# HEDIS® (Summary) Documentation for Reporting Year

## General Information

This documentation presents (1) a description of each HEDIS® measure that CMS collected for Medicare managed care organizations for health care provided in calendar year to Medicare beneficiaries and (2) the location of the rates associated with each HEDIS measure within the HEDIS workbook (HEDIS.XLS). CMS took the description and additional information for each measure from HEDIS Volume 2: Technical Specifications. This release contains only those rates, percentages, or averages for each measure and not the numerator or denominator used to create those measures. CMS has made minor modifications to the original data. CMS confirmed that all reported rates are commensurate with the HEDIS general guidelines. For example, the HEDIS guidelines advise plans to report "not applicable" for measures that rely on a small number of observations, and CMS appropriately suppressed these rates. CMS also added two variables to the database. A brief discussion of each issue identified here appears below.

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

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## Medicare HEDIS Reporting

In , CMS collected data from Medicare managed care contracts for health care delivered in . CMS considers the reporting unit for a health plan as the equivalent to a contract. CMS signs a contract with health plans to provide health care for a given geographic service area.

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

The description and related information provided for each measure in this documentation are taken from the HEDIS 2015Technical Specifications, which are the specific instructions for calculating HEDIS measures that NCQA provides to Medicare managed care plans. For each measure, the Technical Specifications detail the precise method for sampling (when appropriate), identification of the numerator and denominator, measure calculation, and any other important considerations specific to that measure. The technical specifications also contain general guidelines that apply to all measures, such as the use of medical records and when a plan should not report a measure because its eligible membership is too small. Some measures require more detailed specifications than others. As opposed to the Beta Blocker measure described below, the calculation of the measure for the number of years a plan has had a commercial product is fairly straightforward. The technical specifications necessary to produce HEDIS measures are available from NCQA in HEDIS , Volume 2: Technical Specifications."

The specifications for Beta Blocker Treatment After Heart Attack demonstrate the extent of detailed instructions provided for many measures. For this measure, the specifications describe the unit of measurement (members vs. procedures or discharges); data sources used to identify the numerator and denominator (membership, claims/encounter, hospital discharge, and pharmacy data); the period of time under consideration (the reporting year); age ranges for member inclusion in the measure (35 and older); diagnosis codes to identify acute myocardial infarction (AMI); diagnosis codes to identify exclusions for beta blocker; a list of beta blocker prescriptions; appropriate sample size if the plan chooses to use a sample; and other instructions, such as the appropriate interpretation of two AMI episodes for an individual member.

## HEDIS Guidelines identify three types of missing values: NA, NB and NR

The HEDIS guidelines distinguish between three different types of missing values in the rate field: Not Applicable (NA), No Benefit (NB) and Not Report (NR). Health plans report NA when they: do not have a large enough population to calculate a representative rate (e.g., many measures require that rates be based on at least 30 members) or are not eligible for a measure (e.g., a health plan cannot calculate outpatient drug utilization if it does not offer an outpatient drug benefit; a health plan cannot calculate a measure requiring a year of continuous enrollment if its first enrollment began mid-way through the reporting year.)

A value of NB is recorded when the health plan did not offer the health benefit required by the measure (e.g., Mental Health/Chemical Dependency). Health plans report NR when: they choose not to calculate and report a rate, or the health plan’s HEDIS Compliance Auditor determines that a rate is materially biased (applicable only to audited measures).

For measures reported as a percentage, material bias is defined as a deviation of more than five percentage points from the true rate. For other measures (e.g., procedures per 1,000 member years), material bias exists if the number of counted procedures deviates by more than ten percent from the true number of procedures.

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

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

## CMS has added variables to the HEDIS data.

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

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

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

## National Enrollment Weighted Average Score

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

((En1/TotE)\*Sn1)+((En2/TotE)\*Sn2)+…+((Enx/TotE)\*Snx)=National Enrollment Weighted Average Score

Where: TotE = Total enrollment for all PBPs with a valid numeric rate in the measure  
En1 = Enrollment in the first PBP with a valid numeric rate  
Sn1 = Reported rate for the first PBP with a valid numeric rate  
Enx = Enrollment in the last PBP with a valid numeric rate  
Snx = Reported rate for the last PBP with a valid numeric rate

#### General - General Information

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

##### REPORTING LEVEL - N/A

General-0010 Type of Organization (Local CCP, 1876 Cost, etc.)

General-0011 Type of Plan (Post Balanced Budget Amendment Naming)

General-0014 Offers Special Needs Plans to beneficiaries (Yes or No)

General-0015 Offers Part D benefits (Yes or No)

General-0020 Line of Business (HMO, POS, etc.)

General-0050 12/2011 Enrollment as reported by the Medicare Advantage Prescription Drug (MARx) system

General-0060 CMS Region Number

General-0070 CMS Region Name

General-0080 Patient Population

General-0085 Submitted summary level HEDIS 2008 data to NCQA

General-0087 Included in HOS data from NCQA

#### Service\_Area - Contract Service Area

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

##### REPORTING LEVEL - N/A

SA-0030 Social Security Administration (SSA) State/County Code

SA-0040 American National Standards Institute (ANSI) State/County Code INCITS 31-2009 (formerly Federal Information Processing Standard [FIPS] State/County codes)

SA-0050 State Abbreviation (United States Postal Service (USPS) State Code)

SA-0060 County Name

SA-0070 County serves only beneficiaries in an Employer Group Health Plan (Y = Yes, N = No)

#### National\_Rates - National Rates

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

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

Where:

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

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

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

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

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

##### REPORTING LEVEL - National

NR-0010 The HEDIS Year of the data (the measurement year is one year prior)

NR-0020 Measure from the HEDIS Public Use File for which the national rate has been calculated

NR-0030 Field from the HEDIS Public Use File for which the national rate has been calculated

NR-0040 The National Rate for this measure and field

NR-0050 The number of contracts that submitted a numeric HEDIS rate for this measure and field

NR-0060 The total number of enrollees in the contracts that submitted a numeric HEDIS rate for this measure and field

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

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

• Medicaid and Medicare members who had an ambulatory or preventive care visit during the measurement year.

• Commercial members who had an ambulatory or preventive care visit during the measurement year or the two years prior to the measurement year.

(HEDIS 2015, Volume 2: Technical Specification, Pg. 233)

##### REPORTING LEVEL - Contract

AOC201-0010 Rate 20-44 Years

AOC201-0020 Rate 45-64 Years

AOC201-0030 Rate 65+ Years

AOC201-0040 Lower Confidence Interval - 20-44 Years

AOC201-0050 Upper Confidence Interval - 20-44 Years

AOC201-0060 Lower Confidence Interval - 45-64 Years

AOC201-0070 Upper Confidence Interval - 45-64 Years

AOC201-0080 Lower Confidence Interval - 65+ Years

AOC201-0090 Upper Confidence Interval - 65+ Years

AOC201-0095 Rate - Total

AOC201-0100 Lower Confidence Interval - Total

AOC201-0110 Upper Confidence Interval - Total

#### AOC225 - Call Answer Timeliness (CAT)

DESCRIPTION - The percentage of calls received by the organization’s Member Services call centers (during operating hours) during the measurement year that were answered by a live voice within 30 seconds. (HEDIS 2015, Volume 2: Technical Specification, Pg. 251)

##### REPORTING LEVEL - Contract

AOC225-0010 Reported rate

AOC225-0020 Lower Confidence Interval

AOC225-0030 Upper Confidence Interval

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

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

• Initiation of AOD Treatment. The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.

• Engagement of AOD Treatment. The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

(HEDIS 2015, Volume 2: Technical Specification, Pg. 239)

##### REPORTING LEVEL - Contract

AOC235-0010 Rate - Engagement - Total

AOC235-0020 Lower Confidence Interval - Engagement - Total

AOC235-0030 Upper Confidence Interval - Engagement - Total

AOC235-0040 Rate - Initiation - Total

AOC235-0050 Lower Confidence Interval - Initiation - Total

AOC235-0060 Upper Confidence Interval - Initiation - Total

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

DESCRIPTION - The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer. (HEDIS 2015, Volume 2: Technical Specification, Pg. 78)

##### REPORTING LEVEL - Contract

EOC003-0100 Rate - Total

EOC003-0110 Lower Confidence Interval - tot

EOC003-0120 Upper Confidence Interval - tot

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

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

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

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

(HEDIS 2015, Volume 2: Technical Specification, Pg. 177)

##### REPORTING LEVEL - Contract

EOC010-0011 Rate - 7 Days

EOC010-0012 Rate - 30 Days

EOC010-0021 Upper Confidence Interval - 7 Days

EOC010-0022 Upper Confidence Interval - 30 Days

EOC010-0031 Lower Confidence Interval - 7 Days

EOC010-0032 Lower Confidence Interval - 30 Days

#### EOC020 - Comprehensive Diabetes Care (CDC)

DESCRIPTION - The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following.

• Hemoglobin A1c (HbA1c) testing

• HbA1c poor control (>9.0%)

• HbA1c control (<8.0%)

• Eye exam (retinal) performed

• Medical attention for nephropathy

• BP control (<140/90 mm Hg)

(HEDIS 2015, Volume 2: Technical Specifications, Pg. 142)

##### REPORTING LEVEL - Contract

EOC020-0010 Rate - HbA1c Testing

EOC020-0020 Lower Confidence Interval - HbA1c Testing

EOC020-0030 Upper Confidence Interval - HbA1c Testing

EOC020-0040 Rate - Poor HbA1c Control

EOC020-0050 Lower Confidence Interval - Poor HbA1c Control

EOC020-0060 Upper Confidence Interval - Poor HbA1c Control

EOC020-0070 Rate - Eye Exams

EOC020-0080 Lower Confidence Interval - Eye Exams

EOC020-0090 Upper Confidence Interval - Eye Exams

EOC020-0160 Rate - Med Att Diabetic Neph.

EOC020-0170 Lower Confidence Interval - Med Att Diabetic Neph.

EOC020-0180 Upper Confidence Interval - Med Att Diabetic Neph.

EOC020-0310 Rate - Blood Press Cont <140/90

EOC020-0320 Lower Confidence Interval - Blood Press Cont <140/90

EOC020-0330 Upper Confidence Interval - Blood Press Cont <140/90

EOC020-0340 Rate - HbA1c Control (<8.0%)

EOC020-0350 Lower Confidence Interval - HbA1c Control (<8.0%)

EOC020-0360 Upper Confidence Interval - HbA1c Control (<8.0%)

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

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

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

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

(HEDIS 2015, Volume 2: Technical Specifications, Pg. 168)

##### REPORTING LEVEL - Contract

EOC030-0010 Rate - Effect.Continuation Phase Treat.

EOC030-0020 Lower Confidence Interval - Effect.Continuation Phase Treat.

EOC030-0030 Upper Confidence Interval - Effect.Continuation Phase Treat.

EOC030-0040 Rate - Effect.Acute Phase Treatment

EOC030-0050 Lower Confidence Interval - Effect.Acute Phase Treatment

EOC030-0060 Upper Confidence Interval - Effect.Acute Phase Treatment

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

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

• Members 18–59 years of age whose BP was <140/90 mm Hg.

• Members 60–85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg.

• Members 60–85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg.

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

(HEDIS 2015, Volume 2: Technical Specification, Pg. 132)

##### REPORTING LEVEL - Contract

EOC035-0100 Rate - Total

EOC035-0110 Lower Confidence Interval tot

EOC035-0120 Upper Confidence Interval tot

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

DESCRIPTION - The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer. (HEDIS 2015, Volume 2: Technical Specification, Pg. 86)

##### REPORTING LEVEL - Contract

EOC040-0010 Reported Rate

EOC040-0020 Lower Confidence Interval

EOC040-0030 Upper Confidence Interval

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

DESCRIPTION - The percentage of women 67–85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture. (HEDIS 2015, Volume 2: Technical Specification, Pg. 164)

##### REPORTING LEVEL - Contract

EOC045-0010 Reported rate

EOC045-0020 Lower Confidence Interval

EOC045-0030 Upper Confidence Interval

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

DESCRIPTION - The percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge. (HEDIS 2015, Volume 2: Technical Specification, Pg. 138)

##### REPORTING LEVEL - Contract

EOC055-0010 Reported rate

EOC055-0020 Lower Confidence Interval

EOC055-0030 Upper Confidence Interval

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

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

• Discussing Urinary Incontinence. The percentage of Medicare members 65 years of age and older who reported having urine leakage in the past six months and who discussed their urinary leakage problem with a health care provider.

• Discussing Treatment of Urinary Incontinence. The percentage of Medicare members 65 years of age and older who reported having urine leakage in the past six months and who discussed treatment options for their current urine leakage problem.

• Impact of Urinary Incontinence. The percentage of Medicare members 65 years of age and older who reported having urine leakage in the past six months and who reported that urine leakage made them change their daily activities or interfered with their sleep a lot.

(HEDIS 2015, Volume 2: Technical Specification, Pg. 222)

##### REPORTING LEVEL - Contract

EOC060-0010 Discussing Urinary Incontinence Rate

EOC060-0020 Receiving Urinary Incontinence Treatment Rate

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

DESCRIPTION - The percentage of members who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD). (HEDIS 2015, Volume 2: Technical Specification, Pg. 158)

##### REPORTING LEVEL - Contract

EOC065-0010 Reported rate

EOC065-0020 Lower Confidence Interval

EOC065-0030 Upper Confidence Interval

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

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

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

For both rates, a lower rate represents better performance.

(HEDIS 2015, Volume 2: Technical Specification, Pg. 214)

##### REPORTING LEVEL - Contract

EOC070-0010 Rate - one prescription

EOC070-0020 Lower Confidence Interval - one prescription

EOC070-0030 Upper Confidence Interval - one prescription

EOC070-0040 Rate - at least 2 prescriptions

EOC070-0050 Lower Confidence Interval - at least 2 prescriptions

EOC070-0060 Upper Confidence Interval - at least 2 prescriptions

#### EOC075 - Annual Monitoring for Patients on Persistent Medications (MPM)

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

• Annual monitoring for members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB).

• Annual monitoring for members on digoxin.

• Annual monitoring for members on diuretics.

• Total rate (the sum of the three numerators divided by the sum of the three denominators).

(HEDIS 2015, Volume 2: Technical Specification, Pg. 202)

##### REPORTING LEVEL - Contract

EOC075-0010 Reported rate - ACE inhibitors or ARBs

EOC075-0020 Lower Confidence Interval - ACE inhibitors or ARBs

EOC075-0030 Upper Confidence Interval - ACE inhibitors or ARBs

EOC075-0040 Reported rate - Digoxin

EOC075-0050 Lower Confidence Interval - Digoxin

EOC075-0060 Upper Confidence Interval - Digoxin

EOC075-0070 Reported rate - Diuretics

EOC075-0080 Lower Confidence Interval - Diuretics

EOC075-0090 Upper Confidence Interval - Diuretics

EOC075-0160 Rate - Total

EOC075-0170 Lower Confidence Interval - Total

EOC075-0180 Upper Confidence Interval - Total

#### EOC080 - Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)

DESCRIPTION - The percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis. (HEDIS 2015, Volume 2: Technical Specification, Pg. 114)

##### REPORTING LEVEL - Contract

EOC080-0010 Reported rate

EOC080-0020 Lower Confidence Interval

EOC080-0030 Upper Confidence Interval

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

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

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

• Advising Physical Activity. The percentage of Medicare members 65 years of age and older who had a doctor’s visit in the past 12 months and who received advice to start, increase or maintain their level exercise or physical activity.

(HEDIS 2015, Volume 2: Technical Specification, Pg. 224)

##### REPORTING LEVEL - Contract

EOC085-0010 Discussing Physical Activity Rate

EOC085-0020 Advising Physical Activity Rate

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

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

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

• A history of falls and a prescription for anticonvulsants, nonbenzodiazepine hypnotics, SSRIs, antiemetics, antipsychotics, benzodiazepines or tricyclic antidepressants.

• Dementia and a prescription for antiemetics, antipsychotics, benzodiazepines, tricyclic antidepressants, H2 Receptor Antagonists, nonbenzodiazepine hypnotics or anticholinergic agents.

• Chronic kidney disease and prescription for Cox-2 Selective NSAIDs or nonaspirin NSAIDs.

• Total rate (the sum of the three numerators divided by the sum of the three denominators).

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

(HEDIS 2015, Volume 2: Technical Specification, Pg. 209)

##### REPORTING LEVEL - Contract

EOC090-0010 Rate - DDI Falls + Anticonvulsants, Nonbenzodiazepine hypnotics, SSRIs, Antiemetics, Antipsychotics, Benzodiazepines or Tricyclic Antidepressants

EOC090-0020 Lower Confidence Interval - DDI Falls + Anticonvulsants, Nonbenzodiazepine hypnotics, SSRIs, Antiemetics, Antipsychotics, Benzodiazepines or Tricyclic Antidepressants

EOC090-0030 Upper Confidence Interval - DDI Falls + Anticonvulsants, Nonbenzodiazepine hypnotics, SSRIs, Antiemetics, Antipsychotics, Benzodiazepines or Tricyclic Antidepressants

EOC090-0040 Rate - DDI Dementia + Antiemetics, Antipsychotics, Benzodiazepines, Tricyclic Antidepressants, H2 Receptor Antagonists, Nonbenzodiazepine hypnotics or Anticholinergic Agents

EOC090-0050 Lower Confidence Interval - DDI Dementia + Antiemetics, Antipsychotics, Benzodiazepines, Tricyclic Antidepressants, H2 Receptor Antagonists, Nonbenzodiazepine hypnotics or Anticholinergic Agents

EOC090-0060 Upper Confidence Interval - DDI Dementia + Antiemetics, Antipsychotics, Benzodiazepines, Tricyclic Antidepressants, H2 Receptor Antagonists, Nonbenzodiazepine hypnotics or Anticholinergic Agents

EOC090-0070 Rate - DDI Chronic Kidney disease + Cox-2 Selective NSAIDs or Nonaspirin NSAIDs

EOC090-0080 Lower Confidence Interval - DDI Chronic Kidney disease + Cox-2 Selective NSAIDs or Nonaspirin NSAIDs

EOC090-0090 Upper Confidence Interval - DDI Chronic Kidney disease + Cox-2 Selective NSAIDs or Nonaspirin NSAIDs

EOC090-0100 Rate - Total

EOC090-0110 Lower Confidence Interval - Total

EOC090-0120 Upper Confidence Interval - Total

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

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

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

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

(HEDIS 2015, Volume 2: Technical Specification, Pg. 221)

##### REPORTING LEVEL - Contract

EOC095-0010 Discussing Falls Risk Rate

EOC095-0020 Managing Falls Risk Rate

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

DESCRIPTION - The percentage of Medicare women 65–85 years of age who report ever having received a bone density test to check for osteoporosis. (HEDIS 2015, Volume 2: Technical Specification, Pg. 223)

##### REPORTING LEVEL - Contract

EOC100-0010 Osteoporosis Testing Percent

#### EOC105 - Pharmacotherapy Management of COPD Exacerbation (PCE)

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

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

2. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.

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

(HEDIS 2015, Volume 2: Technical Specification, Pg. 116)

##### REPORTING LEVEL - Contract

EOC105-0010 Reported rate - Systemic corticosteroid

EOC105-0020 Lower 95% confidence interval - Systemic corticosteroid

EOC105-0030 Upper 95% confidence interval - Systemic corticosteroid

EOC105-0040 Reported rate - Bronchodilator

EOC105-0050 Lower 95% confidence interval - Bronchodilator

EOC105-0060 Upper 95% confidence interval - Bronchodilator

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

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

(HEDIS 2015, Volume 2: Technical Specification, Pg. 56)

##### REPORTING LEVEL - Contract

EOC110-0010 Reported Rate

EOC110-0020 Lower Confidence Interval

EOC110-0030 Upper Confidence Interval

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

DESCRIPTION - The percentage of men 70 years and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening. Note: A lower rate indicates better performance.

(HEDIS 2015, Volume 2: Technical Specification, Pg. 92)

##### REPORTING LEVEL - Contract

EOC125-0100 Reported rate

EOC125-0110 Lower 95% confidence interval

EOC125-0120 Upper 95% confidence interval

#### HPS403 - Total Membership (TLM)

DESCRIPTION - The number of members enrolled as of December 31 of the measurement year. (HEDIS 2015, Volume 2: Technical Specification, Pg. 402)

##### REPORTING LEVEL - Contract

HPS403-0210 Membership HMO-Tot

HPS403-0220 Membership HMO-Medicaid

HPS403-0230 Membership HMO-Commercial

HPS403-0240 Membership HMO-Medicare Risk/Cost

HPS403-0270 Membership HMO-Oth

HPS403-0280 Membership PPO-Tot

HPS403-0290 Membership PPO-Commercial

HPS403-0300 Membership PPO-Medicare Risk/Cost

HPS403-0330 Membership PPO-Oth

HPS403-0340 Membership POS-Tot

HPS403-0350 Membership POS-Commercial

HPS403-0360 Membership POS-Medicare Risk/Cost

HPS403-0390 Membership POS-Oth

HPS403-0400 Membership FFS-Tot

HPS403-0420 Membership PPO-Medicaid

HPS403-0440 Membership POS-Medicaid

HPS403-0450 Membership FFS-Commercial

HPS403-0460 Membership FFS-Medicare Risk/Cost

HPS403-0470 Membership FFS-Medicaid

HPS403-0480 Membership FFS-Oth

HPS403-0490 Tot Membership Tot

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

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

• Family medicine physicians

• Internal medicine physicians

• Pediatricians

• OB/GYN physicians

• Geriatricians

• Other physician specialists

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

(HEDIS 2015, Volume 2: Technical Specification, Pg. 382)

##### REPORTING LEVEL - Contract

PDI801-0010 Family Medicine Board Cert Pct

PDI801-0030 Oth Specialists Board Cert Pct

PDI801-0050 Geriatricians Board Cert Pct

PDI801-0060 Internal Medicine Board Cert Pct

PDI801-0070 OB/GYN Provs Board Cert Pct

PDI801-0080 Pediatrician Board Cert Pct

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

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

(HEDIS 2006, Volume 2: Technical Specification, Pg. 386)

##### REPORTING LEVEL - Contract

PDI806-0010 Enr by Product Line Tot M

PDI806-0020 Enr by Product Line Tot F

PDI806-0030 Enr by Product Line Tot Tot

#### PDI807 - Language Diversity of Membership (LDM)

DESCRIPTION - An unduplicated count and percentage of members enrolled at any time during the measurement year by spoken language preferred for health care and preferred language for written materials. (HEDIS 2006, Volume 2: Technical Specification, Pg. 391)

##### REPORTING LEVEL - Contract

PDI807-0360 Spoken Language Preferred for Health Care - Health Plan Direct Num

PDI807-0370 Spoken Language Preferred for Health Care - CMS/State Databases Num

PDI807-0380 Spoken Language Preferred for Health Care - Other Third-Party Source Num

PDI807-0390 Preferred Language for Written Materials - Health Plan Direct Num

PDI807-0400 Preferred Language for Written Materials - CMS/State Databases Num

PDI807-0410 Preferred Language for Written Materials - Other Third-Party Source Num

PDI807-0420 Other Language Needs - Health Plan Direct Num

PDI807-0430 Other Language Needs - CMS/State Databases Num

PDI807-0440 Other Language Needs - Other Third-Party Source Num

PDI807-0450 Spoken Language Preferred for Health Care - English Pct

PDI807-0460 Spoken Language Preferred for Health Care - Non-English Pct

PDI807-0470 Spoken Language Preferred for Health Care - Unknown Pct

PDI807-0480 Spoken Language Preferred for Health Care - Declined Pct

PDI807-0490 Spoken Language Preferred for Health Care - Total Pct

PDI807-0500 Language Preferred for Written Materials - English Pct

PDI807-0510 Language Preferred for Written Materials - Non-English Pct

PDI807-0520 Language Preferred for Written Materials - Unknown Pct

PDI807-0530 Language Preferred for Written Materials - Declined Pct

PDI807-0540 Language Preferred for Written Materials - Total Pct

PDI807-0550 Other Language Needs - English Pct

PDI807-0560 Other Language Needs - Non-English Pct

PDI807-0570 Other Language Needs - Unknown Pct

PDI807-0580 Other Language Needs - Declined Pct

PDI807-0590 Other Language Needs - Total Pct

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

DESCRIPTION - An unduplicated count and percentage of members enrolled any time during the measurement year, by race and ethnicity. (HEDIS 2015, Volume 2: Technical Specification, Pg. 394)

##### REPORTING LEVEL - Contract

PDI808-1120 White Hispanic or Latino Pct

PDI808-1130 White Not Hispanic or Latino Pct

PDI808-1140 White Unknown Ethnicity Pct

PDI808-1150 White Declined Ethnicity Pct

PDI808-1160 White Total Pct

PDI808-1170 Black or African American Hispanic or Latino Pct

PDI808-1180 Black or African American Not Hispanic or Latino Pct

PDI808-1190 Black or African American Unknown Ethnicity Pct

PDI808-1200 Black or African American Declined Ethnicity Pct

PDI808-1210 Black or African American Total Pct

PDI808-1220 American-Indian and Alaska Native Hispanic or Latino Pct

PDI808-1230 American-Indian and Alaska Native Not Hispanic or Latino Pct

PDI808-1240 American-Indian and Alaska Native Unknown Ethnicity Pct

PDI808-1250 American-Indian and Alaska Native Declined Ethnicity Pct

PDI808-1260 American-Indian and Alaska Native Total Pct

PDI808-1270 Asian Hispanic or Latino Pct

PDI808-1280 Asian Not Hispanic or Latino Pct

PDI808-1290 Asian Unknown Ethnicity Pct

PDI808-1300 Asian Declined Ethnicity Pct

PDI808-1310 Asian Total Pct

PDI808-1320 Native Hawaiian and Other Pacific Islanders Hispanic or Latino Pct

PDI808-1330 Native Hawaiian and Other Pacific Islanders Not Hispanic or Latino Pct

PDI808-1340 Native Hawaiian and Other Pacific Islanders Unknown Ethnicity Pct

PDI808-1350 Native Hawaiian and Other Pacific Islanders Declined Ethnicity Pct

PDI808-1360 Native Hawaiian and Other Pacific Islanders Total Pct

PDI808-1370 Some Other Race Hispanic or Latino Pct

PDI808-1380 Some Other Race Not Hispanic or Latino Pct

PDI808-1390 Some Other Race Unknown Ethnicity Pct

PDI808-1400 Some Other Race Declined Ethnicity Pct

PDI808-1410 Some Other Race Total Pct

PDI808-1420 Two or More Races Hispanic or Latino Pct

PDI808-1430 Two or More Races Not Hispanic or Latino Pct

PDI808-1440 Two or More Races Unknown Ethnicity Pct

PDI808-1450 Two or More Races Declined Ethnicity Pct

PDI808-1460 Two or More Races Total Pct

PDI808-1470 Unknown Hispanic or Latino Pct

PDI808-1480 Unknown Not Hispanic or Latino Pct

PDI808-1490 Unknown Unknown Ethnicity Pct

PDI808-1500 Unknown Declined Ethnicity Pct

PDI808-1510 Unknown Total Pct

PDI808-1520 Declined Hispanic or Latino Pct

PDI808-1530 Declined Not Hispanic or Latino Pct

PDI808-1540 Declined Unknown Ethnicity Pct

PDI808-1550 Declined Declined Ethnicity Pct

PDI808-1560 Declined Total Pct

PDI808-1570 Total Hispanic or Latino Pct

PDI808-1580 Total Not Hispanic or Latino Pct

PDI808-1590 Total Unknown Ethnicity Pct

PDI808-1600 Total Declined Ethnicity Pct

PDI808-1610 Total Total Pct

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

DESCRIPTION - The number of members enrolled as of December 31 of the measurement year, by state. (HEDIS 2015, Volume 2: Technical Specification, Pg. 390)

##### REPORTING LEVEL - Contract

PDI809-0010 Alabama

PDI809-0020 Alaska

PDI809-0030 Arizona

PDI809-0040 Arkansas

PDI809-0050 California

PDI809-0060 Colorado

PDI809-0070 Connecticut

PDI809-0080 Delaware

PDI809-0090 District of Columbia

PDI809-0100 Florida

PDI809-0110 Georgia

PDI809-0120 Hawaii

PDI809-0130 Idaho

PDI809-0140 Illinois

PDI809-0150 Indiana

PDI809-0160 Iowa

PDI809-0170 Kansas

PDI809-0180 Kentucky

PDI809-0190 Louisiana

PDI809-0200 Maine

PDI809-0210 Maryland

PDI809-0220 Massachusetts

PDI809-0230 Michigan

PDI809-0240 Minnesota

PDI809-0250 Mississippi

PDI809-0260 Missouri

PDI809-0270 Montana

PDI809-0280 Nebraska

PDI809-0290 Nevada

PDI809-0300 New Hampshire

PDI809-0310 New Jersey

PDI809-0320 New Mexico

PDI809-0330 New York

PDI809-0340 North Carolina

PDI809-0350 North Dakota

PDI809-0360 Ohio

PDI809-0370 Oklahoma

PDI809-0380 Oregon

PDI809-0390 Pennsylvania

PDI809-0400 Rhode Island

PDI809-0410 South Carolina

PDI809-0420 South Dakota

PDI809-0430 Tennessee

PDI809-0440 Texas

PDI809-0450 Utah

PDI809-0460 Vermont

PDI809-0470 Virginia

PDI809-0480 Washington

PDI809-0490 West Virginia

PDI809-0500 Wisconsin

PDI809-0510 Wyoming

PDI809-0520 American Samoa

PDI809-0530 Federated States of Micronesia

PDI809-0540 Guam

PDI809-0550 Commonwealth of Northern Marianas

PDI809-0560 Puerto Rico

PDI809-0570 Virgin Islands

PDI809-0580 Other

PDI809-0590 Total

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

DESCRIPTION - This measure summarizes the utilization of frequently performed procedures that often show wide regional variation and have generated concern regarding potentially inappropriate utilization. (HEDIS 2015, Volume 2: Technical Specification, Pg. 284)

##### REPORTING LEVEL - Contract

UOS505-0010 CABG M <65 Procs/1000

UOS505-0020 CABG M 65-74 Procs/1000

UOS505-0030 CABG M 75-84 Procs/1000

UOS505-0040 CABG M 85+ Procs/1000

UOS505-0050 PCI M <65 Procs/1000

UOS505-0060 PCI M 65-74 Procs/1000

UOS505-0070 PCI M 75-84 Procs/1000

UOS505-0080 PCI M 85+ Procs/1000

UOS505-0090 Carotid Endarterectomy M <65 Procs/1000

UOS505-0100 Carotid Endarterectomy M 65-74 Procs/1000

UOS505-0110 Carotid Endarterectomy M 75-84 Procs/1000

UOS505-0120 Carotid Endarterectomy M 85+ Procs/1000

UOS505-0170 Total Hip Replacement M <65 Procs/1000

UOS505-0180 Total Hip Replacement M 65-74 Procs/1000

UOS505-0190 Total Hip Replacement M 75-84 Procs/1000

UOS505-0200 Total Hip Replacement M 85+ Procs/1000

UOS505-0210 Total Knee Replacement M <65 Procs/1000

UOS505-0220 Total Knee Replacement M 65-74 Procs/1000

UOS505-0230 Total Knee Replacement M 75-84 Procs/1000

UOS505-0240 Total Knee Replacement M 85+ Procs/1000

UOS505-0290 Cholecystectomy opn M <65 Procs/1000

UOS505-0300 Cholecystectomy opn M 65-74 Procs/1000

UOS505-0310 Cholecystectomy opn M 75-84 Procs/1000

UOS505-0320 Cholecystectomy opn M 85+ Procs/1000

UOS505-0330 Cholecystectomy cld (laparoscopic) M <65 Procs/1000

UOS505-0340 Cholecystectomy cld (laparoscopic) M 65-74 Procs/1000

UOS505-0350 Cholecystectomy cld (laparoscopic) M 75-84 Procs/1000

UOS505-0360 Cholecystectomy cld (laparoscopic) M 85+ Procs/1000

UOS505-0370 Prostatectomy <65 Procs/1000

UOS505-0380 Prostatectomy 65-74 Procs/1000

UOS505-0390 Prostatectomy 75-84 Procs/1000

UOS505-0400 Prostatectomy 85+ Procs/1000

UOS505-0410 CABG F <65 Procs/1000

UOS505-0420 CABG F 65-74 Procs/1000

UOS505-0430 CABG F 75-84 Procs/1000

UOS505-0440 CABG F 85+ Procs/1000

UOS505-0450 PCI F <65 Procs/1000

UOS505-0460 PCI F 65-74 Procs/1000

UOS505-0470 PCI F 75-84 Procs/1000

UOS505-0480 PCI F 85+ Procs/1000

UOS505-0490 Carotid Endarterectomy F <65 Procs/1000

UOS505-0500 Carotid Endarterectomy F 65-74 Procs/1000

UOS505-0510 Carotid Endarterectomy F 75-84 Procs/1000

UOS505-0520 Carotid Endarterectomy F 85+ Procs/1000

UOS505-0570 Total Hip Replacement F <65 Procs/1000

UOS505-0580 Total Hip Replacement F 65-74 Procs/1000

UOS505-0590 Total Hip Replacement F 75-84 Procs/1000

UOS505-0600 Total Hip Replacement F 85+ Procs/1000

UOS505-0610 Total Knee Replacement F <65 Procs/1000

UOS505-0620 Total Knee Replacement F 65-74 Procs/1000

UOS505-0630 Total Knee Replacement F 75-84 Procs/1000

UOS505-0640 Total Knee Replacement F 85+ Procs/1000

UOS505-0690 Cholecystectomy opn F <65 Procs/1000

UOS505-0700 Cholecystectomy opn F 65-74 Procs/1000

UOS505-0710 Cholecystectomy opn F 75-84 Procs/1000

UOS505-0720 Cholecystectomy opn F 85+ Procs/1000

UOS505-0730 Cholecystectomy cld (laparoscopic) F <65 Procs/1000

UOS505-0740 Cholecystectomy cld (laparoscopic) F 65-74 Procs/1000

UOS505-0750 Cholecystectomy cld (laparoscopic) F 75-84 Procs/1000

UOS505-0760 Cholecystectomy cld (laparoscopic) F 85+ Procs/1000

UOS505-0771 Hysterectomy - Abdominal <65 Procs/1000

UOS505-0772 Hysterectomy - Vaginal <65 Procs/1000

UOS505-0781 Hysterectomy - Abdominal 65-74 Procs/1000

UOS505-0782 Hysterectomy - Vaginal 65-74 Procs/1000

UOS505-0791 Hysterectomy - Abdominal 75-84 Procs/1000

UOS505-0792 Hysterectomy - Vaginal 75-84 Procs/1000

UOS505-0801 Hysterectomy - Abdominal 85+ Procs/1000

UOS505-0802 Hysterectomy - Vaginal 85+ Procs/1000

UOS505-0810 Cardiac Catheterization M <65 Procs/1000

UOS505-0820 Cardiac Catheterization F <65 Procs/1000

UOS505-0830 Cardiac Catheterization M 65-74 Procs/1000

UOS505-0840 Cardiac Catheterization F 65-74 Procs/1000

UOS505-0850 Cardiac Catheterization M 75-84 Procs/1000

UOS505-0860 Cardiac Catheterization F 75-84 Procs/1000

UOS505-0870 Cardiac Catheterization M 85+ Procs/1000

UOS505-0880 Cardiac Catheterization F 85+ Procs/1000

UOS505-0890 Mastectomy F <65 Procs/1000

UOS505-0900 Mastectomy F 65-74 Procs/1000

UOS505-0910 Mastectomy F 75-84 Procs/1000

UOS505-0920 Mastectomy F 85+ Procs/1000

UOS505-0930 Lumpectomy F <65 Procs/1000

UOS505-0940 Lumpectomy F 65-74 Procs/1000

UOS505-0950 Lumpectomy F 75-84 Procs/1000

UOS505-0960 Lumpectomy F 85+ Procs/1000

UOS505-0970 Back Surgery M <65 Procs/1000

UOS505-0980 Back Surgery F <65 Procs/1000

UOS505-0990 Back Surgery M 65-74 Procs/1000

UOS505-1000 Back Surgery F 65-74 Procs/1000

UOS505-1010 Back Surgery M 75-84 Procs/1000

UOS505-1020 Back Surgery F 75-84 Procs/1000

UOS505-1030 Back Surgery M 85+ Procs/1000

UOS505-1040 Back Surgery F 85+ Procs/1000

UOS505-1050 Bariatric weight loss surgery M <65 Procs/1000

UOS505-1060 Bariatric weight loss surgery F <65 Procs/1000

UOS505-1070 Bariatric weight loss surgery M 65-74 Procs/1000

UOS505-1080 Bariatric weight loss surgery F 65-74 Procs/1000

UOS505-1090 Bariatric weight loss surgery M 75-84 Procs/1000

UOS505-1100 Bariatric weight loss surgery F 75-84 Procs/1000

UOS505-1110 Bariatric weight loss surgery M 85+ Procs/1000

UOS505-1120 Bariatric weight loss surgery F 85+ Procs/1000

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

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

• Total inpatient

• Maternity

• Surgery

• Medicine

(HEDIS 2015, Volume 2: Technical Specification, Pg. 296)

##### REPORTING LEVEL - Contract

UOS506-0010 Tot IP Ds/1000 <1

UOS506-0020 Tot IP Days/1000 <1

UOS506-0030 Tot IP ALOS <1

UOS506-0040 Tot IP Ds/1000 1-9

UOS506-0050 Tot IP Days/1000 MM 1-9

UOS506-0060 Tot IP ALOS 1-9

UOS506-0070 Tot IP Ds/1000 MM 10-19

UOS506-0080 Tot IP Days/1000 MM 10-19

UOS506-0090 Tot IP ALOS 10-19

UOS506-0100 Tot IP 20-44 Ds/1000

UOS506-0110 Tot IP Days/1000 MM 20-44

UOS506-0120 Tot IP ALOS 20-44

UOS506-0130 Tot IP Ds/1000 MM 45-64

UOS506-0140 Tot IP Days/1000 MM 45-64

UOS506-0150 Tot IP ALOS 45-64

UOS506-0160 Tot IP Ds/1000 MM 65-74

UOS506-0170 Tot IP Days/1000 MM 65-74

UOS506-0180 Tot IP ALOS 65-74

UOS506-0190 Tot IP Ds/1000 MM 75-84

UOS506-0200 Tot IP Days/1000 MM 75-84

UOS506-0210 Tot IP ALOS 75-84

UOS506-0220 Tot IP Ds/1000 MM 85+

UOS506-0230 Tot IP Days/1000 MM 85+

UOS506-0240 Tot IP ALOS 85+

UOS506-0270 Tot IP ALOS Unk

UOS506-0280 Tot IP Ds/1000 MM Tot

UOS506-0290 Tot IP Days/1000 MM Tot

UOS506-0300 Tot IP ALOS Tot

UOS506-0310 Medicine <1 Ds/1000

UOS506-0320 Medicine <1 Days/1000 MM

UOS506-0330 Medicine <1 ALOS

UOS506-0340 Medicine 1-9 Ds/1000 MM

UOS506-0350 Medicine 1-9 Days/1000 MM

UOS506-0360 Medicine 1-9 ALOS

UOS506-0370 Medicine 10-19 Ds/1000 MM

UOS506-0380 Medicine 10-19 Days/1000 MM

UOS506-0390 Medicine 10-19 ALOS

UOS506-0400 Medicine 20-44 Ds/1000

UOS506-0410 Medicine 20-44 Days/1000 MM

UOS506-0420 Medicine 20-44 ALOS

UOS506-0430 Medicine 45-64 Ds/1000

UOS506-0440 Medicine 45-64 Days/1000 MM

UOS506-0450 Medicine 45-64 ALOS

UOS506-0460 Medicine 65-74 Ds/1000

UOS506-0470 Medicine 65-74 Days/1000 MM

UOS506-0480 Medicine 65-74 ALOS

UOS506-0490 Medicine 75-84 Ds/1000

UOS506-0500 Medicine 75-84 Days/1000 MM

UOS506-0510 Medicine 75-84 ALOS

UOS506-0520 Medicine 85+ Ds/1000

UOS506-0530 Medicine 85+ Days/1000 MM

UOS506-0540 Medicine 85+ ALOS

UOS506-0570 Medicine Unk ALOS

UOS506-0580 Medicine Tot Ds/1000

UOS506-0590 Medicine Tot Days/1000 MM

UOS506-0600 Medicine Tot ALOS

UOS506-0610 Surgery <1 Ds/1000

UOS506-0620 Surgery <1 Days/1000 MM

UOS506-0630 Surgery <1 ALOS

UOS506-0640 Surgery 1-9 Ds/1000 MM

UOS506-0650 Surgery 1-9 Days/1000 MM

UOS506-0660 Surgery 1-9 ALOS

UOS506-0670 Surgery 10-19 Ds/1000 MM

UOS506-0680 Surgery 10-19 Days/1000 MM

UOS506-0690 Surgery 10-19 ALOS

UOS506-0700 Surgery 20-44 Ds/1000

UOS506-0710 Surgery 20-44 Days/1000 MM

UOS506-0720 Surgery 20-44 ALOS

UOS506-0730 Surgery 45-64 Ds/1000

UOS506-0740 Surgery 45-64 Days/1000 MM

UOS506-0750 Surgery 45-64 ALOS

UOS506-0760 Surgery 65-74 Ds/1000

UOS506-0770 Surgery 65-74 Days/1000 MM

UOS506-0780 Surgery 65-74 ALOS

UOS506-0790 Surgery 75-84 Ds/1000

UOS506-0800 Surgery 75-84 Days/1000 MM

UOS506-0810 Surgery 75-84 ALOS

UOS506-0820 Surgery 85+ Ds/1000

UOS506-0830 Surgery 85+ Days/1000 MM

UOS506-0840 Surgery 85+ ALOS

UOS506-0870 Surgery Unk ALOS

UOS506-0880 Surgery Tot Ds/1000

UOS506-0890 Surgery Tot Days/1000 MM

UOS506-0900 Surgery Tot ALOS

UOS506-0910 Maternity 10-19 Ds/1000 MM

UOS506-0920 Maternity 10-19 Days/1000 MM

UOS506-0930 Maternity 10-19 ALOS

UOS506-0940 Maternity 20-44 Ds/1000

UOS506-0950 Maternity 20-44 Days/1000 MM

UOS506-0960 Maternity 20-44 ALOS

UOS506-0970 Maternity 45-64 Ds/1000

UOS506-0980 Maternity 45-64 Days/1000 MM

UOS506-0990 Maternity 45-64 ALOS

UOS506-1020 Maternity Unk ALOS

UOS506-1030 Maternity Tot Ds/1000

UOS506-1040 Maternity Tot Days/1000 MM

UOS506-1050 Maternity Tot ALOS

#### UOS507 - Ambulatory Care (AMB)

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

• Outpatient Visits

• ED Visits

(HEDIS 2015, Volume 2: Technical Specification, Pg. 293)

##### REPORTING LEVEL - Contract

UOS507-0010 AMB OP <1 Visit/1000

UOS507-0020 AMB ER <1 Visit/1000

UOS507-0050 AMB OP 1-9 Visit/1000

UOS507-0060 AMB ER 1-9 Visit/1000

UOS507-0090 AMB OP 10-19 Visit/1000

UOS507-0100 AMB ER 10-19 Visit/1000

UOS507-0130 AMB OP 20-44 Visit/1000

UOS507-0140 AMB ER 20-44 Visit/1000

UOS507-0170 AMB OP 45-64 Visit/1000

UOS507-0180 AMB ER 45-64 Visit/1000

UOS507-0210 AMB OP 65-74 Visit/1000

UOS507-0220 AMB ER 65-74 Visit/1000

UOS507-0250 AMB OP 75-84 Visit/1000

UOS507-0260 AMB ER 75-84 Visit/1000

UOS507-0290 AMB OP 85+ Visit/1000

UOS507-0300 AMB ER 85+ Visit/1000

UOS507-0370 AMB OP Visit/1000

UOS507-0380 AMB ER Visit/1000

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

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

• Any service

• Inpatient

• Intensive outpatient or partial hospitalization

• Outpatient or ED

(HEDIS 2006, Volume 2: Technical Specification, Pg. 305)

##### REPORTING LEVEL - Contract

UOS513-0010 MH Svs Any 0-12 M Pct

UOS513-0020 MH Svs Inpat 0-12 M Pct

UOS513-0030 MH Svs Intensive 0-12 M Pct

UOS513-0040 MH Svs Outpat 0-12 M Pct

UOS513-0050 MH Svs Any 13-17 M Pct

UOS513-0060 MH Svs Inpat 13-17 M Pct

UOS513-0070 MH Svs Intensive 13-17 M Pct

UOS513-0080 MH Svs Outpat 13-17 M Pct

UOS513-0090 MH Svs Any 18-64 M Pct

UOS513-0100 MH Svs Inpat 18-64 M Pct

UOS513-0110 MH Svs Intensive 18-64 M Pct

UOS513-0120 MH Svs Outpat 18-64 M Pct

UOS513-0130 MH Svs Any 65+ M Pct

UOS513-0140 MH Svs Inpat 65+ M Pct

UOS513-0150 MH Svs Intensive 65+ M Pct

UOS513-0160 MH Svs Outpat 65+ M Pct

UOS513-0170 MH Svs Any Unk M Pct

UOS513-0180 MH Svs Inpat Unk M Pct

UOS513-0190 MH Svs Intensive Unk M Pct

UOS513-0200 MH Svs Outpat Unk M Pct

UOS513-0210 MH Svs Any Tot M Pct

UOS513-0220 MH Svs Inpat Tot M Pct

UOS513-0230 MH Svs Intensive Tot M Pct

UOS513-0240 MH Svs Outpat Tot M Pct

UOS513-0250 MH Svs Any 0-12 F Pct

UOS513-0260 MH Svs Inpat 0-12 F Pct

UOS513-0270 MH Svs Intensive 0-12 F Pct

UOS513-0280 MH Svs Outpat 0-12 F Pct

UOS513-0290 MH Svs Any 13-17 F Pct

UOS513-0300 MH Svs Inpat 13-17 F Pct

UOS513-0310 MH Svs Intensive 13-17 F Pct

UOS513-0320 MH Svs Outpat 13-17 F Pct

UOS513-0330 MH Svs Any 18-64 F Pct

UOS513-0340 MH Svs Inpat 18-64 F Pct

UOS513-0350 MH Svs Intensive 18-64 F Pct

UOS513-0360 MH Svs Outpat 18-64 F Pct

UOS513-0370 MH Svs Any 65+ F Pct

UOS513-0380 MH Svs Inpat 65+ F Pct

UOS513-0390 MH Svs Intensive 65+ F Pct

UOS513-0400 MH Svs Outpat 65+ F Pct

UOS513-0410 MH Svs Any Unk F Pct

UOS513-0420 MH Svs Inpat Unk F Pct

UOS513-0430 MH Svs Intensive Unk F Pct

UOS513-0440 MH Svs Outpat Unk F Pct

UOS513-0450 MH Svs Any Tot F Pct

UOS513-0460 MH Svs Inpat Tot F Pct

UOS513-0470 MH Svs Intensive Tot F Pct

UOS513-0480 MH Svs Outpat Tot F Pct

UOS513-0490 MH Svs Any 0-12 Tot Pct

UOS513-0500 MH Svs Inpat 0-12 Tot Pct

UOS513-0510 MH Svs Intensive 0-12 Tot Pct

UOS513-0520 MH Svs Outpat 0-12 Tot Pct

UOS513-0530 MH Svs Any 13-17 Tot Pct

UOS513-0540 MH Svs Inpat 13-17 Tot Pct

UOS513-0550 MH Svs Intensive 13-17 Tot Pct

UOS513-0560 MH Svs Outpat 13-17 Tot Pct

UOS513-0570 MH Svs Any 18-64 Tot Pct

UOS513-0580 MH Svs Inpat 18-64 Tot Pct

UOS513-0590 MH Svs Intensive 18-64 Tot Pct

UOS513-0600 MH Svs Outpat 18-64 Tot Pct

UOS513-0610 MH Svs Any 65+ Tot Pct

UOS513-0620 MH Svs Inpat 65+ Tot Pct

UOS513-0630 MH Svs Intensive 65+ Tot Pct

UOS513-0640 MH Svs Outpat 65+ Tot Pct

UOS513-0650 MH Svs Any Unk Tot Pct

UOS513-0660 MH Svs Inpat Unk Tot Pct

UOS513-0670 MH Svs Intensive Unk Tot Pct

UOS513-0680 MH Svs Outpat Unk Tot Pct

UOS513-0690 MH Svs Any Tot Pct

UOS513-0700 MH Svs Inpat Tot Pct

UOS513-0710 MH Svs Intensive Tot Pct

UOS513-0720 MH Svs Outpat Tot Pct

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

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

• Any service

• Inpatient

• Intensive outpatient or partial hospitalization

• Outpatient or ED

(HEDIS 2015, Volume 2: Technical Specification, Pg. 301)

##### REPORTING LEVEL - Contract

UOS520-0010 ID Svs Any 0-12 M Pct

UOS520-0020 ID Svs Any 0-12 F Pct

UOS520-0030 ID Svs Any 0-12 Tot Pct

UOS520-0040 ID Svs Any 13-17 M Pct

UOS520-0050 ID Svs Any 13-17 F Pct

UOS520-0060 ID Svs Any 13-17 Tot Pct

UOS520-0072 ID Svs Any 18-24 M Pct

UOS520-0074 ID Svs Any 18-24 F Pct

UOS520-0076 ID Svs Any 18-24 Tot Pct

UOS520-0078 ID Svs Any 25-34 M Pct

UOS520-0082 ID Svs Any 25-34 F Pct

UOS520-0084 ID Svs Any 25-34 Tot Pct

UOS520-0086 ID Svs Any 35-64 M Pct

UOS520-0088 ID Svs Any 35-64 F Pct

UOS520-0092 ID Svs Any 35-64 Tot Pct

UOS520-0100 ID Svs Any 65+ M Pct

UOS520-0110 ID Svs Any 65+ F Pct

UOS520-0120 ID Svs Any 65+ Tot Pct

UOS520-0130 ID Svs Any Unk M Pct

UOS520-0140 ID Svs Any Unk F Pct

UOS520-0150 ID Svs Any Unk Tot Pct

UOS520-0160 ID Svs Any Tot M Pct

UOS520-0170 ID Svs Any Tot F Pct

UOS520-0180 ID Svs Any Tot Pct

UOS520-0190 ID Svs Inpat 0-12 M Pct

UOS520-0200 ID Svs Inpat 0-12 F Pct

UOS520-0210 ID Svs Inpat 0-12 Tot Pct

UOS520-0220 ID Svs Inpat 13-17 M Pct

UOS520-0230 ID Svs Inpat 13-17 F Pct

UOS520-0240 ID Svs Inpat 13-17 Tot Pct

UOS520-0252 ID Svs Inpat 18-24 M Pct

UOS520-0254 ID Svs Inpat 18-24 F Pct

UOS520-0256 ID Svs Inpat 18-24 Tot Pct

UOS520-0258 ID Svs Inpat 25-34 M Pct

UOS520-0262 ID Svs Inpat 25-34 F Pct

UOS520-0264 ID Svs Inpat 25-34 Tot Pct

UOS520-0266 ID Svs Inpat 35-64 M Pct

UOS520-0268 ID Svs Inpat 35-64 F Pct

UOS520-0270 ID Svs Inpat 35-64 Tot Pct

UOS520-0280 ID Svs Inpat 65+ M Pct

UOS520-0290 ID Svs Inpat 65+ F Pct

UOS520-0300 ID Svs Inpat 65+ Tot Pct

UOS520-0310 ID Svs Inpat Unk M Pct

UOS520-0320 ID Svs Inpat Unk F Pct

UOS520-0330 ID Svs Inpat Unk Tot Pct

UOS520-0340 ID Svs Inpat Tot M Pct

UOS520-0350 ID Svs Inpat Tot F Pct

UOS520-0360 ID Svs Inpat Tot Pct

UOS520-0370 ID Svs Intensive 0-12 M Pct

UOS520-0380 ID Svs Intensive 0-12 F Pct

UOS520-0390 ID Svs Intensive 0-12 Tot Pct

UOS520-0400 ID Svs Intensive 13-17 M Pct

UOS520-0410 ID Svs Intensive 13-17 F Pct

UOS520-0420 ID Svs Intensive 13-17 Tot Pct

UOS520-0432 ID Svs Intensive 18-24 M Pct

UOS520-0434 ID Svs Intensive 18-24 F Pct

UOS520-0436 ID Svs Intensive 18-24 Tot Pct

UOS520-0438 ID Svs Intensive 25-34 M Pct

UOS520-0442 ID Svs Intensive 25-34 F Pct

UOS520-0444 ID Svs Intensive 25-34 Tot Pct

UOS520-0446 ID Svs Intensive 35-64 M Pct

UOS520-0448 ID Svs Intensive 35-64 F Pct

UOS520-0452 ID Svs Intensive 35-64 Tot Pct

UOS520-0460 ID Svs Intensive 65+ M Pct

UOS520-0470 ID Svs Intensive 65+ F Pct

UOS520-0480 ID Svs Intensive 65+ Tot Pct

UOS520-0490 ID Svs Intensive Unk M Pct

UOS520-0500 ID Svs Intensive Unk F Pct

UOS520-0510 ID Svs Intensive Unk Tot Pct

UOS520-0520 ID Svs Intensive Tot M Pct

UOS520-0530 ID Svs Intensive Tot F Pct

UOS520-0540 ID Svs Intensive Tot Pct

UOS520-0550 ID Svs Outpat 0-12 M Pct

UOS520-0560 ID Svs Outpat 0-12 F Pct

UOS520-0570 ID Svs Outpat 0-12 Tot Pct

UOS520-0580 ID Svs Outpat 13-17 M Pct

UOS520-0590 ID Svs Outpat 13-17 F Pct

UOS520-0600 ID Svs Outpat 13-17 Tot Pct

UOS520-0612 ID Svs Outpat 18-24 M Pct

UOS520-0614 ID Svs Outpat 18-24 F Pct

UOS520-0616 ID Svs Outpat 18-24 Tot Pct

UOS520-0618 ID Svs Outpat 25-34 M Pct

UOS520-0622 ID Svs Outpat 25-34 F Pct

UOS520-0624 ID Svs Outpat 25-34 Tot Pct

UOS520-0626 ID Svs Outpat 35-64 M Pct

UOS520-0628 ID Svs Outpat 35-64 F Pct

UOS520-0632 ID Svs Outpat 35-64 Tot Pct

UOS520-0640 ID Svs Outpat 65+ M Pct

UOS520-0650 ID Svs Outpat 65+ F Pct

UOS520-0660 ID Svs Outpat 65+ Tot Pct

UOS520-0670 ID Svs Outpat Unk M Pct

UOS520-0680 ID Svs Outpat Unk F Pct

UOS520-0690 ID Svs Outpat Unk Tot Pct

UOS520-0700 ID Svs Outpat Tot M Pct

UOS520-0710 ID Svs Outpat Tot F Pct

UOS520-0720 ID Svs Outpat Tot Pct

#### UOS522 - Antibiotic Utilization (ABX)

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

• Total number of antibiotic prescriptions

• Average number of antibiotic prescriptions per member per year (PMPY)

• Total days supplied for all antibiotic prescriptions

• Average days supplied per antibiotic prescription

• Total number of prescriptions for antibiotics of concern

• Average number of prescriptions PMPY for antibiotics of concern

• Percentage of antibiotics of concern for all antibiotic prescriptions

• Average number of antibiotics PMPY reported by drug class:

– For selected “antibiotics of concern”

– For all other antibiotics

(HEDIS 2015, Volume 2: Technical Specification, Pg. 308)

##### REPORTING LEVEL - Contract

UOS522-0010 AU Antibiotic Scrips PMPY M Tot Avg

UOS522-0015 AU Antibiotic Scrips M Tot Num

UOS522-0020 AU Antibiotic Scrips PMPY F Tot Avg

UOS522-0025 AU Antibiotic Scrips F Tot Num

UOS522-0030 AU Antibiotic Scrips PMPY MF Tot Avg

UOS522-0035 AU Antibiotic Scrips MF Tot Num

UOS522-0040 AU Days Supplied per Antibiotic Scrip M Tot Avg

UOS522-0045 AU Days Supplied for Antibiotic Scrips M Tot Num

UOS522-0050 AU Days Supplied per Antibiotic Scrip F Tot Avg

UOS522-0055 AU Days Supplied for Antibiotic Scrips F Tot Num

UOS522-0060 AU Days Supplied per Antibiotic Scrip MF Tot Avg

UOS522-0065 AU Days Supplied for Antibiotic Scrips MF Tot Num

UOS522-0070 AU Scrips PMPY for Antibiotics of Concern M Tot Avg

UOS522-0075 AU Scrips for Antibiotics of Concern M Tot Num

UOS522-0080 AU Scrips PMPY for Antibiotics of Concern F Tot Avg

UOS522-0085 AU Scrips for Antibiotics of Concern F Tot Num

UOS522-0090 AU Scrips PMPY for Antibiotics of Concern MF Tot Avg

UOS522-0095 AU Scrips for Antibiotics of Concern MF Tot Num

UOS522-0100 AU Pct Antibiotics of All Antibiotic Scrips M Tot

UOS522-0110 AU Pct Antibiotics of All Antibiotic Scrips F Tot

UOS522-0120 AU Pct Antibiotics of All Antibiotic Scrips MF Tot

UOS522-0130 AC Quinolone Scrips PMPY M Tot

UOS522-0140 AC Quinolone Scrips PMPY F Tot

UOS522-0150 AC Quinolone Scrips PMPY MF Tot

UOS522-0160 AC Cephalosporin Scrips 2nd-4th Generation PMPY M Tot

UOS522-0170 AC Cephalosporin Scrips 2nd-4th Generation PMPY F Tot

UOS522-0180 AC Cephalosporin Scrips 2nd-4th Generation PMPY MF Tot

UOS522-0190 AC Azithromycin and Clarithromycin Scrips PMPY M Tot

UOS522-0200 AC Azithromycin and Clarithromycin Scrips PMPY F Tot

UOS522-0210 AC Azithromycin and Clarithromycin Scrips PMPY MF Tot

UOS522-0220 AC Amoxicillin/Clavulanate Scrips PMPY M Tot

UOS522-0230 AC Amoxicillin/Clavulanate Scrips PMPY F Tot

UOS522-0240 AC Amoxicillin/Clavulanate Scrips PMPY MF Tot

UOS522-0250 AC Ketolide Scrips PMPY M Tot

UOS522-0260 AC Ketolide Scrips PMPY F Tot

UOS522-0270 AC Ketolide Scrips PMPY MF Tot

UOS522-0280 AC Clindamycin Scrips PMPY M Tot

UOS522-0290 AC Clindamycin Scrips PMPY F Tot

UOS522-0300 AC Clindamycin Scrips PMPY MF Tot

UOS522-0310 AC Misc Antibiotics of Concern Scrips PMPY M Tot

UOS522-0320 AC Misc Antibiotics of Concern Scrips PMPY F Tot

UOS522-0330 AC Misc Antibiotics of Concern Scrips PMPY MF Tot

UOS522-0340 AO Absorbable Sulfonamide Scrips PMPY M Tot

UOS522-0350 AO Absorbable Sulfonamide Scrips PMPY F Tot

UOS522-0360 AO Absorbable Sulfonamide Scrips PMPY MF Tot

UOS522-0370 AO Aminoglycoside Scrips PMPY M Tot

UOS522-0380 AO Aminoglycoside Scrips PMPY F Tot

UOS522-0390 AO Aminoglycoside Scrips PMPY MF Tot

UOS522-0400 AO 1st Generation Cephalosporin Scrips PMPY M Tot

UOS522-0410 AO 1st Generation Cephalosporin Scrips PMPY F Tot

UOS522-0420 AO 1st Generation Cephalosporin Scrips PMPY MF Tot

UOS522-0430 AO Lincosamide Scrips PMPY M Tot

UOS522-0440 AO Lincosamide Scrips PMPY F Tot

UOS522-0450 AO Lincosamide Scrips PMPY MF Tot

UOS522-0460 AO Macrolide (not azith or clarith) Scrips PMPY M Tot

UOS522-0470 AO Macrolide (not azith or clarith) Scrips PMPY F Tot

UOS522-0480 AO Macrolide (not azith or clarith) Scrips PMPY MF Tot

UOS522-0490 AO Penicillin Scrips PMPY M Tot

UOS522-0500 AO Penicillin Scrips PMPY F Tot

UOS522-0510 AO Penicillin Scrips PMPY MF Tot

UOS522-0520 AO Tetracycline Scrips PMPY M Tot

UOS522-0530 AO Tetracycline Scrips PMPY F Tot

UOS522-0540 AO Tetracycline Scrips PMPY MF Tot

UOS522-0550 AO Misc Antibiotic Scrips PMPY M Tot

UOS522-0560 AO Misc Antibiotic Scrips PMPY F Tot

UOS522-0570 AO Misc Antibiotic Scrips PMPY MF Tot

UOS522-0580 AC Quinolone Scrips M Tot Num

UOS522-0590 AC Quinolone Scrips F Tot Num

UOS522-0600 AC Quinolone Scrips MF Tot Num

UOS522-0610 AC Cephalosporin Scrips 2nd-4th Generation M Tot Num

UOS522-0620 AC Cephalosporin Scrips 2nd-4th Generation F Tot Num

UOS522-0630 AC Cephalosporin Scrips 2nd-4th Generation MF Tot Num

UOS522-0640 AC Azithromycin and Clarithromycin Scrips M Tot Num

UOS522-0645 AC Azithromycin and Clarithromycin Scrips F Tot Num

UOS522-0650 AC Azithromycin and Clarithromycin Scrips MF Tot Num

UOS522-0660 AC Amoxicillin/Clavulanate Scrips M Tot Num

UOS522-0670 AC Amoxicillin/Clavulanate Scrips F Tot Num

UOS522-0680 AC Amoxicillin/Clavulanate Scrips MF Tot Num

UOS522-0690 AC Ketolide Scrips M Tot Num

UOS522-0700 AC Ketolide Scrips F Tot Num

UOS522-0710 AC Ketolide Scrips MF Tot Num

UOS522-0720 AC Clindamycin Scrips M Tot Num

UOS522-0730 AC Clindamycin Scrips F Tot Num

UOS522-0740 AC Clindamycin Scrips MF Tot Num

UOS522-0750 AC Misc Antibiotics of Concern Scrips M Tot Num

UOS522-0760 AC Misc Antibiotics of Concern Scrips F Tot Num

UOS522-0770 AC Misc Antibiotics of Concern Scrips MF Tot Num

UOS522-0780 AO Absorbable Sulfonamide Scrips M Tot Num

UOS522-0790 AO Absorbable Sulfonamide Scrips F Tot Num

UOS522-0800 AO Absorbable Sulfonamide Scrips MF Tot Num

UOS522-0810 AO Aminoglycoside Scrips M Tot Num

UOS522-0820 AO Aminoglycoside Scrips F Tot Num

UOS522-0830 AO Aminoglycoside Scrips MF Tot Num

UOS522-0840 AO 1st Generation Cephalosporin Scrips M Tot Num

UOS522-0850 AO 1st Generation Cephalosporin Scrips F Tot Num

UOS522-0860 AO 1st Generation Cephalosporin Scrips MF Tot Num

UOS522-0870 AO Lincosamide Scrips M Tot Num

UOS522-0880 AO Lincosamide Scrips F Tot Num

UOS522-0890 AO Lincosamide Scrips MF Tot Num

UOS522-0900 AO Macrolide (not azith or clarith) Scrips M Tot Num

UOS522-0910 AO Macrolide (not azith or clarith) Scrips F Tot Num

UOS522-0920 AO Macrolide (not azith or clarith) Scrips MF Tot Num

UOS522-0930 AO Penicillin Scrips M Tot Num

UOS522-0940 AO Penicillin Scrips F Tot Num

UOS522-0950 AO Penicillin Scrips MF Tot Num

UOS522-0960 AO Tetracycline Scrips M Tot Num

UOS522-0970 AO Tetracycline Scrips F Tot Num

UOS522-0980 AO Tetracycline Scrips MF Tot Num

UOS522-0990 AO Misc Antibiotic Scrips M Tot Num

UOS522-1000 AO Misc Antibiotic Scrips F Tot Num

UOS522-1010 AO Misc Antibiotic Scrips MF Tot Num

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

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

1. Count of Index Hospital Stays (IHS) (denominator).

2. Count of 30-Day Readmissions (numerator).

3. Average Adjusted Probability of Readmission.

(HEDIS 2015, Volume 2: Technical Specification, Pg. 318)

##### REPORTING LEVEL - Contract

UOS524-0010 Count of Index Stays (Denominator) 65-74

UOS524-0020 Count of 30-Day readmissions (Numerator) 65-74

UOS524-0025 Observed Readmission (Num/Den) 65-74

UOS524-0030 Average Adjusted Probability 65-74

UOS524-0035 Total Variance 65-74

UOS524-0040 Count of Index Stays (Denominator) 75-84

UOS524-0050 Count of 30-Day readmissions (Numerator) 75-84

UOS524-0055 Observed Readmission (Num/Den) 75-84

UOS524-0060 Average Adjusted Probability 75-84

UOS524-0065 Total Variance 75-84

UOS524-0070 Count of Index Stays (Denominator) 85+

UOS524-0080 Count of 30-Day readmissions (Numerator) 85+

UOS524-0085 Observed Readmission (Num/Den) 85+

UOS524-0090 Average Adjusted Probability 85+

UOS524-0095 Total Variance 85+

UOS524-0100 Count of Index Stays (Denominator) Total Total

UOS524-0110 Count of 30-Day readmissions (Numerator) Total Total

UOS524-0120 Observed Readmission (Num/Den) Total Total

UOS524-0130 Average Adjusted Probability Total Total

UOS524-0140 Total Variance Total Total

UOS524-0150 Observed-to-Expected Ratio

UOS524-0160 Lower Confidence Interval

UOS524-0170 Upper Confidence Interval

UOS524-0510 Count of Index Stays (Denominator) 18-44

UOS524-0520 Count of 30-Day readmissions (Numerator) 18-44

UOS524-0525 Observed Readmission (Num/Den) 18-44

UOS524-0530 Average Adjusted Probability 18-44

UOS524-0535 Total Variance 18-44

UOS524-0540 Count of Index Stays (Denominator) 45-54

UOS524-0550 Count of 30-Day readmissions (Numerator) 45-54

UOS524-0555 Observed Readmission (Num/Den) 45-54

UOS524-0560 Average Adjusted Probability 45-54

UOS524-0565 Total Variance 45-54

UOS524-0570 Count of Index Stays (Denominator) 55-64

UOS524-0580 Count of 30-Day readmissions (Numerator) 55-64

UOS524-0585 Observed Readmission (Num/Den) 55-64

UOS524-0590 Average Adjusted Probability 55-64

UOS524-0595 Total Variance 55-64

UOS524-0600 Count of Index Stays (Denominator) Total Total

UOS524-0610 Count of 30-Day readmissions (Numerator) Total

UOS524-0620 Average Adjusted Probability Total Total

UOS524-0630 Observed Readmission (Num/Den) Total Total

UOS524-0640 Total Variance Total Total

UOS524-0650 Observed-to-Expected Ratio

UOS524-0660 Lower Confidence Interval

UOS524-0670 Upper Confidence Interval