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# ***HEDIS® 2017 (Summary) Documentation for Reporting Year 2016***

## **General Information**

This documentation presents (1) a description of each HEDIS® measure that CMS collected for 453 Medicare managed care organizations for health care provided in calendar year 2017 to Medicare beneficiaries and (2) the location of the rates associated with each HEDIS measure within the HEDIS workbook (HEDIS2017.XLS). CMS took the description and additional information for each measure from HEDIS 2017 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.

CMS requires that all managed care organizations undergo an audit on all HEDIS measures. The summary data file includes all submitted data following the audit.

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## **Medicare HEDIS Reporting**

In 2017, CMS collected data from 453 Medicare managed care contracts for health care delivered in 2016. 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.

## **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 2017 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 2017, 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 three types of missing values: NA, NB and NR**

The HEDIS guidelines distinguish between three different types of missing values in the rate field: Not Applicable (NA), No Benefit (NB) 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

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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.)

A value of NB is recorded when the health plan did not offer the health benefit required by the measure (e.g., Mental Health/Chemical Dependency). 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 1,000 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 2016. 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 SNP 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 PBPs with a valid numeric rate in the measure

En<sub>1</sub> = Enrollment in the first PBP with a valid numeric rate

Sn<sub>1</sub> = Reported rate for the first PBP with a valid numeric rate

En<sub>x</sub> = Enrollment in the last PBP with a valid numeric rate

Sn<sub>x</sub> = Reported rate for the last PBP with a valid numeric rate

**General - General Information**

DESCRIPTION - General organization 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-0050	12/2011 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

**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-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)

**National\_Rates - National Rates**

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:

$$((En1/TotE)*Sn1)+((En2/TotE)*Sn2)+...+((Enx/TotE)*Snx)=\text{National Weighted Average Score}$$

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

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

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

REPORTING LEVEL - National

NR-0010	The HEDIS Year of the data (the measurement year is one year prior)
NR-0020	Measure from the HEDIS Public Use File for which the national rate has been calculated
NR-0030	Field from the HEDIS Public Use File for which the national rate has been calculated
NR-0040	The National Rate for this measure and field
NR-0050	The number of contracts that submitted a numeric HEDIS rate for this measure and field
NR-0060	The total number of enrollees in the contracts that submitted a numeric HEDIS rate for this measure and field

**AOC201 - Adults' Access to Preventive/Ambulatory Health Services (AAP)**

DESCRIPTION - The percentage of members 20 years and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line.

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

(HEDIS 2017, Volume 2: Technical Specification, Pg. 251)

REPORTING LEVEL - Contract

AOC201-0010	Rate 20-44 Years
AOC201-0020	Rate 45-64 Years
AOC201-0030	Rate 65+ Years
AOC201-0040	Lower Confidence Interval - 20-44 Years
AOC201-0050	Upper Confidence Interval - 20-44 Years
AOC201-0060	Lower Confidence Interval - 45-64 Years
AOC201-0070	Upper Confidence Interval - 45-64 Years
AOC201-0080	Lower Confidence Interval - 65+ Years
AOC201-0090	Upper Confidence Interval - 65+ Years
AOC201-0095	Rate - Total
AOC201-0100	Lower Confidence Interval - Total
AOC201-0110	Upper Confidence Interval - Total

**AOC235 - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)**

DESCRIPTION - The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received the following.

- Initiation of AOD Treatment. The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.
- Engagement of AOD Treatment. The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

(HEDIS 2017, Volume 2: Technical Specification, Pg. 257)

REPORTING LEVEL - Contract

AOC235-0010	Rate - Engagement - Total
AOC235-0020	Lower Confidence Interval - Engagement - Total
AOC235-0030	Upper Confidence Interval - Engagement - Total
AOC235-0040	Rate - Initiation - Total
AOC235-0050	Lower Confidence Interval - Initiation - Total
AOC235-0060	Upper Confidence Interval - Initiation - Total

**EOC003 - Breast Cancer Screening (BCS)**

DESCRIPTION - The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer. (HEDIS 2017, Volume 2: Technical Specification, Pg. 74)

REPORTING LEVEL - Contract

EOC003-0100	Rate - Total
EOC003-0110	Lower Confidence Interval - tot
EOC003-0120	Upper Confidence Interval - tot

**EOC010 - Followup after Hospitalization for Mental Illness (FUH)**

DESCRIPTION - The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported:

- The percentage of discharges for which the member received follow-up within 30 days of discharge.
- The percentage of discharges for which the member received follow-up within 7 days of discharge.

(HEDIS 2017, Volume 2: Technical Specification, Pg. 171)

REPORTING LEVEL - Contract

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 (CDC)**

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) testing
- HbA1c poor control (>9.0%)
- HbA1c control (<8.0%)
- Eye exam (retinal) performed
- Medical attention for nephropathy
- BP control (<140/90 mm Hg)

(HEDIS 2017, Volume 2: Technical Specifications, Pg. 132)

REPORTING LEVEL - Contract

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
EOC020-0160	Rate - Med Att Diabetic Neph.
EOC020-0170	Lower Confidence Interval - Med Att Diabetic Neph.
EOC020-0180	Upper Confidence Interval - Med Att Diabetic Neph.
EOC020-0310	Rate - Blood Press Cont <140/90
EOC020-0320	Lower Confidence Interval - Blood Press Cont <140/90
EOC020-0330	Upper Confidence Interval - Blood Press Cont <140/90
EOC020-0340	Rate - HbA1c Control (<8.0%)
EOC020-0350	Lower Confidence Interval - HbA1c Control (<8.0%)
EOC020-0360	Upper Confidence Interval - HbA1c Control (<8.0%)

**EOC030 - Antidepressant Medication Management (AMM)**

DESCRIPTION - The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported.

- Effective Acute Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
- Effective Continuation Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

(HEDIS 2017, Volume 2: Technical Specifications, Pg. 162)

REPORTING LEVEL - Contract

EOC030-0010	Rate - Effect.Continuation Phase Treat.
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

**EOC035 - Controlling High Blood Pressure (CBP)**

DESCRIPTION - The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled during the measurement year based on the following criteria:

- Members 18–59 years of age whose BP was <140/90 mm Hg.
- Members 60–85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg.
- Members 60–85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg.

Note: Use the Hybrid Method for this measure. A single rate is reported and is the sum of all three groups.

(HEDIS 2017, Volume 2: Technical Specification, Pg. 116)

REPORTING LEVEL - Contract

EOC035-0100	Rate - Total
EOC035-0110	Lower Confidence Interval tot
EOC035-0120	Upper Confidence Interval tot

**EOC040 - Colorectal Cancer Screening (COL)**

DESCRIPTION - The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer. (HEDIS 2017, Volume 2: Technical Specification, Pg. 80)

REPORTING LEVEL - Contract

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

**EOC045 - Osteoporosis Management in Women Who Had a Fracture (OMW)**

DESCRIPTION - The percentage of women 67–85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture. (HEDIS 2017, Volume 2: Technical Specification, Pg. 157)

REPORTING LEVEL - Contract

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

**EOC055 - Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)**

DESCRIPTION - The percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge. (HEDIS 2017, Volume 2: Technical Specification, Pg. 122)

REPORTING LEVEL - Contract

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

**EOC060 - Management of Urinary Incontinence in Older Adults (MUI)**

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

- Discussing Urinary Incontinence. The percentage of Medicare members 65 years of age and older who reported having urine leakage in the past six months and who discussed their urinary leakage problem with a health care provider.
- Discussing Treatment of Urinary Incontinence. The percentage of Medicare members 65 years of age and older who reported having urine leakage in the past six months and who discussed treatment options for their current urine leakage problem.
- Impact of Urinary Incontinence. The percentage of Medicare members 65 years of age and older who reported having urine leakage in the past six months and who reported that urine leakage made them change their daily activities or interfered with their sleep a lot.

(HEDIS 2017, Volume 2: Technical Specification, Pg. 240)

REPORTING LEVEL - Contract

EOC060-0010	Discussing Urinary Incontinence Rate
EOC060-0020	Treatment of Urinary Incontinence Rate
EOC060-0030	Impact of Urinary Incontinence Rate

**EOC065 - Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (ART)**

DESCRIPTION - The percentage of members who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD). (HEDIS 2017, Volume 2: Technical Specification, Pg. 154)

REPORTING LEVEL - Contract

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

**EOC070 - Use of High-Risk Medications in the Elderly (DAE)**

DESCRIPTION - • The percentage of Medicare members 66 years of age and older who received at least one high-risk medication.

- The percentage of Medicare members 66 years of age and older who received at least two different high-risk medications.

For both rates, a lower rate represents better performance.

(HEDIS 2017, Volume 2: Technical Specification, Pg. 232)

REPORTING LEVEL - Contract

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 (MPM)**

DESCRIPTION - The percentage of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select 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 three rates separately and as a total 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.
- Total rate (the sum of the three numerators divided by the sum of the three denominators).

(HEDIS 2017, Volume 2: Technical Specification, Pg. 198)

REPORTING LEVEL - Contract

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
EOC075-0160	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 (SPR)**

DESCRIPTION - The percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis. (HEDIS 2017, Volume 2: Technical Specification, Pg. 98)

REPORTING LEVEL - Contract

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

**EOC085 - Physical Activity in Older Adults (PAO) HOS**

DESCRIPTION - The two 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 exercise or physical activity.

(HEDIS 2017, Volume 2: Technical Specification, Pg. 242)

REPORTING LEVEL - Contract

EOC085-0010	Discussing Physical Activity Rate
EOC085-0020	Advising Physical Activity Rate



**EOC090 - Potentially Harmful Drug-Disease Interactions in the Elderly (DDE)**

DESCRIPTION - The percentage of Medicare members 65 years of age and older who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis.

Report each of the three rates separately and as a total rate.

- A history of falls and a prescription for anticonvulsants, nonbenzodiazepine hypnotics, SSRIs, antiemetics, antipsychotics, benzodiazepines or tricyclic antidepressants.
- Dementia and a prescription for antiemetics, antipsychotics, benzodiazepines, tricyclic antidepressants, H2 receptor antagonists, nonbenzodiazepine hypnotics or anticholinergic agents.
- Chronic kidney disease and prescription for Cox-2 selective NSAIDs or nonaspirin NSAIDs.
- Total rate (the sum of the three numerators divided by the sum of the three denominators).

Members with more than one disease or condition may appear in the measure multiple times (i.e., in each indicator for which they qualify). A lower rate represents better performance for all rates.

(HEDIS 2017, Volume 2: Technical Specification, Pg. 226)

REPORTING LEVEL - Contract

EOC090-0010	Rate - DDI Falls + Anticonvulsants, Nonbenzodiazepine hypnotics, SSRIs, Antiemetics, Antipsychotics, Benzodiazepines or Tricyclic Antidepressants
EOC090-0020	Lower Confidence Interval - DDI Falls + Anticonvulsants, Nonbenzodiazepine hypnotics, SSRIs, Antiemetics, Antipsychotics, Benzodiazepines or Tricyclic Antidepressants
EOC090-0030	Upper Confidence Interval - DDI Falls + Anticonvulsants, Nonbenzodiazepine hypnotics, SSRIs, Antiemetics, Antipsychotics, Benzodiazepines or Tricyclic Antidepressants
EOC090-0040	Rate - DDI Dementia + Antiemetics, Antipsychotics, Benzodiazepines, Tricyclic Antidepressants, H2 Receptor Antagonists, Nonbenzodiazepine hypnotics or Anticholinergic Agents
EOC090-0050	Lower Confidence Interval - DDI Dementia + Antiemetics, Antipsychotics, Benzodiazepines, Tricyclic Antidepressants, H2 Receptor Antagonists, Nonbenzodiazepine hypnotics or Anticholinergic Agents
EOC090-0060	Upper Confidence Interval - DDI Dementia + Antiemetics, Antipsychotics, Benzodiazepines, Tricyclic Antidepressants, H2 Receptor Antagonists, Nonbenzodiazepine hypnotics or Anticholinergic Agents
EOC090-0070	Rate - DDI Chronic Kidney disease + Cox-2 Selective NSAIDs or Nonaspirin NSAIDs
EOC090-0080	Lower Confidence Interval - DDI Chronic Kidney disease + Cox-2 Selective NSAIDs or Nonaspirin NSAIDs
EOC090-0090	Upper Confidence Interval - DDI Chronic Kidney disease + Cox-2 Selective NSAIDs or Nonaspirin NSAIDs
EOC090-0100	Rate - Total
EOC090-0110	Lower Confidence Interval - Total
EOC090-0120	Upper Confidence Interval - Total

**EOC095 - Fall Risk Management (FRM) HOS**

DESCRIPTION - The two components of this measure assess different facets of fall risk management.

- Discussing Fall Risk. The percentage of Medicare members 75 years of age and older or 65–74 years of age with balance or walking problems or a fall in the past 12 months, who were seen by a practitioner in the past 12 months and who discussed falls or problems with balance or walking with their current practitioner.
- Managing Fall Risk. The percentage of Medicare members 65 years of age and older who had a fall or had problems with balance or walking in the past 12 months, who were seen by a practitioner in the past 12 months and who received fall risk intervention from their current practitioner.

(HEDIS 2017, Volume 2: Technical Specification, Pg. 239)

REPORTING LEVEL - Contract

EOC095-0010	Discussing Fall Risk Rate
EOC095-0020	Managing Fall Risk Rate

**EOC100 - Osteoporosis Testing in Older Women (OTO) HOS**

DESCRIPTION - The percentage of Medicare women 65–85 years of age who report ever having received a bone density test to check for osteoporosis. (HEDIS 2017, Volume 2: Technical Specification, Pg. 241)

REPORTING LEVEL - Contract

EOC100-0010	Osteoporosis Testing Percent
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**EOC105 - Pharmacotherapy Management of COPD Exacerbation (PCE)**

DESCRIPTION - The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported:

- Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.
- Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.

Note: The eligible population for this measure is based on acute inpatient discharges and ED visits, not on members. It is possible for the denominator to include multiple events for the same individual.

(HEDIS 2017, Volume 2: Technical Specification, Pg. 101)

REPORTING LEVEL - Contract

EOC105-0010	Reported rate - Systemic corticosteroid
EOC105-0020	Lower 95% confidence interval - Systemic corticosteroid
EOC105-0030	Upper 95% confidence interval - Systemic corticosteroid
EOC105-0040	Reported rate - Bronchodilator
EOC105-0050	Lower 95% confidence interval - Bronchodilator
EOC105-0060	Upper 95% confidence interval - Bronchodilator

**EOC110 - Adult BMI Assessment (ABA)**

DESCRIPTION - The percentage of members 18–74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

(HEDIS 2017, Volume 2: Technical Specification, Pg. 54)

REPORTING LEVEL - Contract

EOC110-0010	Reported Rate
EOC110-0020	Lower Confidence Interval
EOC110-0030	Upper Confidence Interval

**EOC120 - Medication Reconciliation Post-Discharge (MRP)**

The percentage of discharges from January 1–December 1 of the measurement year for members 18 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days).

(HEDIS 2017, Volume 2: Technical Specification, Pg. 202)

REPORTING LEVEL - Contract

EOC120-0010	Reported Rate
EOC120-0020	Lower Confidence Interval
EOC120-0030	Upper Confidence Interval

**EOC125 - Non-Recommended PSA-Based Screening in Older Men (PSA)**

DESCRIPTION - The percentage of men 70 years and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening.

Note: A lower rate indicates better performance.

(HEDIS 2017, Volume 2: Technical Specification, Pg. 208)

REPORTING LEVEL - Contract

EOC125-0100	Reported rate
EOC125-0110	Lower 95% confidence interval
EOC125-0120	Upper 95% confidence interval

**EOC130 - Statin Therapy for Patients With Cardiovascular Disease (SPC)**

DESCRIPTION - The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported:

- Received Statin Therapy. Members who were dispensed at least one high or moderate-intensity statin medication during the measurement year.
- Statin Adherence 80%. Members who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period.

(HEDIS 2017, Volume 2: Technical Specification, Pg. 126)

**REPORTING LEVEL - Contract**

EOC130-0010	Reported rate - Received Statin Therapy - 21-75 years (Male)
EOC130-0020	Lower 95% confidence interval - Received Statin Therapy - 21-75 years (Male)
EOC130-0030	Upper 95% confidence interval - Received Statin Therapy - 21-75 years (Male)
EOC130-0040	Reported rate - Statin Adherence 80% - 21-75 years (Male)
EOC130-0050	Lower 95% confidence interval - Statin Adherence 80% - 21-75 years (Male)
EOC130-0060	Upper 95% confidence interval - Statin Adherence 80% - 21-75 years (Male)
EOC130-0070	Reported rate - Received Statin Therapy - 40-75 years (Female)
EOC130-0080	Lower 95% confidence interval - Received Statin Therapy - 40-75 years (Female)
EOC130-0090	Upper 95% confidence interval - Received Statin Therapy - 40-75 years (Female)
EOC130-0100	Reported rate - Statin Adherence 80% - 40-75 years (Female)
EOC130-0110	Lower 95% confidence interval - Statin Adherence 80% - 40-75 years (Female)
EOC130-0120	Upper 95% confidence interval - Statin Adherence 80% - 40-75 years (Female)
EOC130-0130	Reported rate - Received Statin Therapy - Total
EOC130-0140	Lower 95% confidence interval - Received Statin Therapy - Total
EOC130-0150	Upper 95% confidence interval - Received Statin Therapy - Total
EOC130-0160	Reported rate - Statin Adherence 80% - Total
EOC130-0170	Lower 95% confidence interval - Statin Adherence 80% - Total
EOC130-0180	Upper 95% confidence interval - Statin Adherence 80% - Total

**EOC135 - Statin Therapy for Patients With Diabetes (SPD)**

DESCRIPTION - The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported:

- Received Statin Therapy. Members who were dispensed at least one statin medication of any intensity during the measurement year.
- Statin Adherence 80%. Members who remained on a statin medication of any intensity for at least 80% of the treatment period.

(HEDIS 2017, Volume 2: Technical Specification, Pg. 146)

**REPORTING LEVEL - Contract**

EOC135-0010	Reported rate - Received Statin Therapy
EOC135-0020	Lower 95% confidence interval - Received Statin Therapy
EOC135-0030	Upper 95% confidence interval - Received Statin Therapy
EOC135-0040	Reported rate - Statin Adherence 80%
EOC135-0050	Lower 95% confidence interval - Statin Adherence 80%
EOC135-0060	Upper 95% confidence interval - Statin Adherence 80%

**EOC140 - Medication Management for People With Asthma (MMA)**

DESCRIPTION - The percentage of members 5–85 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported:

- The percentage of members who remained on an asthma controller medication for at least 50% of their treatment period.
- The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period.

Note: For Medicaid, report only members 5–64 years of age. For Medicare, report only members 18–85 years of age.

(HEDIS 2017, Volume 2: Technical Specification, Pg. 105)

**REPORTING LEVEL - Contract**

EOC104-0010	Rate - Medication Compliance 50% - 18-50
EOC104-0020	Lower Confidence Interval - Medication Compliance 50% - 18-50
EOC104-0030	Upper Confidence Interval - Medication Compliance 50% - 18-50
EOC104-0040	Rate - Medication Compliance 75% - 18-50
EOC104-0050	Lower Confidence Interval - Medication Compliance 75% - 18-50
EOC104-0060	Upper Confidence Interval - Medication Compliance 75% - 18-50
EOC104-0070	Rate - Medication Compliance 50% - 51-64
EOC104-0080	Lower Confidence Interval - Medication Compliance 50% - 51-64
EOC104-0090	Upper Confidence Interval - Medication Compliance 50% - 51-64
EOC104-0100	Rate - Medication Compliance 75% - 51-64
EOC104-0110	Lower Confidence Interval - Medication Compliance 75% - 51-64
EOC104-0120	Upper Confidence Interval - Medication Compliance 75% - 51-64
EOC104-0130	Rate - Medication Compliance 50% - 65-85
EOC104-0140	Lower Confidence Interval - Medication Compliance 50% - 65-85
EOC104-0150	Upper Confidence Interval - Medication Compliance 50% - 65-85
EOC104-0160	Rate - Medication Compliance 75% - 65-85
EOC104-0170	Lower Confidence Interval - Medication Compliance 75% - 65-85
EOC104-0180	Upper Confidence Interval - Medication Compliance 75% - 65-85
EOC104-0190	Rate - Medication Compliance 50% - Total
EOC104-0200	Lower Confidence Interval - Medication Compliance 50% - Total
EOC104-0210	Upper Confidence Interval - Medication Compliance 50% - Total
EOC104-0220	Rate - Medication Compliance 75% - Total
EOC104-0230	Lower Confidence Interval - Medication Compliance 75% - Total
EOC104-0240	Upper Confidence Interval - Medication Compliance 75% - Total

**EOC145 - Asthma Medication Ratio (AMR)**

DESCRIPTION - The percentage of members 5–85 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Note: For Medicaid, report only members 5–64 years of age. For Medicare, report only members 18–85 years of age.

(HEDIS 2017, Volume 2: Technical Specification, Pg. 110)

**REPORTING LEVEL - Contract**

EOC145-0010	Rate - 18-50
EOC145-0020	Lower Confidence Interval - 18-50
EOC145-0030	Upper Confidence Interval - 18-50
EOC145-0040	Rate - 51-64
EOC145-0050	Lower Confidence Interval - 51-64
EOC145-0060	Upper Confidence Interval - 51-64
EOC145-0070	Rate - 65-85
EOC145-0080	Lower Confidence Interval - 65-85
EOC145-0090	Upper Confidence Interval - 65-85
EOC145-0100	Rate - Total
EOC145-0110	Lower Confidence Interval - Total
EOC145-0120	Upper Confidence Interval - Total

**EOC150 - Follow-Up After Emergency Department Visit for Mental Illness (FUM)**

The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness, who had a follow-up visit for mental illness. Two rates are reported:

1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit.
2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit.

(HEDIS 2017, Volume 2: Technical Specification, Pg. 174)

**REPORTING LEVEL - Contract**

EOC150-0010	Rate - 7 Days
EOC150-0020	Lower Confidence Interval - 7 Days
EOC150-0030	Upper Confidence Interval - 7 Days
EOC150-0040	Rate - 30 Days
EOC150-0050	Lower Confidence Interval - 30 Days
EOC150-0060	Upper Confidence Interval - 30 Days

**EOC155 - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)**

The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) dependence, who had a follow up visit for AOD. Two rates are reported:

1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit.
2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit.

(HEDIS 2017, Volume 2: Technical Specification, Pg. 177)

**REPORTING LEVEL - Contract**

EOC155-0010	Rate - 7 Days 13-17 Years
EOC155-0020	Lower Confidence Interval - 7 Days 13-17 Years
EOC155-0030	Upper Confidence Interval - 7 Days 13-17 Years
EOC155-0040	Rate - 7 Days 18+ Years
EOC155-0050	Lower Confidence Interval - 7 Days 18+ Years
EOC155-0060	Upper Confidence Interval - 7 Days 18+ Years
EOC155-0070	Rate - 7 Days Total
EOC155-0080	Lower Confidence Interval - 7 Days Total
EOC155-0090	Upper Confidence Interval - 7 Days Total
EOC155-0100	Rate - 30 Days 13-17 Years
EOC155-0110	Lower Confidence Interval - 30 Days 13-17 Years
EOC155-0120	Upper Confidence Interval - 30 Days 13-17 Years
EOC155-0130	Rate - 30 Days 18+ Years
EOC155-0140	Lower Confidence Interval - 30 Days 18+ Years
EOC155-0150	Upper Confidence Interval - 30 Days 18+ Years
EOC155-0160	Rate - 30 Days Total
EOC155-0170	Lower Confidence Interval - 30 Days Total
EOC155-0180	Upper Confidence Interval - 30 Days Total

**HPS403 - Total Membership (TLM)**

DESCRIPTION - The number of members enrolled as of December 31 of the measurement year. (HEDIS 2017, Volume 2: Technical Specification, Pg. 452)

REPORTING LEVEL - Contract

HPS403-0210	Membership HMO-Tot
HPS403-0220	Membership HMO-Medicaid
HPS403-0230	Membership HMO-Commercial
HPS403-0240	Membership HMO-Medicare Risk/Cost
HPS403-0245	Membership HMO-Marketplace
HPS403-0270	Membership HMO-Oth
HPS403-0280	Membership PPO-Tot
HPS403-0290	Membership PPO-Commercial
HPS403-0300	Membership PPO-Medicare Risk/Cost
HPS403-0305	Membership PPO-Marketplace
HPS403-0330	Membership PPO-Oth
HPS403-0340	Membership POS-Tot
HPS403-0350	Membership POS-Commercial
HPS403-0360	Membership POS-Medicare Risk/Cost
HPS403-0365	Membership POS-Marketplace
HPS403-0390	Membership POS-Oth
HPS403-0400	Membership FFS-Tot
HPS403-0420	Membership PPO-Medicaid
HPS403-0440	Membership POS-Medicaid
HPS403-0450	Membership FFS-Commercial
HPS403-0460	Membership FFS-Medicare Risk/Cost
HPS403-0470	Membership FFS-Medicaid
HPS403-0480	Membership FFS-Oth
HPS403-0490	Tot Membership Tot
HPS403-0500	Membership EPO-Tot
HPS403-0510	Membership EPO-Oth
HPS403-0520	Membership EPO-Marketplace
HPS403-0530	Membership EPO-Commercial

**PDI801 - Board Certification/Residency Completion (BCR)**

DESCRIPTION - The percentage of the following physicians whose board certification is active as of December 31 of the measurement year:

- Family medicine physicians
- Internal medicine physicians
- Pediatricians
- OB/GYN physicians
- Geriatricians
- Other physician specialists

Board certification refers to the various specialty certification programs of the American Board of Medical Specialties and the American Osteopathic Association. Report each product separately as of December 31 of the measurement year.

(HEDIS 2017, Volume 2: Technical Specification, Pg. 432)

REPORTING LEVEL - Contract

PDI801-0010	Family Medicine Board Cert Pct
PDI801-0030	Oth Specialists Board Cert Pct
PDI801-0050	Geriatricians Board Cert Pct
PDI801-0060	Internal Medicine Board Cert Pct
PDI801-0070	OB/GYN Provs Board Cert Pct
PDI801-0080	Pediatrician Board Cert Pct



**PDI806 - Enrollment by Product Line (ENP)**

DESCRIPTION - The total number of members enrolled in the product line, stratified by age and gender.  
(HEDIS 2017, Volume 2: Technical Specification, Pg. 436)

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 (LDM)**

DESCRIPTION - An unduplicated count and percentage of members enrolled at any time during the measurement year by spoken language preferred for health care and preferred language for written materials. (HEDIS 2017, Volume 2: Technical Specification, Pg. 441)

REPORTING LEVEL - Contract

PDI807-0360	Spoken Language Preferred for Health Care - Health Plan Direct Num
PDI807-0370	Spoken Language Preferred for Health Care - CMS/State Databases Num
PDI807-0380	Spoken Language Preferred for Health Care - Other Third-Party Source Num
PDI807-0390	Preferred Language for Written Materials - Health Plan Direct Num
PDI807-0400	Preferred Language for Written Materials - CMS/State Databases Num
PDI807-0410	Preferred Language for Written Materials - Other Third-Party Source Num
PDI807-0420	Other Language Needs - Health Plan Direct Num
PDI807-0430	Other Language Needs - CMS/State Databases Num
PDI807-0440	Other Language Needs - Other Third-Party Source Num
PDI807-0450	Spoken Language Preferred for Health Care - English Pct
PDI807-0460	Spoken Language Preferred for Health Care - Non-English Pct
PDI807-0470	Spoken Language Preferred for Health Care - Unknown Pct
PDI807-0480	Spoken Language Preferred for Health Care - Declined Pct
PDI807-0490	Spoken Language Preferred for Health Care - Total Pct
PDI807-0500	Language Preferred for Written Materials - English Pct
PDI807-0510	Language Preferred for Written Materials - Non-English Pct
PDI807-0520	Language Preferred for Written Materials - Unknown Pct
PDI807-0530	Language Preferred for Written Materials - Declined Pct
PDI807-0540	Language Preferred for Written Materials - Total Pct
PDI807-0550	Other Language Needs - English Pct
PDI807-0560	Other Language Needs - Non-English Pct
PDI807-0570	Other Language Needs - Unknown Pct
PDI807-0580	Other Language Needs - Declined Pct
PDI807-0590	Other Language Needs - Total Pct



**PDI808 - Race/Ethnicity Diversity of Membership (RDM)**

DESCRIPTION - An unduplicated count and percentage of members enrolled any time during the measurement year, by race and ethnicity. (HEDIS 2017, Volume 2: Technical Specification, Pg. 444)

## REPORTING LEVEL - Contract

PDI808-1120	White Hispanic or Latino Pct
PDI808-1130	White Not Hispanic or Latino Pct
PDI808-1140	White Unknown Ethnicity Pct
PDI808-1150	White Declined Ethnicity Pct
PDI808-1160	White Total Pct
PDI808-1170	Black or African American Hispanic or Latino Pct
PDI808-1180	Black or African American Not Hispanic or Latino Pct
PDI808-1190	Black or African American Unknown Ethnicity Pct
PDI808-1200	Black or African American Declined Ethnicity Pct
PDI808-1210	Black or African American Total Pct
PDI808-1220	American-Indian and Alaska Native Hispanic or Latino Pct
PDI808-1230	American-Indian and Alaska Native Not Hispanic or Latino Pct
PDI808-1240	American-Indian and Alaska Native Unknown Ethnicity Pct
PDI808-1250	American-Indian and Alaska Native Declined Ethnicity Pct
PDI808-1260	American-Indian and Alaska Native Total Pct
PDI808-1270	Asian Hispanic or Latino Pct
PDI808-1280	Asian Not Hispanic or Latino Pct
PDI808-1290	Asian Unknown Ethnicity Pct
PDI808-1300	Asian Declined Ethnicity Pct
PDI808-1310	Asian Total Pct
PDI808-1320	Native Hawaiian and Other Pacific Islanders Hispanic or Latino Pct
PDI808-1330	Native Hawaiian and Other Pacific Islanders Not Hispanic or Latino Pct
PDI808-1340	Native Hawaiian and Other Pacific Islanders Unknown Ethnicity Pct
PDI808-1350	Native Hawaiian and Other Pacific Islanders Declined Ethnicity Pct
PDI808-1360	Native Hawaiian and Other Pacific Islanders Total Pct
PDI808-1370	Some Other Race Hispanic or Latino Pct
PDI808-1380	Some Other Race Not Hispanic or Latino Pct
PDI808-1390	Some Other Race Unknown Ethnicity Pct
PDI808-1400	Some Other Race Declined Ethnicity Pct
PDI808-1410	Some Other Race Total Pct
PDI808-1420	Two or More Races Hispanic or Latino Pct
PDI808-1430	Two or More Races Not Hispanic or Latino Pct
PDI808-1440	Two or More Races Unknown Ethnicity Pct
PDI808-1450	Two or More Races Declined Ethnicity Pct
PDI808-1460	Two or More Races Total Pct
PDI808-1470	Unknown Hispanic or Latino Pct
PDI808-1480	Unknown Not Hispanic or Latino Pct
PDI808-1490	Unknown Unknown Ethnicity Pct
PDI808-1500	Unknown Declined Ethnicity Pct
PDI808-1510	Unknown Total Pct
PDI808-1520	Declined Hispanic or Latino Pct
PDI808-1530	Declined Not Hispanic or Latino Pct
PDI808-1540	Declined Unknown Ethnicity Pct
PDI808-1550	Declined Declined Ethnicity Pct
PDI808-1560	Declined Total Pct
PDI808-1570	Total Hispanic or Latino Pct
PDI808-1580	Total Not Hispanic or Latino Pct
PDI808-1590	Total Unknown Ethnicity Pct
PDI808-1600	Total Declined Ethnicity Pct
PDI808-1610	Total Total Pct

**PDI809 - Enrollment by State (EBS)**

DESCRIPTION - The number of members enrolled as of December 31 of the measurement year, by state. (HEDIS 2017, Volume 2: Technical Specification, Pg. 440)

## REPORTING LEVEL - Contract

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
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

**UOS505 - Frequency of Selected Procedures (FSP)**

DESCRIPTION - This measure summarizes the utilization of frequently performed procedures that often show wide regional variation and have generated concern regarding potentially inappropriate utilization. (HEDIS 2017, Volume 2: Technical Specification, Pg. 302)

**REPORTING LEVEL - Contract**

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	PCI M <65 Procs/1000
UOS505-0060	PCI M 65-74 Procs/1000
UOS505-0070	PCI M 75-84 Procs/1000
UOS505-0080	PCI 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
UOS505-0170	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
UOS505-0290	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	PCI F <65 Procs/1000
UOS505-0460	PCI F 65-74 Procs/1000
UOS505-0470	PCI F 75-84 Procs/1000
UOS505-0480	PCI 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
UOS505-0570	Total Hip Replacement F <65 Procs/1000

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

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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
UOS505-0690	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
UOS505-0890	Mastectomy F <65 Procs/1000
UOS505-0900	Mastectomy F 65-74 Procs/1000
UOS505-0910	Mastectomy F 75-84 Procs/1000
UOS505-0920	Mastectomy F 85+ Procs/1000
UOS505-0930	Lumpectomy F <65 Procs/1000
UOS505-0940	Lumpectomy F 65-74 Procs/1000
UOS505-0950	Lumpectomy F 75-84 Procs/1000
UOS505-0960	Lumpectomy F 85+ Procs/1000
UOS505-0970	Back Surgery M <65 Procs/1000
UOS505-0980	Back Surgery F <65 Procs/1000
UOS505-0990	Back Surgery M 65-74 Procs/1000
UOS505-1000	Back Surgery F 65-74 Procs/1000
UOS505-1010	Back Surgery M 75-84 Procs/1000
UOS505-1020	Back Surgery F 75-84 Procs/1000
UOS505-1030	Back Surgery M 85+ Procs/1000
UOS505-1040	Back Surgery F 85+ Procs/1000
UOS505-1050	Bariatric weight loss surgery M <65 Procs/1000
UOS505-1060	Bariatric weight loss surgery F <65 Procs/1000
UOS505-1070	Bariatric weight loss surgery M 65-74 Procs/1000
UOS505-1080	Bariatric weight loss surgery F 65-74 Procs/1000
UOS505-1090	Bariatric weight loss surgery M 75-84 Procs/1000
UOS505-1100	Bariatric weight loss surgery F 75-84 Procs/1000
UOS505-1110	Bariatric weight loss surgery M 85+ Procs/1000
UOS505-1120	Bariatric weight loss surgery F 85+ Procs/1000

**UOS506 - Inpatient Utilization-General Hospital/Acute Care (IPU)**

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

- Total inpatient
- Maternity
- Surgery
- Medicine

(HEDIS 2017, Volume 2: Technical Specification, Pg. 314)

**REPORTING LEVEL - Contract**

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
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 ALOS Unk
UOS506-0280	Tot IP Ds/1000 MM Tot
UOS506-0290	Tot IP Days/1000 MM Tot
UOS506-0300	Tot IP ALOS Tot
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 Ds/1000
UOS506-0440	Medicine 45-64 Days/1000 MM
UOS506-0450	Medicine 45-64 ALOS
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

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

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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
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

**UOS507 - Ambulatory Care (AMB)**

DESCRIPTION - This measure summarizes utilization of ambulatory care in the following categories.

- Outpatient Visits
- ED Visits

(HEDIS 2017, Volume 2: Technical Specification, Pg. 311)

**REPORTING LEVEL - Contract**

UOS507-0010	AMB OP <1 Visit/1000
UOS507-0020	AMB ER <1 Visit/1000
UOS507-0050	AMB OP 1-9 Visit/1000
UOS507-0060	AMB ER 1-9 Visit/1000
UOS507-0090	AMB OP 10-19 Visit/1000
UOS507-0100	AMB ER 10-19 Visit/1000
UOS507-0130	AMB OP 20-44 Visit/1000
UOS507-0140	AMB ER 20-44 Visit/1000
UOS507-0170	AMB OP 45-64 Visit/1000
UOS507-0180	AMB ER 45-64 Visit/1000
UOS507-0210	AMB OP 65-74 Visit/1000
UOS507-0220	AMB ER 65-74 Visit/1000
UOS507-0250	AMB OP 75-84 Visit/1000
UOS507-0260	AMB ER 75-84 Visit/1000
UOS507-0290	AMB OP 85+ Visit/1000
UOS507-0300	AMB ER 85+ Visit/1000
UOS507-0370	AMB OP Visit/1000
UOS507-0380	AMB ER Visit/1000

**UOS513 - Mental Health Utilization (MPT)**

DESCRIPTION - The number and percentage of members receiving the following mental health services during the measurement year.

- Any service
- Inpatient
- Intensive outpatient or partial hospitalization
- Outpatient or ED

(HEDIS 2017, Volume 2: Technical Specification, Pg. 323)

**REPORTING LEVEL - Contract**

UOS513-0010	MH Svs Any 0-12 M Pct
UOS513-0020	MH Svs Inpat 0-12 M Pct
UOS513-0030	MH Svs Intensive 0-12 M Pct
UOS513-0040	MH Svs Outpat 0-12 M Pct
UOS513-0050	MH Svs Any 13-17 M Pct
UOS513-0060	MH Svs Inpat 13-17 M Pct
UOS513-0070	MH Svs Intensive 13-17 M Pct
UOS513-0080	MH Svs Outpat 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 Intensive 18-64 M Pct
UOS513-0120	MH Svs Outpat 18-64 M Pct
UOS513-0130	MH Svs Any 65+ M Pct
UOS513-0140	MH Svs Inpat 65+ M Pct
UOS513-0150	MH Svs Intensive 65+ M Pct
UOS513-0160	MH Svs Outpat 65+ M Pct
UOS513-0170	MH Svs Any Unk M Pct
UOS513-0180	MH Svs Inpat Unk M Pct
UOS513-0190	MH Svs Intensive Unk M Pct
UOS513-0200	MH Svs Outpat Unk M Pct
UOS513-0210	MH Svs Any Tot M Pct



UOS513-0220	MH Svs Inpat Tot M Pct
UOS513-0230	MH Svs Intensive Tot M Pct
UOS513-0240	MH Svs Outpat 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 Intensive 0-12 F Pct
UOS513-0280	MH Svs Outpat 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 Intensive 13-17 F Pct
UOS513-0320	MH Svs Outpat 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 Intensive 18-64 F Pct
UOS513-0360	MH Svs Outpat 18-64 F Pct
UOS513-0370	MH Svs Any 65+ F Pct
UOS513-0380	MH Svs Inpat 65+ F Pct
UOS513-0390	MH Svs Intensive 65+ F Pct
UOS513-0400	MH Svs Outpat 65+ F Pct
UOS513-0410	MH Svs Any Unk F Pct
UOS513-0420	MH Svs Inpat Unk F Pct
UOS513-0430	MH Svs Intensive Unk F Pct
UOS513-0440	MH Svs Outpat Unk F Pct
UOS513-0450	MH Svs Any Tot F Pct
UOS513-0460	MH Svs Inpat Tot F Pct
UOS513-0470	MH Svs Intensive Tot F Pct
UOS513-0480	MH Svs Outpat 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 Intensive 0-12 Tot Pct
UOS513-0520	MH Svs Outpat 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 Intensive 13-17 Tot Pct
UOS513-0560	MH Svs Outpat 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 Intensive 18-64 Tot Pct
UOS513-0600	MH Svs Outpat 18-64 Tot Pct
UOS513-0610	MH Svs Any 65+ Tot Pct
UOS513-0620	MH Svs Inpat 65+ Tot Pct
UOS513-0630	MH Svs Intensive 65+ Tot Pct
UOS513-0640	MH Svs Outpat 65+ Tot Pct
UOS513-0650	MH Svs Any Unk Tot Pct
UOS513-0660	MH Svs Inpat Unk Tot Pct
UOS513-0670	MH Svs Intensive Unk Tot Pct
UOS513-0680	MH Svs Outpat Unk Tot Pct
UOS513-0690	MH Svs Any Tot Pct
UOS513-0700	MH Svs Inpat Tot Pct
UOS513-0710	MH Svs Intensive Tot Pct
UOS513-0720	MH Svs Outpat Tot Pct

**UOS520 - Identification of Alcohol and Other Drug Services (IAD)**

DESCRIPTION - This measure summarizes the number and percentage of members with an alcohol and other drug (AOD) claim who received the following chemical dependency services during the measurement year.

- Any service
- Inpatient
- Intensive outpatient or partial hospitalization
- Outpatient or ED

(HEDIS 2017, Volume 2: Technical Specification, Pg. 319)

**REPORTING LEVEL - Contract**

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
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

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

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UOS520-0360	ID Svs Inpat Tot Pct
UOS520-0370	ID Svs Intensive 0-12 M Pct
UOS520-0380	ID Svs Intensive 0-12 F Pct
UOS520-0390	ID Svs Intensive 0-12 Tot Pct
UOS520-0400	ID Svs Intensive 13-17 M Pct
UOS520-0410	ID Svs Intensive 13-17 F Pct
UOS520-0420	ID Svs Intensive 13-17 Tot Pct
UOS520-0432	ID Svs Intensive 18-24 M Pct
UOS520-0434	ID Svs Intensive 18-24 F Pct
UOS520-0436	ID Svs Intensive 18-24 Tot Pct
UOS520-0438	ID Svs Intensive 25-34 M Pct
UOS520-0442	ID Svs Intensive 25-34 F Pct
UOS520-0444	ID Svs Intensive 25-34 Tot Pct
UOS520-0446	ID Svs Intensive 35-64 M Pct
UOS520-0448	ID Svs Intensive 35-64 F Pct
UOS520-0452	ID Svs Intensive 35-64 Tot Pct
UOS520-0460	ID Svs Intensive 65+ M Pct
UOS520-0470	ID Svs Intensive 65+ F Pct
UOS520-0480	ID Svs Intensive 65+ Tot Pct
UOS520-0490	ID Svs Intensive Unk M Pct
UOS520-0500	ID Svs Intensive Unk F Pct
UOS520-0510	ID Svs Intensive Unk Tot Pct
UOS520-0520	ID Svs Intensive Tot M Pct
UOS520-0530	ID Svs Intensive Tot F Pct
UOS520-0540	ID Svs Intensive Tot Pct
UOS520-0550	ID Svs Outpat 0-12 M Pct
UOS520-0560	ID Svs Outpat 0-12 F Pct
UOS520-0570	ID Svs Outpat 0-12 Tot Pct
UOS520-0580	ID Svs Outpat 13-17 M Pct
UOS520-0590	ID Svs Outpat 13-17 F Pct
UOS520-0600	ID Svs Outpat 13-17 Tot Pct
UOS520-0612	ID Svs Outpat 18-24 M Pct
UOS520-0614	ID Svs Outpat 18-24 F Pct
UOS520-0616	ID Svs Outpat 18-24 Tot Pct
UOS520-0618	ID Svs Outpat 25-34 M Pct
UOS520-0622	ID Svs Outpat 25-34 F Pct
UOS520-0624	ID Svs Outpat 25-34 Tot Pct
UOS520-0626	ID Svs Outpat 35-64 M Pct
UOS520-0628	ID Svs Outpat 35-64 F Pct
UOS520-0632	ID Svs Outpat 35-64 Tot Pct
UOS520-0640	ID Svs Outpat 65+ M Pct
UOS520-0650	ID Svs Outpat 65+ F Pct
UOS520-0660	ID Svs Outpat 65+ Tot Pct
UOS520-0670	ID Svs Outpat Unk M Pct
UOS520-0680	ID Svs Outpat Unk F Pct
UOS520-0690	ID Svs Outpat Unk Tot Pct
UOS520-0700	ID Svs Outpat Tot M Pct
UOS520-0710	ID Svs Outpat Tot F Pct
UOS520-0720	ID Svs Outpat Tot Pct

**UOS522 - Antibiotic Utilization (ABX)**

DESCRIPTION - This measure summarizes the following data on outpatient utilization of antibiotic prescriptions during the measurement year, stratified by age and gender:

- Total number of antibiotic prescriptions.
- Average number of antibiotic prescriptions per member per year (PMPY).
- Total days supplied for all antibiotic prescriptions.
- Average days supplied per antibiotic prescription.
- Total number of prescriptions for antibiotics of concern.
- Average number of prescriptions PMPY for antibiotics of concern.
- Percentage of antibiotics of concern for all antibiotic prescriptions.
- Average number of antibiotics PMPY reported by drug class:
  - For selected “antibiotics of concern.”
  - For all other antibiotics.

(HEDIS 2017, Volume 2: Technical Specification, Pg. 327)

**REPORTING LEVEL - Contract**

UOS522-0010	AU Antibiotic Scrips PMPY M Tot Avg
UOS522-0015	AU Antibiotic Scrips M Tot Num
UOS522-0020	AU Antibiotic Scrips PMPY F Tot Avg
UOS522-0025	AU Antibiotic Scrips F Tot Num
UOS522-0030	AU Antibiotic Scrips PMPY MF Tot Avg
UOS522-0035	AU Antibiotic Scrips MF Tot Num
UOS522-0040	AU Days Supplied per Antibiotic Scrip M Tot Avg
UOS522-0045	AU Days Supplied for Antibiotic Scrips M Tot Num
UOS522-0050	AU Days Supplied per Antibiotic Scrip F Tot Avg
UOS522-0055	AU Days Supplied for Antibiotic Scrips F Tot Num
UOS522-0060	AU Days Supplied per Antibiotic Scrip MF Tot Avg
UOS522-0065	AU Days Supplied for Antibiotic Scrips MF Tot Num
UOS522-0070	AU Scrips PMPY for Antibiotics of Concern M Tot Avg
UOS522-0075	AU Scrips for Antibiotics of Concern M Tot Num
UOS522-0080	AU Scrips PMPY for Antibiotics of Concern F Tot Avg
UOS522-0085	AU Scrips for Antibiotics of Concern F Tot Num
UOS522-0090	AU Scrips PMPY for Antibiotics of Concern MF Tot Avg
UOS522-0095	AU Scrips for Antibiotics of Concern MF Tot Num
UOS522-0100	AU Pct Antibiotics of All Antibiotic Scrips M Tot
UOS522-0110	AU Pct Antibiotics of All Antibiotic Scrips F Tot
UOS522-0120	AU Pct Antibiotics of All Antibiotic Scrips MF Tot
UOS522-0130	AC Quinolone Scrips PMPY M Tot
UOS522-0140	AC Quinolone Scrips PMPY F Tot
UOS522-0150	AC Quinolone Scrips PMPY MF Tot
UOS522-0160	AC Cephalosporin Scrips 2nd-4th Generation PMPY M Tot
UOS522-0170	AC Cephalosporin Scrips 2nd-4th Generation PMPY F Tot
UOS522-0180	AC Cephalosporin Scrips 2nd-4th Generation PMPY MF Tot
UOS522-0190	AC Azithromycin and Clarithromycin Scrips PMPY M Tot
UOS522-0200	AC Azithromycin and Clarithromycin Scrips PMPY F Tot
UOS522-0210	AC Azithromycin and Clarithromycin Scrips PMPY MF Tot
UOS522-0220	AC Amoxicillin/Clavulanate Scrips PMPY M Tot
UOS522-0230	AC Amoxicillin/Clavulanate Scrips PMPY F Tot
UOS522-0240	AC Amoxicillin/Clavulanate Scrips PMPY MF Tot
UOS522-0250	AC Ketolide Scrips PMPY M Tot
UOS522-0260	AC Ketolide Scrips PMPY F Tot
UOS522-0270	AC Ketolide Scrips PMPY MF Tot
UOS522-0280	AC Clindamycin Scrips PMPY M Tot
UOS522-0290	AC Clindamycin Scrips PMPY F Tot
UOS522-0300	AC Clindamycin Scrips PMPY MF Tot
UOS522-0310	AC Misc Antibiotics of Concern Scrips PMPY M Tot

UOS522-0320	AC Misc Antibiotics of Concern Scrips PMPY F Tot
UOS522-0330	AC Misc Antibiotics of Concern Scrips PMPY MF Tot
UOS522-0340	AO Absorbable Sulfonamide Scrips PMPY M Tot
UOS522-0350	AO Absorbable Sulfonamide Scrips PMPY F Tot
UOS522-0360	AO Absorbable Sulfonamide Scrips PMPY MF Tot
UOS522-0370	AO Aminoglycoside Scrips PMPY M Tot
UOS522-0380	AO Aminoglycoside Scrips PMPY F Tot
UOS522-0390	AO Aminoglycoside Scrips PMPY MF Tot
UOS522-0400	AO 1st Generation Cephalosporin Scrips PMPY M Tot
UOS522-0410	AO 1st Generation Cephalosporin Scrips PMPY F Tot
UOS522-0420	AO 1st Generation Cephalosporin Scrips PMPY MF Tot
UOS522-0430	AO Lincosamide Scrips PMPY M Tot
UOS522-0440	AO Lincosamide Scrips PMPY F Tot
UOS522-0450	AO Lincosamide Scrips PMPY MF Tot
UOS522-0460	AO Macrolide (not azith or clarith) Scrips PMPY M Tot
UOS522-0470	AO Macrolide (not azith or clarith) Scrips PMPY F Tot
UOS522-0480	AO Macrolide (not azith or clarith) Scrips PMPY MF Tot
UOS522-0490	AO Penicillin Scrips PMPY M Tot
UOS522-0500	AO Penicillin Scrips PMPY F Tot
UOS522-0510	AO Penicillin Scrips PMPY MF Tot
UOS522-0520	AO Tetracycline Scrips PMPY M Tot
UOS522-0530	AO Tetracycline Scrips PMPY F Tot
UOS522-0540	AO Tetracycline Scrips PMPY MF Tot
UOS522-0550	AO Misc Antibiotic Scrips PMPY M Tot
UOS522-0560	AO Misc Antibiotic Scrips PMPY F Tot
UOS522-0570	AO Misc Antibiotic Scrips PMPY MF Tot
UOS522-0580	AC Quinolone Scrips M Tot Num
UOS522-0590	AC Quinolone Scrips F Tot Num
UOS522-0600	AC Quinolone Scrips MF Tot Num
UOS522-0610	AC Cephalosporin Scrips 2nd-4th Generation M Tot Num
UOS522-0620	AC Cephalosporin Scrips 2nd-4th Generation F Tot Num
UOS522-0630	AC Cephalosporin Scrips 2nd-4th Generation MF Tot Num
UOS522-0640	AC Azithromycin and Clarithromycin Scrips M Tot Num
UOS522-0645	AC Azithromycin and Clarithromycin Scrips F Tot Num
UOS522-0650	AC Azithromycin and Clarithromycin Scrips MF Tot Num
UOS522-0660	AC Amoxicillin/Clavulanate Scrips M Tot Num
UOS522-0670	AC Amoxicillin/Clavulanate Scrips F Tot Num
UOS522-0680	AC Amoxicillin/Clavulanate Scrips MF Tot Num
UOS522-0690	AC Ketolide Scrips M Tot Num
UOS522-0700	AC Ketolide Scrips F Tot Num
UOS522-0710	AC Ketolide Scrips MF Tot Num
UOS522-0720	AC Clindamycin Scrips M Tot Num
UOS522-0730	AC Clindamycin Scrips F Tot Num
UOS522-0740	AC Clindamycin Scrips MF Tot Num
UOS522-0750	AC Misc Antibiotics of Concern Scrips M Tot Num
UOS522-0760	AC Misc Antibiotics of Concern Scrips F Tot Num
UOS522-0770	AC Misc Antibiotics of Concern Scrips MF Tot Num
UOS522-0780	AO Absorbable Sulfonamide Scrips M Tot Num
UOS522-0790	AO Absorbable Sulfonamide Scrips F Tot Num
UOS522-0800	AO Absorbable Sulfonamide Scrips MF Tot Num
UOS522-0810	AO Aminoglycoside Scrips M Tot Num
UOS522-0820	AO Aminoglycoside Scrips F Tot Num
UOS522-0830	AO Aminoglycoside Scrips MF Tot Num
UOS522-0840	AO 1st Generation Cephalosporin Scrips M Tot Num
UOS522-0850	AO 1st Generation Cephalosporin Scrips F Tot Num
UOS522-0860	AO 1st Generation Cephalosporin Scrips MF Tot Num
UOS522-0870	AO Lincosamide Scrips M Tot Num

UOS522-0880	AO Lincosamide Scraps F Tot Num
UOS522-0890	AO Lincosamide Scraps MF Tot Num
UOS522-0900	AO Macrolide (not azith or clarith) Scraps M Tot Num
UOS522-0910	AO Macrolide (not azith or clarith) Scraps F Tot Num
UOS522-0920	AO Macrolide (not azith or clarith) Scraps MF Tot Num
UOS522-0930	AO Penicillin Scraps M Tot Num
UOS522-0940	AO Penicillin Scraps F Tot Num
UOS522-0950	AO Penicillin Scraps MF Tot Num
UOS522-0960	AO Tetracycline Scraps M Tot Num
UOS522-0970	AO Tetracycline Scraps F Tot Num
UOS522-0980	AO Tetracycline Scraps MF Tot Num
UOS522-0990	AO Misc Antibiotic Scraps M Tot Num
UOS522-1000	AO Misc Antibiotic Scraps F Tot Num
UOS522-1010	AO Misc Antibiotic Scraps MF Tot Num

**UOS524 - Plan All-Cause Readmissions (PCR)**

DESCRIPTION - For members 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories:

1. Count of Index Hospital Stays (IHS) (denominator).
  2. Count of 30-Day Readmissions (numerator).
  3. Average Adjusted Probability of Readmission.
- (HEDIS 2017, Volume 2: Technical Specification, Pg. 345)

**REPORTING LEVEL - Contract**

UOS524-0010	Count of Index Stays (Denominator) 65-74
UOS524-0020	Count of 30-Day readmissions (Numerator) 65-74
UOS524-0025	Observed Readmission (Num/Den) 65-74
UOS524-0030	Average Adjusted Probability 65-74
UOS524-0035	Total Variance 65-74
UOS524-0040	Count of Index Stays (Denominator) 75-84
UOS524-0050	Count of 30-Day readmissions (Numerator) 75-84
UOS524-0055	Observed Readmission (Num/Den) 75-84
UOS524-0060	Average Adjusted Probability 75-84
UOS524-0065	Total Variance 75-84
UOS524-0070	Count of Index Stays (Denominator) 85+
UOS524-0080	Count of 30-Day readmissions (Numerator) 85+
UOS524-0085	Observed Readmission (Num/Den) 85+
UOS524-0090	Average Adjusted Probability 85+
UOS524-0095	Total Variance 85+
UOS524-0100	Count of Index Stays (Denominator) Total Total
UOS524-0110	Count of 30-Day readmissions (Numerator) Total Total
UOS524-0120	Observed Readmission (Num/Den) Total Total
UOS524-0130	Average Adjusted Probability Total Total
UOS524-0140	Total Variance Total Total
UOS524-0150	Observed-to-Expected Ratio
UOS524-0160	Lower Confidence Interval
UOS524-0170	Upper Confidence Interval
UOS524-0510	Count of Index Stays (Denominator) 18-44
UOS524-0520	Count of 30-Day readmissions (Numerator) 18-44
UOS524-0525	Observed Readmission (Num/Den) 18-44
UOS524-0530	Average Adjusted Probability 18-44
UOS524-0535	Total Variance 18-44
UOS524-0540	Count of Index Stays (Denominator) 45-54
UOS524-0550	Count of 30-Day readmissions (Numerator) 45-54
UOS524-0555	Observed Readmission (Num/Den) 45-54
UOS524-0560	Average Adjusted Probability 45-54
UOS524-0565	Total Variance 45-54



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

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UOS524-0570	Count of Index Stays (Denominator) 55-64
UOS524-0580	Count of 30-Day readmissions (Numerator) 55-64
UOS524-0585	Observed Readmission (Num/Den) 55-64
UOS524-0590	Average Adjusted Probability 55-64
UOS524-0595	Total Variance 55-64
UOS524-0600	Count of Index Stays (Denominator) Total
UOS524-0610	Count of 30-Day readmissions (Numerator) Total
UOS524-0620	Average Adjusted Probability Total
UOS524-0630	Observed Readmission (Num/Den) Total
UOS524-0640	Total Variance Total
UOS524-0650	Observed-to-Expected Ratio
UOS524-0660	Lower Confidence Interval
UOS524-0670	Upper Confidence Interval

**UOS526 - Inpatient Hospital Utilization (IHU)**

DESCRIPTION - For members 18 years of age and older, the risk-adjusted ratio of observed to expected acute inpatient discharges during the measurement year reported by Surgery, Medicine and Total.

(HEDIS 2017, Volume 2: Technical Specification, Pg. 354)

**REPORTING LEVEL - Contract**

UOS526-0010	Number of Members in the Eligible Population - Total 18-44
UOS526-0020	Number of Members in the Eligible Population - Total 45-54
UOS526-0030	Number of Members in the Eligible Population - Total 55-64
UOS526-0040	Number of Members in the Eligible Population - Total 65-74
UOS526-0050	Number of Members in the Eligible Population - Total 75-84
UOS526-0060	Number of Members in the Eligible Population - Total 85+
UOS526-0070	Medicine 18-44 Total Observed Inpatient Discharges
UOS526-0080	Medicine 45-54 Total Observed Inpatient Discharges
UOS526-0090	Medicine 55-64 Total Observed Inpatient Discharges
UOS526-0100	Medicine 65-74 Total Observed Inpatient Discharges
UOS526-0110	Medicine 75-84 Total Observed Inpatient Discharges
UOS526-0120	Medicine 85+ Total Observed Inpatient Discharges
UOS526-0130	Medicine 18-44 Total Expected Discharges
UOS526-0140	Medicine 45-54 Total Expected Discharges
UOS526-0150	Medicine 55-64 Total Expected Discharges
UOS526-0160	Medicine 65-74 Total Expected Discharges
UOS526-0170	Medicine 75-84 Total Expected Discharges
UOS526-0180	Medicine 85+ Total Expected Discharges
UOS526-0190	Surgery 18-44 Total Observed Inpatient Discharges
UOS526-0200	Surgery 45-54 Total Observed Inpatient Discharges
UOS526-0210	Surgery 55-64 Total Observed Inpatient Discharges
UOS526-0220	Surgery 65-74 Total Observed Inpatient Discharges
UOS526-0230	Surgery 75-84 Total Observed Inpatient Discharges
UOS526-0240	Surgery 85+ Total Observed Inpatient Discharges
UOS526-0250	Surgery 18-44 Total Expected Discharges
UOS526-0260	Surgery 45-54 Total Expected Discharges
UOS526-0270	Surgery 55-64 Total Expected Discharges
UOS526-0280	Surgery 65-74 Total Expected Discharges
UOS526-0290	Surgery 75-84 Total Expected Discharges
UOS526-0300	Surgery 85+ Total Expected Discharges
UOS526-0310	Total Inpatient 18-44 Total Observed Inpatient Discharges
UOS526-0320	Total Inpatient 45-54 Total Observed Inpatient Discharges
UOS526-0330	Total Inpatient 55-64 Total Observed Inpatient Discharges
UOS526-0340	Total Inpatient 65-74 Total Observed Inpatient Discharges
UOS526-0350	Total Inpatient 75-84 Total Observed Inpatient Discharges
UOS526-0360	Total Inpatient 85+ Total Observed Inpatient Discharges
UOS526-0370	Total Inpatient 18-44 Total Expected Discharges
UOS526-0380	Total Inpatient 45-54 Total Expected Discharges



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

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UOS526-0390	Total Inpatient 55-64 Total Expected Discharges
UOS526-0400	Total Inpatient 65-74 Total Expected Discharges
UOS526-0410	Total Inpatient 75-84 Total Expected Discharges
UOS526-0420	Total Inpatient 85+ Total Expected Discharges

**UOS528 - Emergency Department Utilization (EDU)**

DESCRIPTION - For members 18 years of age and older, the risk-adjusted ratio of observed to expected emergency department (ED) visits during the measurement year.

(HEDIS 2017, Volume 2: Technical Specification, Pg. 363)

REPORTING LEVEL - Contract

UOS528-0010	Number of Members in the Eligible Population - Total 18-44
UOS528-0020	Number of Members in the Eligible Population - Total 45-54
UOS528-0030	Number of Members in the Eligible Population - Total 55-64
UOS528-0040	Number of Members in the Eligible Population - Total 65-74
UOS528-0050	Number of Members in the Eligible Population - Total 75-84
UOS528-0060	Number of Members in the Eligible Population - Total 85+
UOS528-0070	ED visits by Age and Risk Adjustment 18-44 Total Observed ED Visits
UOS528-0080	ED visits by Age and Risk Adjustment 45-54 Total Observed ED Visits
UOS528-0090	ED visits by Age and Risk Adjustment 55-64 Total Observed ED Visits
UOS528-0100	ED visits by Age and Risk Adjustment 65-74 Total Observed ED Visits
UOS528-0110	ED visits by Age and Risk Adjustment 75-84 Total Observed ED Visits
UOS528-0120	ED visits by Age and Risk Adjustment 85+ Total Observed ED Visits
UOS528-0130	ED visits by Age and Risk Adjustment 18-44 Total Expected ED Visits
UOS528-0140	ED visits by Age and Risk Adjustment 45-54 Total Expected ED Visits
UOS528-0150	ED visits by Age and Risk Adjustment 55-64 Total Expected ED Visits
UOS528-0160	ED visits by Age and Risk Adjustment 65-74 Total Expected ED Visits
UOS528-0170	ED visits by Age and Risk Adjustment 75-84 Total Expected ED Visits
UOS528-0180	ED visits by Age and Risk Adjustment 85+ Total Expected ED Visits

**UOS530 - Hospitalization for Potentially Preventable Complications (HPC)**

DESCRIPTION - For members 67 years of age and older, the rate of discharges for ambulatory care sensitive conditions (ACSC) per 1,000 members and the risk-adjusted ratio of observed to expected discharges for ACSC by chronic and acute conditions.

(HEDIS 2017, Volume 2: Technical Specification, Pg. 369)

REPORTING LEVEL - Contract

UOS530-0010	Number of Members in the Eligible Population - Total 67-74
UOS530-0020	Number of Members in the Eligible Population - Total 75-84
UOS530-0030	Number of Members in the Eligible Population - Total 85+
UOS530-0040	Acute ACSC 67-74 Total Observed Acute ACSC Discharges
UOS530-0050	Acute ACSC 75-84 Total Observed Acute ACSC Discharges
UOS530-0060	Acute ACSC 85+ Total Observed Acute ACSC Discharges
UOS530-0070	Acute ACSC 67-74 Total Expected Acute ACSC Discharges
UOS530-0080	Acute ACSC 75-84 Total Expected Acute ACSC Discharges
UOS530-0090	Acute ACSC 85+ Total Expected Acute ACSC Discharges
UOS530-0100	Chronic ACSC 67-74 Total Observed Chronic ACSC Discharges
UOS530-0110	Chronic ACSC 75-84 Total Observed Chronic ACSC Discharges
UOS530-0120	Chronic ACSC 85+ Total Observed Chronic ACSC Discharges
UOS530-0130	Chronic ACSC 67-74 Total Expected Chronic ACSC Discharges
UOS530-0140	Chronic ACSC 75-84 Total Expected Chronic ACSC Discharges
UOS530-0150	Chronic ACSC 85+ Total Expected Chronic ACSC Discharges
UOS530-0160	Total ACSC 67-74 Total Observed Total ACSC Discharges
UOS530-0170	Total ACSC 75-84 Total Observed Total ACSC Discharges
UOS530-0180	Total ACSC 85+ Total Observed Total ACSC Discharges
UOS530-0190	Total ACSC 67-74 Total Expected Total ACSC Discharges
UOS530-0200	Total ACSC 75-84 Total Expected Total ACSC Discharges
UOS530-0210	Total ACSC 85+ Total Expected Total ACSC Discharges

**UOS532 - Standardized Healthcare-Associated Infection Ratio (HAI)**

Hospital-reported standard infection ratios (SIR) for four different healthcare-associated infections (HAI), adjusted for the proportion of members discharged from each health plan's contracted acute care hospital. The measure reports the percentage of total discharges from hospitals with a high, moderate, low or unavailable SIR, next to a total plan-weighted SIR for each of the following infections:

- HAI-1: Central line-associated blood stream infections (CLABSI).
- HAI-2: Catheter-associated urinary tract infections (CAUTI).
- HAI-5: Methicillin-resistant *Staphylococcus aureus* blood laboratory-identified events (bloodstream infections) (MRSA).
- HAI-6: *Clostridium difficile* laboratory-identified events (intestinal infections) (CDIFF).

Note: A lower SIR indicates better performance. SIRs >1.0 indicate that more infections occurred than expected; SIRs <1.0 indicate fewer infections occurred than expected.

(HEDIS 2017, Volume 2: Technical Specification, Pg. 337)

**REPORTING LEVEL - Contract**

UOS532-0010	Percentage of Total Discharges From High SIR Hospitals (CAUTI)
UOS532-0020	Percentage of Total Discharges From High SIR Hospitals (CDIFF)
UOS532-0030	Percentage of Total Discharges From High SIR Hospitals (CLABSI)
UOS532-0040	Percentage of Total Discharges From High SIR Hospitals (MRSA)
UOS532-0050	Percentage of Total Discharges From Low SIR Hospitals (CAUTI)
UOS532-0060	Percentage of Total Discharges From Low SIR Hospitals (CDIFF)
UOS532-0070	Percentage of Total Discharges From Low SIR Hospitals (CLABSI)
UOS532-0080	Percentage of Total Discharges From Low SIR Hospitals (MRSA)
UOS532-0090	Percentage of Total Discharges From Moderate SIR Hospitals (CAUTI)
UOS532-0100	Percentage of Total Discharges From Moderate SIR Hospitals (CDIFF)
UOS532-0110	Percentage of Total Discharges From Moderate SIR Hospitals (CLABSI)
UOS532-0120	Percentage of Total Discharges From Moderate SIR Hospitals (MRSA)
UOS532-0130	Plan-Weighted SIR (CAUTI)
UOS532-0140	Plan-Weighted SIR (CDIFF)
UOS532-0150	Plan-Weighted SIR (CLABSI)
UOS532-0160	Plan-Weighted SIR (MRSA)
UOS532-0170	Number of Contracted Hospitals with Reportable SIR (CAUTI)
UOS532-0180	Number of Contracted Hospitals with Reportable SIR (CDIFF)
UOS532-0190	Number of Contracted Hospitals with Reportable SIR (CLABSI)
UOS532-0200	Number of Contracted Hospitals with Reportable SIR (MRSA)
UOS532-0210	Percentage of Total Discharges From Hospitals With Unavailable SIR (CAUTI)
UOS532-0220	Percentage of Total Discharges From Hospitals With Unavailable SIR (CDIFF)
UOS532-0230	Percentage of Total Discharges From Hospitals With Unavailable SIR (CLABSI)
UOS532-0240	Percentage of Total Discharges From Hospitals With Unavailable SIR (MRSA)

## **Appendix A: Formulas for calculating results for specific HEDIS Measures**

The pages that follow contain formulas necessary for calculating the final rate for individual contracts in these HEDIS measures:

- M17\_EDU: Emergency Department Utilization (UOS528)
- M17\_HPC: Hospitalization for Potentially Preventable Complications (UOS530), there are separate formulas for:
  - Acute
  - Chronic
  - Total
- M17\_IHU: Inpatient Hospital Utilization (UOS526), there are separate formulas for:
  - Medicine
  - Surgery
  - Total
- M17\_PCR: Plan All-Cause Readmissions (UOS524), there are separate formulas for:
  - All Ages
  - Non-Seniors
  - Seniors

## Calculating Measure M17\_EDU: Emergency Department Utilization

All data come from the HEDIS 2017 M17\_EDU data file, PUF Measure UOS528.

Formula Value	EDU Field	Field Description	PUF Field
A	mct1844	Number of Members in the Eligible Population: Total 18-44	UOS528-0010
G	eoedt1844	ED visits by Age and Risk Adjustment 18-44 Total Observed ED Visits	UOS528-0070
M	eexdt1844	ED visits by Age and Risk Adjustment 18-44 Total Expected ED Visits	UOS528-0130
B	mct4554	Number of Members in the Eligible Population: Total 45-54	UOS528-0020
H	eoedt4554	ED visits by Age and Risk Adjustment 45-54 Total Observed ED Visits	UOS528-0080
N	eexdt4554	ED visits by Age and Risk Adjustment 45-54 Total Expected ED Visits	UOS528-0140
C	mct5564	Number of Members in the Eligible Population: Total 55-64	UOS528-0030
I	eoedt5564	ED visits by Age and Risk Adjustment 55-64 Total Observed ED Visits	UOS528-0090
O	eexdt5564	ED visits by Age and Risk Adjustment 55-64 Total Expected ED Visits	UOS528-0150
D	mct6574	Number of Members in the Eligible Population: Total 65-74	UOS528-0040
J	eoedt6574	ED visits by Age and Risk Adjustment 65-74 Total Observed ED Visits	UOS528-0100
P	eexdt6574	ED visits by Age and Risk Adjustment 65-74 Total Expected ED Visits	UOS528-0160
E	mct7584	Number of Members in the Eligible Population: Total 75-84	UOS528-0050
K	eoedt7584	ED visits by Age and Risk Adjustment 75-84 Total Observed ED Visits	UOS528-0110
Q	eexdt7584	ED visits by Age and Risk Adjustment 75-84 Total Expected ED Visits	UOS528-0170
F	mct85	Number of Members in the Eligible Population: Total 85+	UOS528-0060
L	eoedt85	ED visits by Age and Risk Adjustment 85+ Total Observed ED Visits	UOS528-0120
R	eexdt85	ED visits by Age and Risk Adjustment 85+ Total Expected ED Visits	UOS528-0180

$$\text{National Observed Rate} = \text{Average} \left( \left( \frac{G_1 + H_1 + I_1 + J_1 + K_1 + L_1}{A_1 + B_1 + C_1 + D_1 + E_1 + F_1} \right) + \dots + \left( \frac{G_n + H_n + I_n + J_n + K_n + L_n}{A_n + B_n + C_n + D_n + E_n + F_n} \right) \right)$$

where 1 through n are all contracts with numeric data.

$$\text{Observed Count} = G + H + I + J + K + L$$

$$\text{Expected Count} = M + N + O + P + Q + R$$

$$\text{Denominator} = A + B + C + D + E + F$$

$$\text{Final Rate} = \left( \left( \frac{\text{Observed Count}}{\text{Expected Count}} \right) \times \text{National Observed Rate} \right) \times 1,000$$

Data Exclusion Rules:

- 1) Observed / Expected: contracts with values  $\leq 0.2$  or  $\geq 5.0$  are dropped from further calculations.
- 2) Denominator: contracts with values  $< 200$  are dropped from further calculations.

## Calculating Measure M17\_HPC: Hospitalization for Potentially Preventable Complications, Acute

All data come from the HEDIS 2017 M17\_HPC data file, PUF Measure UOS530

Formula Value	HPC Field	Field Description	PUF Field
A	mct6774	Number of Members in the Eligible Population: Total 67-74	UOS530-0010
D	aodt6774	Acute ACSC 67-74 Total Observed Acute ACSC Discharges	UOS530-0040
H	aedt6774	Acute ACSC 67-74 Total Expected Acute ACSC Discharges	UOS530-0070
B	mct7584	Number of Members in the Eligible Population: Total 75-84	UOS530-0020
E	aodt7584	Acute ACSC 75-84 Total Observed Acute ACSC Discharges	UOS530-0050
I	aedt7584	Acute ACSC 75-84 Total Expected Acute ACSC Discharges	UOS530-0080
C	mct85	Number of Members in the Eligible Population: Total 85+	UOS530-0030
F	aodt85	Acute ACSC 85+ Total Observed Acute ACSC Discharges	UOS530-0060
J	aedt85	Acute ACSC 85+ Total Expected Acute ACSC Discharges	UOS530-0090

$$\text{National Observed Rate} = \text{Average} \left( \left( \frac{D_1 + E_1 + F_1}{A_1 + B_1 + C_1} \right) + \dots + \left( \frac{D_n + E_n + F_n}{A_n + B_n + C_n} \right) \right)$$

where 1 through n are all contracts with numeric data.

$$\text{Observed Count} = D + E + F$$

$$\text{Expected Count} = H + I + J$$

$$\text{Denominator} = A + B + C$$

$$\text{Final Rate} = \left( \left( \frac{\text{Observed Count}}{\text{Expected Count}} \right) \times \text{National Observed Rate} \right) \times 1000$$

Data Exclusion Rules:

- 1) Observed / Expected: contracts with values  $\leq 0.2$  or  $\geq 5.0$  are dropped from further calculations.
- 2) Denominator: contracts with values  $< 200$  are dropped from further calculations.

## Calculating Measure M17\_HPC: Hospitalization for Potentially Preventable Complications, Chronic

All data come from the HEDIS 2017 M17\_HPC data file, PUF Measure UOS530

Formula Value	HPC Field	Field Description	PUF Field
A	mct6774	Number of Members in the Eligible Population: Total 67-74	UOS530-0010
D	codt6774	Chronic ACSC 67-74 Total Observed Chronic ACSC Discharges	UOS530-0100
H	cedt6774	Chronic ACSC 67-74 Total Expected Chronic ACSC Discharges	UOS530-0130
B	mct7584	Number of Members in the Eligible Population: Total 75-84	UOS530-0020
E	codt7584	Chronic ACSC 75-84 Total Observed Chronic ACSC Discharges	UOS530-0110
I	cedt7584	Chronic ACSC 75-84 Total Expected Chronic ACSC Discharges	UOS530-0140
C	mct85	Number of Members in the Eligible Population: Total 85+	UOS530-0030
F	codt85	Chronic ACSC 85+ Total Observed Chronic ACSC Discharges	UOS530-0120
J	cedt85	Chronic ACSC 85+ Total Expected Chronic ACSC Discharges	UOS530-0150

$$\text{National Observed Rate} = \text{Average} \left( \left( \frac{D_1 + E_1 + F_1}{A_1 + B_1 + C_1} \right) + \dots + \left( \frac{D_n + E_n + F_n}{A_n + B_n + C_n} \right) \right)$$

where 1 through n are all contracts with numeric data.

$$\text{Observed Count} = D + E + F$$

$$\text{Expected Count} = H + I + J$$

$$\text{Denominator} = A + B + C$$

$$\text{Final Rate} = \left( \left( \frac{\text{Observed Count}}{\text{Expected Count}} \right) \times \text{National Observed Rate} \right) \times 1000$$

Data Exclusion Rules:

- 1) Observed / Expected: contracts with values  $\leq 0.2$  or  $\geq 5.0$  are dropped from further calculations.

Denominator: contracts with values  $< 200$  are dropped from further calculations.

## Calculating Measure M17\_HPC: Hospitalization for Potentially Preventable Complications, Total

All data come from the HEDIS 2017 M17\_HPC data file, PUF Measure UOS530

Formula Value	HPC Field	Field Description	PUF Field
A	mct6774	Number of Members in the Eligible Population: Total 67-74	UOS530-0010
D	totd6774	Total ACSC 67-74 Total Observed Total ACSC Discharges	UOS530-0160
H	tedt6774	Total ACSC 67-74 Total Expected Total ACSC Discharges	UOS530-0190
B	mct7584	Number of Members in the Eligible Population: Total 75-84	UOS530-0020
E	totd7584	Total ACSC 75-84 Total Observed Total ACSC Discharges	UOS530-0170
I	tedt7584	Total ACSC 75-84 Total Expected Total ACSC Discharges	UOS530-0200
C	mct85	Number of Members in the Eligible Population: Total 85+	UOS530-0030
F	totd85	Total ACSC 85+ Total Observed Total ACSC Discharges	UOS530-0180
J	tedt85	Total ACSC 85+ Total Expected Total ACSC Discharges	UOS530-0210

$$\text{National Observed Rate} = \text{Average} \left( \left( \frac{D_1 + E_1 + F_1}{A_1 + B_1 + C_1} \right) + \dots + \left( \frac{D_n + E_n + F_n}{A_n + B_n + C_n} \right) \right)$$

where 1 through n are all contracts with numeric data.

$$\text{Observed Count} = D + E + F$$

$$\text{Expected Count} = H + I + J$$

$$\text{Denominator} = A + B + C$$

$$\text{Final Rate} = \left( \left( \frac{\text{Observed Count}}{\text{Expected Count}} \right) \times \text{National Observed Rate} \right) \times 1000$$

Data Exclusion Rules:

- 1) Observed / Expected: contracts with values  $\leq 0.2$  or  $\geq 5.0$  are dropped from further calculations.
- 2) Denominator: contracts with values  $< 200$  are dropped from further calculations.



## Calculating Measure M17\_IHU: Inpatient Hospital Utilization, Medicine

All data come from the HEDIS 2017 M17\_IHU data file, PUF Measure UOS526

Formula Value	IHU Field	Field Description	PUF Field
A	mct1844	Number of Members in the Eligible Population: Total 18-44	UOS526-0010
G	moidt1844	Medicine 18-44 Total Observed Inpatient Discharges	UOS526-0070
M	mexdt1844	Medicine 18-44 Total Expected Discharges	UOS526-0130
B	mct4554	Number of Members in the Eligible Population: Total 45-54	UOS526-0020
H	moidt4554	Medicine 45-54 Total Observed Inpatient Discharges	UOS526-0080
N	mexdt4554	Medicine 45-54 Total Expected Discharges	UOS526-0140
C	mct5564	Number of Members in the Eligible Population: Total 55-64	UOS526-0030
I	moidt5564	Medicine 55-64 Total Observed Inpatient Discharges	UOS526-0090
O	mexdt5564	Medicine 55-64 Total Expected Discharges	UOS526-0150
D	mct6574	Number of Members in the Eligible Population: Total 65-74	UOS526-0040
J	moidt6574	Medicine 65-74 Total Observed Inpatient Discharges	UOS526-0100
P	mexdt6574	Medicine 65-74 Total Expected Discharges	UOS526-0160
E	mct7584	Number of Members in the Eligible Population: Total 75-84	UOS526-0050
K	moidt7584	Medicine 75-84 Total Observed Inpatient Discharges	UOS526-0110
Q	mexdt7584	Medicine 75-84 Total Expected Discharges	UOS526-0170
F	mct85	Number of Members in the Eligible Population: Total 85+	UOS526-0060
L	moidt85	Medicine 85+ Total Observed Inpatient Discharges	UOS526-0120
R	mexdt85	Medicine 85+ Total Expected Discharges	UOS526-0180

$$\text{National Observed Rate} = \text{Average} \left( \left( \frac{G_1 + H_1 + I_1 + J_1 + K_1 + L_1}{A_1 + B_1 + C_1 + D_1 + E_1 + F_1} \right) + \dots + \left( \frac{G_n + H_n + I_n + J_n + K_n + L_n}{A_n + B_n + C_n + D_n + E_n + F_n} \right) \right)$$

where 1 through n are all contracts with numeric data.

$$\text{Observed Count} = G + H + I + J + K + L$$

$$\text{Expected Count} = M + N + O + P + Q + R$$

$$\text{Denominator} = A + B + C + D + E + F$$

$$\text{Final Rate} = \left( \left( \frac{\text{Observed Count}}{\text{Expected Count}} \right) \times \text{National Observed Rate} \right) \times 1000$$

Data Exclusion Rules:

- 1) Observed / Expected: contracts with values  $\leq 0.2$  or  $\geq 5.0$  are dropped from further calculations.

Denominator: contracts with values  $< 200$  are dropped from further calculations.

## Calculating Measure M17\_IHU: Inpatient Hospital Utilization, Surgery

All data come from the HEDIS 2017 M17\_IHU data file, PUF Measure UOS526

Formula Value	IHU Field	Field Description	PUF Field
A	mct1844	Number of Members in the Eligible Population: Total 18-44	UOS526-0010
G	soidt1844	Surgery 18-44 Total Observed Inpatient Discharges	UOS526-0190
M	sexdt1844	Surgery 18-44 Total Expected Discharges	UOS526-0250
B	mct4554	Number of Members in the Eligible Population: Total 45-54	UOS526-0020
H	soidt4554	Surgery 45-54 Total Observed Inpatient Discharges	UOS526-0200
N	sexdt4554	Surgery 45-54 Total Expected Discharges	UOS526-0260
C	mct5564	Number of Members in the Eligible Population: Total 55-64	UOS526-0030
I	soidt5564	Surgery 55-64 Total Observed Inpatient Discharges	UOS526-0210
O	sexdt5564	Surgery 55-64 Total Expected Discharges	UOS526-0270
D	mct6574	Number of Members in the Eligible Population: Total 65-74	UOS526-0040
J	soidt6574	Surgery 65-74 Total Observed Inpatient Discharges	UOS526-0220
P	sexdt6574	Surgery 65-74 Total Expected Discharges	UOS526-0280
E	mct7584	Number of Members in the Eligible Population: Total 75-84	UOS526-0050
K	soidt7584	Surgery 75-84 Total Observed Inpatient Discharges	UOS526-0230
Q	sexdt7584	Surgery 75-84 Total Expected Discharges	UOS526-0290
F	mct85	Number of Members in the Eligible Population: Total 85+	UOS526-0060
L	soidt85	Surgery 85+ Total Observed Inpatient Discharges	UOS526-0240
R	sexdt85	Surgery 85+ Total Expected Discharges	UOS526-0300

$$\text{National Observed Rate} = \text{Average} \left( \left( \frac{G_1 + H_1 + I_1 + J_1 + K_1 + L_1}{A_1 + B_1 + C_1 + D_1 + E_1 + F_1} \right) + \dots + \left( \frac{G_n + H_n + I_n + J_n + K_n + L_n}{A_n + B_n + C_n + D_n + E_n + F_n} \right) \right)$$

where 1 through n are all contracts with numeric data.

$$\text{Observed Count} = G + H + I + J + K + L$$

$$\text{Expected Count} = M + N + O + P + Q + R$$

$$\text{Denominator} = A + B + C + D + E + F$$

$$\text{Final Rate} = \left( \left( \frac{\text{Observed Count}}{\text{Expected Count}} \right) \times \text{National Observed Rate} \right) \times 1000$$

Data Exclusion Rules:

- 1) Observed / Expected: contracts with values  $\leq 0.2$  or  $\geq 5.0$  are dropped from further calculations.

Denominator: contracts with values  $< 200$  are dropped from further calculations

## Calculating Measure M17\_IHU: Inpatient Hospital Utilization, Total

All data come from the HEDIS 2017 M17\_IHU data file, PUF Measure UOS526

Formula Value	PCRB Field	Field Description	PUF Field
A	mct1844	Number of Members in the Eligible Population: Total 18-44	UOS526-0010
G	toidt1844	Total Inpatient 18-44 Total Observed Inpatient Discharges	UOS526-0310
M	texdt1844	Total Inpatient 18-44 Total Expected Discharges	UOS526-0370
B	mct4554	Number of Members in the Eligible Population: Total 45-54	UOS526-0020
H	toidt4554	Total Inpatient 45-54 Total Observed Inpatient Discharges	UOS526-0320
N	texdt4554	Total Inpatient 45-54 Total Expected Discharges	UOS526-0380
C	mct5564	Number of Members in the Eligible Population: Total 55-64	UOS526-0030
I	toidt5564	Total Inpatient 55-64 Total Observed Inpatient Discharges	UOS526-0330
O	texdt5564	Total Inpatient 55-64 Total Expected Discharges	UOS526-0390
D	mct6574	Number of Members in the Eligible Population: Total 65-74	UOS526-0040
J	toidt6574	Total Inpatient 65-74 Total Observed Inpatient Discharges	UOS526-0340
P	texdt6574	Total Inpatient 65-74 Total Expected Discharges	UOS526-0400
E	mct7584	Number of Members in the Eligible Population: Total 75-84	UOS526-0050
K	toidt7584	Total Inpatient 75-84 Total Observed Inpatient Discharges	UOS526-0350
Q	texdt7584	Total Inpatient 75-84 Total Expected Discharges	UOS526-0410
F	mct85	Number of Members in the Eligible Population: Total 85+	UOS526-0060
L	toidt85	Total Inpatient 85+ Total Observed Inpatient Discharges	UOS526-0360
R	texdt85	Total Inpatient 85+ Total Expected Discharges	UOS526-0420

$$\text{National Observed Rate} = \text{Average} \left( \left( \frac{G_1 + H_1 + I_1 + J_1 + K_1 + L_1}{A_1 + B_1 + C_1 + D_1 + E_1 + F_1} \right) + \dots + \left( \frac{G_n + H_n + I_n + J_n + K_n + L_n}{A_n + B_n + C_n + D_n + E_n + F_n} \right) \right)$$

where 1 through n are all contracts with numeric data.

$$\text{Observed Count} = G + H + I + J + K + L$$

$$\text{Expected Count} = M + N + O + P + Q + R$$

$$\text{Denominator} = A + B + C + D + E + F$$

$$\text{Final Rate} = \left( \left( \frac{\text{Observed Count}}{\text{Expected Count}} \right) \times \text{National Observed Rate} \right) \times 1000$$

Data Exclusion Rules:

- 1) Observed / Expected: contracts with values  $\leq 0.2$  or  $\geq 5.0$  are dropped from further calculations.

Denominator: contracts with values  $< 200$  are dropped from further calculations.

## Calculating Measure M17\_PCR: Plan All-Cause Readmissions, All Ages

All data come from the HEDIS 2017 M17\_PCR & M17\_PCRb data files, PUF Measure UOS524

Formula Value	PCR Field	Field Description	PUF Field
A	is1844	Count of Index Stays (Denominator) 18-44	UOS524-0510
G	r1844	Count of 30-Day readmissions (numerator) 18-44	UOS524-0520
M	ap1844	Average Adjusted Probability 18-44	UOS524-0530
B	is4554	Count of Index Stays (Denominator) 45-54	UOS524-0540
H	r4554	Count of 30-Day readmissions (numerator) 45-54	UOS524-0550
N	ap4554	Average Adjusted Probability 45-54	UOS524-0560
C	is5564	Count of Index Stays (Denominator) 55-64	UOS524-0570
I	r5564	Count of 30-Day readmissions (numerator) 55-64	UOS524-0580
O	ap5564	Average Adjusted Probability 55-64	UOS524-0590
Formula Value	PCRb Field	Field Description	PUF Field
D	is6574	Count of Index Stays (Denominator) 65-74	UOS524-0010
J	r6574	Count of 30-Day readmissions (numerator) 65-74	UOS524-0020
P	ap6574	Average Adjusted Probability 65-74	UOS524-0030
E	is7584	Count of Index Stays (Denominator) 75-84	UOS524-0040
K	r7584	Count of 30-Day readmissions (numerator) 75-84	UOS524-0050
Q	ap7584	Average Adjusted Probability 75-84	UOS524-0060
F	is85	Count of Index Stays (Denominator) 85+	UOS524-0070
L	r85	Count of 30-Day readmissions (numerator) 85+	UOS524-0080
R	ap85	Average Adjusted Probability 85+	UOS524-0090

$$\text{NatAvgObs} = \text{Average} \left( \left( \frac{G_1 + H_1 + I_1 + J_1 + K_1 + L_1}{A_1 + B_1 + C_1 + D_1 + E_1 + F_1} \right) + \dots + \left( \frac{G_n + H_n + I_n + J_n + K_n + L_n}{A_n + B_n + C_n + D_n + E_n + F_n} \right) \right)$$

Where 1 through n are all contracts with numeric data.

$$\text{Denominator} = A + B + C + D + E + F$$

$$\text{Observed} = \frac{G + H + I + J + K + L}{A + B + C + D + E + F}$$

$$\text{Expected} = \left( \left( \frac{A}{A + B + C + D + E + F} \right) \times M \right) + \left( \left( \frac{B}{A + B + C + D + E + F} \right) \times N \right) + \left( \left( \frac{C}{A + B + C + D + E + F} \right) \times O \right) + \left( \left( \frac{D}{A + B + C + D + E + F} \right) \times P \right) + \left( \left( \frac{E}{A + B + C + D + E + F} \right) \times Q \right) + \left( \left( \frac{F}{A + B + C + D + E + F} \right) \times R \right)$$

$$\text{Final Rate} = \left( \frac{\text{Observed}}{\text{Expected}} \times \text{NatAvgObs} \right) \times 100$$

## Calculating Measure M17\_PCR: Plan All-Cause Readmissions, Non-Senior

All data come from the HEDIS 2017 M17\_PCR data file, PUF Measure UOS524

Formula Value	PCR Field	Field Description	PUF Field
A	is1844	Count of Index Stays (Denominator) 18-44	UOS524-0510
D	r1844	Count of 30-Day readmissions (numerator) 18-44	UOS524-0520
G	ap1844	Average Adjusted Probability 18-44	UOS524-0530
B	is4554	Count of Index Stays (Denominator) 45-54	UOS524-0540
E	r4554	Count of 30-Day readmissions (numerator) 45-54	UOS524-0550
H	ap4554	Average Adjusted Probability 45-54	UOS524-0560
C	is5564	Count of Index Stays (Denominator) 55-64	UOS524-0570
F	r5564	Count of 30-Day readmissions (numerator) 55-64	UOS524-0580
I	ap5564	Average Adjusted Probability 55-64	UOS524-0590

$$\text{NatAvgObs} = \text{Average} \left( \left( \frac{D_1 + E_1 + F_1}{A_1 + B_1 + C_1} \right) + \dots + \left( \frac{D_n + E_n + F_n}{A_n + B_n + C_n} \right) \right)$$

Where 1 through n are all contracts with numeric data.

$$\text{Denominator} = A + B + C$$

$$\text{Observed} = \frac{D + E + F}{A + B + C}$$

$$\text{Expected} = \left( \left( \frac{A}{A + B + C} \right) \times G \right) + \left( \left( \frac{B}{A + B + C} \right) \times H \right) + \left( \left( \frac{C}{A + B + C} \right) \times I \right)$$

$$\text{Final Rate} = \left( \left( \frac{\text{Observed}}{\text{Expected}} \right) \times \text{NatAvgObs} \right) \times 100$$

## Calculating Measure M17\_PCRb: Plan All-Cause Readmissions, Seniors

All data come from the HEDIS 2017 M17\_PCRb data file, PUF Measure UOS524

Formula Value	PCRb Field	Field Description	PUF Field
A	is6574	Count of Index Stays (Denominator) 65-74	UOS524-0010
D	r6574	Count of 30-Day readmissions (numerator) 65-74	UOS524-0020
G	ap6574	Average Adjusted Probability 65-74	UOS524-0030
B	is7584	Count of Index Stays (Denominator) 75-84	UOS524-0040
E	r7584	Count of 30-Day readmissions (numerator) 75-84	UOS524-0050
H	ap7584	Average Adjusted Probability 75-84	UOS524-0060
C	is85	Count of Index Stays (Denominator) 85+	UOS524-0070
F	r85	Count of 30-Day readmissions (numerator) 85+	UOS524-0080
I	ap85	Average Adjusted Probability 85+	UOS524-0090

$$\text{NatAvgObs} = \text{Average} \left( \left( \frac{D_1 + E_1 + F_1}{A_1 + B_1 + C_1} \right) + \dots + \left( \frac{D_n + E_n + F_n}{A_n + B_n + C_n} \right) \right)$$

Where 1 through n are all contracts with numeric data.

$$\text{Denominator} = A + B + C$$

$$\text{Observed} = \frac{D + E + F}{A + B + C}$$

$$\text{Expected} = \left( \left( \frac{A}{A + B + C} \right) \times G \right) + \left( \left( \frac{B}{A + B + C} \right) \times H \right) + \left( \left( \frac{C}{A + B + C} \right) \times I \right)$$

$$\text{Final Rate} = \left( \left( \frac{\text{Observed}}{\text{Expected}} \right) \times \text{NatAvgObs} \right) \times 100$$