, from January 1 through November 1 of the year prior to the measurement year, were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA), or who had a diagnosis of Ischemic Vascular Disease (IVD), who had each of the following during the measurement year:

- LDL-C screening performed
- LDL-C controlled (<130 mg/dL)
- LDL-C controlled (<100 mg/dL).

(HEDIS 2006, Volume 2: Technical Specifications, Pg. 120)

REPORTING LEVEL - Contract Market

EOC026-0010	Rate - LDL-C Screening
EOC026-0020	Lower Confidence Interval - LDL-C Screening
EOC026-0030	Upper Confidence Interval - LDL-C Screening
EOC026-0040	Rate <130 LDL-C Level
EOC026-0050	Lower Confidence Interval <130 LDL-C Level
EOC026-0060	Upper Confidence Interval <130 LDL-C Level
EOC026-0070	Rate <100 LDL-C Level
EOC026-0080	Lower Confidence Interval <100 LDL-C Level
EOC026-0090	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.

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 2006, Volume 2: Technical Specifications, Pg. 143)

REPORTING LEVEL - Contract Market

EOC030-0010	Rate - Effect.Continuation Phase Treat.
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Measure Measure Name/Measure Description/Field Name/Field Description

EOC030-0020	Lower Confidence Interval - Effect.Continuation Phase Treat.
EOC030-0030	Upper Confidence Interval - Effect.Continuation Phase Treat.
EOC030-0040	Rate - Effect.Acute Phase Treatment
EOC030-0050	Lower Confidence Interval - Effect.Acute Phase Treatment
EOC030-0060	Upper Confidence Interval - Effect.Acute Phase Treatment
EOC030-0070	Rate - Optimal Practioner Contacts for Medication Mngmnt.
EOC030-0080	Lower Confidence Interval - Contacts for Medication Mngmnt.
EOC030-0090	Upper Confidence Interval - Contacts for Medication Mngmnt.

EOC035 – Controlling High Blood Pressure

DESCRIPTION -The percentage of enrolled members 46–85 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 assesses if BP was controlled among adults with diagnosed HTN. The MCO must use the hybrid method for this measure. (HEDIS 2006, Volume 2: Technical Specification, Pg. 108)

REPORTING LEVEL - Contract Market

EOC035-0010	Rate
EOC035-0020	Lower Confidence Interval
EOC035-0030	Upper Confidence interval

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 2006, Volume 2: Technical Specification, Pg. 92)

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 2006, Volume 2: Technical Specification, Pg. 105)

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 2006, Volume 2: Technical Specification, Pg. 155)

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.

Note: Although similar in clinical logic to the Beta-Blocker Treatment After a Heart Attack measure, this measure has multiple differences with regard to the eligible population criteria and data collection methodology. The measure is administrative-only, due to the need for pharmacy claims confirmation to validate persistence of therapy for 135 of 180 days. (HEDIS 2006, Volume 2: Technical Specification, Pg. 117)

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 2006, Volume 2: Technical Specification, Pg. 178)

REPORTING LEVEL - Contract Market

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

EOC065 – Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis

DESCRIPTION - This measure assesses whether patients diagnosed with rheumatoid arthritis have had at least one ambulatory prescription dispensed for a disease modifying anti-rheumatic drug (DMARD). (HEDIS 2006, Volume 2: Technical Specification, Pg. 160)

REPORTING LEVEL - Contract Market

EOC065-0010 Reported rate
EOC065-0020 Lower Confidence Interval
EOC065-0030 Upper Confidence Interval

EOC070 – Drugs to be Avoided in the Elderly

DESCRIPTION - • The percentage of Medicare members 65 years of age and older who, during the measurement year, received at least one drug to be avoided in the elderly.

• The percentage of Medicare members 65 years of age and older who during the measurement year received at least two different drugs to be avoided by the elderly.

This measure reports two rates. The first rate assesses the extent to which elderly members have had some exposure to potentially harmful drugs. The second rate further assesses if elderly members have been exposed to multiple harmful drugs—which puts the elderly at increased risk for patient safety and adverse drug events. A lower rate represents better performance. (HEDIS 2006, Volume 2: Technical Specification, Pg. 170)

REPORTING LEVEL - Contract Market

EOC070-0010 Rate - one prescription
EOC070-0020 Lower Confidence Interval - one prescription
EOC070-0030 Upper Confidence Interval - one prescription
EOC070-0040 Rate - at least 2 prescriptions
EOC070-0050 Lower Confidence Interval - at least 2 prescriptions
EOC070-0060 Upper Confidence Interval - at least 2 prescriptions

EOC075 – Annual Monitoring for Patients on Persistent Medications

DESCRIPTION - The percentage of members 18 years of age and older who received at least a 180-days supply of ambulatory medication therapy for the selected therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. For each product line, report each of the five rates separately and as a combined rate:

- annual monitoring for members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB)
- annual monitoring for members on digoxin
- annual monitoring for members on diuretics
- annual monitoring for members on anticonvulsants (phenytoin, phenobarbital, valproic acid, carbamazepine)
- annual monitoring for members on statins
- combined rate (the sum of the five numerators divided by the sum of the five denominators).

This measure assesses whether persistent users of medications receive timely monitoring to prevent potential harms associated with persistent use of these drugs.

Note: NCQA will provide a comprehensive list of NDC codes for drugs to identify members on persistent medications on its Web site at www.ncqa.org by November 1, 2005. (HEDIS 2006, Volume 2: Technical Specification, Pg. 162)

REPORTING LEVEL - Contract Market

EOC075-0010	Reported rate - ACE inhibitors or ARBs
EOC075-0020	Lower Confidence Interval - ACE inhibitors or ARBs
EOC075-0030	Upper Confidence Interval - ACE inhibitors or ARBs
EOC075-0040	Reported rate - Digoxin
EOC075-0050	Lower Confidence Interval - Digoxin
EOC075-0060	Upper Confidence Interval - Digoxin
EOC075-0070	Reported rate - Diuretics
EOC075-0080	Lower Confidence Interval - Diuretics
EOC075-0090	Upper Confidence Interval - Diuretics
EOC075-0100	Reported rate - Anticonvulsants
EOC075-0110	Lower Confidence Interval - Anticonvulsants
EOC075-0120	Upper Confidence Interval - Anticonvulsants
EOC075-0130	Reported rate - Statins
EOC075-0140	Lower Confidence Interval - Statins
EOC075-0150	Upper Confidence Interval - Statins
EOC075-0160	Reported rate - Total
EOC075-0170	Lower Confidence Interval - Total
EOC075-0180	Upper Confidence Interval - Total

EOC080 – Use of Spirometry Testing in the Assessment and Diagnosis of COPD

DESCRIPTION - The percentage of members 40 years of age and older during the measurement year with a new diagnosis or newly active chronic obstructive pulmonary disease (COPD) who received appropriate spirometry testing to confirm the diagnosis (this measure identifies incident cases using a clean claim period). (HEDIS 2006, Volume 2: Technical Specification, Pg. 138)

REPORTING LEVEL - Contract Market

EOC080-0010	Reported rate
EOC080-0020	Lower Confidence Interval
EOC080-0030	Upper Confidence Interval

EOC085 – Physical Activity in Older Adults (HOS)

DESCRIPTION - The following components of this measure assess different facets of promoting physical activity in older adults:

Discussing Physical Activity - The percentage of Medicare members 65 years of age and older who had a doctor's visit in the past 12 months and who spoke with a doctor or other health provider about their level of exercise or physical activity.

Advising Physical Activity - The percentage of Medicare members 65 years of age and older who had a doctor's visit in the past 12 months and who received advice to start, increase or maintain their level of exercise or physical activity. (HEDIS 2006, Volume 6: Specifications for the Medicare

Health Outcomes Survey, Pg. 37)

REPORTING LEVEL - Contract Market

EOC085-0010	Discussing Physical Activity Rate
EOC085-0020	Advising Physical Activity 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 Organization (Local CCP, 1876 Cost, etc.)
General-0011	Type of Plan (Post Balanced Budget Amendment Naming)
General-0014	Offers Special Needs Plans to beneficiaries (Yes or No)
General-0015	Offers Part D benefits (Yes or No)
General-0020	Line of Business (HMO, POS, etc.)
General-0030	Model Type (Group, IPA, Mixed, Network, Other, Staff)
General-0050	2005 Enrollment as Reported by the Medicare Advantage Prescription Drug (MARx) system
General-0060	CMS Region Number
General-0070	CMS 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 2006, Volume 2: Technical Specification, Pg. 225)

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 2006, Volume 2: Technical Specification, Pg. 230)

REPORTING LEVEL - Contract Market

HPS403-0010	Years in Bus. HMO-Tot
HPS403-0020	Years in Bus. HMO-Medicaid
HPS403-0030	Years in Bus. HMO-Commercial
HPS403-0040	Years in Bus. HMO-Medicare Risk/Cost
HPS403-0060	Years in Bus. HMO-Self-insured
HPS403-0070	Years in Bus. HMO-Oth
HPS403-0080	Years in Bus. PPO-Tot
HPS403-0090	Years in Bus. PPO-Commercial
HPS403-0100	Years in Bus. PPO-Medicare Risk/Cost
HPS403-0120	Years in Bus. PPO-Self-insured
HPS403-0130	Years in Bus. PPO-Oth
HPS403-0140	Years in Bus. POS-Tot
HPS403-0150	Years in Bus. POS-Commercial
HPS403-0160	Years in Bus. POS-Medicare Risk/Cost
HPS403-0180	Years in Bus. POS-Self-insured
HPS403-0190	Years in Bus. POS-Oth
HPS403-0210	Membership HMO-Tot
HPS403-0220	Membership HMO-Medicaid
HPS403-0230	Membership HMO-Commercial
HPS403-0240	Membership HMO-Medicare Risk/Cost
HPS403-0260	Membership HMO-Self-insured
HPS403-0270	Membership HMO-Oth

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

HPS403-0280	Membership PPO-Tot
HPS403-0290	Membership PPO-Commercial
HPS403-0300	Membership PPO-Medicare Risk/Cost
HPS403-0320	Membership PPO-Self-insured
HPS403-0330	Membership PPO-Oth
HPS403-0340	Membership POS-Tot
HPS403-0350	Membership POS-Commercial
HPS403-0360	Membership POS-Medicare Risk/Cost
HPS403-0380	Membership POS-Self-insured
HPS403-0390	Membership POS-Oth
HPS403-0400	Tot Membership Tot

PDI801 – 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 2006, Volume 2: Technical Specification, Pg. 323)

REPORTING LEVEL - Contract Market

PDI801-0010	PCP Board Cert Pct
PDI801-0030	Oth Specialists Board Cert Pct
PDI801-0050	Geriatricians Board Cert Pct

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 number of member months contributed by enrollees during the measurement year and stratified by Medicaid eligibility category, age and sex. The MCO may report this information only if it is provided by the state Medicaid agency.
- Medicare and commercial are reported in number of member years contributed by enrollees during the measurement year, stratified by product line, age and sex. (HEDIS 2006, Volume 2: Technical Specification, Pg. 328)

REPORTING LEVEL - Contract

PDI806-0010	Enr by Product Line Tot M
PDI806-0020	Enr by Product Line Tot F
PDI806-0030	Enr by Product Line Tot Tot

PDI807 – Language Diversity of Membership

DESCRIPTION - The number and percentage of Medicaid and Medicare members enrolled at any time during the measurement year by demand for language interpreter services and spoken language. (HEDIS 2006, Volume 2: Technical Specification, Pg. 344)

REPORTING LEVEL - Contract Market

PDI807-0010	Demand for Interpretation Services Yes M Pct
PDI807-0020	Demand for Interpretation Services Yes F Pct
PDI807-0030	Demand for Interpretation Services Yes MF Tot Pct
PDI807-0040	Demand for Interpretation Services No M Pct
PDI807-0050	Demand for Interpretation Services No F Pct
PDI807-0060	Demand for Interpretation Services No MF Tot Pct
PDI807-0070	Demand for Interpretation Services Unknown M Pct
PDI807-0080	Demand for Interpretation Services Unknown F Pct
PDI807-0090	Demand for Interpretation Services Unknown MF Tot Pct
PDI807-0100	Demand for Interpretation Services M Total Pct
PDI807-0110	Demand for Interpretation Services F Total Pct
PDI807-0120	Demand for Interpretation Services MF Total Tot Pct
PDI807-0130	Percentage Members With Interpretation Needs
PDI807-0140	Spoken Language at Home English M Pct

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

PDI807-0150	Spoken Language at Home English F Pct
PDI807-0160	Spoken Language at Home English MF Tot Pct
PDI807-0170	Spoken Language at Home Spanish/Creole M Pct
PDI807-0180	Spoken Language at Home Spanish/Creole F Pct
PDI807-0190	Spoken Language at Home Spanish/Creole MF Tot Pct
PDI807-0200	Spoken Language at Home Oth Indo-European M Pct
PDI807-0210	Spoken Language at Home Oth Indo-European F Pct
PDI807-0220	Spoken Language at Home Oth Indo-European MF Tot Pct
PDI807-0230	Spoken Language at Home Asian & Pacific Island M Pct
PDI807-0240	Spoken Language at Home Asian & Pacific Island F Pct
PDI807-0250	Spoken Language at Home Asian & Pacific Island MF Tot Pct
PDI807-0260	Spoken Language at Home Other M Pct
PDI807-0270	Spoken Language at Home Other F Pct
PDI807-0280	Spoken Language at Home Other MF Tot Pct
PDI807-0290	Spoken Language at Home Unknown M Pct
PDI807-0300	Spoken Language at Home Unknown F Pct
PDI807-0310	Spoken Language at Home Unknown MF Tot Pct
PDI807-0320	Spoken Language at Home Total M Pct
PDI807-0330	Spoken Language at Home Total F Pct
PDI807-0340	Spoken Language at Home Total MF Tot Pct
PDI807-0350	Percentage Members with Known Spoken Language

PDI808 – Race/Ethnicity Diversity of Membership

DESCRIPTION - The number and percentage of members enrolled any time during the measurement year by race and ethnicity.
(HEDIS 2006, Volume 2: Technical Specification, Pg. 341)

REPORTING LEVEL - Contract Market

PDI808-0010	White M Hispanic (any) Pct
PDI808-0020	White F Hispanic (any) Pct
PDI808-0030	White MF Hispanic (any) Tot Pct
PDI808-0040	Black or African American M Hispanic (any) Pct
PDI808-0050	Black or African American F Hispanic (any) Pct
PDI808-0060	Black or African American MF Hispanic (any) Tot Pct
PDI808-0070	American-Indian & Alaska Native M Hispanic (any) Pct
PDI808-0080	American-Indian & Alaska Native F Hispanic (any) Pct
PDI808-0090	American-Indian & Alaska Native MF Hispanic (any) Tot Pct
PDI808-0100	Asian M Hispanic (any) Pct
PDI808-0110	Asian F Hispanic (any) Pct
PDI808-0120	Asian MF Hispanic (any) Tot Pct
PDI808-0130	Native Hawaiian & Oth Pac Islanders M Hispanic (any) Pct
PDI808-0140	Native Hawaiian & Oth Pac Islanders F Hispanic (any) Pct
PDI808-0150	Native Hawaiian & Oth Pac Islanders MF Hispanic (any) Tot Pct
PDI808-0160	Some Other Race M Hispanic (any) Pct
PDI808-0170	Some Other Race F Hispanic (any) Pct
PDI808-0180	Some Other Race MF Hispanic (any) Tot Pct
PDI808-0190	Two or More Races M Hispanic (any) Pct
PDI808-0200	Two or More Races F Hispanic (any) Pct
PDI808-0210	Two or More Races MF Hispanic (any) Tot Pct
PDI808-0220	Unknown M Hispanic (any) Pct
PDI808-0230	Unknown F Hispanic (any) Pct
PDI808-0240	Unknown MF Hispanic (any) Tot Pct
PDI808-0250	Total M Hispanic (any) Pct
PDI808-0260	Total F Hispanic (any) Pct
PDI808-0270	Total MF Hispanic (any) Tot Pct
PDI808-0280	White M Not Hispanic or Latino Pct
PDI808-0290	White F Not Hispanic or Latino Pct
PDI808-0300	White MF Not Hispanic or Latino Tot Pct

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

PDI808-0310	Black or African American M Not Hispanic or Latino Pct
PDI808-0320	Black or African American F Not Hispanic or Latino Pct
PDI808-0330	Black or African American MF Not Hispanic or Latino Tot Pct
PDI808-0340	American-Indian & Alaska Native M Not Hispanic or Latino Pct
PDI808-0350	American-Indian & Alaska Native F Not Hispanic or Latino Pct
PDI808-0360	American-Indian & Alaska Native MF Not Hispanic or Latino Tot Pct
PDI808-0370	Asian M Not Hispanic or Latino Pct
PDI808-0380	Asian F Not Hispanic or Latino Pct
PDI808-0390	Asian MF Not Hispanic or Latino Tot Pct
PDI808-0400	Native Hawaiian & Oth Pac Islanders M Not Hispanic or Latino Pct
PDI808-0410	Native Hawaiian & Oth Pac Islanders F Not Hispanic or Latino Pct
PDI808-0420	Native Hawaiian & Oth Pac Islanders MF Not Hispanic or Latino Tot Pct
PDI808-0430	Some Other Race M Not Hispanic or Latino Pct
PDI808-0440	Some Other Race F Not Hispanic or Latino Pct
PDI808-0450	Some Other Race MF Not Hispanic or Latino Tot Pct
PDI808-0460	Two or More Races M Not Hispanic or Latino Pct
PDI808-0470	Two or More Races F Not Hispanic or Latino Pct
PDI808-0480	Two or More Races MF Not Hispanic or Latino Tot Pct
PDI808-0490	Unknown M Not Hispanic or Latino Pct
PDI808-0500	Unknown F Not Hispanic or Latino Pct
PDI808-0510	Unknown MF Not Hispanic or Latino Tot Pct
PDI808-0520	Total M Not Hispanic or Latino Pct
PDI808-0530	Total F Not Hispanic or Latino Pct
PDI808-0540	Total MF Not Hispanic or Latino Tot Pct
PDI808-0550	White M Unknown Ethnicity Pct
PDI808-0560	White F Unknown Ethnicity Pct
PDI808-0570	White MF Unknown Ethnicity Tot Pct
PDI808-0580	Black or African American M Unknown Ethnicity Pct
PDI808-0590	Black or African American F Unknown Ethnicity Pct
PDI808-0600	Black or African American MF Unknown Ethnicity Tot Pct
PDI808-0610	American-Indian & Alaska Native M Unknown Ethnicity Pct
PDI808-0620	American-Indian & Alaska Native F Unknown Ethnicity Pct
PDI808-0630	American-Indian & Alaska Native MF Unknown Ethnicity Tot Pct
PDI808-0640	Asian M Unknown Ethnicity Pct
PDI808-0650	Asian F Unknown Ethnicity Pct
PDI808-0660	Asian MF Unknown Ethnicity Tot Pct
PDI808-0670	Native Hawaiian & Oth Pac Islanders M Unknown Ethnicity Pct
PDI808-0680	Native Hawaiian & Oth Pac Islanders F Unknown Ethnicity Pct
PDI808-0690	Native Hawaiian & Oth Pac Islanders MF Unknown Ethnicity Tot Pct
PDI808-0700	Some Other Race M Unknown Ethnicity Pct
PDI808-0710	Some Other Race F Unknown Ethnicity Pct
PDI808-0720	Some Other Race MF Unknown Ethnicity Tot Pct
PDI808-0730	Two or More Races M Unknown Ethnicity Pct
PDI808-0740	Two or More Races F Unknown Ethnicity Pct
PDI808-0750	Two or More Races MF Unknown Ethnicity Tot Pct
PDI808-0760	Unknown M Unknown Ethnicity Pct
PDI808-0770	Unknown F Unknown Ethnicity Pct
PDI808-0780	Unknown MF Unknown Ethnicity Tot Pct
PDI808-0790	Total M Unknown Ethnicity Pct
PDI808-0800	Total F Unknown Ethnicity Pct
PDI808-0810	Total MF Unknown Ethnicity Tot Pct
PDI808-0820	White M Total Pct
PDI808-0830	White F Total Pct
PDI808-0840	White MF Total Tot Pct
PDI808-0850	Black or African American M Total Pct
PDI808-0860	Black or African American F Total Pct

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

PDI808-0870	Black or African American MF Total Tot Pct
PDI808-0880	American-Indian & Alaska Native M Total Pct
PDI808-0890	American-Indian & Alaska Native F Total Pct
PDI808-0900	American-Indian & Alaska Native MF Total Tot Pct
PDI808-0910	Asian M Total Pct
PDI808-0920	Asian F Total Pct
PDI808-0930	Asian MF Total Tot Pct
PDI808-0940	Native Hawaiian & Oth Pac Islanders M Total Pct
PDI808-0950	Native Hawaiian & Oth Pac Islanders F Total Pct
PDI808-0960	Native Hawaiian & Oth Pac Islanders MF Total Tot Pct
PDI808-0970	Some Other Race M Total Pct
PDI808-0980	Some Other Race F Total Pct
PDI808-0990	Some Other Race MF Total Tot Pct
PDI808-1000	Two or More Races M Total Pct
PDI808-1010	Two or More Races F Total Pct
PDI808-1020	Two or More Races MF Total Tot Pct
PDI808-1030	Unknown M Total Pct
PDI808-1040	Unknown F Total Pct
PDI808-1050	Unknown MF Total Tot Pct
PDI808-1060	Race EthnicityM Total Pct
PDI808-1070	Race Ethnicity F Total Pct
PDI808-1080	Race Ethnicity MF Total Tot Pct
PDI808-1090	Percentage Known Ethnicity

PDI809 – Enrollment by State

DESCRIPTION - By state, the number of members enrolled any time during the measurement year.. (HEDIS 2006, Volume 2: Technical Specification, Pg. 339)

REPORTING LEVEL - Contract Market

PDI809-0010	Alabama
PDI809-0020	Alaska
PDI809-0030	Arizona
PDI809-0040	Arkansas
PDI809-0050	California
PDI809-0060	Colorado
PDI809-0070	Connecticut
PDI809-0080	Delaware
PDI809-0090	District of Columbia
PDI809-0100	Florida
PDI809-0110	Georgia
PDI809-0120	Hawaii
PDI809-0130	Idaho
PDI809-0140	Illinois
PDI809-0150	Indiana
PDI809-0160	Iowa
PDI809-0170	Kansas
PDI809-0180	Kentucky
PDI809-0190	Louisiana
PDI809-0200	Maine
PDI809-0210	Maryland
PDI809-0220	Massachusetts
PDI809-0230	Michigan
PDI809-0240	Minnesota
PDI809-0250	Mississippi
PDI809-0260	Missouri
PDI809-0270	Montana
PDI809-0280	Nebraska

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

PDI809-0290	Nevada
PDI809-0300	New Hampshire
PDI809-0310	New Jersey
PDI809-0320	New Mexico
PDI809-0330	New York
PDI809-0340	North Carolina
PDI809-0350	North Dakota
PDI809-0360	Ohio
PDI809-0370	Oklahoma
PDI809-0380	Oregon
PDI809-0390	Pennsylvania
PDI809-0400	Rhode Island
PDI809-0410	South Carolina
PDI809-0420	South Dakota
PDI809-0430	Tennessee
PDI809-0440	Texas
PDI809-0450	Utah
PDI809-0460	Vermont
PDI809-0470	Virginia
PDI809-0480	Washington
PDI809-0490	West Virginia
PDI809-0500	Wisconsin
PDI809-0510	Wyoming
PDI809-0520	American Samoa
PDI809-0530	Federated States of Micronesia
PDI809-0540	Guam
PDI809-0550	Commonwealth of Northern Marianas
PDI809-0560	Puerto Rico
PDI809-0570	Virgin Islands
PDI809-0580	Other
PDI809-0590	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, the MCO reports the absolute number of procedures and the number of procedures per 1,000 member months. For commercial and Medicare members, the MCO reports the absolute number of procedures and the number of procedures per 1,000 members per year.(HEDIS 2006, Volume 2: Technical Specification, Pg. 252)

REPORTING LEVEL - Contract Market

UOS05-0890	Mastectomy F <65 Procs/1000
UOS05-0900	Mastectomy F 65-74 Procs/1000
UOS05-0910	Mastectomy F 75-84 Procs/1000
UOS05-0920	Mastectomy F 85+ Procs/1000

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

UOS05-0930	Lumpectomy F <65 Procs/1000
UOS05-0940	Lumpectomy F 65-74 Procs/1000
UOS05-0950	Lumpectomy F 75-84 Procs/1000
UOS05-0960	Lumpectomy F 85+ Procs/1000
UOS505-0010	CABG M <65 Procs/1000
UOS505-0020	CABG M 65-74 Procs/1000
UOS505-0030	CABG M 75-84 Procs/1000
UOS505-0040	CABG M 85+ Procs/1000
UOS505-0050	Angioplasty (PTCA) M <65 Procs/1000
UOS505-0060	Angioplasty (PTCA)M 65-74 Procs/1000
UOS505-0070	Angioplasty (PTCA) M 75-84 Procs/1000
UOS505-0080	Angioplasty (PTCA) M 85+ Procs/1000
UOS505-0090	Carotid Endarterectomy M <65 Procs/1000
UOS505-0100	Carotid Endarterectomy M 65-74 Procs/1000
UOS505-0110	Carotid Endarterectomy M 75-84 Procs/1000
UOS505-0120	Carotid Endarterectomy M 85+ Procs/1000
UOS505-0130	Reduction of Fracture Femur M <65 Procs/1000
UOS505-0140	Reduction of Fracture Femur M 65-74 Procs/1000
UOS505-0150	Reduction of Fracture Femur M 75-84 Procs/1000
UOS505-0160	Reduction of Fracture Femur M 85+ Procs/1000
UOS505-0170	Total Hip Replacement M <65 Procs/1000
UOS505-0180	Total Hip Replacement M 65-74 Procs/1000
UOS505-0190	Total Hip Replacement M 75-84 Procs/1000
UOS505-0200	Total Hip Replacement M 85+ Procs/1000
UOS505-0210	Total Knee Replacement M <65 Procs/1000
UOS505-0220	Total Knee Replacement M 65-74 Procs/1000
UOS505-0230	Total Knee Replacement M 75-84 Procs/1000
UOS505-0240	Total Knee Replacement M 85+ Procs/1000
UOS505-0250	Partial Excision of Large Intestine M <65 Procs/1000
UOS505-0260	Partial Excision of Large Intestine M 65-74 Procs/1000
UOS505-0270	Partial Excision of Large Intestine M 75-84 Procs/1000
UOS505-0280	Partial Excision of Large Intestine M 85+ Procs/1000
UOS505-0290	Cholecystectomy opn M <65 Procs/1000
UOS505-0300	Cholecystectomy opn M 65-74 Procs/1000
UOS505-0310	Cholecystectomy opn M 75-84 Procs/1000
UOS505-0320	Cholecystectomy opn M 85+ Procs/1000
UOS505-0330	Cholecystectomy cld (laparoscopic) M <65 Procs/1000
UOS505-0340	Cholecystectomy cld (laparoscopic) M 65-74 Procs/1000
UOS505-0350	Cholecystectomy cld (laparoscopic) M 75-84 Procs/1000
UOS505-0360	Cholecystectomy cld (laparoscopic) M 85+ Procs/1000
UOS505-0370	Prostatectomy <65 Procs/1000
UOS505-0380	Prostatectomy 65-74 Procs/1000
UOS505-0390	Prostatectomy 75-84 Procs/1000
UOS505-0400	Prostatectomy 85+ Procs/1000
UOS505-0410	CABG F <65 Procs/1000
UOS505-0420	CABG F 65-74 Procs/1000
UOS505-0430	CABG F 75-84 Procs/1000
UOS505-0440	CABG F 85+ Procs/1000
UOS505-0450	Angioplasty (PTCA)F <65 Procs/1000
UOS505-0460	Angioplasty (PTCA)F 65-74 Procs/1000
UOS505-0470	Angioplasty (PTCA) F 75-84 Procs/1000
UOS505-0480	Angioplasty (PTCA) F 85+ Procs/1000
UOS505-0490	Carotid Endarterectomy F <65 Procs/1000
UOS505-0500	Carotid Endarterectomy F 65-74 Procs/1000
UOS505-0510	Carotid Endarterectomy F 75-84 Procs/1000
UOS505-0520	Carotid Endarterectomy F 85+ Procs/1000

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

UOS505-0530	Reduction of Fracture Femur F <65 Procs/1000
UOS505-0540	Reduction of Fracture Femur F 65-74 Procs/1000
UOS505-0550	Reduction of Fracture Femur F 75-84 Procs/1000
UOS505-0560	Reduction of Fracture Femur F 85+ Procs/1000
UOS505-0570	Total Hip Replacement F <65 Procs/1000
UOS505-0580	Total Hip Replacement F 65-74 Procs/1000
UOS505-0590	Total Hip Replacement F 75-84 Procs/1000
UOS505-0600	Total Hip Replacement F 85+ Procs/1000
UOS505-0610	Total Knee Replacement F <65 Procs/1000
UOS505-0620	Total Knee Replacement F 65-74 Procs/1000
UOS505-0630	Total Knee Replacement F 75-84 Procs/1000
UOS505-0640	Total Knee Replacement F 85+ Procs/1000
UOS505-0650	Partial Excision of Large Intestine F <65 Procs/1000
UOS505-0660	Partial Excision of Large Intestine F 65-74 Procs/1000
UOS505-0670	Partial Excision of Large Intestine F 75-84 Procs/1000
UOS505-0680	Partial Excision of Large Intestine F 85+ Procs/1000
UOS505-0690	Cholecystectomy opn F <65 Procs/1000
UOS505-0700	Cholecystectomy opn F 65-74 Procs/1000
UOS505-0710	Cholecystectomy opn F 75-84 Procs/1000
UOS505-0720	Cholecystectomy opn F 85+ Procs/1000
UOS505-0730	Cholecystectomy cld (laparoscopic) F <65 Procs/1000
UOS505-0740	Cholecystectomy cld (laparoscopic) F 65-74 Procs/1000
UOS505-0750	Cholecystectomy cld (laparoscopic) F 75-84 Procs/1000
UOS505-0760	Cholecystectomy cld (laparoscopic) F 85+ Procs/1000
UOS505-0771	Hysterectomy - Abdominal <65 Procs/1000
UOS505-0772	Hysterectomy - Vaginal <65 Procs/1000
UOS505-0781	Hysterectomy - Abdominal 65-74 Procs/1000
UOS505-0782	Hysterectomy - Vaginal 65-74 Procs/1000
UOS505-0791	Hysterectomy - Abdominal 75-84 Procs/1000
UOS505-0792	Hysterectomy - Vaginal 75-84 Procs/1000
UOS505-0801	Hysterectomy - Abdominal 85+ Procs/1000
UOS505-0802	Hysterectomy - Vaginal 85+ Procs/1000
UOS505-0810	Cardiac Catheterization M <65 Procs/1000
UOS505-0820	Cardiac Catheterization F <65 Procs/1000
UOS505-0830	Cardiac Catheterization M 65-74 Procs/1000
UOS505-0840	Cardiac Catheterization F 65-74 Procs/1000
UOS505-0850	Cardiac Catheterization M 75-84 Procs/1000
UOS505-0860	Cardiac Catheterization F 75-84 Procs/1000
UOS505-0870	Cardiac Catheterization M 85+ Procs/1000
UOS505-0880	Cardiac Catheterization F 85+ Procs/1000

UOS506 – Inpatient Utilization-General Hospital/Acute Care

DESCRIPTION - This measure summarizes utilization of acute inpatient services in the following categories:

- total services
- medicine
- surgery
- 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 method also facilitates comparisons between ambulatory surgery utilization (refer to the Ambulatory Care measure) and inpatient surgery utilization.

(HEDIS 2006, Volume 2: Technical Specification, Pg. 262)

REPORTING LEVEL - Contract Market

UOS506-0010	Tot IP Ds/1000 <1
UOS506-0020	Tot IP Days/1000 <1
UOS506-0030	Tot IP ALOS <1
UOS506-0040	Tot IP Ds/1000 1-9

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

UOS506-0050	Tot IP Days/1000 MM 1-9
UOS506-0060	Tot IP ALOS 1-9
UOS506-0070	Tot IP Ds/1000 MM 10-19
UOS506-0080	Tot IP Days/1000 MM 10-19
UOS506-0090	Tot IP ALOS 10-19
UOS506-0100	Tot IP 20-44 Ds/1000
UOS506-0110	Tot IP Days/1000 MM 20-44
UOS506-0120	Tot IP ALOS 20-44
UOS506-0130	Tot IP Ds/1000 MM 45-64
UOS506-0140	Tot IP Days/1000 MM 45-64
UOS506-0150	Tot IP ALOS 45-64
UOS506-0160	Tot IP Ds/1000 MM 65-74
UOS506-0170	Tot IP Days/1000 MM 65-74
UOS506-0180	Tot IP ALOS 65-74
UOS506-0190	Tot IP Ds/1000 MM 75-84
UOS506-0200	Tot IP Days/1000 MM 75-84
UOS506-0210	Tot IP ALOS 75-84
UOS506-0220	Tot IP Ds/1000 MM 85+
UOS506-0230	Tot IP Days/1000 MM 85+
UOS506-0240	Tot IP ALOS 85+
UOS506-0270	Tot IP Unk ALOS
UOS506-0280	Tot IP Tot Ds/1000 MM
UOS506-0290	Tot IP Tot Days/1000 MM
UOS506-0300	Tot IP Tot ALOS
UOS506-0310	Medicine <1 Ds/1000
UOS506-0320	Medicine <1 Days/1000 MM
UOS506-0330	Medicine <1 ALOS
UOS506-0340	Medicine 1-9 Ds/1000 MM
UOS506-0350	Medicine 1-9 Days/1000 MM
UOS506-0360	Medicine 1-9 ALOS
UOS506-0370	Medicine 10-19 Ds/1000 MM
UOS506-0380	Medicine 10-19 Days/1000 MM
UOS506-0390	Medicine 10-19 ALOS
UOS506-0400	Medicine 20-44 Ds/1000
UOS506-0410	Medicine 20-44 Days/1000 MM
UOS506-0420	Medicine 20-44 ALOS
UOS506-0430	Medicine 45-64 Days/1000 MM
UOS506-0440	Medicine 45-64 Ds/1000
UOS506-0450	Medicine 45-64 Days
UOS506-0460	Medicine 65-74 Ds/1000
UOS506-0470	Medicine 65-74 Days/1000 MM
UOS506-0480	Medicine 65-74 ALOS
UOS506-0490	Medicine 75-84 Ds/1000
UOS506-0500	Medicine 75-84 Days/1000 MM
UOS506-0510	Medicine 75-84 ALOS
UOS506-0520	Medicine 85+ Ds/1000
UOS506-0530	Medicine 85+ Days/1000 MM
UOS506-0540	Medicine 85+ ALOS
UOS506-0570	Medicine Unk ALOS
UOS506-0580	Medicine Tot Ds/1000
UOS506-0590	Medicine Tot Days/1000 MM
UOS506-0600	Medicine Tot ALOS
UOS506-0610	Surgery <1 Ds/1000
UOS506-0620	Surgery <1 Days/1000 MM
UOS506-0630	Surgery <1 ALOS
UOS506-0640	Surgery 1-9 Ds/1000 MM
UOS506-0650	Surgery 1-9 Days/1000 MM

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

UOS506-0660	Surgery 1-9 ALOS
UOS506-0670	Surgery 10-19 Ds/1000 MM
UOS506-0680	Surgery 10-19 Days/1000 MM
UOS506-0690	Surgery 10-19 ALOS
UOS506-0700	Surgery 20-44 Ds/1000
UOS506-0710	Surgery 20-44 Days/1000 MM
UOS506-0720	Surgery 20-44 ALOS
UOS506-0730	Surgery 45-64 Ds/1000
UOS506-0740	Surgery 45-64 Days/1000 MM
UOS506-0750	Surgery 45-64 ALOS
UOS506-0760	Surgery 65-74 Ds/1000
UOS506-0770	Surgery 65-74 Days/1000 MM
UOS506-0780	Surgery 65-74 ALOS
UOS506-0790	Surgery 75-84 Ds/1000
UOS506-0800	Surgery 75-84 Days/1000 MM
UOS506-0810	Surgery 75-84 ALOS
UOS506-0820	Surgery 85+ Ds/1000
UOS506-0830	Surgery 85+ Days/1000 MM
UOS506-0840	Surgery 85+ ALOS
UOS506-0870	Surgery Unk ALOS
UOS506-0880	Surgery Tot Ds/1000
UOS506-0890	Surgery Tot Days/1000 MM
UOS506-0900	Surgery Tot ALOS
UOS506-0910	Maternity 10-19 Ds/1000 MM
UOS506-0920	Maternity 10-19 Days/1000 MM
UOS506-0930	Maternity 10-19 ALOS
UOS506-0940	Maternity 20-44 Ds/1000
UOS506-0950	Maternity 20-44 Days/1000 MM
UOS506-0960	Maternity 20-44 ALOS
UOS506-0970	Maternity 45-64 Ds/1000
UOS506-0980	Maternity 45-64 Days/1000 MM
UOS506-0990	Maternity 45-64 ALOS
UOS506-1020	Maternity Unk ALOS
UOS506-1030	Maternity Tot Ds/1000
UOS506-1040	Maternity Tot Days/1000 MM
UOS506-1050	Maternity Tot ALOS
UOS506-1090	Maternity 65+ Ds/1000
UOS506-1100	Maternity 65+ Days/1000 MM
UOS506-1110	Maternity 65+ ALOS

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
- 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 2006, Volume 2: Technical Specification, Pg. 269)

REPORTING LEVEL - Contract Market

UOS507-0010	AMB Tot OP <1 Visit/1000
UOS507-0020	AMB Tot ER <1 Visit/1000
UOS507-0030	AMB Tot Amb <1 Surg/Procs Procs/1000
UOS507-0040	AMB Tot Observ Rm <1 Ds Stays/1000
UOS507-0050	AMB Tot OP 1-9 Visit/1000
UOS507-0060	AMB Tot ER 1-9 Visit/1000
UOS507-0070	AMB Tot Amb 1-9 Surg/Procs Procs/1000
UOS507-0080	AMB Tot Observ Rm 1-9 Ds Stays/1000

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

UOS507-0090	AMB Tot OP 10-19 Visit/1000
UOS507-0100	AMB Tot ER 10-19 Visit/1000
UOS507-0110	AMB Tot Amb 10-19 Surg/Procs Procs/1000
UOS507-0120	AMB Tot Observ Rm 10-19 Ds Stays/1000
UOS507-0130	AMB Tot OP 20-44 Visit/1000
UOS507-0140	AMB Tot ER 20-44 Visit/1000
UOS507-0150	AMB Tot Amb 20-44 Surg/Procs Procs/1000
UOS507-0160	AMB Tot Observ Rm 20-44 Ds Stays/1000
UOS507-0170	AMB Tot OP 45-64 Visit/1000
UOS507-0180	AMB Tot ER 45-64 Visit/1000
UOS507-0190	AMB Tot Amb 45-64 Surg/Procs Procs/1000
UOS507-0200	AMB Tot Observ Rm 45-64 Ds Stays/1000
UOS507-0210	AMB Tot OP 65-74 Visit/1000
UOS507-0220	AMB Tot ER 65-74 Visit/1000
UOS507-0230	AMB Tot Amb 65-74 Surg/Procs Procs/1000
UOS507-0240	AMB Tot Observ Rm 65-74 Ds Stays/1000
UOS507-0250	AMB Tot OP 75-84 Visit/1000
UOS507-0260	AMB Tot ER 75-84 Visit/1000
UOS507-0270	AMB Tot Amb 75-84 Surg/Procs Procs/1000
UOS507-0280	AMB Tot Observ Rm 75-84 Ds Stays/1000
UOS507-0290	AMB Tot OP 85+ Visit/1000
UOS507-0300	AMB Tot ER 85+ Visit/1000
UOS507-0310	AMB Tot Amb 85+ Surg/Procs Procs/1000
UOS507-0320	AMB Tot Observ Rm 85+ Ds Stays/1000
UOS507-0370	AMB Tot OP Tot Visit/1000
UOS507-0380	AMB Tot ER Tot Visit/1000
UOS507-0390	AMB Tot Amb Tot Surg/Procs Procs/1000
UOS507-0400	AMB Tot Observ Rm Tot Ds Stays/1000

UOS508 – Inpatient Utilization-NonAcute Care

DESCRIPTION - This measure summarizes utilization of nonacute inpatient care in hospice, nursing home, rehabilitation, SNF, transitional care and respite. These data exclude services with a principal diagnosis of mental health and chemical dependency. (HEDIS 2006, Volume 2: Technical Specification, Pg. 276)

REPORTING LEVEL - Contract Market

UOS508-0010	Inpat Nonacute <1 Ds/1000
UOS508-0020	Inpat Nonacute <1 Days/1000
UOS508-0030	Inpat Nonacute <1 ALOS
UOS508-0040	Inpat Nonacute 1-9 Ds/1000
UOS508-0050	Inpat Nonacute 1-9 Days/1000
UOS508-0060	Inpat Nonacute 1-9 ALOS
UOS508-0070	Inpat Nonacute 10-19 Ds/1000
UOS508-0080	Inpat Nonacute 10-19 Days/1000
UOS508-0090	Inpat Nonacute 10-19 ALOS
UOS508-0100	Inpat Nonacute 20-44 Ds/1000
UOS508-0110	Inpat Nonacute 20-44 Days/1000
UOS508-0120	Inpat Nonacute 20-44 ALOS
UOS508-0130	Inpat Nonacute 45-64 Ds/1000
UOS508-0140	Inpat Nonacute 45-64 Days/1000
UOS508-0150	Inpat Nonacute 45-64 ALOS
UOS508-0160	Inpat Nonacute 65-74 Ds/1000
UOS508-0170	Inpat Nonacute 65-74 Days/1000
UOS508-0180	Inpat Nonacute 65-74 ALOS
UOS508-0190	Inpat Nonacute 75-84 Ds/1000
UOS508-0200	Inpat Nonacute 75-84 Days/1000
UOS508-0210	Inpat Nonacute 75-84 ALOS
UOS508-0220	Inpat Nonacute 85+ Ds/1000
UOS508-0230	Inpat Nonacute 85+ Days/1000

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

UOS508-0240	Inpat Nonacute 85+ ALOS
UOS508-0270	Inpat Nonacute Unk ALOS
UOS508-0280	Inpat Nonacute Tot Ds/1000
UOS508-0290	Inpat Nonacute Tot Days/1000
UOS508-0300	Inpat Nonacute Tot ALOS

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 2006, Volume 2: Technical

Specification, Pg. 286)

REPORTING LEVEL - Contract Market

UOS512-0010	MH Inpat 0-12 M Ds/1000
UOS512-0020	MH Inpat 0-12 M ALOS
UOS512-0030	MH Inpat 13-17 M Ds/1000
UOS512-0040	MH Inpat 13-17 M ALOS
UOS512-0050	MH Inpat 18-64 M Ds/1000
UOS512-0060	MH Inpat 18-64 M ALOS
UOS512-0070	MH Inpat 65+ M Ds/1000
UOS512-0080	MH Inpat 65+ M ALOS
UOS512-0100	MH Inpat Unk M ALOS
UOS512-0110	MH Inpat Tot M Ds/1000
UOS512-0120	MH Inpat Tot M ALOS
UOS512-0130	MH Inpat 0-12 F Ds/1000
UOS512-0140	MH Inpat 0-12 F ALOS
UOS512-0150	MH Inpat 13-17 F Ds/1000
UOS512-0160	MH Inpat 13-17 F ALOS
UOS512-0170	MH Inpat 18-64 F Ds/1000
UOS512-0180	MH Inpat 18-64 F ALOS
UOS512-0190	MH Inpat 65+ F Ds/1000
UOS512-0200	MH Inpat 65+ F ALOS
UOS512-0220	MH Inpat Unk F ALOS
UOS512-0230	MH Inpat Tot F Ds/1000
UOS512-0240	MH Inpat Tot F ALOS
UOS512-0250	MH Inpat 0-12 Tot Ds/1000
UOS512-0260	MH Inpat 0-12 Tot ALOS
UOS512-0270	MH Inpat 13-17 Tot Ds/1000
UOS512-0280	MH Inpat 13-17 Tot ALOS
UOS512-0290	MH Inpat 18-64 Tot Ds/1000
UOS512-0300	MH Inpat 18-64 Tot ALOS
UOS512-0310	MH Inpat 65+ Tot Ds/1000
UOS512-0320	MH Inpat 65+ Tot ALOS
UOS512-0340	MH Inpat Unk Tot ALOS
UOS512-0350	MH Inpat Tot Ds/1000
UOS512-0360	MH Inpat Tot ALOS

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

DESCRIPTION - The number and percentage of members receiving the following during the measurement year:

- any mental health services (includes inpatient, intermediate or ambulatory)
- inpatient mental health services
- intermediate mental health services
- ambulatory mental health services.

Report in each category the number of members who received the respective service and, of all enrollees with a mental health benefit, the percentage who received the respective service; report this information by age and sex. This measure gives an overview of the extent to which different levels of mental health services are utilized. (HEDIS 2006, Volume 2: Technical Specification, Pg. 289)

REPORTING LEVEL - Contract Market

UOS513-0010	MH Svs Any 0-12 M Pct
UOS513-0020	MH Svs Inpat 0-12 M Pct
UOS513-0030	MH Svs Day/Night 0-12 M Pct
UOS513-0040	MH Svs Amb 0-12 M Pct
UOS513-0050	MH Svs Any 13-17 M Pct
UOS513-0060	MH Svs Inpat13-17 M Pct
UOS513-0070	MH Svs Day/Night 13-17 M Pct
UOS513-0080	MH Svs Amb 13-17 M Pct
UOS513-0090	MH Svs Any 18-64 M Pct
UOS513-0100	MH Svs Inpat 18-64 M Pct
UOS513-0110	MH Svs Day/Night 18-64 M Pct
UOS513-0120	MH Svs Amb 18-64 M Pct
UOS513-0130	MH Svs Any 65+ M Pct
UOS513-0140	MH Svs Inpat 65+ M Pct
UOS513-0150	MH Svs Day/Night 65+ M Pct
UOS513-0160	MH Svs Amb 65+ M Pct
UOS513-0170	MH Svs Any Unk M Pct
UOS513-0180	MH Svs Inpat Unk M Pct
UOS513-0190	MH Svs Day/Night Unk M Pct
UOS513-0200	MH Svs Amb Unk M Pct
UOS513-0210	MH Svs Any Tot M Pct
UOS513-0220	MH Svs Inpat Tot M Pct
UOS513-0230	MH Svs Day/Night Tot M Pct
UOS513-0240	MH Svs Amb Tot M Pct
UOS513-0250	MH Svs Any 0-12 F Pct
UOS513-0260	MH Svs Inpat 0-12 F Pct
UOS513-0270	MH Svs Day/Night 0-12 F Pct
UOS513-0280	MH Svs Amb 0-12 F Pct
UOS513-0290	MH Svs Any 13-17 F Pct
UOS513-0300	MH Svs Inpat 13-17 F Pct
UOS513-0310	MH Svs Day/Night 13-17 F Pct
UOS513-0320	MH Svs Amb 13-17 F Pct
UOS513-0330	MH Svs Any 18-64 F Pct
UOS513-0340	MH Svs Inpat 18-64 F Pct
UOS513-0350	MH Svs Day/Night 18-64 F Pct
UOS513-0360	MH Svs Amb 18-64 F Pct
UOS513-0370	MH Svs Any 65+ F Pct
UOS513-0380	MH Svs Inpat 65+ F Pct
UOS513-0390	MH Svs Day/Night 65+ F Pct
UOS513-0400	MH Svs Amb 65+ F Pct
UOS513-0410	MH Svs Any Unk F Pct
UOS513-0420	MH Svs Inpat Unk F Pct
UOS513-0430	MH Svs Day/Night Unk F Pct
UOS513-0440	MH Svs Amb Unk F Pct
UOS513-0450	MH Svs Any Tot F Pct
UOS513-0460	MH Svs Inpat Tot Num

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

UOS513-0470	MH Svs Day/Night Tot F Pct
UOS513-0480	MH Svs Amb Tot F Pct
UOS513-0490	MH Svs Any 0-12 Tot Pct
UOS513-0500	MH Svs Inpat 0-12 Tot Pct
UOS513-0510	MH Svs Day/Night 0-12 Tot Pct
UOS513-0520	MH Svs Amb 0-12 Tot Pct
UOS513-0530	MH Svs Any 13-17 Tot Pct
UOS513-0540	MH Svs Inpat 13-17 Tot Pct
UOS513-0550	MH Svs Day/Night 13-17 Tot Pct
UOS513-0560	MH Svs Amb 13-17 Tot Pct
UOS513-0570	MH Svs Any 18-64 Tot Pct
UOS513-0580	MH Svs Inpat 18-64 Tot Pct
UOS513-0590	MH Svs Day/Night 18-64 Tot Pct
UOS513-0600	MH Svs Amb 18-64 Tot Pct
UOS513-0610	MH Svs Any 65+ Tot Pct
UOS513-0620	MH Svs Inpat 65+ Tot Pct
UOS513-0630	MH Svs Day/Night 65+ Tot Pct
UOS513-0640	MH Svs Amb 65+ Tot Pct
UOS513-0650	MH Svs Any Unk Tot Pct
UOS513-0660	MH Svs Inpat Unk Tot Pct
UOS513-0670	MH Svs Day/Night Unk Tot Pct
UOS513-0680	MH Svs Amb Unk Tot Pct
UOS513-0690	MH Svs Any Tot Pct
UOS513-0700	MH Svs Inpat Tot Pct
UOS513-0710	MH Svs Day/Night Tot Pct
UOS513-0720	MH Svs Amb Tot Pct

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 2006, Volume 2: Technical Specification, Pg. 293)

REPORTING LEVEL - Contract Market

UOS515-0010	CD IP 0-12 M Ds/1000
UOS515-0020	CD IP 0-12 M ALOS
UOS515-0030	CD IP 13-17 M Ds/1000
UOS515-0040	CD IP 13-17 M ALOS
UOS515-0050	CD IP 18-64 M Ds/1000
UOS515-0060	CD IP 18-64 M ALOS
UOS515-0070	CD IP 65+ M Ds/1000
UOS515-0080	CD IP 65+ M ALOS
UOS515-0100	CD IP Unk M ALOS
UOS515-0110	CD IP Tot M Ds/1000
UOS515-0120	CD IP Tot M ALOS
UOS515-0130	CD IP 0-12 F Ds/1000
UOS515-0140	CD IP 0-12 F ALOS
UOS515-0150	CD IP 13-17 F Ds/1000
UOS515-0160	CD IP 13-17 F ALOS
UOS515-0170	CD IP 18-64 F Ds/1000
UOS515-0180	CD IP 18-64 F ALOS
UOS515-0190	CD IP 65+ F Ds/1000
UOS515-0200	CD IP 65+ F ALOS
UOS515-0220	CD IP Unk F ALOS
UOS515-0230	CD IP Tot F Ds/1000
UOS515-0240	CD IP Tot F ALOS
UOS515-0250	CD IP 0-12 Tot Ds/1000
UOS515-0260	CD IP 0-12 Tot ALOS
UOS515-0270	CD IP 13-17 Tot Ds/1000

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

UOS515-0280	CD IP 13-17 Tot ALOS
UOS515-0290	CD IP 18-64 Tot Ds/1000
UOS515-0300	CD IP 18-64 Tot ALOS
UOS515-0310	CD IP 65+ Tot Ds/1000
UOS515-0320	CD IP 65+ Tot ALOS
UOS515-0340	CD IP Unk Tot ALOS
UOS515-0350	CD IP Tot Ds/1000
UOS515-0360	CD IP Tot ALOS

UOS518 – Outpatient Drug Utilization

DESCRIPTION - A summary of the data on outpatient utilization of drug prescriptions (total cost of prescriptions; average cost of prescriptions per member per month [PMPM]; total number of prescriptions; average number of prescriptions per member per year [PMPY]) during the measurement year, stratified by age. (HEDIS 2006, Volume 2: Technical Specification, Pg. 301)

REPORTING LEVEL - Contract Market

UOS518-0010	OP Rx 0-9 Avg Cst of Rx/Mem/Mnth
UOS518-0020	OP Rx 0-9 Avg Num of Rx/
UOS518-0030	OP Rx 10-19 Avg Cst of Rx/Mem/Mnth
UOS518-0040	OP Rx 10-19 Avg Num of Rx/
UOS518-0050	OP Rx 20-44 Avg Cst of Rx/Mem/Mnth
UOS518-0060	OP Rx 20-44 Avg Num of Rx/
UOS518-0070	OP Rx 45-64 Avg Cst of Rx/Mem/Mnth
UOS518-0080	OP Rx 45-64 Avg Num of Rx/
UOS518-0090	OP Rx 65-74 Avg Cst of Rx/Mem/Mnth
UOS518-0100	OP Rx 65-74 Avg Num of Rx/
UOS518-0110	OP Rx 75-84 Avg Cst of Rx/Mem/Mnth
UOS518-0120	OP Rx 75-84 Avg Num of Rx/
UOS518-0130	OP Rx 85+ Avg Cst of Rx/Mem/Mnth
UOS518-0140	OP Rx 85+ Avg Num of Rx/
UOS518-0170	OP Rx Tot Avg Cst of Rx/Mem/Mnth
UOS518-0180	OP Rx Tot Avg Num of Rx/

UOS520 – Identification of Alcohol and Other Drug Services

DESCRIPTION - The number and percentage of members with an alcohol and other drug (AOD) claim who received the following during the measurement year:

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

An AOD claim contains a diagnosis of AOD abuse or dependence and a specific AOD-related service. Report in each category the number of members who received the respective service and, of all enrollees with a chemical dependency benefit, the percentage who received the respective service; report this information by age and sex. This measure gives an overview of the extent to which different levels of chemical dependency services are utilized. (HEDIS 2006, Volume 2: Technical Specification, Pg. 296)

REPORTING LEVEL - Contract Market

UOS520-0010	ID Svs Any 0-12 M Pct
UOS520-0020	ID Svs Any 0-12 F Pct
UOS520-0030	ID Svs Any 0-12 Tot Pct
UOS520-0040	ID Svs Any 13-17 M Pct
UOS520-0050	ID Svs Any 13-17 F Pct
UOS520-0060	ID Svs Any 13-17 Tot Pct
UOS520-0072	ID Svs Any 18-24 M Pct
UOS520-0074	ID Svs Any 18-24 F Pct
UOS520-0076	ID Svs Any 18-24 Tot Pct
UOS520-0078	ID Svs Any 25-34 M Pct
UOS520-0082	ID Svs Any 25-34 F Pct
UOS520-0084	ID Svs Any 25-34 Tot Pct
UOS520-0086	ID Svs Any 35-64 M Pct
UOS520-0088	ID Svs Any 35-64 F Pct

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

UOS520-0092	ID Svs Any 35-64 Tot Pct
UOS520-0100	ID Svs Any 65+ M Pct
UOS520-0110	ID Svs Any 65+ F Pct
UOS520-0120	ID Svs Any 65+ Tot Pct
UOS520-0130	ID Svs Any Unk M Pct
UOS520-0140	ID Svs Any Unk F Pct
UOS520-0150	ID Svs Any Unk Tot Pct
UOS520-0160	ID Svs Any Tot M Pct
UOS520-0170	ID Svs Any Tot F Pct
UOS520-0180	ID Svs Any Tot Pct
UOS520-0190	ID Svs Inpat 0-12 M Pct
UOS520-0200	ID Svs Inpat 0-12 F Pct
UOS520-0210	ID Svs Inpat 0-12 Tot Pct
UOS520-0220	ID Svs Inpat 13-17 M Pct
UOS520-0230	ID Svs Inpat 13-17 F Pct
UOS520-0240	ID Svs Inpat 13-17 Tot Pct
UOS520-0252	ID Svs Inpat 18-24 M Pct
UOS520-0254	ID Svs Inpat 18-24 F Pct
UOS520-0256	ID Svs Inpat 18-24 Tot Pct
UOS520-0258	ID Svs Inpat 25-34 M Pct
UOS520-0262	ID Svs Inpat 25-34 F Pct
UOS520-0264	ID Svs Inpat 25-34 Tot Pct
UOS520-0266	ID Svs Inpat 35-64 M Pct
UOS520-0268	ID Svs Inpat 35-64 F Pct
UOS520-0270	ID Svs Inpat 35-64 Tot Pct
UOS520-0280	ID Svs Inpat 65+ M Pct
UOS520-0290	ID Svs Inpat 65+ F Pct
UOS520-0300	ID Svs Inpat 65+ Tot Pct
UOS520-0310	ID Svs Inpat Unk M Pct
UOS520-0320	ID Svs Inpat Unk F Pct
UOS520-0330	ID Svs Inpat Unk Tot Pct
UOS520-0340	ID Svs Inpat Tot M Pct
UOS520-0350	ID Svs Inpat Tot F Pct
UOS520-0360	ID Svs Inpat Tot Pct
UOS520-0370	ID Svs Day/Night 0-12 M Pct
UOS520-0380	ID Svs Day/Night 0-12 F Pct
UOS520-0390	ID Svs Day/Night 0-12 Tot Pct
UOS520-0400	ID Svs Day/Night 13-17 M Pct
UOS520-0410	ID Svs Day/Night 13-17 F Pct
UOS520-0420	ID Svs Day/Night 13-17 Tot Pct
UOS520-0432	ID Svs Intermediate 18-24 M Pct
UOS520-0434	ID Svs Intermediate 18-24 F Pct
UOS520-0436	ID Svs Intermediate 18-24 Tot Pct
UOS520-0438	ID Svs Intermediate 25-34 M Pct
UOS520-0442	ID Svs Intermediate 25-34 F Pct
UOS520-0444	ID Svs Intermediate 25-34 Tot Pct
UOS520-0446	ID Svs Intermediate 35-64 M Pct
UOS520-0448	ID Svs Intermediate 35-64 F Pct
UOS520-0452	ID Svs Intermediate 35-64 Tot Pct
UOS520-0460	ID Svs Day/Night 65+ M Pct
UOS520-0470	ID Svs Day/Night 65+ F Pct
UOS520-0480	ID Svs Day/Night 65+ Tot Pct
UOS520-0490	ID Svs Day/Night Unk M Pct
UOS520-0500	ID Svs Day/Night Unk F Pct
UOS520-0510	ID Svs Day/Night Unk Tot Pct
UOS520-0520	ID Svs Day/Night Tot M Pct

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

UOS520-0530	ID Svs Day/Night Tot F Pct
UOS520-0540	ID Svs Day/Night Tot Pct
UOS520-0550	ID Svs Amb 0-12 M Pct
UOS520-0560	ID Svs Amb 0-12 F Pct
UOS520-0570	ID Svs Amb 0-12 Tot Pct
UOS520-0580	ID Svs Amb 13-17 M Pct
UOS520-0590	ID Svs Amb 13-17 F Pct
UOS520-0600	ID Svs Amb 13-17 Tot Pct
UOS520-0612	ID Svs Amb 18-24 M Pct
UOS520-0614	ID Svs Amb 18-24 F Pct
UOS520-0616	ID Svs Amb 18-24 Tot Pct
UOS520-0618	ID Svs Amb 25-34 M Pct
UOS520-0622	ID Svs Amb 25-34 F Pct
UOS520-0624	ID Svs Amb 25-34 Tot Pct
UOS520-0626	ID Svs Amb 35-64 M Pct
UOS520-0628	ID Svs Amb 35-64 F Pct
UOS520-0632	ID Svs Amb 35-64 Tot Pct
UOS520-0640	ID Svs Amb 65+ M Pct
UOS520-0650	ID Svs Amb 65+ F Pct
UOS520-0660	ID Svs Amb 65+ Tot Pct
UOS520-0670	ID Svs Amb Unk M Pct
UOS520-0680	ID Svs Amb Unk F Pct
UOS520-0690	ID Svs Amb Unk Tot Pct
UOS520-0700	ID Svs Amb Tot M Pct
UOS520-0710	ID Svs Amb Tot F Pct
UOS520-0720	ID Svs Amb Tot Pct

UOS522 – Antibiotic Utilization

DESCRIPTION - This measure summarizes data on outpatient utilization of antibiotic prescriptions, including the following:

- total number of antibiotic prescriptions
- average number of antibiotic prescriptions PMPY
- total days supplied for all antibiotic prescriptions
- average number of days supplied per antibiotic prescription
- total number of prescriptions PMPY for antibiotics of concern
- average number of prescriptions PMPY for antibiotics of concern
- average number of antibiotics PMPY reported by drug class:
 - for selected “antibiotics of concern”
 - for all other antibiotics
- percentage of antibiotics of concern of total antibiotic prescriptions
- during the measurement year, stratified by age and gender and reported for each product.

(HEDIS 2006, Volume 2: Technical Specification, Pg. 303)

REPORTING LEVEL - Contract Market

UOS522-0010	AU Antibiotic Scraps PMPY M Tot Avg
UOS522-0020	AU Antibiotic Scraps PMPY F Tot Avg
UOS522-0030	AU Antibiotic Scraps PMPY MF Tot Avg
UOS522-0040	AU Days Supplied per Antibiotic Scrip M Tot Avg
UOS522-0050	AU Days Supplied per Antibiotic Scrip F Tot Avg
UOS522-0060	AU Days Supplied per Antibiotic Scrip MF Tot Avg
UOS522-0070	AU Scraps PMPY for Antibiotics of Concern M Tot Avg
UOS522-0080	AU Scraps PMPY for Antibiotics of Concern F Tot Avg
UOS522-0090	AU Scraps PMPY for Antibiotics of Concern MF Tot Avg
UOS522-0100	AU Pct Antibiotics of All Antibiotic Scraps M Tot
UOS522-0110	AU Pct Antibiotics of All Antibiotic Scraps F Tot
UOS522-0120	AU Pct Antibiotics of All Antibiotic Scraps MF Tot
UOS522-0130	AC Quinolones PMPY M Tot

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

UOS522-0140	AC Quinolones PMPY F Tot
UOS522-0150	AC Quinolones PMPY MF Tot
UOS522-0160	AC Cephalosporins 2nd-4th Generation PMPY M Tot
UOS522-0170	AC Cephalosporins 2nd-4th Generation PMPY F Tot
UOS522-0180	AC Cephalosporins 2nd-4th Generation PMPY MF Tot
UOS522-0190	AC Azithromycin and Clarithromycin PMPY M Tot
UOS522-0200	AC Azithromycin and Clarithromycin PMPY F Tot
UOS522-0210	AC Azithromycin and Clarithromycin PMPY MF Tot
UOS522-0220	AC Amoxicillin/Clavulanate PMPY M Tot
UOS522-0230	AC Amoxicillin/Clavulanate PMPY F Tot
UOS522-0240	AC Amoxicillin/Clavulanate PMPY MF Tot
UOS522-0250	AC Ketolides PMPY M Tot
UOS522-0260	AC Ketolides PMPY F Tot
UOS522-0270	AC Ketolides PMPY MF Tot
UOS522-0280	AC Clindamycin PMPY M Tot
UOS522-0290	AC Clindamycin PMPY F Tot
UOS522-0300	AC Clindamycin PMPY MF Tot
UOS522-0310	AC Misc Antibiotics of Concern PMPY M Tot
UOS522-0320	AC Misc Antibiotics of Concern PMPY F Tot
UOS522-0330	AC Misc Antibiotics of Concern PMPY MF Tot
UOS522-0340	AO Absorbable Sulfonamides PMPY M Tot
UOS522-0350	AO Absorbable Sulfonamides PMPY F Tot
UOS522-0360	AO Absorbable Sulfonamides PMPY MF Tot
UOS522-0370	AO Aminoglycosides PMPY M Tot
UOS522-0380	AO Aminoglycosides PMPY F Tot
UOS522-0390	AO Aminoglycosides PMPY MF Tot
UOS522-0400	AO 1st Generation Cephalosporins PMPY M Tot
UOS522-0410	AO 1st Generation Cephalosporins PMPY F Tot
UOS522-0420	AO 1st Generation Cephalosporins PMPY MF Tot
UOS522-0430	AO Lincosamides PMPY M Tot
UOS522-0440	AO Lincosamides PMPY F Tot
UOS522-0450	AO Lincosamides PMPY MF Tot
UOS522-0460	AO Macrolides (not azith or clarith) PMPY M Tot
UOS522-0470	AO Macrolides (not azith or clarith) PMPY F Tot
UOS522-0480	AO Macrolides (not azith or clarith) PMPY MF Tot
UOS522-0490	AO Penicillins PMPY M Tot
UOS522-0500	AO Penicillins PMPY F Tot
UOS522-0510	AO Penicillins PMPY MF Tot
UOS522-0520	AO Tetracyclines PMPY M Tot
UOS522-0530	AO Tetracyclines PMPY F Tot
UOS522-0540	AO Tetracyclines PMPY MF Tot
UOS522-0550	AO Misc Antibiotics PMPY M Tot
UOS522-0560	AO Misc Antibiotics PMPY F Tot
UOS522-0570	AO Misc Antibiotics PMPY MF Tot