
HEDIS® 2012 (Summary) Documentation for Reporting Year 2011

General Information

This documentation presents (1) a description of each HEDIS® measure that CMS collected for 473 Medicare managed care organizations for health care provided in calendar year 2012 to Medicare beneficiaries and (2) the location of the rates associated with each HEDIS measure within the HEDIS workbook (HEDIS2012.XLS). CMS took the description and additional information for each measure from HEDIS 2012 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 2012, CMS collected data from 473 Medicare managed care contracts for health care delivered in 2011. 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 2012 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 2012, 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

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

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

Under the Privacy Act, CMS cannot publish or otherwise disclose the data in a form raising unacceptable possibilities that an individual could be identified (i.e., the data must not be beneficiary-specific and must be aggregated to a level where no data cells have 10 or fewer beneficiaries). To ensure that no beneficiary can be identified, CMS has chosen not to report certain measures, specifically reported enrollment by age category, and has suppressed an extremely small number of rates. CMS has replaced suppressed rates with a 'NA.' Please see the section on missing values above for an explanation of missing value designations.

CMS has added variables to the HEDIS data.

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

We have included the Medicare Modernization Act plan type designations as well as indicators if the contract offers a Special Needs benefit packages or a Part D Drug benefit in 2011. 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

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

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

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

Sn_x = 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

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 2012, Volume 2: Technical Specification, Pg. 224)

REPORTING LEVEL - Contract

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

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	Numerator Events Total
AOC201-0100	Lower Confidence Interval - Total
AOC201-0110	Upper Confidence Interval - Total

AOC220 - Call Abandonment

DESCRIPTION - The percentage of calls received by the organization's Member Services call centers (during operating hours) during the measurement year that were abandoned by the caller before being answered by a live voice. Lower rates represent better performance. (HEDIS 2012, Volume 2: Technical Specification, Pg. 247)

REPORTING LEVEL - Contract

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

AOC225 - Call Answer Timeliness

DESCRIPTION - The percentage of calls received by the organization's Member Services call centers (during operating hours) during the measurement year that were answered by a live voice within 30 seconds. (HEDIS 2012, Volume 2: Technical Specification, Pg. 250)

REPORTING LEVEL - Contract

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

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

DESCRIPTION - 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 2012, Volume 2: Technical Specification, Pg. 230)

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

DESCRIPTION - The percentage of women 40–69 years of age who had a mammogram to screen for breast cancer. (HEDIS 2012, Volume 2: Technical Specification, Pg. 79)

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

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

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

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

(HEDIS 2012, Volume 2: Technical Specification, Pg. 186)

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

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
- LDL-C screening
- LDL-C control (<100 mg/dL)
- Medical attention for nephropathy
- BP control (<130/80 mm Hg)
- BP control (<140/90 mm Hg)

(HEDIS 2012, Volume 2: Technical Specifications, Pg. 146)

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
EOC020-0100	Rate - LDL-C Screening
EOC020-0110	Lower Confidence Interval - LDL-C Screening
EOC020-0120	Upper Confidence Interval - LDL-C Screening
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.
EOC020-0220	Rate - <100 LDL-C Level
EOC020-0230	Lower Confidence Interval - <100 LDL-C Level
EOC020-0240	Upper Confidence Interval - <100 LDL-C Level
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%)
EOC020-0370	Rate - Blood Press Cont <140/80
EOC020-0380	Lower Confidence Interval - Blood Press Cont <140/80
EOC020-0390	Upper Confidence Interval - Blood Press Cont <140/80

EOC026 - Cholesterol Management for Patients with Cardiovascular Conditions

DESCRIPTION - The percentage of members 18–75 years of age who were discharged alive for AMI, coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) from January 1–November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year, who had each of the following during the measurement year.

- LDL-C screening
- LDL-C control (<100 mg/dL)

(HEDIS 2012, Volume 2: Technical Specifications, Pg. 132)

REPORTING LEVEL - Contract

EOC026-0010	Rate - LDL-C Screening
EOC026-0020	Lower Confidence Interval - LDL-C Screening
EOC026-0030	Upper Confidence Interval - LDL-C Screening
EOC026-0070	Rate <100 LDL-C Level
EOC026-0080	Lower Confidence Interval <100 LDL-C Level
EOC026-0090	Upper Confidence Interval <100 LDL-C Level

EOC030 - Antidepressant Medication Management

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

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

(HEDIS 2012, Volume 2: Technical Specifications, Pg. 176)

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

DESCRIPTION - The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year. Use the Hybrid Method for this measure. (HEDIS 2012, Volume 2: Technical Specification, Pg. 136)

REPORTING LEVEL - Contract

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

EOC040 - Colorectal Cancer Screening

DESCRIPTION - The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer. (HEDIS 2012, Volume 2: Technical Specification, Pg. 84)

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

DESCRIPTION - The percentage of women 67 years of age and older who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the six months after the fracture. (HEDIS 2012, Volume 2: Technical Specification, Pg. 168)

REPORTING LEVEL - Contract

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

EOC050 - Glaucoma Screening in Older Adults

DESCRIPTION - The percentage of Medicare members 65 years and older who received a glaucoma eye exam by an eye care professional for early identification of glaucomatous conditions. (HEDIS 2012, Volume 2: Technical Specification, Pg. 92)

REPORTING LEVEL - Contract

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

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

DESCRIPTION - The percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged alive from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge. (HEDIS 2012, Volume 2: Technical Specification, Pg. 141)

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

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

(HEDIS 2012, Volume 2: Technical Specification, Pg. 212)

REPORTING LEVEL - Contract

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

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

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 2012, Volume 2: Technical Specification, Pg. 166)

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

DESCRIPTION - •The percentage of Medicare members 65 years of age and older who received at least one high-risk medication.

- The percentage of Medicare members 65 years of age and older who received at least two different high- risk medications.

For both rates, a lower rate represents better performance.

(HEDIS 2012, Volume 2: Technical Specification, Pg. 205)

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

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 four 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
- Annual monitoring for members on anticonvulsants
- Total rate (the sum of the four numerators divided by the sum of the four denominators)

(HEDIS 2012, Volume 2: Technical Specification, Pg. 190)

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
EOC075-0100	Reported rate - Anticonvulsants
EOC075-0110	Lower Confidence Interval - Anticonvulsants
EOC075-0120	Upper Confidence Interval - Anticonvulsants
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

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 2012, Volume 2: Technical Specification, Pg. 115)

REPORTING LEVEL - Contract

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

EOC085 - Physical Activity in Older Adults (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 2012, Volume 2: Technical Specification, Pg. 214)

REPORTING LEVEL - Contract

EOC085-0010 Discussing Physical Activity Rate

EOC085-0020 Advising Physical Activity Rate

EOC090 - Potentially Harmful Drug-Disease Interactions in the Elderly

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 contraindicated 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 tricyclic antidepressants, antipsychotics or sleep agents
- Dementia and a prescription for tricyclic antidepressants or anticholinergic agents
- CRF and prescription for nonaspirin NSAIDs or Cox-2 Selective 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 three rates.

(HEDIS 2012, Volume 2: Technical Specification, Pg. 199)

REPORTING LEVEL - Contract

EOC090-0010 Rate - DDI Falls + Tricyclic Antidepress or Antipsych

EOC090-0020 Lower Confidence Interval - DDI Falls + Tricyclic Antidepress or Antipsych

EOC090-0030 Upper Confidence Interval - DDI Falls + Tricyclic Antidepress or Antipsych

EOC090-0040 Rate - DDI Dementia + Tricyclic Antidepress or Anticholl

EOC090-0050 Lower Confidence Interval - DDI Dementia + Tricyclic Antidepress or Anticholl

EOC090-0060 Upper Confidence Interval - DDI Dementia + Tricyclic Antidepress or Anticholl

EOC090-0070 Rate - DDI Chronic Renal Failure + Non Asp NSAIDs or Cox-2

EOC090-0080 Lower Confidence Interval - DDI Chronic Renal Failure + Non Asp NSAIDs or Cox-2

EOC090-0090 Upper Confidence Interval - DDI Chronic Renal Failure + Non Asp NSAIDs or Cox-2

EOC090-0100 Rate - Total

EOC090-0110 Lower Confidence Interval - Total

EOC090-0120 Upper Confidence Interval - Total

EOC095 - Fall Risk Management

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 2012, Volume 2: Technical Specification, Pg. 211)

REPORTING LEVEL - Contract

EOC095-0010 Discussing Falls Risk Rate

EOC095-0020 Managing Falls Risk Rate

EOC100 - Osteoporosis Testing in Older Women

DESCRIPTION - The percentage of Medicare women 65 years of age and older who report ever having received a bone density test to check for osteoporosis. (HEDIS 2012, Volume 2: Technical Specification, Pg. 213)

REPORTING LEVEL - Contract

EOC100-0010 Osteoporosis Testing Percent

EOC105 - Pharmacotherapy Management of COPD Exacerbation

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

1. Dispensed a systemic corticosteroid within 14 days of the event
2. Dispensed a bronchodilator 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 2012, Volume 2: Technical Specification, Pg. 118)

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

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 2012, Volume 2: Technical Specification, Pg. 56)

REPORTING LEVEL - Contract

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

HPS403 - Total Membership

DESCRIPTION - The number of members enrolled as of December 31 of the measurement year. (HEDIS 2012, Volume 2: Technical Specification, Pg. 397)

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
HPS403-0270	Membership HMO-Oth
HPS403-0280	Membership PPO-Tot
HPS403-0290	Membership PPO-Commercial
HPS403-0300	Membership PPO-Medicare Risk/Cost
HPS403-0330	Membership PPO-Oth
HPS403-0340	Membership POS-Tot
HPS403-0350	Membership POS-Commercial
HPS403-0360	Membership POS-Medicare Risk/Cost
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

PDI801 - Board Certification/Residency Completion

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 2012, Volume 2: Technical Specification, Pg. 377)

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

PDI806 - Enrollment by Product Line

DESCRIPTION - The total number of members enrolled in the product line, stratified by age and gender.

(HEDIS 2006, Volume 2: Technical Specification, Pg. 381)

REPORTING LEVEL - Contract

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

PDI807 - Language Diversity of Membership

DESCRIPTION - 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 2006, Volume 2: Technical Specification, Pg. 386)

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 Languages Needs - English Pct
PDI807-0560	Other Languages Needs - Non-English Pct
PDI807-0570	Other Languages Needs - Unknown Pct
PDI807-0580	Other Languages Needs - Declined Pct
PDI807-0590	Other Languages Needs - Total Pct

PDI808 - Race/Ethnicity Diversity of Membership

DESCRIPTION - An unduplicated count and percentage of members enrolled any time during the measurement year, by race and ethnicity. (HEDIS 2012, Volume 2: Technical Specification, Pg. 389)

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

DESCRIPTION - The number of members enrolled as of December 31 of the measurement year, by state. (HEDIS 2012, Volume 2: Technical Specification, Pg. 385)

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

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 2012, Volume 2: Technical Specification, Pg. 280)

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

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

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

- Total inpatient
- Medicine
- Surgery
- Maternity

(HEDIS 2012, Volume 2: Technical Specification, Pg. 293)

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

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

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

- Outpatient Visits
- ED Visits

(HEDIS 2012, Volume 2: Technical Specification, Pg. 289)

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

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

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

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

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

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 2012, Volume 2: Technical Specification, Pg. 299)

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

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

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 2012, Volume 2: Technical Specification, Pg. 307)

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

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

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

UOS524 - Plan All-Cause Readmissions

DESCRIPTION - For members 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. 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 2012, Volume 2: Technical Specification, Pg. 317)

REPORTING LEVEL - Contract

UOS524-0010	Count of Index Stays (Denominator) Total 65-74 Num
UOS524-0020	Count of 30-Day readmissions (Numerator) Total 65-74 Num
UOS524-0025	Observed Readmission (Num/Den) Total 65-74
UOS524-0030	Average Adjusted Probability Total 65-74 Num
UOS524-0040	Count of Index Stays (Denominator) Total 75-84 Num
UOS524-0050	Count of 30-Day readmissions (Numerator) Total 75-84 Num
UOS524-0055	Observed Readmission (Num/Den) Total 75-84
UOS524-0060	Average Adjusted Probability Total 75-84 Num
UOS524-0070	Count of Index Stays (Denominator) Total 85+ Num
UOS524-0080	Count of 30-Day readmissions (Numerator) Total 85+ Num
UOS524-0085	Observed Readmission (Num/Den) Total 85+
UOS524-0090	Average Adjusted Probability Total 85+ Num
UOS524-0150	Observed-to-Expected Ratio