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# ***HEDIS 3.0 (Summary) Documentation for Reporting Year 1996***

## **General Information**

This documentation presents (1) a description of each HEDIS<sup>®</sup> measure that CMS collected for 288 Medicare managed care contract markets on health care provided in calendar year 1996 to Medicare beneficiaries and (2) the location of the rates associated with each HEDIS measure within the HEDIS workbook (HEDIS1997.XLS). CMS took the description and additional information for each measure from HEDIS 3.0/1997 Volume II: Technical Specifications. This first 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.

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### **The Medicare HEDIS reporting unit is a "contract market"**

In 1997, CMS collected 288 HEDIS submissions from Medicare managed care plans for health care delivered in 1996. The reporting unit for CMS is a "contract market." CMS signs contracts with health plans to provide health care for a given geographic area. A contract market is usually the entire contract area. However, CMS did not believe that HEDIS results would adequately represent local health care when a contract covers a large geographic region with high enrollment. For this reason, CMS broke large contracts covering several areas with high enrollment into smaller "market areas" containing at least 5,000 beneficiaries. The 288 submissions by contract market represent 266 contracts. The "GENERAL" sheet in the HEDIS workbook identifies the state and counties for each submission. If the submission is a "market area," the city designation appears next to the state. For example, the state variable for a contract in Oregon with two market areas might appear as "OR: Portland" and "OR: Eugene."

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

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

The description and related information provided for each measure in this documentation are taken from the HEDIS 3.0 Technical Specifications for 1997, 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 3.0/1997, 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

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list of beta blocker prescriptions; appropriate sample size if the plan chooses to use a sample; and other instructions, such as the appropriate interpretation of two AMI episodes for an individual member.

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

The HEDIS guidelines distinguish between two different types of missing values: Not Applicable (NA) and Not Reported (NR). Plans report NA when they do not have enough members to calculate a representative rate ( $n < 30$ ) or when they are not eligible for a measure, e.g. a plan cannot calculate outpatient drug utilization if it does not offer an outpatient drug benefit. Plans report NR (or leave a measure blank) when they choose not to calculate and report a rate. However, the criteria for reporting NA vs. NR were not consistently communicated or applied in report year 1996. This undermines the ability of missing value designations to accurately represent the appropriate reason for failing to report. In this data set, missing value designations should be considered suggestive and not definitive.

### **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.**

Two additional variables proved useful in our assessment of the data. We included our record of enrollment as of December 1996 in the "GENERAL" sheet in the HEDIS workbook. Unlike CMS's record of enrollment, HEDIS reported enrollment is adjusted for individuals with partial-year enrollment. Both CMS's enrollment and HEDIS reported enrollment reflect the entire contract and are not broken down by market area. We also identified those plans with four or more years previous experience reporting HEDIS data in the "GENERAL" sheet in the HEDIS workbook. We used this information in our internal analysis, which is presented in the accompanying report (report.wpd). CMS collected data on the number of years a health plan had reported HEDIS through the preliminary assessment of all plans completed as part of CMS's audit.

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

### **National Enrollment Weighted Average Score**

CMS has calculated and included a weighted National average for all of the Effectiveness of Care (EOC) measures. These rates are reported on a separate sheet called "National Rates" in the HEDIS Workbook. The rate for each of the EOC measures was calculated using the following formula:

$$((En_1/TotE)*Sn_1)+((En_2/TotE)*Sn_2)+\dots+((En_x/TotE)*Sn_x)=\text{National Enrollment Weighted Average Score}$$

Where: TotE = Total enrollment for all contracts with a valid numeric rate in the measure

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

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

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

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

**AOC201 – Adults' Access to Preventive/Ambulatory Health Services**

DESCRIPTION - The percentage of Medicare risk members age 20 through 44, 45 through 64 and 65 years and older who have had an ambulatory or preventive care visit during the reporting year. Enrollees who have had no more than one break in enrollment of up to 45 days per year should be included in this measure. (HEDIS 3.0/1997, Volume 2: Technical Specification, Pg. 69)

REPORTING LEVEL - Contract Market

- AOC201-0010 Rate (Ages 20-44)
- AOC201-0020 Rate (Ages 45-64)
- AOC201-0030 Rate (Ages 65 and older)

**AOC205 – Availability of Primary Care Providers**

DESCRIPTION - Reports to be made separately by payer (Medicare risk) as of December 31 of the reporting year will indicate the number and percentage of primary care providers who: serve members of each population, accept new members with no restrictions, accept new members with some restrictions, accept no new members. (HEDIS 3.0/1997, Volume 2: Technical Specification, Pg. 75)

REPORTING LEVEL - Contract Market

- AOC205-0010 Primary care providers currently serving this population
- AOC205-0020 Primary care providers with no restrictions on number of new plan members accepted
- AOC205-0030 Primary care providers with some restrictions on number of new plan members accepted
- AOC205-0040 Primary care providers with no new plan members accepted

**AOC206 – Availability of Mental Health/Chemical Dependency Providers**

DESCRIPTION - Reports to be made separately by payer (Medicare risk) as of December 31 of the reporting year will indicate the number and percentage of mental health/chemical dependency providers who: serve members of each population, accept new members with no restrictions, accept new members with some restrictions, accept no new members. (HEDIS 3.0/1997, Volume 2: Technical Specification, Pg. 77)

REPORTING LEVEL - Contract Market

- AOC206-0010 Mental health/chemical dependency providers currently serving this population
- AOC206-0020 Mental health/chemical dependency providers with no restrictions on number of new plan members accepted
- AOC206-0030 Mental health/chemical dependency providers with some restrictions on number of new plan members accepted
- AOC206-0040 Mental health/chemical dependency providers with no new plan members accepted

**AOC209a – Availability of Language Interpretation Services**

DESCRIPTION - A description of out-of-plan interpreter services secured during the reporting year for Medicare risk members. (HEDIS 3.0/1997, Volume 2: Technical Specification, Pg. 97)

REPORTING LEVEL - Contract Market

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

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

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AOC209-0220	Out-of-Plan interpreter services secured during the reporting year - Language 5 (Interpreter Services)
AOC209-0230	Out-of-Plan interpreter services secured during the reporting year - Language 5 (Description)
AOC209-0240	Out-of-Plan interpreter services secured during the reporting year - Language 5 (Type of Agreement)
AOC209-0250	Out-of-Plan interpreter services secured during the reporting year - Language 5 (Restrictions on Availability)
AOC209-0260	Out-of-Plan interpreter services secured during the reporting year - Language 6 (Language)
AOC209-0270	Out-of-Plan interpreter services secured during the reporting year - Language 6 (Interpreter Services)
AOC209-0280	Out-of-Plan interpreter services secured during the reporting year - Language 6 (Description)
AOC209-0290	Out-of-Plan interpreter services secured during the reporting year - Language 6 (Type of Agreement)
AOC209-0300	Out-of-Plan interpreter services secured during the reporting year - Language 6 (Restrictions on Availability)
AOC209-0310	Out-of-Plan interpreter services secured during the reporting year - Language 7 (Language)
AOC209-0320	Out-of-Plan interpreter services secured during the reporting year - Language 7 (Interpreter Services)
AOC209-0330	Out-of-Plan interpreter services secured during the reporting year - Language 7 (Description)
AOC209-0340	Out-of-Plan interpreter services secured during the reporting year - Language 7 (Type of Agreement)
AOC209-0350	Out-of-Plan interpreter services secured during the reporting year - Language 7 (Restrictions on Availability)
AOC209-0360	Out-of-Plan interpreter services secured during the reporting year - Language 8 (Language)
AOC209-0370	Out-of-Plan interpreter services secured during the reporting year - Language 8 (Interpreter Services)
AOC209-0380	Out-of-Plan interpreter services secured during the reporting year - Language 8 (Description)
AOC209-0390	Out-of-Plan interpreter services secured during the reporting year - Language 8 (Type of Agreement)
AOC209-0400	Out-of-Plan interpreter services secured during the reporting year - Language 8 (Restrictions on Availability)
AOC209-0410	Out-of-Plan interpreter services secured during the reporting year - Language 9 (Language)
AOC209-0420	Out-of-Plan interpreter services secured during the reporting year - Language 9 (Interpreter Services)
AOC209-0430	Out-of-Plan interpreter services secured during the reporting year - Language 9 (Description)
AOC209-0440	Out-of-Plan interpreter services secured during the reporting year - Language 9 (Type of Agreement)
AOC209-0450	Out-of-Plan interpreter services secured during the reporting year - Language 9 (Restrictions on Availability)
AOC209-0460	Out-of-Plan interpreter services secured during the reporting year - Language 10 (Language)
AOC209-0470	Out-of-Plan interpreter services secured during the reporting year - Language 10 (Interpreter Services)
AOC209-0480	Out-of-Plan interpreter services secured during the reporting year - Language 10 (Description)
AOC209-0490	Out-of-Plan interpreter services secured during the reporting year - Language 10 (Type of Agreement)
AOC209-0500	Out-of-Plan interpreter services secured during the reporting year - Language 10 (Restrictions on Availability)

**COC601 – Rate Trends**

DESCRIPTION - An effective managed care organization is expected to control the rate of increase in premiums. This measure provides information on a health plan's actual expenses per member month (PMPM) and prospective rate trend assumptions for the reporting year and the two preceding years. Purchasers may compare the predicted increase in the cost to deliver health care (i.e., prospective rate trend assumptions) to actual costs incurred by the plan. (HEDIS 3.0/1997, Volume 2: Technical Specification, Pg. 211)

**REPORTING LEVEL - Contract**

COC601-0010	Actual expense PMPM (1994)
COC601-0020	Actual expense PMPM (1995)
COC601-0030	Actual expense PMPM (1996)
COC601-0040	% change (1994)
COC601-0050	% change (1995)
COC601-0060	% change (1996)
COC601-0070	Rate trend (1994)
COC601-0080	Rate trend (1995)
COC601-0090	Rate trend (1996)

**COC602 – High-Occurrence/High-Cost DRGs**

DESCRIPTION - Discharges per 1,000 members per year, average cost per discharge and average length of stay are reported for six high-occurrence/high-cost DRGs for the Medicare risk population. (HEDIS 3.0/1997, Volume 2: Technical Specification, Pg. 213)

**REPORTING LEVEL - Contract**

COC602-0010	DRG 127: Heart failure (Discharges Per 1000 Member Years)
COC602-0020	DRG 127: Heart failure (Average Cost/Discharge)
COC602-0030	DRG 127: Heart failure (Average Length of Stay)
COC602-0040	DRG 140: Angina pectoris (Discharges Per 1000 Member Years)
COC602-0050	DRG 140: Angina pectoris (Average Cost/Discharge)
COC602-0060	DRG 140: Angina pectoris (Average Length of Stay)

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

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COC602-0070	Cardiac (Subtotal) (Discharges Per 1000 Member Years)
COC602-0080	Cardiac (Subtotal) (Average Cost/Discharge)
COC602-0090	Cardiac (Subtotal) (Average Length of Stay)
COC602-0100	DRG 89: Simple Pneumonia and pleurisy s/CC (Discharges Per 1000 Member Years)
COC602-0110	DRG 89: Simple Pneumonia and pleurisy s/CC (Average Cost/Discharge)
COC602-0120	DRG 89: Simple Pneumonia and pleurisy s/CC (Average Length of Stay)
COC602-0130	DRG 88: Chronic obstructive pulmonary disease (Discharges Per 1000 Member Years)
COC602-0140	DRG 88: Chronic obstructive pulmonary disease (Average Cost/Discharge)
COC602-0150	DRG 88: Chronic obstructive pulmonary disease (Average Length of Stay)
COC602-0160	Respiratory (Subtotal) (Discharges Per 1000 Member Years)
COC602-0170	Respiratory (Subtotal) (Average Cost/Discharge)
COC602-0180	Respiratory (Subtotal) (Average Length of Stay)
COC602-0190	DRG 14: Specific cerebrovascular disorders except TIA (Discharges Per 1000 Member Years)
COC602-0200	DRG 14: Specific cerebrovascular disorders except TIA (Average Cost/Discharge)
COC602-0210	DRG 14: Specific cerebrovascular disorders except TIA (Average Length of Stay)
COC602-0220	DRG 209: Major joint and limb reattachment (Discharges Per 1000 Member Years)
COC602-0230	DRG 209: Major joint and limb reattachment (Average Cost/Discharge)
COC602-0240	DRG 209: Major joint and limb reattachment (Average Length of Stay)
COC602-0250	Cerebrovascular & Reattachment Procedures (Subtotal) (Discharges Per 1000 Member Years)
COC602-0260	Cerebrovascular & Reattachment Procedures (Subtotal) (Average Cost/Discharge)
COC602-0270	Cerebrovascular & Reattachment Procedures (Subtotal) (Average Length of Stay)

**EOC003 – Breast Cancer Screening**

DESCRIPTION - The percentage of Medicare risk women age 52 through 69 years, who were continuously enrolled during the reporting year and the preceding year, and who had a mammogram during the reporting year or the preceding year. Members who have had no more than one break in enrollment of up to 45 days per year should be included in this measure. (HEDIS 3.0/1997, Volume 2: Technical Specification, Pg. 30)

REPORTING LEVEL - Contract Market

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

**EOC008 – Beta Blocker Treatment**

DESCRIPTION - The percentage of Medicare risk members age 35 years and older during the reporting year, who were hospitalized and discharged alive during the reporting year with a diagnosis of acute myocardial infarction (AMI) and who received a prescription for beta blockers upon discharge. (HEDIS 3.0/1997, Volume 2: Technical Specification, Pg. 54)

REPORTING LEVEL - Contract Market

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

**EOC009 – Eye Exams for Diabetes**

DESCRIPTION - The percentage of Medicare risk members with diabetes (Type I and Type II) age 31 years and older, who were continuously enrolled during the reporting year, and who had a retinal examination during the reporting year. Enrollees who have had no more than one break in enrollment of up to 45 days during the reporting year should be included in this measure. (HEDIS 3.0/1997, Volume 2: Technical Specification, Pg. 56)

REPORTING LEVEL - Contract Market

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



**EOC010 – Followup after Hospitalization for Mental Illness**

DESCRIPTION - The percentage of Medicare risk members age six years and older who were hospitalized for treatment of selected mental health disorders who were continuously enrolled without breaks for 30 days after discharge, and who were seen on an ambulatory basis or were in day/night treatment within 30 days of hospital discharge. (HEDIS 3.0/1997, Volume 2: Technical Specification, Pg. 64)

REPORTING LEVEL - Contract Market

EOC010-0010 Rate  
EOC010-0020 Lower 95% confidence interval  
EOC010-0030 Upper 95% confidence interval

**GENERAL – General Information**

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

REPORTING LEVEL - N/A

GENERAL-0010 Type of Plan (Risk, Cost)  
GENERAL-0020 Line of Business (HMO, POS)  
GENERAL-0030 Model Type (Group, IPA, Mixed, Network, Other, Staff)  
GENERAL-0040 Plan has submitted HEDIS data for 4 or more years (Yes, No)  
GENERAL-0050 1996 Enrollment as Reported by HCFA's Plan Information Control System (PICS)  
GENERAL-0060 HCFA Region Number  
GENERAL-0070 HCFA Region Name  
GENERAL-0080 Patient Population  
GENERAL-0090 Tax Status  
GENERAL-0100 Number of Hospitals  
GENERAL-0110 Alternate Plan Name  
GENERAL-0120 Plan Short Name

**HPS401 – Disenrollment**

DESCRIPTION - This measure provides information on the number of health plan members who disenrolled during the reporting year. The disenrollment rate is reported in the aggregate by payer (Medicare risk). (HEDIS 3.0/1997, Volume 2: Technical Specification, Pg. 109)

REPORTING LEVEL - Contract Market

HPS401-0010 Disenrollment

**HPS402 – Provider Turnover**

DESCRIPTION - The following two percentages should be reported for Medicare risk:

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

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

(HEDIS 3.0/1997, Volume 2: Technical Specification, Pg. 111)

REPORTING LEVEL - Contract Market

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

**HPS403 – Years In Business/Total Membership**

DESCRIPTION - This table reports the number of years since licensure (i.e., the number of years each product line has existed) and the number of members enrolled as of December 31 of the reporting year. (HEDIS 3.0/1997, Volume 2: Technical Specification, Pg. 116)

REPORTING LEVEL - Contract Market

HPS403-0010 HMO Total (Years In Business)  
HPS403-0020 HMO Medicaid (Years In Business)  
HPS403-0030 HMO Commercial (Years In Business)  
HPS403-0040 HMO Medicare Risk (Years In Business)  
HPS403-0050 HMO Medicare Cost (Years In Business)  
HPS403-0060 HMO Self-insured (Years In Business)  
HPS403-0070 HMO Other (Years In Business)

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

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HPS403-0080	PPO Total (Years In Business)
HPS403-0090	PPO Commercial (Years In Business)
HPS403-0100	PPO Medicare Risk (Years In Business)
HPS403-0110	PPO Medicare Cost (Years In Business)
HPS403-0120	PPO Self-insured (Years In Business)
HPS403-0130	PPO Other (Years In Business)
HPS403-0140	POS Total (Years In Business)
HPS403-0150	POS Commercial (Years In Business)
HPS403-0160	POS Medicare Risk (Years In Business)
HPS403-0170	POS Medicare Cost (Years In Business)
HPS403-0180	POS Self-insured (Years In Business)
HPS403-0190	POS Other (Years In Business)
HPS403-0200	Total Product Lines/Payers (Years In Business)
HPS403-0210	HMO Total (Members)
HPS403-0220	HMO Medicaid (Members)
HPS403-0230	HMO Commercial (Members)
HPS403-0240	HMO Medicare Risk (Members)
HPS403-0250	HMO Medicare Cost (Members)
HPS403-0260	HMO Self-insured (Members)
HPS403-0270	HMO Other (Members)
HPS403-0280	PPO Total (Members)
HPS403-0290	PPO Commercial (Members)
HPS403-0300	PPO Medicare Risk (Members)
HPS403-0310	PPO Medicare Cost (Members)
HPS403-0320	PPO Self-insured (Members)
HPS403-0330	PPO Other (Members)
HPS403-0340	POS Total (Members)
HPS403-0350	POS Commercial (Members)
HPS403-0360	POS Medicare Risk (Members)
HPS403-0370	POS Medicare Cost (Members)
HPS403-0380	POS Self-insured (Members)
HPS403-0390	POS Other (Members)
HPS403-0400	Total Product Lines/Payers (Members)

***HPS404 – Indicators of Financial Stability***

DESCRIPTION - This measure presents information commonly used to evaluate the financial stability of a health plan. The financial profiles and specific results of different plans are dependent on the type of operations involved (e.g., staff model HMO versus and IPA). For each measure, the description of the financial indicator, the definition of the financial indicator, the NAIC report location for the financial indicator (NAIC Annual Statement HMO-Association Edition, revised 1995), and the range by which to evaluate the financial indicator are provided. (HEDIS 3.0/1997, Volume 2: Technical Specification, Pg. 118)

**REPORTING LEVEL - Legal Entity**

HPS404-0010	Total membership (1994)
HPS404-0020	Total membership (1995)
HPS404-0030	Total membership (1996)
HPS404-0040	Total membership (Change from 1995 to 1996)
HPS404-0050	Total membership (Percent change from 1995 to 1996)
HPS404-0060	Total revenue (1994)
HPS404-0070	Total revenue (1995)
HPS404-0080	Total revenue (1996)
HPS404-0090	Total revenue (Change from 1995 to 1996)
HPS404-0100	Total revenue (Percent change from 1995 to 1996)
HPS404-0110	Net income (1994)
HPS404-0120	Net income (1995)
HPS404-0130	Net income (1996)
HPS404-0140	Net income (Change from 1995 to 1996)
HPS404-0150	Net income (Percent change from 1995 to 1996)
HPS404-0160	Net worth (1994)

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

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HPS404-0170	Net worth (1995)
HPS404-0180	Net worth (1996)
HPS404-0190	Net worth (Change from 1995 to 1996)
HPS404-0200	Net worth (Percent change from 1995 to 1996)
HPS404-0210	Dept-to-service ratio (1994)
HPS404-0220	Dept-to-service ratio (1995)
HPS404-0230	Dept-to-service ratio (1996)
HPS404-0240	Dept-to-service ratio (Change from 1995 to 1996)
HPS404-0250	Dept-to-service ratio (Percent change from 1995 to 1996)
HPS404-0260	Overall loss ratio (1994)
HPS404-0270	Overall loss ratio (1995)
HPS404-0280	Overall loss ratio (1996)
HPS404-0290	Overall loss ratio (Change from 1995 to 1996)
HPS404-0300	Overall loss ratio (Percent change from 1995 to 1996)
HPS404-0310	Administrative loss ratio (1994)
HPS404-0320	Administrative loss ratio (1995)
HPS404-0330	Administrative loss ratio (1996)
HPS404-0340	Administrative loss ratio (Change from 1995 to 1996)
HPS404-0350	Administrative loss ratio (Percent change from 1995 to 1996)
HPS404-0360	Medical loss ratio (1994)
HPS404-0370	Medical loss ratio (1995)
HPS404-0380	Medical loss ratio (1996)
HPS404-0390	Medical loss ratio (Change from 1995 to 1996)
HPS404-0400	Medical loss ratio (Percent change from 1995 to 1996)
HPS404-0410	Operating profit margin (1994)
HPS404-0420	Operating profit margin (1995)
HPS404-0430	Operating profit margin (1996)
HPS404-0440	Operating profit margin (Change from 1995 to 1996)
HPS404-0450	Operating profit margin (Percent change from 1995 to 1996)
HPS404-0460	Overall profit margin (1994)
HPS404-0470	Overall profit margin (1995)
HPS404-0480	Overall profit margin (1996)
HPS404-0490	Overall profit margin (Change from 1995 to 1996)
HPS404-0500	Overall profit margin (Percent change from 1995 to 1996)
HPS404-0510	Days cash on hand (1994)
HPS404-0520	Days cash on hand (1995)
HPS404-0530	Days cash on hand (1996)
HPS404-0540	Days cash on hand (Change from 1995 to 1996)
HPS404-0550	Days cash on hand (Percent change from 1995 to 1996)
HPS404-0560	Ratio of cash to claims payable (1994)
HPS404-0570	Ratio of cash to claims payable (1995)
HPS404-0580	Ratio of cash to claims payable (1996)
HPS404-0590	Ratio of cash to claims payable (Change from 1995 to 1996)
HPS404-0600	Ratio of cash to claims payable (Percent change from 1995 to 1996)
HPS404-0610	Days in receivables (1994)
HPS404-0620	Days in receivables (1995)
HPS404-0630	Days in receivables (1996)
HPS404-0640	Days in receivables (Change from 1995 to 1996)
HPS404-0650	Days in receivables (Percent change from 1995 to 1996)
HPS404-0660	Days in unpaid claims (1994)
HPS404-0670	Days in unpaid claims (1995)
HPS404-0680	Days in unpaid claims (1996)
HPS404-0690	Days in unpaid claims (Change from 1995 to 1996)
HPS404-0700	Days in unpaid claims (Percent change from 1995 to 1996)
HPS404-0710	State minimum reserve requirements (1994)
HPS404-0720	State minimum reserve requirements (1995)



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

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HPS404-0730	State minimum reserve requirements (1996)
HPS404-0740	State minimum reserve requirements (Change from 1995 to 1996)
HPS404-0750	State minimum reserve requirements (Percent change from 1995 to 1996)
HPS404-0760	Actual reserves held by plan (1994)
HPS404-0770	Actual reserves held by plan (1995)
HPS404-0780	Actual reserves held by plan (1996)
HPS404-0790	Actual reserves held by plan (Change from 1995 to 1996)
HPS404-0800	Actual reserves held by plan (Percent change from 1995 to 1996)

**PDI801 – Board Certification**

DESCRIPTION - This measure reports the percentage of the following providers that has completed residency training or fellowship training (in their respective specialties) and/or are board certified. Plans should report separately for each payer (Medicare risk): primary care physicians, OB/GYN providers, pediatric physician specialists, geriatricians, and all other physician specialists. (HEDIS 3.0/1997, Volume 2: Technical Specification, Pg. 219)

**REPORTING LEVEL - Contract Market**

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

**PDI802 – Physician Payment Arrangement**

DESCRIPTION - This measure reports quantitative and qualitative information on the plan's compensation arrangements with primary care physicians. (HEDIS 3.0/1997, Volume 2: Technical Specification, Pg. 226)

**REPORTING LEVEL - Contract**

PDI802-0010	Salary without withhold or bonus (Lower range boundry)
PDI802-0020	Salary without withhold or bonus (Upper range boundry)
PDI802-0030	Salary without withhold or bonus (Number)
PDI802-0040	Salary without withhold or bonus (Percentage)
PDI802-0050	Salary without withhold or bonus (Basis for Bonus/Withhold)
PDI802-0060	Salary with withhold (Lower range boundry)
PDI802-0070	Salary with withhold (Upper range boundry)
PDI802-0080	Salary with withhold (Number)
PDI802-0090	Salary with withhold (Percentage)
PDI802-0100	Salary with withhold (Basis for Bonus/Withhold)
PDI802-0110	Salary with bonus (Lower range boundry)
PDI802-0120	Salary with bonus (Upper range boundry)
PDI802-0130	Salary with bonus (Number)
PDI802-0140	Salary with bonus (Percentage)
PDI802-0150	Salary with bonus (Basis for Bonus/Withhold)
PDI802-0160	Fee for service without withhold or bonus (Lower range boundry)
PDI802-0170	Fee for service without withhold or bonus (Upper range boundry)
PDI802-0180	Fee for service without withhold or bonus (Number)
PDI802-0190	Fee for service without withhold or bonus (Percentage)
PDI802-0200	Fee for service without withhold or bonus (Basis for Bonus/Withhold)
PDI802-0210	Fee for service with withhold (Lower range boundry)
PDI802-0220	Fee for service with withhold (Upper range boundry)
PDI802-0230	Fee for service with withhold (Number)
PDI802-0240	Fee for service with withhold (Percentage)
PDI802-0250	Fee for service with withhold (Basis for Bonus/Withhold)
PDI802-0260	Fee for service with bonus (Lower range boundry)
PDI802-0270	Fee for service with bonus (Upper range boundry)
PDI802-0280	Fee for service with bonus (Number)
PDI802-0290	Fee for service with bonus (Percentage)
PDI802-0300	Fee for service with bonus (Basis for Bonus/Withhold)
PDI802-0310	Capitated without withhold or bonus (Lower range boundry)

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

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PDI802-0320	Capitated without withhold or bonus (Upper range boundry)
PDI802-0330	Capitated without withhold or bonus (Number)
PDI802-0340	Capitated without withhold or bonus (Percentage)
PDI802-0350	Capitated without withhold or bonus (Basis for Bonus/Withhold)
PDI802-0360	Capitated with withhold (Lower range boundry)
PDI802-0370	Capitated with withhold (Upper range boundry)
PDI802-0380	Capitated with withhold (Number)
PDI802-0390	Capitated with withhold (Percentage)
PDI802-0400	Capitated with withhold (Basis for Bonus/Withhold)
PDI802-0410	Capitated with bonus (Lower range boundry)
PDI802-0420	Capitated with bonus (Upper range boundry)
PDI802-0430	Capitated with bonus (Number)
PDI802-0440	Capitated with bonus (Percentage)
PDI802-0450	Capitated with bonus (Basis for Bonus/Withhold)

**PDI803 – Preventive Care and Health Promotion Programs**

DESCRIPTION - The percentage of Medicare risk members who participated in the health promotion/education programs provided by the health plan during the reporting year. (HEDIS 3.0/1997, Volume 2: Technical Specification, Pg. 237)

**REPORTING LEVEL - Contract Market**

PDI803-0010	Program 1 (Title)
PDI803-0020	Program 1 (Percentage participating)
PDI803-0030	Program 2 (Title)
PDI803-0040	Program 2 (Percentage participating)
PDI803-0050	Program 3 (Title)
PDI803-0060	Program 3 (Percentage participating)
PDI803-0070	Program 4 (Title)
PDI803-0080	Program 4 (Percentage participating)
PDI803-0090	Program 5 (Title)
PDI803-0100	Program 5 (Percentage participating)
PDI803-0110	Program 6 (Title)
PDI803-0120	Program 6 (Percentage participating)
PDI803-0130	Program 7 (Title)
PDI803-0140	Program 7 (Percentage participating)
PDI803-0150	Program 8 (Title)
PDI803-0160	Program 8 (Percentage participating)
PDI803-0170	Program 9 (Title)
PDI803-0180	Program 9 (Percentage participating)
PDI803-0190	Program 10 (Title)
PDI803-0200	Program 10 (Percentage participating)

**PDI805 – Total Enrollment**

DESCRIPTION - The percentage of the plan's total member months contributed by each payer (Medicaid, commercial, Medicare risk and other), reported separately by age and sex, during the reporting year. (HEDIS 3.0/1997, Volume 2: Technical Specification, Pg. 243)

**REPORTING LEVEL - Contract**

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

<b>Measure</b>	<b>Measure Name/Measure Description/Field Name/Field Description</b>

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

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PDI805-0690	Percent of Plan's Total Member Months (Male - Commercial - Subtotal: Age 45-64)
PDI805-0700	Percent of Plan's Total Member Months (Male - Medicaid - Subtotal: Age 45-64)
PDI805-0710	Percent of Plan's Total Member Months (Male - Medicare - Age 45-64)
PDI805-0720	Percent of Plan's Total Member Months (Male - Other - Age 45-64)
PDI805-0730	Percent of Plan's Total Member Months (Male - Commercial - Age 65-69)
PDI805-0740	Percent of Plan's Total Member Months (Male - Medicaid - Age 65-69)
PDI805-0750	Percent of Plan's Total Member Months (Male - Medicare - Age 65-69)
PDI805-0760	Percent of Plan's Total Member Months (Male - Other - Age 65-69)
PDI805-0770	Percent of Plan's Total Member Months (Male - Commercial - Age 70-74)
PDI805-0780	Percent of Plan's Total Member Months (Male - Medicaid - Age 70-74)
PDI805-0790	Percent of Plan's Total Member Months (Male - Medicare - Age 70-74)
PDI805-0800	Percent of Plan's Total Member Months (Male - Other - Age 70-74)
PDI805-0810	Percent of Plan's Total Member Months (Male - Commercial - Age 75-79)
PDI805-0820	Percent of Plan's Total Member Months (Male - Medicaid - Age 75-79)
PDI805-0830	Percent of Plan's Total Member Months (Male - Medicare - Age 75-79)
PDI805-0840	Percent of Plan's Total Member Months (Male - Other - Age 75-79)
PDI805-0850	Percent of Plan's Total Member Months (Male - Commercial - Age 80-84)
PDI805-0860	Percent of Plan's Total Member Months (Male - Medicaid - Age 80-84)
PDI805-0870	Percent of Plan's Total Member Months (Male - Medicare - Age 80-84)
PDI805-0880	Percent of Plan's Total Member Months (Male - Other - Age 80-84)
PDI805-0890	Percent of Plan's Total Member Months (Male - Commercial - Age 85-89)
PDI805-0900	Percent of Plan's Total Member Months (Male - Medicaid - Age 85-89)
PDI805-0910	Percent of Plan's Total Member Months (Male - Medicare - Age 85-89)
PDI805-0920	Percent of Plan's Total Member Months (Male - Other - Age 85-89)
PDI805-0930	Percent of Plan's Total Member Months (Male - Commercial - Age >=90)
PDI805-0940	Percent of Plan's Total Member Months (Male - Medicaid - Age >=90)
PDI805-0950	Percent of Plan's Total Member Months (Male - Medicare - Age >=90)
PDI805-0960	Percent of Plan's Total Member Months (Male - Other - Age >=90)
PDI805-0970	Percent of Plan's Total Member Months (Male - Commercial - Subtotal: Age >=65)
PDI805-0980	Percent of Plan's Total Member Months (Male - Medicaid - Subtotal: Age >=65)
PDI805-0990	Percent of Plan's Total Member Months (Male - Medicare - Age >=65)
PDI805-1000	Percent of Plan's Total Member Months (Male - Other - Age >=65)
PDI805-1010	Percent of Plan's Total Member Months (Female - Commercial - Age < 1)
PDI805-1020	Percent of Plan's Total Member Months (Female - Medicaid - Age < 1)
PDI805-1030	Percent of Plan's Total Member Months (Female - Medicare - Age < 1)
PDI805-1040	Percent of Plan's Total Member Months (Female - Other - Age < 1)
PDI805-1050	Percent of Plan's Total Member Months (Female - Commercial - Age 1-4)
PDI805-1060	Percent of Plan's Total Member Months (Female - Medicaid - Age 1-4)
PDI805-1070	Percent of Plan's Total Member Months (Female - Medicare - Age 1-4)
PDI805-1080	Percent of Plan's Total Member Months (Female - Other - Age 1-4)
PDI805-1090	Percent of Plan's Total Member Months (Female - Commercial - Age 5-9)
PDI805-1100	Percent of Plan's Total Member Months (Female - Medicaid - Age 5-9)
PDI805-1110	Percent of Plan's Total Member Months (Female - Medicare - Age 5-9)
PDI805-1120	Percent of Plan's Total Member Months (Female - Other - Age 5-9)
PDI805-1130	Percent of Plan's Total Member Months (Female - Commercial - Age 10-14)
PDI805-1140	Percent of Plan's Total Member Months (Female - Medicaid - Age 10-14)
PDI805-1150	Percent of Plan's Total Member Months (Female - Medicare - Age 10-14)
PDI805-1160	Percent of Plan's Total Member Months (Female - Other - Age 10-14)
PDI805-1170	Percent of Plan's Total Member Months (Female - Commercial - Age 15-17)
PDI805-1180	Percent of Plan's Total Member Months (Female - Medicaid - Age 15-17)
PDI805-1190	Percent of Plan's Total Member Months (Female - Medicare - Age 15-17)
PDI805-1200	Percent of Plan's Total Member Months (Female - Other - Age 15-17)
PDI805-1210	Percent of Plan's Total Member Months (Female - Commercial - Age 18-19)
PDI805-1220	Percent of Plan's Total Member Months (Female - Medicaid - Age 18-19)
PDI805-1230	Percent of Plan's Total Member Months (Female - Medicare - Age 18-19)
PDI805-1240	Percent of Plan's Total Member Months (Female - Other - Age 18-19)



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

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PDI805-1810	Percent of Plan's Total Member Months (Female - Commercial - Age 75-79)
PDI805-1820	Percent of Plan's Total Member Months (Female - Medicaid - Age 75-79)
PDI805-1830	Percent of Plan's Total Member Months (Female - Medicare - Age 75-79)
PDI805-1840	Percent of Plan's Total Member Months (Female - Other - Age 75-79)
PDI805-1850	Percent of Plan's Total Member Months (Female - Commercial - Age 80-84)
PDI805-1860	Percent of Plan's Total Member Months (Female - Medicaid - Age 80-84)
PDI805-1870	Percent of Plan's Total Member Months (Female - Medicare - Age 80-84)
PDI805-1880	Percent of Plan's Total Member Months (Female - Other - Age 80-84)
PDI805-1890	Percent of Plan's Total Member Months (Female - Commercial - Age 85-89)
PDI805-1900	Percent of Plan's Total Member Months (Female - Medicaid - Age 85-89)
PDI805-1910	Percent of Plan's Total Member Months (Female - Medicare - Age 85-89)
PDI805-1920	Percent of Plan's Total Member Months (Female - Other - Age 85-89)
PDI805-1930	Percent of Plan's Total Member Months (Female - Commercial - Age >=90)
PDI805-1940	Percent of Plan's Total Member Months (Female - Medicaid - Age >=90)
PDI805-1950	Percent of Plan's Total Member Months (Female - Medicare - Age >=90)
PDI805-1960	Percent of Plan's Total Member Months (Female - Other - Age >=90)
PDI805-1970	Percent of Plan's Total Member Months (Female - Commercial - Subtotal: Age >=65)
PDI805-1980	Percent of Plan's Total Member Months (Female - Medicaid - Subtotal: Age >=65)
PDI805-1990	Percent of Plan's Total Member Months (Female - Medicare - Age >=65)
PDI805-2000	Percent of Plan's Total Member Months (Female - Other - Age >=65)
PDI805-2010	Percent of Plan's Total Member Months (Total - Commercial - Subtotal: Age 0-19)
PDI805-2020	Percent of Plan's Total Member Months (Total - Medicaid - Subtotal: Age 0-19)
PDI805-2030	Percent of Plan's Total Member Months (Total - Medicare - Subtotal: Age 0-19)
PDI805-2040	Percent of Plan's Total Member Months (Total - Other - Subtotal: Age 0-19)
PDI805-2050	Percent of Plan's Total Member Months (Total - Commercial - Subtotal: Age 20-44)
PDI805-2060	Percent of Plan's Total Member Months (Total - Medicaid - Subtotal: Age 20-44)
PDI805-2070	Percent of Plan's Total Member Months (Total - Medicare - Subtotal: Age 20-44)
PDI805-2080	Percent of Plan's Total Member Months (Total - Other - Subtotal: Age 20-44)
PDI805-2090	Percent of Plan's Total Member Months (Total - Commercial - Subtotal: Age 45-64)
PDI805-2100	Percent of Plan's Total Member Months (Total - Medicaid - Subtotal: Age 45-64)
PDI805-2110	Percent of Plan's Total Member Months (Total - Medicare - Subtotal: Age 45-64)
PDI805-2120	Percent of Plan's Total Member Months (Total - Other - Subtotal: Age 45-64)
PDI805-2130	Percent of Plan's Total Member Months (Total - Commercial - Subtotal: Age >=65)
PDI805-2140	Percent of Plan's Total Member Months (Total - Medicaid - Subtotal: Age >=65)
PDI805-2150	Percent of Plan's Total Member Months (Total - Medicare - Subtotal: Age >=65)
PDI805-2160	Percent of Plan's Total Member Months (Total - Other - Subtotal: Age >=65)
PDI805-2170	Percent of Plan's Total Member Months (Total - Commercial - Subtotal: Age Unknown)
PDI805-2180	Percent of Plan's Total Member Months (Total - Medicaid - Subtotal: Age Unknown)
PDI805-2190	Percent of Plan's Total Member Months (Total - Medicare - Subtotal: Age Unknown)
PDI805-2200	Percent of Plan's Total Member Months (Total - Other - Subtotal: Age Unknown)
PDI805-2210	Percent of Plan's Total Member Months (Total - Commercial)
PDI805-2220	Percent of Plan's Total Member Months (Total - Medicaid)
PDI805-2230	Percent of Plan's Total Member Months (Total - Medicare)
PDI805-2240	Percent of Plan's Total Member Months (Total - Other)

**PDI806 – Enrollment by Payer**

DESCRIPTION - Total number of member years for Medicare risk enrollees during the reporting year, stratified by payer, age and sex. (HEDIS 3.0/1997, Volume 2: Technical Specification, Pg. 247)

**REPORTING LEVEL - Contract**

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

**Service\_Area – Contract Service Area**

DESCRIPTION - The area where the contract provides services to Medicare care beneficiaries. This data comes from the Health Plan Management System (HPMS) as reported by the contract.

REPORTING LEVEL - N/A

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

**UOS505 – Frequency of Selected Procedures**

DESCRIPTION - This measure provides a summary of the number and rate of several frequently performed procedures. These procedures often show wide regional variation and have generated concern regarding potentially inappropriate utilization. (HEDIS 3.0/1997, Volume 2: Technical Specification, Pg. 145)

REPORTING LEVEL - Contract Market

UOS505-0010	CABG <65 (Male)
UOS505-0020	CABG 65-74 (Male)
UOS505-0030	CABG 75-84 (Male)
UOS505-0040	CABG 85+ (Male)
UOS505-0050	Angioplasty(PTCA) <65 (Male)
UOS505-0060	Angioplasty(PTCA) 65-74 (Male)
UOS505-0070	Angioplasty(PTCA) 75-84 (Male)
UOS505-0080	Angioplasty(PTCA) 85+ (Male)
UOS505-0090	Carotid Endarterectomy <65 (Male)
UOS505-0100	Carotid Endarterectomy 65-74 (Male)
UOS505-0110	Carotid Endarterectomy 75-84 (Male)
UOS505-0120	Carotid Endarterectomy 85+ (Male)
UOS505-0130	Reduction of Fracture of Femur <65 (Male)
UOS505-0140	Reduction of Fracture of Femur 65-74 (Male)
UOS505-0150	Reduction of Fracture of Femur 75-84 (Male)
UOS505-0160	Reduction of Fracture of Femur 85+ (Male)
UOS505-0170	Total Hip Replacement <65 (Male)
UOS505-0180	Total Hip Replacement 65-74 (Male)
UOS505-0190	Total Hip Replacement 75-84 (Male)
UOS505-0200	Total Hip Replacement 85+ (Male)
UOS505-0210	Total Knee Replacement <65 (Male)
UOS505-0220	Total Knee Replacement 65-74 (Male)
UOS505-0230	Total Knee Replacement 75-84 (Male)
UOS505-0240	Total Knee Replacement 85+ (Male)
UOS505-0250	Partial Excision of Large Intestine <65 (Male)
UOS505-0260	Partial Excision of Large Intestine 65-74 (Male)
UOS505-0270	Partial Excision of Large Intestine 75-84 (Male)
UOS505-0280	Partial Excision of Large Intestine 85+ (Male)
UOS505-0290	Cholecystectomy -open <65 (Male)
UOS505-0300	Cholecystectomy -open 65-74 (Male)
UOS505-0310	Cholecystectomy -open 75-84 (Male)
UOS505-0320	Cholecystectomy -open 85+ (Male)
UOS505-0330	Cholecystectomy -closed(laparoscopic) <65 (Male)
UOS505-0340	Cholecystectomy -closed(laparoscopic) 65-74 (Male)
UOS505-0350	Cholecystectomy -closed(laparoscopic) 75-84 (Male)
UOS505-0360	Cholecystectomy -closed(laparoscopic) 85+ (Male)
UOS505-0370	Prostatectomy <65 (Male)
UOS505-0380	Prostatectomy 65-74 (Male)

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

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UOS505-0390	Prostatectomy 75-84 (Male)
UOS505-0400	Prostatectomy 85+ (Male)
UOS505-0410	CABG <65 (Female)
UOS505-0420	CABG 65-74 (Female)
UOS505-0430	CABG 75-84 (Female)
UOS505-0440	CABG 85+ (Female)
UOS505-0450	Angioplasty(PTCA) <65 (Female)
UOS505-0460	Angioplasty(PTCA) 65-74 (Female)
UOS505-0470	Angioplasty(PTCA) 75-84 (Female)
UOS505-0480	Angioplasty(PTCA) 85+ (Female)
UOS505-0490	Carotid Endarterectomy <65 (Female)
UOS505-0500	Carotid Endarterectomy 65-74 (Female)
UOS505-0510	Carotid Endarterectomy 75-84 (Female)
UOS505-0520	Carotid Endarterectomy 85+ (Female)
UOS505-0530	Reduction of Fracture of Femur <65 (Female)
UOS505-0540	Reduction of Fracture of Femur 65-74 (Female)
UOS505-0550	Reduction of Fracture of Femur 75-84 (Female)
UOS505-0560	Reduction of Fracture of Femur 85+ (Female)
UOS505-0570	Total Hip Replacement <65 (Female)
UOS505-0580	Total Hip Replacement 65-74 (Female)
UOS505-0590	Total Hip Replacement 75-84 (Female)
UOS505-0600	Total Hip Replacement 85+ (Female)
UOS505-0610	Total Knee Replacement <65 (Female)
UOS505-0620	Total Knee Replacement 65-74 (Female)
UOS505-0630	Total Knee Replacement 75-84 (Female)
UOS505-0640	Total Knee Replacement 85+ (Female)
UOS505-0650	Partial Excision of Large Intestine <65 (Female)
UOS505-0660	Partial Excision of Large Intestine 65-74 (Female)
UOS505-0670	Partial Excision of Large Intestine 75-84 (Female)
UOS505-0680	Partial Excision of Large Intestine 85+ (Female)
UOS505-0690	Cholecystectomy -open <65 (Female)
UOS505-0700	Cholecystectomy -open 65-74 (Female)
UOS505-0710	Cholecystectomy -open 75-84 (Female)
UOS505-0720	Cholecystectomy -open 85+ (Female)
UOS505-0730	Cholecystectomy -closed(laparoscopic) <65 (Female)
UOS505-0740	Cholecystectomy -closed(laparoscopic) 65-74 (Female)
UOS505-0750	Cholecystectomy -closed(laparoscopic) 75-84 (Female)
UOS505-0760	Cholecystectomy -closed(laparoscopic) 85+ (Female)
UOS505-0770	Hysterectomy <65 (Female)
UOS505-0780	Hysterectomy 65-74 (Female)
UOS505-0790	Hysterectomy 75-84 (Female)
UOS505-0800	Hysterectomy 85+ (Female)

**UOS506 – Inpatient Utilization-General Hospital/Acute Care**

DESCRIPTION - This table summarizes utilization of acute inpatient services in the following categories: total services, medicine, surgery and maternity. Nonacute care, mental health and chemical dependency services, as well as newborns, are excluded. (HEDIS 3.0/1997, Volume 2: Technical Specification, Pg. 155)

**REPORTING LEVEL - Contract Market**

UOS506-0010	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Total Inpatient - Age < 1)
UOS506-0020	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Total Inpatient - Age < 1)
UOS506-0030	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Total Inpatient - Age < 1)
UOS506-0040	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Total Inpatient - Age 1-9)
UOS506-0050	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Total Inpatient - Age 1-9)
UOS506-0060	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Total Inpatient - Age 1-9)

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

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UOS506-0070	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Total Inpatient - Age 10-19)
UOS506-0080	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Total Inpatient - Age 10-19)
UOS506-0090	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Total Inpatient - Age 10-19)
UOS506-0100	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Total Inpatient - Age 20-44)
UOS506-0110	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Total Inpatient - Age 20-44)
UOS506-0120	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Total Inpatient - Age 20-44)
UOS506-0130	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Total Inpatient - Age 45-64)
UOS506-0140	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Total Inpatient - Age 45-64)
UOS506-0150	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Total Inpatient - Age 45-64)
UOS506-0160	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Total Inpatient - Age 65-74)
UOS506-0170	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Total Inpatient - Age 65-74)
UOS506-0180	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Total Inpatient - Age 65-74)
UOS506-0190	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Total Inpatient - Age 75-84)
UOS506-0200	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Total Inpatient - Age 75-84)
UOS506-0210	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Total Inpatient - Age 75-84)
UOS506-0220	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Total Inpatient - Age 85+)
UOS506-0230	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Total Inpatient - Age 85+)
UOS506-0240	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Total Inpatient - Age 85+)
UOS506-0250	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Total Inpatient - Age Unknown)
UOS506-0260	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Total Inpatient - Age Unknown)
UOS506-0270	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Total Inpatient - Age Unknown)
UOS506-0280	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Total Inpatient - Total)
UOS506-0290	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Total Inpatient - Total)
UOS506-0300	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Total Inpatient - Total)
UOS506-0310	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Medicine - Age < 1)
UOS506-0320	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Medicine - Age < 1)
UOS506-0330	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Medicine - Age < 1)
UOS506-0340	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Medicine - Age 1-9)
UOS506-0350	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Medicine - Age 1-9)
UOS506-0360	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Medicine - Age 1-9)
UOS506-0370	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Medicine - Age 10-19)
UOS506-0380	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Medicine - Age 10-19)
UOS506-0390	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Medicine - Age 10-19)
UOS506-0400	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Medicine - Age 20-44)
UOS506-0410	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Medicine - Age 20-44)
UOS506-0420	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Medicine - Age 20-44)
UOS506-0430	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Medicine - Age 45-64)
UOS506-0440	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Medicine - Age 45-64)

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

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UOS506-0450	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Medicine - Age 45-64)
UOS506-0460	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Medicine - Age 65-74)
UOS506-0470	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Medicine - Age 65-74)
UOS506-0480	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Medicine - Age 65-74)
UOS506-0490	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Medicine - Age 75-84)
UOS506-0500	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Medicine - Age 75-84)
UOS506-0510	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Medicine - Age 75-84)
UOS506-0520	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Medicine - Age 85+)
UOS506-0530	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Medicine - Age 85+)
UOS506-0540	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Medicine - Age 85+)
UOS506-0550	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Medicine - Age Unknown)
UOS506-0560	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Medicine - Age Unknown)
UOS506-0570	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Medicine - Age Unknown)
UOS506-0580	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Medicine - Total)
UOS506-0590	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Medicine - Total)
UOS506-0600	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Medicine - Total)
UOS506-0610	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Surgery - Age < 1)
UOS506-0620	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Surgery - Age < 1)
UOS506-0630	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Surgery - Age < 1)
UOS506-0640	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Surgery - Age 1-9)
UOS506-0650	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Surgery - Age 1-9)
UOS506-0660	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Surgery - Age 1-9)
UOS506-0670	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Surgery - Age 10-19)
UOS506-0680	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Surgery - Age 10-19)
UOS506-0690	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Surgery - Age 10-19)
UOS506-0700	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Surgery - Age 20-44)
UOS506-0710	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Surgery - Age 20-44)
UOS506-0720	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Surgery - Age 20-44)
UOS506-0730	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Surgery - Age 45-64)
UOS506-0740	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Surgery - Age 45-64)
UOS506-0750	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Surgery - Age 45-64)
UOS506-0760	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Surgery - Age 65-74)
UOS506-0770	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Surgery - Age 65-74)
UOS506-0780	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Surgery - Age 65-74)
UOS506-0790	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Surgery - Age 75-84)
UOS506-0800	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Surgery - Age 75-84)
UOS506-0810	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Surgery - Age 75-84)
UOS506-0820	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Surgery - Age 85+)
UOS506-0830	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Surgery - Age 85+)
UOS506-0840	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Surgery - Age 85+)
UOS506-0850	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Surgery - Age Unknown)
UOS506-0860	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Surgery - Age Unknown)
UOS506-0870	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Surgery - Age Unknown)
UOS506-0880	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Surgery - Total)
UOS506-0890	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Surgery - Total)
UOS506-0900	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Surgery - Total)



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


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UOS506-0910	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Maternity - Age 10-19)
UOS506-0920	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Maternity - Age 10-19)
UOS506-0930	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Maternity - Age 10-19)
UOS506-0940	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Maternity - Age 20-44)
UOS506-0950	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Maternity - Age 20-44)
UOS506-0960	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Maternity - Age 20-44)
UOS506-0970	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Maternity - Age 45-64)
UOS506-0980	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Maternity - Age 45-64)
UOS506-0990	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Maternity - Age 45-64)
UOS506-1000	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Maternity - Age Unknown)
UOS506-1010	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Maternity - Age Unknown)
UOS506-1020	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Maternity - Age Unknown)
UOS506-1030	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Discharges/1000 (Maternity - Total)
UOS506-1040	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Days/1000 (Maternity - Total)
UOS506-1050	Inpatient Utilization - General Hospital/Acute Care- Total Inpatient Average Length of Stay (Maternity - Total)

**UOS507 – Ambulatory Care**

DESCRIPTION - This table summarizes utilization of ambulatory services in the following categories: Outpatient Visits (excluding mental health and chemical dependency), Emergency Room Visits, Ambulatory Surgery/Procedures performed in hospital outpatient facilities or freestanding surgical centers, and Observation Room Stays that result in discharge (Observation Room Stays resulting in an inpatient admission are counted in the Inpatient Utilization - General Hospital Acute Care measure. (HEDIS 3.0/1997, Volume 2: Technical Specification, Pg. 162)

**REPORTING LEVEL - Contract Market**

UOS507-0010	Ambulatory Care- Total Outpatient Visits/1000 (Age < 1)
UOS507-0020	Ambulatory Care- Total Emergency Room Visits/1000 (Age < 1)
UOS507-0030	Ambulatory Care- Total Ambulatory Surgery Procedures/1000 (Age < 1)
UOS507-0040	Ambulatory Care- Observation Room Stays Resulting in Discharge/1000 (Age < 1)
UOS507-0050	Ambulatory Care- Total Outpatient Visits/1000 (Age 1-9)
UOS507-0060	Ambulatory Care- Total Emergency Room Visits/1000 (Age 1-9)
UOS507-0070	Ambulatory Care- Total Ambulatory Surgery Procedures/1000 (Age 1-9)
UOS507-0080	Ambulatory Care- Observation Room Stays Resulting in Discharge/1000 (Age 1-9)
UOS507-0090	Ambulatory Care- Total Outpatient Visits/1000 (Age 10-19)
UOS507-0100	Ambulatory Care- Total Emergency Room Visits/1000 (Age 10-19)
UOS507-0110	Ambulatory Care- Total Ambulatory Surgery Procedures/1000 (Age 10-19)
UOS507-0120	Ambulatory Care- Observation Room Stays Resulting in Discharge/1000 (Age 10-19)
UOS507-0130	Ambulatory Care- Total Outpatient Visits/1000 (Age 20-44)
UOS507-0140	Ambulatory Care- Total Emergency Room Visits/1000 (Age 20-44)
UOS507-0150	Ambulatory Care- Total Ambulatory Surgery Procedures/1000 (Age 20-44)
UOS507-0160	Ambulatory Care- Observation Room Stays Resulting in Discharge/1000 (Age 20-44)
UOS507-0170	Ambulatory Care- Total Outpatient Visits/1000 (Age 45-64)
UOS507-0180	Ambulatory Care- Total Emergency Room Visits/1000 (Age 45-64)
UOS507-0190	Ambulatory Care- Total Ambulatory Surgery Procedures/1000 (Age 45-64)
UOS507-0200	Ambulatory Care- Observation Room Stays Resulting in Discharge/1000 (Age 45-64)
UOS507-0210	Ambulatory Care- Total Outpatient Visits/1000 (Age 65-74)
UOS507-0220	Ambulatory Care- Total Emergency Room Visits/1000 (Age 65-74)
UOS507-0230	Ambulatory Care- Total Ambulatory Surgery Procedures/1000 (Age 65-74)
UOS507-0240	Ambulatory Care- Observation Room Stays Resulting in Discharge/1000 (Age 65-74)
UOS507-0250	Ambulatory Care- Total Outpatient Visits/1000 (Age 75-84)
UOS507-0260	Ambulatory Care- Total Emergency Room Visits/1000 (Age 75-84)
UOS507-0270	Ambulatory Care- Total Ambulatory Surgery Procedures/1000 (Age 75-84)
UOS507-0280	Ambulatory Care- Observation Room Stays Resulting in Discharge/1000 (Age 75-84)
UOS507-0290	Ambulatory Care- Total Outpatient Visits/1000 (Age 85+)
UOS507-0300	Ambulatory Care- Total Emergency Room Visits/1000 (Age 85+)

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

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UOS507-0310	Ambulatory Care- Total Ambulatory Surgery Procedures/1000 (Age 85+)
UOS507-0320	Ambulatory Care- Observation Room Stays Resulting in Discharge/1000 (Age 85+)
UOS507-0330	Ambulatory Care- Total Outpatient Visits/1000 (Age Unknown)
UOS507-0340	Ambulatory Care- Total Emergency Room Visits/1000 (Age Unknown)
UOS507-0350	Ambulatory Care- Total Ambulatory Surgery Procedures/1000 (Age Unknown)
UOS507-0360	Ambulatory Care- Observation Room Stays Resulting in Discharge/1000 (Age Unknown)
UOS507-0370	Ambulatory Care- Total Outpatient Visits/1000 (Total)
UOS507-0380	Ambulatory Care- Total Emergency Room Visits/1000 (Total)
UOS507-0390	Ambulatory Care- Total Ambulatory Surgery Procedures/1000 (Total)
UOS507-0400	Ambulatory Care- Observation Room Stays Resulting in Discharge/1000 (Total)

**UOS508 – Inpatient Utilization-NonAcute Care**

DESCRIPTION - This table summarizes utilization of nonacute inpatient care in the following facilities: hospice, nursing home, rehabilitation, SNF, transitional care and respite. These data excludes mental health and chemical dependency. (HEDIS 3.0/1997, Volume 2: Technical Specification, Pg. 170)

**REPORTING LEVEL - Contract Market**

UOS508-0010	Inpatient Utilization - Non-Acute Care- Total Inpatient Discharges/1000 (Age < 1)
UOS508-0020	Inpatient Utilization - Non-Acute Care- Total Inpatient Days/1000 (Age < 1)
UOS508-0030	Inpatient Utilization - Non-Acute Care- Total Inpatient Average Length of Stay (Age < 1)
UOS508-0040	Inpatient Utilization - Non-Acute Care- Total Inpatient Discharges/1000 (Age 1-9)
UOS508-0050	Inpatient Utilization - Non-Acute Care- Total Inpatient Days/1000 (Age 1-9)
UOS508-0060	Inpatient Utilization - Non-Acute Care- Total Inpatient Average Length of Stay (Age 1-9)
UOS508-0070	Inpatient Utilization - Non-Acute Care- Total Inpatient Discharges/1000 (Age 10-19)
UOS508-0080	Inpatient Utilization - Non-Acute Care- Total Inpatient Days/1000 (Age 10-19)
UOS508-0090	Inpatient Utilization - Non-Acute Care- Total Inpatient Average Length of Stay (Age 10-19)
UOS508-0100	Inpatient Utilization - Non-Acute Care- Total Inpatient Discharges/1000 (Age 20-44)
UOS508-0110	Inpatient Utilization - Non-Acute Care- Total Inpatient Days/1000 (Age 20-44)
UOS508-0120	Inpatient Utilization - Non-Acute Care- Total Inpatient Average Length of Stay (Age 20-44)
UOS508-0130	Inpatient Utilization - Non-Acute Care- Total Inpatient Discharges/1000 (Age 45-64)
UOS508-0140	Inpatient Utilization - Non-Acute Care- Total Inpatient Days/1000 (Age 45-64)
UOS508-0150	Inpatient Utilization - Non-Acute Care- Total Inpatient Average Length of Stay (Age 45-64)
UOS508-0160	Inpatient Utilization - Non-Acute Care- Total Inpatient Discharges/1000 (Age 65-74)
UOS508-0170	Inpatient Utilization - Non-Acute Care- Total Inpatient Days/1000 (Age 65-74)
UOS508-0180	Inpatient Utilization - Non-Acute Care- Total Inpatient Average Length of Stay (Age 65-74)
UOS508-0190	Inpatient Utilization - Non-Acute Care- Total Inpatient Discharges/1000 (Age 75-84)
UOS508-0200	Inpatient Utilization - Non-Acute Care- Total Inpatient Days/1000 (Age 75-84)
UOS508-0210	Inpatient Utilization - Non-Acute Care- Total Inpatient Average Length of Stay (Age 75-84)
UOS508-0220	Inpatient Utilization - Non-Acute Care- Total Inpatient Discharges/1000 (Age 85+)
UOS508-0230	Inpatient Utilization - Non-Acute Care- Total Inpatient Days/1000 (Age 85+)
UOS508-0240	Inpatient Utilization - Non-Acute Care- Total Inpatient Average Length of Stay (Age 85+)
UOS508-0250	Inpatient Utilization - Non-Acute Care- Total Inpatient Discharges/1000 (Age Unknown)
UOS508-0260	Inpatient Utilization - Non-Acute Care- Total Inpatient Days/1000 (Age Unknown)
UOS508-0270	Inpatient Utilization - Non-Acute Care- Total Inpatient Average Length of Stay (Age Unknown)
UOS508-0280	Inpatient Utilization - Non-Acute Care- Total Inpatient Discharges/1000 (Total)
UOS508-0290	Inpatient Utilization - Non-Acute Care- Total Inpatient Days/1000 (Total)
UOS508-0300	Inpatient Utilization - Non-Acute Care- Total Inpatient Average Length of Stay (Total)

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

DESCRIPTION - This table summarizes utilization of inpatient mental health services, stratified by age and sex. (HEDIS 3.0/1997, Volume 2: Technical Specification, Pg. 185)

**REPORTING LEVEL - Contract Market**

UOS512-0010	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Male - Age 0-12)
UOS512-0020	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Male - Age 0-12)
UOS512-0030	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Male - Age 13-17)

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

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UOS512-0040	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Male - Age 13-17)
UOS512-0050	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Male - Age 18-64)
UOS512-0060	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Male - Age 18-64)
UOS512-0070	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Male - Age 65+)
UOS512-0080	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Male - Age 65+)
UOS512-0090	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Male - Age Unknown)
UOS512-0100	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Male - Age Unknown)
UOS512-0110	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Male - Total)
UOS512-0120	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Male - Total)
UOS512-0130	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Female - Age 0-12)
UOS512-0140	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Female - Age 0-12)
UOS512-0150	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Female - Age 13-17)
UOS512-0160	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Female - Age 13-17)
UOS512-0170	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Female - Age 18-64)
UOS512-0180	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Female - Age 18-64)
UOS512-0190	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Female - Age 65+)
UOS512-0200	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Female - Age 65+)
UOS512-0210	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Female - Age Unknown)
UOS512-0220	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Female - Age Unknown)
UOS512-0230	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Female - Total)
UOS512-0240	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Female - Total)
UOS512-0250	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Total - Age 0-12)
UOS512-0260	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Total - Age 0-12)
UOS512-0270	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Total - Age 13-17)
UOS512-0280	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Total - Age 13-17)
UOS512-0290	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Total - Age 18-64)
UOS512-0300	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Total - Age 18-64)
UOS512-0310	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Total - Age 65+)
UOS512-0320	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Total - Age 65+)

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

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UOS512-0330	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Total - Age Unknown)
UOS512-0340	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Total - Age Unknown)
UOS512-0350	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Discharges/1000 (Total - Total)
UOS512-0360	Mental Health Utilization -- Inpatient Discharges And Average Length of Stay- Total Average Length of Stay (Total - Total)

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

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

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

(HEDIS 3.0/1997, Volume 2: Technical Specification, Pg. 188)

**REPORTING LEVEL - Contract Market**

UOS513-0010	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Any Mental Health Services (Male - Age 0-12)
UOS513-0020	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Inpatient Mental Health Services (Male - Age 0-12)
UOS513-0030	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Day/Night Mental Health Services (Male - Age 0-12)
UOS513-0040	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Ambulatory Mental Health Services (Male - Age 0-12)
UOS513-0050	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Any Mental Health Services (Male - Age 13-17)
UOS513-0060	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Inpatient Mental Health Services (Male - Age 13-17)
UOS513-0070	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Day/Night Mental Health Services (Male - Age 13-17)
UOS513-0080	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Ambulatory Mental Health Services (Male - Age 13-17)
UOS513-0090	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Any Mental Health Services (Male - Age 18-64)
UOS513-0100	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Inpatient Mental Health Services (Male - Age 18-64)
UOS513-0110	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Day/Night Mental Health Services (Male - Age 18-64)
UOS513-0120	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Ambulatory Mental Health Services (Male - Age 18-64)
UOS513-0130	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Any Mental Health Services (Male - Age 65+)
UOS513-0140	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Inpatient Mental Health Services (Male - Age 65+)
UOS513-0150	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Day/Night Mental Health Services (Male - Age 65+)
UOS513-0160	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Ambulatory Mental Health Services (Male - Age 65+)
UOS513-0170	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Any Mental Health Services (Male - Age Unknown)
UOS513-0180	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Inpatient Mental Health Services (Male - Age Unknown)
UOS513-0190	Mental Health Utilization -- Percentage Of Members Receiving Inpatient And Day/Night And Ambulatory Services- Total Percentage Receiving Day/Night Mental Health Services (Male - Age Unknown)



[illegible][illegible]



<i>Measure</i>	<i>Measure Name/Measure Description/Field Name/Field Description</i>

[illegible]

**UOS514 – Readmission for specified mental health disorders**

DESCRIPTION - The number of members readmitted within 90 and 365 days of hospitalization for selected mental health disorders and the percentages of those rehospitalized versus the number of all members hospitalized for these mental health disorders in the year before the reporting year. This information is reported by age and sex.

This measure is intended to help assess the extent of rehospitalization required after inpatient mental health treatment.

(HEDIS 3.0/1997, Volume 2: Technical Specification, Pg. 194)

**REPORTING LEVEL - Contract Market**

UOS514-0010	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 90 Days (Male - Age 0-12)
UOS514-0020	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 365 Days (Male - Age 0-12)
UOS514-0030	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 90 Days (Male - Age 13-17)
UOS514-0040	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 365 Days (Male - Age 13-17)
UOS514-0050	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 90 Days (Male - Age 18-64)
UOS514-0060	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 365 Days (Male - Age 18-64)
UOS514-0070	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 90 Days (Male - Age 65+)
UOS514-0080	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 365 Days (Male - Age 18-65+)
UOS514-0090	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 90 Days (Male - Age Unknown)
UOS514-0100	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 365 Days (Male - Age Unknown)
UOS514-0110	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 90 Days (Male - Total)
UOS514-0120	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 365 Days (Male - Total)
UOS514-0130	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 90 Days (Female - Age 0-12)
UOS514-0140	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 365 Days (Female - Age 0-12)
UOS514-0150	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 90 Days (Female - Age 13-17)
UOS514-0160	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 365 Days (Female - Age 13-17)
UOS514-0170	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 90 Days (Female - Age 18-64)
UOS514-0180	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 365 Days (Female - Age 18-64)
UOS514-0190	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 90 Days (Female - Age 65+)
UOS514-0200	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 365 Days (Female - Age 18-65+)
UOS514-0210	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 90 Days (Female - Age Unknown)
UOS514-0220	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 365 Days (Female - Age Unknown)
UOS514-0230	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 90 Days (Female - Total)
UOS514-0240	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 365 Days (Female - Total)
UOS514-0250	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 90 Days (Total - Age 0-12)

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

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UOS514-0260	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 365 Days (Total - Age 0-12)
UOS514-0270	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 90 Days (Total - Age 13-17)
UOS514-0280	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 365 Days (Total - Age 13-17)
UOS514-0290	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 90 Days (Total - Age 18-64)
UOS514-0300	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 365 Days (Total - Age 18-64)
UOS514-0310	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 90 Days (Total - Age 65+)
UOS514-0320	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 365 Days (Total - Age 65+)
UOS514-0330	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 90 Days (Total - Age Unknown)
UOS514-0340	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 365 Days (Total - Age Unknown)
UOS514-0350	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 90 Days (Total - Total)
UOS514-0360	Readmission For Specified Mental Health Disorders- Total Percentage Readmitted within 365 Days (Total - Total)

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

DESCRIPTION - This table summarizes utilization of inpatient chemical dependency services, stratified by age and sex. (HEDIS 3.0/1997, Volume 2: Technical Specification, Pg. 197)

**REPORTING LEVEL - Contract Market**

UOS515-0010	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Male - Age 0-12)
UOS515-0020	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Male - Age 0-12)
UOS515-0030	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Male - Age 13-17)
UOS515-0040	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Male - Age 13-17)
UOS515-0050	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Male - Age 18-64)
UOS515-0060	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Male - Age 18-64)
UOS515-0070	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Male - Age 65+)
UOS515-0080	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Male - Age 65+)
UOS515-0090	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Male - Age Unknown)
UOS515-0100	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Male - Age Unknown)
UOS515-0110	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Male - Total)
UOS515-0120	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Male - Total)
UOS515-0130	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Female - Age 0-12)
UOS515-0140	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Female - Age 0-12)
UOS515-0150	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Female - Age 13-17)

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

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UOS515-0160	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Female - Age 13-17)
UOS515-0170	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Female - Age 18-64)
UOS515-0180	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Female - Age 18-64)
UOS515-0190	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Female - Age 65+)
UOS515-0200	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Female - Age 65+)
UOS515-0210	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Female - Age Unknown)
UOS515-0220	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Female - Age Unknown)
UOS515-0230	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Female - Total)
UOS515-0240	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Female - Total)
UOS515-0250	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Total - Age 0-12)
UOS515-0260	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Total - Age 0-12)
UOS515-0270	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Total - Age 13-17)
UOS515-0280	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Total - Age 13-17)
UOS515-0290	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Total - Age 18-64)
UOS515-0300	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Total - Age 18-64)
UOS515-0310	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Total - Age 65+)
UOS515-0320	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Total - Age 65+)
UOS515-0330	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Total - Age Unknown)
UOS515-0340	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Total - Age Unknown)
UOS515-0350	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Discharges/1000 (Total - Total)
UOS515-0360	Chemical Dependency Utilization -- Inpatient Discharges And Average Length Of Stay- Total Average Length of Stay (Total - Total)

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

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

This table is intended to give an overview of the extent to which the plan uses the different levels of chemical dependency care. (HEDIS 3.0/1997, Volume 2: Technical Specification, Pg. 200)

**REPORTING LEVEL - Contract Market**

UOS516-0010	Chemical Dependency Utilization -- Percentage Of Members Receiving Inpatient And Day/Night Care And Ambulatory Services- Total Percentage Receiving Any Mental Health Services (Male - Age 0-12)
UOS516-0020	Chemical Dependency Utilization -- Percentage Of Members Receiving Inpatient And Day/Night Care And Ambulatory Services- Total Percentage Receiving Inpatient Mental Health Services (Male - Age 0-12)



<b>Measure</b>	<b>Measure Name/Measure Description/Field Name/Field Description</b>

[illegible]



<b>Measure</b>	<b>Measure Name/Measure Description/Field Name/Field Description</b>

[illegible]

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

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UOS516-0610	Chemical Dependency Utilization -- Percentage Of Members Receiving Inpatient And Day/Night Care And Ambulatory Services- Total Percentage Receiving Any Mental Health Services (Total - Age 65+)
UOS516-0620	Chemical Dependency Utilization -- Percentage Of Members Receiving Inpatient And Day/Night Care And Ambulatory Services- Total Percentage Receiving Inpatient Mental Health Services (Total - Age 65+)
UOS516-0630	Chemical Dependency Utilization -- Percentage Of Members Receiving Inpatient And Day/Night Care And Ambulatory Services- Total Percentage Receiving Day/Night Mental Health Services (Total - Age 65+)
UOS516-0640	Chemical Dependency Utilization -- Percentage Of Members Receiving Inpatient And Day/Night Care And Ambulatory Services- Total Percentage Receiving Ambulatory Mental Health Services (Total - Age 65+)
UOS516-0650	Chemical Dependency Utilization -- Percentage Of Members Receiving Inpatient And Day/Night Care And Ambulatory Services- Total Percentage Receiving Any Mental Health Services (Total - Age Unknown)
UOS516-0660	Chemical Dependency Utilization -- Percentage Of Members Receiving Inpatient And Day/Night Care And Ambulatory Services- Total Percentage Receiving Inpatient Mental Health Services (Total - Age Unknown)
UOS516-0670	Chemical Dependency Utilization -- Percentage Of Members Receiving Inpatient And Day/Night Care And Ambulatory Services- Total Percentage Receiving Day/Night Mental Health Services (Total - Age Unknown)
UOS516-0680	Chemical Dependency Utilization -- Percentage Of Members Receiving Inpatient And Day/Night Care And Ambulatory Services- Total Percentage Receiving Ambulatory Mental Health Services (Total - Age Unknown)
UOS516-0690	Chemical Dependency Utilization -- Percentage Of Members Receiving Inpatient And Day/Night Care And Ambulatory Services- Total Percentage Receiving Any Mental Health Services (Total - Total)
UOS516-0700	Chemical Dependency Utilization -- Percentage Of Members Receiving Inpatient And Day/Night Care And Ambulatory Services- Total Percentage Receiving Inpatient Mental Health Services (Total - Total)
UOS516-0710	Chemical Dependency Utilization -- Percentage Of Members Receiving Inpatient And Day/Night Care And Ambulatory Services- Total Percentage Receiving Day/Night Mental Health Services (Total - Total)
UOS516-0720	Chemical Dependency Utilization -- Percentage Of Members Receiving Inpatient And Day/Night Care And Ambulatory Services- Total Percentage Receiving Ambulatory Mental Health Services (Total - Total)

**UOS517 – Readmission for specified Chemical Dependency disorders**

DESCRIPTION - This measure reports the number of members readmitted within 90 and 365 days of hospitalization for chemical dependency treatment and the percentages of those rehospitalized versus the number of all members hospitalized for chemical dependency treatment in the year before the reporting year. This information is reported by age and sex.

This table is intended to help assess the extent of rehospitalization required after inpatient chemical dependency treatment.

(HEDIS 3.0/1997, Volume 2: Technical Specification, Pg. 206)

**REPORTING LEVEL - Contract Market**

UOS517-0010	Readmission For Chemical Dependency- Total Percentage Readmitted within 90 Days (Male - Age 0-12)
UOS517-0020	Readmission For Chemical Dependency- Total Percentage Readmitted within 365 Days (Male - Age 0-12)
UOS517-0030	Readmission For Chemical Dependency- Total Percentage Readmitted within 90 Days (Male - Age 13-17)
UOS517-0040	Readmission For Chemical Dependency- Total Percentage Readmitted within 365 Days (Male - Age 13-17)
UOS517-0050	Readmission For Chemical Dependency- Total Percentage Readmitted within 90 Days (Male - Age 18-64)
UOS517-0060	Readmission For Chemical Dependency- Total Percentage Readmitted within 365 Days (Male - Age 18-64)
UOS517-0070	Readmission For Chemical Dependency- Total Percentage Readmitted within 90 Days (Male - Age 65+)
UOS517-0080	Readmission For Chemical Dependency- Total Percentage Readmitted within 365 Days (Male - Age 65+)
UOS517-0090	Readmission For Chemical Dependency- Total Percentage Readmitted within 90 Days (Male - Age Unknown)
UOS517-0100	Readmission For Chemical Dependency- Total Percentage Readmitted within 365 Days (Male - Age Unknown)
UOS517-0110	Readmission For Chemical Dependency- Total Percentage Readmitted within 90 Days (Male - Total)
UOS517-0120	Readmission For Chemical Dependency- Total Percentage Readmitted within 365 Days (Male - Total)
UOS517-0130	Readmission For Chemical Dependency- Total Percentage Readmitted within 90 Days (Female - Age 0-12)
UOS517-0140	Readmission For Chemical Dependency- Total Percentage Readmitted within 365 Days (Female - Age 0-12)
UOS517-0150	Readmission For Chemical Dependency- Total Percentage Readmitted within 90 Days (Female - Age 13-17)
UOS517-0160	Readmission For Chemical Dependency- Total Percentage Readmitted within 365 Days (Female - Age 13-17)
UOS517-0170	Readmission For Chemical Dependency- Total Percentage Readmitted within 90 Days (Female - Age 18-64)
UOS517-0180	Readmission For Chemical Dependency- Total Percentage Readmitted within 365 Days (Female - Age 18-64)
UOS517-0190	Readmission For Chemical Dependency- Total Percentage Readmitted within 90 Days (Female - Age 65+)
UOS517-0200	Readmission For Chemical Dependency- Total Percentage Readmitted within 365 Days (Female - Age 65+)
UOS517-0210	Readmission For Chemical Dependency- Total Percentage Readmitted within 90 Days (Female - Age Unknown)
UOS517-0220	Readmission For Chemical Dependency- Total Percentage Readmitted within 365 Days (Female - Age Unknown)

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

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UOS517-0230	Readmission For Chemical Dependency- Total Percentage Readmitted within 90 Days (Female - Total)
UOS517-0240	Readmission For Chemical Dependency- Total Percentage Readmitted within 365 Days (Female - Total)
UOS517-0250	Readmission For Chemical Dependency- Total Percentage Readmitted within 90 Days (Total - Age 0-12)
UOS517-0260	Readmission For Chemical Dependency- Total Percentage Readmitted within 365 Days (Total - Age 0-12)
UOS517-0270	Readmission For Chemical Dependency- Total Percentage Readmitted within 90 Days (Total - Age 13-17)
UOS517-0280	Readmission For Chemical Dependency- Total Percentage Readmitted within 365 Days (Total - Age 13-17)
UOS517-0290	Readmission For Chemical Dependency- Total Percentage Readmitted within 90 Days (Total - Age 18-64)
UOS517-0300	Readmission For Chemical Dependency- Total Percentage Readmitted within 365 Days (Total - Age 18-64)
UOS517-0310	Readmission For Chemical Dependency- Total Percentage Readmitted within 90 Days (Total - Age 65+)
UOS517-0320	Readmission For Chemical Dependency- Total Percentage Readmitted within 365 Days (Total - Age 65+)
UOS517-0330	Readmission For Chemical Dependency- Total Percentage Readmitted within 90 Days (Total - Unknown)
UOS517-0340	Readmission For Chemical Dependency- Total Percentage Readmitted within 365 Days (Total - Unknown)
UOS517-0350	Readmission For Chemical Dependency- Total Percentage Readmitted within 90 Days (Total)
UOS517-0360	Readmission For Chemical Dependency- Total Percentage Readmitted within 365 Days (Total)

**UOS518 – Outpatient Drug Utilization**

DESCRIPTION - This measure summarizes data on outpatient utilization of drug prescriptions (Total Cost of Prescriptions, Average Cost of Prescriptions per Member per Month, Total Number of Prescriptions and Average Number of Prescriptions per Member per Year) during the reporting year, stratified by age. (HEDIS 3.0/1997, Volume 2: Technical Specification, Pg. 208)

**REPORTING LEVEL - Contract Market**

UOS518-0010	Outpatient Drug Utilization- Total Average Cost of Prescriptions Per Member Per Month (Age 0-9)
UOS518-0020	Outpatient Drug Utilization- Total Average Number of Prescriptions Per Member Per Year (Age 0-9)
UOS518-0030	Outpatient Drug Utilization- Total Average Cost of Prescriptions Per Member Per Month (Age 10-19)
UOS518-0040	Outpatient Drug Utilization- Total Average Number of Prescriptions Per Member Per Year (Age 10-19)
UOS518-0050	Outpatient Drug Utilization- Total Average Cost of Prescriptions Per Member Per Month (Age 20-44)
UOS518-0060	Outpatient Drug Utilization- Total Average Number of Prescriptions Per Member Per Year (Age 20-44)
UOS518-0070	Outpatient Drug Utilization- Total Average Cost of Prescriptions Per Member Per Month (Age 45-64)
UOS518-0080	Outpatient Drug Utilization- Total Average Number of Prescriptions Per Member Per Year (Age 45-64)
UOS518-0090	Outpatient Drug Utilization- Total Average Cost of Prescriptions Per Member Per Month (Age 65-74)
UOS518-0100	Outpatient Drug Utilization- Total Average Number of Prescriptions Per Member Per Year (Age 65-74)
UOS518-0110	Outpatient Drug Utilization- Total Average Cost of Prescriptions Per Member Per Month (Age 75-84)
UOS518-0120	Outpatient Drug Utilization- Total Average Number of Prescriptions Per Member Per Year (Age 75-84)
UOS518-0130	Outpatient Drug Utilization- Total Average Cost of Prescriptions Per Member Per Month (Age 85+)
UOS518-0140	Outpatient Drug Utilization- Total Average Number of Prescriptions Per Member Per Year (Age 85+)
UOS518-0150	Outpatient Drug Utilization- Total Average Cost of Prescriptions Per Member Per Month (Age Unknown)
UOS518-0160	Outpatient Drug Utilization- Total Average Number of Prescriptions Per Member Per Year (Age Unknown)
UOS518-0170	Outpatient Drug Utilization- Total Average Cost of Prescriptions Per Member Per Month (Total)
UOS518-0180	Outpatient Drug Utilization- Total Average Number of Prescriptions Per Member Per Year (Total)