Utilization and Risk Adjusted Utilization

# Guidelines for Utilization and Risk Adjusted Utilization Measures

## Summary of Changes to HEDIS 2016

* “Guidelines for Utilization Measures” have been renamed, “Guidelines for Utilization and Risk Adjusted Utilization Measures.”

***Note:*** *Utilization measures are designed to capture the frequency of certain services provided by the organization. Organizations should use this information for internal evaluation only. NCQA does not view higher or lower service counts as indicating better or worse performance.*

Guidelines

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| *1.* | **Measures similar to Effectiveness of Care measures.** Four Utilization measures have the same structure as the measures in the Effectiveness of Care domain:   1. *Frequency of Ongoing Prenatal Care.* 2. *Well-Child Visits in the First 15 Months of Life.* 3. *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life.* 4. *Adolescent Well-Care Visits.*   Follow the *Guidelines for Effectiveness of Care Measures* when calculating these measures. |
| *2.* | **Continuous enrollment criteria.** Continuous enrollment requirements apply to the following measures.   * *Frequency of Ongoing Prenatal Care.* * *Well-Child Visits in the First 15 Months of Life.* * *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life.* * *Adolescent Well-Care Visits.*   Follow the guidelines on continuous enrollment provided in the *General Guidelines.* |

Specific Instructions for Utilization Tables

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| *3.* | **Members who switch product lines.** Unless otherwise specified, assign members to the product in which they are enrolled on the date of service for the relevant service. If the service is an inpatient claim/encounter, use the member’s discharge date to assign the product line. Assign Medicaid members to the Medicaid-eligibility category (e.g., Medicaid/Medicare, the disabled) based on the date of service or date of discharge (inpatient) for the relevant service. |
| *4.* | **Member month vs. member year reporting.**Enter data in IDSS in *member months* format. IDSS will produce data in *member years* format for commercial and Medicare product lines. |
| *5.* | **Services provided during the measurement year.** Report information on services that occurred during the measurement year in the Utilization tables. |
| *6.* | **Which services count?** Report all services the organization paid for or expects to pay for  (i.e., claims incurred but not paid). *Do not include* services and days denied for any reason. If a member is enrolled retroactively, count all services for which the organization paid or expects to pay. |

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|  | The organization may have:   * Covered the full amount. * Paid only a portion of the amount (e.g., 80 percent). * Paid nothing because the member covered the entire amount to meet a deductible. * Paid nothing because the service was covered as part of a PMPM payment. * Denied the service.   *Count the service if:*   * The organization paid the full amount ***or*** a portion of the amount (e.g., 80 percent). * The member paid for the service as part of the benefit offering (e.g., to meet a deductible), ***or*** * The service was covered under a PMPM payment.   *Do not count the service if:*   * The organization denied the service for any reason, unless the member paid for the service as part of the benefit offering (e.g., to meet a deductible), ***or*** * The claim for the service was rejected because it was missing information or was invalid for another reason.   Include all services, whether or not the organization paid for them or expects to pay for them (i.e., include denied claims) when applying risk adjustment in the *Plan All-Cause Readmissions* *(PCR)* measure. *Do not include* denied services (i.e., only include paid services and services expected to be paid) when identifying all other events (including the IHS) in the PCR measure. |
| *7.* | **Medicaid eligibility reporting categories.** For the organization’s Medicaid HEDIS submission, report certain utilization data separately for each of the following eligibility categories:   * Medicaid/Medicare Dual-Eligibles. * Disabled. * Low Income. * Total Medicaid.   Refer to *Enrollment by Product Line* for more information on defining Medicaid categories. |
| *8.* | **Stratification by product line/eligibility category.**Members covered by different product lines tend to vary considerably by sociodemographic characteristics and enrollment and utilization patterns. For this reason, report measures separately for each product line (Medicaid, commercial, Medicare).  Measures will have up to six tables. Complete only the tables relevant to the organization (i.e., tables reflecting the product lines that the organization serves). Tables that apply to each measure are designated as follows (where **XXX** is the abbreviation for a specific measure).   1. Table **XXX**-1a Total Medicaid. 2. Table **XXX**-1b Medicaid/Medicare Dual-Eligibles. 3. Table **XXX**-1c Medicaid—Disabled. 4. Table **XXX**-1d Medicaid—Other Low Income. 5. Table **XXX**-2 Commercial—by Product or Combined HMO/POS.   6. Table **XXX**-3 Medicare. |

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|  | Medicaid members who have a restricted benefit package are not reported separately, but are included in Table XXX-1a (Total Medicaid). Therefore, the sum of Table XXX-1b (Medicaid/ Medicare Dual-Eligibles), Table XXX-1c (Disabled) and Table XXX-1d (Other Low Income) does not equal Table XXX-1a (Total Medicaid). Information on the categorization of Medicaid members will be provided to the organization by the state. If the state does not provide these data, the organization may report “Total Medicaid” only.  Report Medicare/Medicaid members in Table XXX-1a and Table XXX-1b, regardless of the type of Medicare coverage. Report Medicaid/Medicare dual-eligibles in Table XXX-3 (Medicare) if the organization holds a Medicare Advantage contract.  Commercial members. Report “direct pay” and “group” members as commercial members. Table XXX-2 reports the organization’s commercial members.  Because utilization patterns vary with product line characteristics, there is no “total” table summarizing information on all enrolled organization members. | | |
| *9.* | **Calculating member months.** A table for reporting member months by age category (and gender category, if required) is provided for most measures. Complete the tables for all members with the relevant benefit during the measurement year using the following guidelines and formulas. | | | |
|  | **Member months** are a member’s “contribution” to the total yearly membership. | | | | | |
|  | *Step 1* | Determine member months using a specified day of each month (e.g., the 15th or the last day of the month), to be determined according to the organization’s administrative processes. The day selected must be consistent from member to member, month to month and from year to year. For example*,* if the organization tallies membership on the 15th of the month and Ms. X is enrolled in the organization on January 15, Ms. X contributes one member month in January. | | | | |
|  | *Retroactive enrollment.* The organization may include any months in which members were enrolled retrospectively and for which the organization received a retroactive capitation payment. | | | | | |
|  | *Step 2* | Use the member’s age on the specified day of each month to determine the age group to which member months will be contributed. For example, if an organization tallies membership on the 15th of each month and Ms. X turns 25 on April 3 and is enrolled for the entire year, then she contributes three member months (January, February and March) to the 20–24 age category and nine member months to the 25–29 age group category. | | | | |
| *10.* | **Calculating member years**. IDSS automatically produces member years for commercial and Medicare product lines after the organization enters member months data. Medicaid data remain in member months format. | | | | | |
|  | Member years serve as a proxy for annual membership and are calculated by IDSS as:  X member months/12 months = Y member years | | | | | |
| *11.* | **Matching enrollment with utilization.** Run enrollment reports used for member month calculations to determine utilization rates (such as days/1,000 members per year) within 30 days of the claims reports and for the same time period. Include retroactive additions and terminations in the reports.  Organizations that report utilization services must also report benefit enrollment (e.g., pharmacy and mental health member months). | | | | |
| *12.* | **Reporting outpatient services.** To report outpatient procedures and services, count the total number of specified services the organization paid for, or expects to pay for, during the measurement year. Use the formulas and guidelines below to complete the tables: | | | | |
|  | Age of members | | Report age as of the date of service. | | |

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|  | | Counting multiple services | If a member receives the same service or procedure at two different times (e.g., CABG procedures six months apart), count them as two procedures. Count services, not the frequency of procedure codes billed (e.g., if a surgeon and a hospital submit separate bills pertaining to the same surgical episode with the same date of service, count only one).  Organizations must develop their own systems to avoid double counting. |
|  | | Visits/1,000 member months | (Total visits/member months) x 1,000. |
|  | | Visits/1,000 member years | (Total visits/member months) x 1,000 x 12.  **Note:** IDSS automatically produces member years data for commercial and Medicare product lines upon entry of member months data. |
| *13.* | | **Reporting inpatient services—discharges.** Identify inpatient utilization and report by discharge date, rather than by admission date, and include all discharges that occurred during the measurement year, using the guidelines and formulas outlined below. | |
|  | | Age of members | Unless otherwise specified, report member age as of the date of service. If the service is an inpatient claim/encounter, use age as of the date of discharge. |
|  | | Counting multiple services | If a patient receives the same service or procedure at two different times (e.g., CABG procedures six months apart), count them as two procedures. Count services, not the frequency of procedure codes billed (e.g., if a surgeon and a hospital submit separate bills pertaining to the same surgical episode with the same date of service, count only one).  Organizations must develop their own systems to avoid double counting. |
|  | | Counting transfers | Treat transfers *between* institutions as separate admissions. Base transfer reports *within* an institution on the type and level of services provided. Report separate admissions when the transfer is between acute and nonacute levels of service or between mental health/chemical dependency services and non-mental health/chemical dependency services.  Count only one admission when the transfer takes place within the same service category but to a different level of care; for example, from intensive care to a lesser level of care or from a lesser level of care to intensive care. |
|  | | Mental health  and chemical dependency transfers | Count as a separate admission a transfer within the same institution but to a different level of care (e.g., a transfer between inpatient and residential care). Each level must appropriately include discharges and length of stay (count inpatient days under inpatient; count residential days under residential). |
|  | Discharges | Total discharges associated with specified diagnosis codes. If the organization cannot report by discharge date, report data by admission date and indicate the reason. |
|  | Discharges/1,000 member months | (Total discharges/member months) × 1,000. |
|  | Discharges/1,000 member years | (Total discharges/member months) × 1,000 × 12.  **Note:** IDSS automatically produces member years data for commercial and Medicare product lines when member months data are entered. |

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|  | Discharges/1,000 female member months, stratified | | Member months within the particular age and gender category specified in each row of the table. For example, [(total discharges for female members 20–34) ÷ (member months of female members 20–34)] × 1,000. |
|  | Discharges/1,000 female member years, stratified | | Members within the particular age and gender category specified in each row of the table. For example, [(total discharges for female members 20–34 years) ÷ (member months of female members 20–34)] × 1,000 × 12.  Note: IDSS automatically produces member years data for commercial and Medicare product lines upon entry of member months data. |
| *14.* | | **Reporting inpatient services—length of stay and days.** Use the formulas below to report length of stay (LOS), average length of stay (ALOS) and total days: | |
|  | | LOS | All approved days from admission to discharge. The last day of the stay is not counted unless the admission and discharge date are the same.  LOS = discharge date – admit date – denied days.  **Note:** When an inpatient revenue code (i.e., UB or equivalent code) is associated with a stay, the LOS must equal at least one day. If the discharge date and the admission date are the same, then the discharge date minus admission date equals one day, not zero days. |
|  | | ALOS | Total days/total discharges. |
|  | | Total days incurred | The sum of the length of stay for all discharges during a measurement year. The total does not include the last day of the stay (unless the last day of stay is also the admit day) or denied days.  *Total days incurred includes* days before January 1 of the measurement year for discharge dates occurring during the measurement year.  *Total days incurred does not include* days during the measurement year that are associated with discharge dates in the year after the measurement year.  Total days incurred = Sum of LOS for each discharge during the measurement year. |
|  | | Total days incurred/1,000 member years | (Total days incurred/member months) × 1,000 × 12.  **Note:** IDSS automatically produces member years data for commercial and Medicare product lines when member months data are entered. |

## Frequency of Ongoing Prenatal Care (FPC)

Summary of Changes to HEDIS 2016

* Deleted the use of infant claims to identify deliveries.
* Added “Numerator events by supplemental data” to the Data Elements for Reporting table to capture the number of members who met numerator criteria using supplemental data.

Description

The percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that had the following number of expected prenatal visits:

* <21 percent of expected visits.
* 21 percent–40 percent of expected visits.
* 41 percent–60 percent of expected visits.
* 61 percent–80 percent of expected visits.
* ≥81 percent of expected visits.

This measure uses the same denominator as the *Prenatal and Postpartum Care* measure.

**Note:** This measure has the same structure as measures in the Effectiveness of Care domain. The organization must follow the Guidelines for Effectiveness of Care Measures when calculating this measure.

Eligible Population

|  |  |
| --- | --- |
| Product line | Medicaid. |
| Age | None specified. |
| Continuous enrollment | 43 days prior to delivery through 56 days after delivery. |
| Allowable gap | No allowable gap during the continuous enrollment period. |
| Anchor date | Date of delivery. |
| Benefit | Medical. |
| Event/diagnosis | Delivered a live birth on or between November 6 of the year prior to the measurement year and November 5 of the measurement year.  Include women who delivered in any setting.  *Multiple births.* Women who had two separate deliveries (different dates of service) between November 6 of the year prior to the measurement year and November 5 of the measurement year are counted twice. Women who had multiple live births during one pregnancy are counted once.  Follow the steps below to identify the eligible population, which is the denominator for both rates. |

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| *Step 1* | Identify deliveries. Identify all women with a delivery (Deliveries Value Set) between November 6 of the year prior to the measurement year and November 5 of the measurement year. |
| *Step 2* | Exclude non-live births (Non-live Births Value Set). |
| *Step 3* | Identify continuous enrollment. Determine if enrollment was continuous between 43 days prior to delivery and 56 days after delivery, with no gaps. |

Administrative Specification

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| --- | --- |
| Denominator | The eligible population. |
| Numerator | Women who had an unduplicated count of <21 percent, 21 percent–40 percent,  41 percent–60 percent, 61 percent–80 percent or ≥81 percent of the number of expected visits, adjusted for the month of pregnancy at time of enrollment and gestational age.  For each delivery, follow the steps below to calculate each woman’s ratio of observed-to-expected prenatal care visits. |
| *Step 1* | Identify the delivery date using hospital discharge data. |
| *Step 2* | Identify the date when the member enrolled in the organization and determine the stage of pregnancy at time of enrollment.If the member has gaps in enrollment during pregnancy, use the last enrollment segment to determine continuous enrollment in the organization. For members with a gap in enrollment any time during pregnancy (including a gap in the first trimester), the last enrollment segment is the enrollment start date during the pregnancy that is closest to the delivery date.  Use the following approach (or an equivalent method) to calculate the stage of pregnancy at time of enrollment. If gestational age is not available, assume a gestational age of 280 days (40 weeks).   * Convert gestational age into days. * Subtract gestational age (in days) from the date of delivery (step 1). * Subtract the date obtained above from the date when the member enrolled in the organization to determine the stage of pregnancy at time of enrollment. * Divide the numbers of days the member was pregnant at enrollment (step 3) by 30. Round the resulting number according to the .5 rule to a whole number.   For example, delivery date is August 8, 2015; gestational age is 33 weeks; date of enrollment is May 6, 2015. Given these variables, the process is:   * Gestational age in days is *231 days* (33 weeks × 7 days/week). * Date of delivery – gestational age (in days) is *December 20, 2014* (August 8, 2015 – 231 days). * Date when the member enrolled in the organization – date obtained in step 2 is *137 days* (May 6, 2015 – December 20, 2014). * Month in which prenatal care began is *4.56 months* (137 days/30 days) and then round up to *5 months* using the 0.5 rule.   This member’s stage of pregnancy at time of enrollment is 5 months. |

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| *Step 3* | Use Table FPC-A to find the number of recommended prenatal visits by gestational age and stage of pregnancy at time of enrollment per the American College of Obstetricians and Gynecologists (ACOG). The chart subtracts the number of missed visits prior to the date the member enrolled from the number of recommended visits for a given gestational age.  ACOG recommends that women with an uncomplicated pregnancy receive visits every  4 weeks for the first 28 weeks of pregnancy, every 2–3 weeks until 36 weeks of pregnancy, and weekly thereafter. For example, ACOG recommends 14 visits for a 40-week pregnancy. If the member enrolled during her fourth month (3 missed visits prior to enrollment in the organization), the expected number of visits is 14 – 3 = 11.  For deliveries with a gestational age <28 weeks or >43 weeks, calculate the expected number of prenatal care visits using the date when the member enrolled and ACOG’s recommended schedule of visits. For example, if gestational age is 26 weeks and the member enrolled during her second month of pregnancy, the expected number of prenatal care visits is 5 (6 expected visits [1 visit every 4 weeks or 6 visits in 24 weeks], less 1 visit missed in the first month).  If gestational age is 44 weeks and the member enrolled during her third month of pregnancy, the expected number of prenatal care visits is 16 (14 expected visits for a 40-week gestation plus 1 visit each additional week [18 total expected prenatal care visits], less 2 visits missed in the first and second months). | |
| *Step 4* | Identify the number of discrete prenatal care visits the member received during the course of her pregnancy and while enrolled in the organization using claims and encounter data.  To identify prenatal visits that occurred during the first trimester, refer to the *Prenatal and Postpartum Care* measure decisions rules for *Identifying Prenatal Care For Women Continuously Enrolled During the First Trimester.*  To identify prenatal visits that occurred during the second and third trimester, refer to the prenatal and postpartum care measure instructions for *Identifying Prenatal Care For Women Not Continuously Enrolled During the First Trimester.* Visits that occur on the date of delivery and meet the prenatal visit criteria count toward the measure.  All criteria must be met for encounters to be counted as a discrete prenatal care visit. For example, Decision Rules 2 and 3 require multiple components (typically a visit combined with a diagnosis code or another prenatal service such as a lab test or an ultrasound). Ultrasound and lab results alone are not considered a discrete prenatal care visit unless they are combined with other criteria.  Services that occur over multiple visits can be combined to create a discrete prenatal care visit if all services occur within the time frame established in the measure and services are not double counted. Organizations must develop systems to avoid double counting. For example, a code from the Stand Alone Prenatal Visits Value Set on the same date of service as a code from the Prenatal Visits Value Set is interpreted to represent a single visit/encounter and may not be counted twice. If the member had a gap in enrollment, count only the visits received during the last enrollment segment. | |
| *Step 5* | Calculate the ratio of observed visits (step 4) to expected visits (step 3). | |
| *Step 6* | Report each woman in the appropriate category: | |
|  | * <21 percent. * 21 percent–40 percent. * 41 percent–60 percent. | * 61 percent–80 percent. * ≥81 percent of expected visits. |

Hybrid Specification

|  |  |
| --- | --- |
| Denominator | A systematic sample of members drawn from the eligible population. If the organization collects this measure and the *Prenatal and Postpartum Care* measure, it must use the same systematic sample for both. The organization may reduce the sample size using the current year’s lowest product-line-specific administrative rate for the rate of women who received ≥81 percent of expected prenatal care visits and the two rates from *Prenatal and Postpartum Care.* It may also use the prior year’s lowest audited product-line-specific rates for the rate of women who received ≥81 percent of expected prenatal care visits and the two rates from *Prenatal and Postpartum Care*.  Refer to the *Guidelines for Calculations and Sampling* for information on reducing sampling size. |
| Numerator | Women who had an unduplicated count of the number of expected visits that was  <21 percent, 21 percent–40 percent, 41 percent–60 percent, 61 percent–80 percent or ≥81 percent of the number of expected visits, adjusted for the month of pregnancy at time of enrollment and gestational age. The visits may be identified through either administrative data or medical record review.  The numerator is calculated retroactively from date of delivery or EDD. |
| *Administrative* | Refer to *Administrative Specification* to identify positive numerator hits from the administrative data. |
| *Medical record* | Use the medical record documentation requirements in the *Prenatal and Postpartum Care* measure to identify prenatal visits that occur during the first, second and third trimesters.  Identify gestational age at birth from the hospital record (e.g., admission write-ups, histories and physicals, discharge summaries or labor and delivery records) or birth certificate. **Gestational age** is the number of completed weeks that elapsed between the first day of the last normal menstrual period and the date of delivery. If gestational age is not available, assume a gestational age of 280 days (40 weeks).  Methods recommended to determine gestational age are:   * Physician ascertainment using ultrasound or Dubowitz assessment. * Last menstrual period (LMP) calculation (date of LMP – date of delivery) ÷ 7. If gestational age is recorded or calculated in fractions of a week, round down to the lower whole number. |

*Note*

* *This measure is based on deliveries. Count members who have multiple deliveries from a single pregnancy once. Include each pregnancy for members who have multiple deliveries from different pregnancies.*
* *Organizations that collect both* Prenatal and Postpartum Care *and* Frequency of Ongoing Prenatal Care *using the Hybrid Method must use the same sample for collection.*
* *If an organization uses the Hybrid Method, it may not use a combination of administrative data and medical record review to identify prenatal care visits for an individual in the denominator. For example, for one member, the organization* may not *count two prenatal care visits identified through administrative data and another three visits identified through medical record review (for a total of five prenatal care visits) for one member, even if each visit shows a different date of service.*
* *Refer to Appendix 3 for the definition of* PCP *and* OB/GYN and other prenatal care practitioners*.*

Table FPC-A: Expected Number of Prenatal Care Visits for a Given Gestational Age   
and Month Member Enrolled in the Organization

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Month of Pregnancy Member Enrolled in the Organization\* | | | | | | | | | |
| **Gestational Age in Weeks** | **0-1st month** | **2nd month** | **3rd month** | **4th month** | **5th month** | **6th month** | **7th month** | **8th month** | **9th month** |
| 28 | 6 | 5 | 4 | 3 | 1 | 1 | — | — | — |
| 29 | 6 | 5 | 4 | 3 | 1 | 1 | — | — | — |
| 30 | 7 | 6 | 5 | 4 | 2 | 1 | 1 | — | — |
| 31 | 7 | 6 | 5 | 4 | 2 | 1 | 1 | — | — |
| 32 | 8 | 7 | 6 | 5 | 3 | 2 | 1 | — | — |
| 33 | 8 | 7 | 6 | 5 | 3 | 2 | 1 | — | — |
| 34 | 9 | 8 | 7 | 6 | 4 | 3 | 2 | 1 | — |
| 35 | 9 | 8 | 7 | 6 | 4 | 3 | 2 | 1 | — |
| 36 | 10 | 9 | 8 | 7 | 5 | 4 | 3 | 1 | — |
| 37 | 11 | 10 | 9 | 8 | 6 | 5 | 4 | 2 | — |
| 38 | 12 | 11 | 10 | 9 | 7 | 6 | 5 | 3 | — |
| 39 | 13 | 12 | 11 | 10 | 8 | 7 | 6 | 4 | 1 |
| 40 | 14 | 13 | 12 | 11 | 9 | 8 | 7 | 5 | 1 |
| 41 | 15 | 14 | 13 | 12 | 10 | 9 | 8 | 6 | 2 |
| 42 | 16 | 15 | 14 | 13 | 11 | 10 | 9 | 7 | 3 |
| 43 | 17 | 16 | 15 | 14 | 12 | 11 | 10 | 8 | 4 |

**Note:** Dashes indicate that no visits are expected.

*Source:* Guidelines for Perinatal Care, Fifth Edition. American Academy of Pediatrics and the American College of Obstetricians and Gynecologists.

Data Elements for Reporting

Organizations that submit HEDIS data to NCQA must provide the following data elements.

Table FPC-1: Data Elements for Frequency of Ongoing Prenatal Care

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| --- | --- | --- |
|  | **Administrative** | **Hybrid** |
| Measurement year | ✓ | ✓ |
| Data collection methodology (Administrative or Hybrid) | ✓ | ✓ |
| Eligible population | ✓ | ✓ |
| Number of numerator events by administrative data in eligible population (before exclusions) |  | *Each of the 5 rates* |
| Current year’s administrative rate (before exclusions) |  | *Each of the 5 rates* |
| Minimum required sample size (MRSS) or other sample size |  | ✓ |
| Oversampling rate |  | ✓ |
| Final sample size (FSS) |  | ✓ |
| Number of numerator events by administrative data in FSS |  | *Each of the 5 rates* |
| Administrative rate on FSS |  | *Each of the 5 rates* |
| Number of original sample records excluded because of valid data errors |  | ✓ |
| Number of employee/dependent medical records excluded |  | ✓ |
| Records added from the oversample list |  | ✓ |
| Denominator |  | ✓ |
| Numerator events by administrative data | *Each of the 5 rates* | *Each of the 5 rates* |
| Numerator events by medical records |  | *Each of the 5 rates* |
| Numerator events by supplemental data | *Each of the 5 rates* | *Each of the 5 rates* |
| Reported rate | *Each of the 5 rates* | *Each of the 5 rates* |
| Lower 95% confidence interval | *Each of the 5 rates* | *Each of the 5 rates* |
| Upper 95% confidence interval | *Each of the 5 rates* | *Each of the 5 rates* |

## Well-Child Visits in the First 15 Months of Life (W15)

Summary of Changes to HEDIS 2016

* Added “Numerator events by supplemental data” to the Data Elements for Reporting table to capture the number of members who met numerator criteria using supplemental data.

Description

The percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life:

|  |  |  |
| --- | --- | --- |
| * No well-child visits. * One well-child visit. * Two well-child visits. | * Three well-child visits. * Four well-child visits. * Five well-child visits. | * Six or more well-child visits. |

*Note*

* *This measure has the same structure as measures in the Effectiveness of Care domain. The organization must follow the Guidelines for Effectiveness of Care Measures when calculating this measure.*
* *Only the Administrative Method of data collection may be used when reporting this measure for the commercial population.*

Eligible Population

|  |  |
| --- | --- |
| Product lines | Commercial, Medicaid (report each product line separately). |
| Age | 15 months old during the measurement year. |
| Continuous enrollment | 31 days–15 months of age. Calculate 31 days of age by adding 31 days to the child’s date of birth. Calculate the 15-month birthday as the child’s first birthday plus 90 days. For example, a child born on January 9, 2014, turns 15 months old on April 9, 2015. |
| Allowable gap | No more than one gap in enrollment of up to 45 days during the continuous enrollment period. To determine continuous enrollment for a Medicaid member for whom enrollment is verified monthly the member may not have more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled). |
| Anchor date | Day the child turns 15 months old. |
| Benefit | Medical. |
| Event/diagnosis | None. |

Administrative Specification

|  |  |
| --- | --- |
| Denominator | The eligible population. |
| Numerators | Seven separate numerators are calculated, corresponding to the number of members who received 0, 1, 2, 3, 4, 5, 6 or more well-child visits (Well-Care Value Set), on different dates of service, with a PCP during their first 15 months of life.  The well-child visit must occur with a PCP, but the PCP does not have to be the practitionerassigned to the child. |

Hybrid Specification

|  |  |
| --- | --- |
| Denominator | A systematic sample drawn from the eligible population for the Medicaid product line. The organization may reduce its sample size using the current year’s administrative rate for six or more visits, or the prior year’s audited rate for six or more visits.  Refer to the *Guidelines for Calculations and Sampling* for information on reducing sample size. |
| Numerators | Seven separate numerators are calculated, corresponding to the number of members who had 0, 1, 2, 3, 4, 5, 6 or more complete well-child visits, on different dates of service, with a PCP during their first 15 months of life.  The well-child visit must occur with a PCP. |
| *Administrative* | Refer to *Administrative Specification* to identify positive numerator hits from administrative data. |
| *Medical record* | Documentation from the medical record must include a note indicating a visit with a PCP, the date when the well-child visit occurred and evidence of *all* of the following:   * A health history. * A physical developmental history. * A mental developmental history. * A physical exam. * Health education/anticipatory guidance.   Do not include services rendered during an inpatient or ED visit.  Preventive services may be rendered on visits other than well-child visits. Well-child preventive services count toward the measure, regardless of the primary intent of the visit, but services that are specific to an acute or chronic condition do not count toward the measure.  The organization may count services that occur over multiple visits, as long as all services occur in the time frame specified by the measure. |

*Note*

* *Refer to* Appendix 3 *for the definition of* PCP.
* *This measure is based on the CMS and American Academy of Pediatrics guidelines for EPSDT visits. Refer to the American Academy of Pediatrics Guidelines for Health Supervision at www.aap.org and Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (published by the National Center for Education in Maternal and Child Health) at www.Brightfutures.org for more information about well-child visits.*

Data Elements for Reporting

Organizations that submit HEDIS data to NCQA must provide the following data elements.

Table W15-1/2: Data Elements for Well-Child Visits in the First 15 Months of Life

|  |  |  |
| --- | --- | --- |
|  | **Administrative** | **Hybrid** |
| Measurement year | ✓ | ✓ |
| Data collection methodology (Administrative or Hybrid) | ✓ | ✓ |
| Eligible population | ✓ | ✓ |
| Number of numerator events by administrative data in eligible population (before exclusions) |  | *Each of the 7 rates* |
| Current year’s administrative rate (before exclusions) |  | *Each of the 7 rates* |
| Minimum required sample size (MRSS) or other sample size |  | ✓ |
| Oversampling rate |  | ✓ |
| Final sample size (FSS) |  | ✓ |
| Number of numerator events by administrative data in FSS |  | *Each of the 7 rates* |
| Administrative rate on FSS |  | *Each of the 7 rates* |
| Number of original sample records excluded because of valid data errors |  | ✓ |
| Number of employee/dependent medical records excluded |  | ✓ |
| Records added from the oversample list |  | ✓ |
| Denominator |  | ✓ |
| Numerator events by administrative data | *Each of the 7 rates* | *Each of the 7 rates* |
| Numerator events by medical records |  | *Each of the 7 rates* |
| Numerator events by supplemental data | *Each of the 7 rates* | *Each of the 7 rates* |
| Reported rate | *Each of the 7 rates* | *Each of the 7 rates* |
| Lower 95% confidence interval | *Each of the 7 rates* | *Each of the 7 rates* |
| Upper 95% confidence interval | *Each of the 7 rates* | *Each of the 7 rates* |

## Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)

Summary of Changes to HEDIS 2016

* Added “Numerator events by supplemental data” to the Data Elements for Reporting table to capture the number of members who met numerator criteria using supplemental data.

Description

The percentage of members 3–6 years of age who had one or more well-child visits with a PCP during the measurement year.

*Note*

* *This measure has the same structure as measures in the Effectiveness of Care domain. The organization must follow the Guidelines for Effectiveness of Care Measures when calculating this measure.*
* *Only the Administrative Method of data collection may be used when reporting this measure for the commercial population.*

Eligible Population

|  |  |
| --- | --- |
| Product lines | Commercial, Medicaid (report each product line separately). |
| Ages | 3–6 years as of December 31 of the measurement year. |
| Continuous enrollment | The measurement year. |
| Allowable gap | No more than one gap in enrollment of up to 45 days during the continuous enrollment period. To determine continuous enrollment for a Medicaid member for whom enrollment is verified monthly, the member may not have more than a  1-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled). |
| Anchor date | December 31 of the measurement year. |
| Benefit | Medical. |
| Event/diagnosis | None. |

Administrative Specification

|  |  |
| --- | --- |
| Denominator | The eligible population. |
| Numerator | At least one well-child visit (Well-Care Value Set) with a PCP during the measurement year.  The well-child visit must occur with a PCP, but the PCP does not have to be the practitionerassigned to the child. |

Hybrid Specification

|  |  |
| --- | --- |
| Denominator | A systematic sample drawn from the eligible population for the Medicaid product line. Organizations may reduce the sample size using the current year’s administrative rate or the prior year’s audited rate.  Refer to *Guidelines for Calculations and Sampling* for information on reducing sample size. |
| Numerator | At least one well-child visit with a PCP during the measurement year. The PCP does not have to be the practitioner assigned to the child. |
| *Administrative* | Refer to *Administrative Specification* to identify positive numerator hits from the administrative data. |
| *Medical record* | Documentation must include a note indicating a visit to a PCP, the date when the well-child visit occurred and evidence of *all* of the following:   * A health history. * A physical developmental history. * A mental developmental history. * A physical exam. * Health education/anticipatory guidance.   Do not include services rendered during an inpatient or ED visit.  Preventive services may be rendered on visits other than well-child visits. Well-child preventive services count toward the measure, regardless of the primary intent of the visit, but services that are specific to an acute or chronic condition do not count toward the measure.  Visits to school-based clinics with practitioners whom the organization would consider PCPs may be counted if documentation of a well-child exam is available in the medical record or administrative system in the time frame specified by the measure. The PCP does not have to be assigned to the member.  The organization may count services that occur over multiple visits, as long as all services occur in the time frame specified by the measure. |

*Note*

* *Refer to* Appendix 3 *for the definition of* PCP.
* *This measure is based on the CMS and American Academy of Pediatrics guidelines for EPSDT visits.   
  Refer to the American Academy of Pediatrics Guidelines for Health Supervision at www.aap.org and Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (published by the National Center for Education in Maternal and Child Health) at www.Brightfutures.org for more information about well-child visits.*

Data Elements for Reporting

Organizations that submit HEDIS data to NCQA must provide the following data elements.

Table W34-1/2: Data Elements for Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life

|  |  |  |
| --- | --- | --- |
|  | **Administrative** | **Hybrid** |
| Measurement year | ✓ | ✓ |
| Data collection methodology (Administrative or Hybrid) | ✓ | ✓ |
| Eligible population | ✓ | ✓ |
| Number of numerator events by administrative data in eligible population (before exclusions) |  | ✓ |
| Current year’s administrative rate (before exclusions) |  | ✓ |
| Minimum required sample size (MRSS) or other sample size |  | ✓ |
| Oversampling rate |  | ✓ |
| Final sample size (FSS) |  | ✓ |
| Number of numerator events by administrative data in FSS |  | ✓ |
| Administrative rate on FSS |  | ✓ |
| Number of original sample records excluded because of valid data errors |  | ✓ |
| Number of employee/dependent medical records excluded |  | ✓ |
| Records added from the oversample list |  | ✓ |
| Denominator |  | ✓ |
| Numerator events by administrative data | ✓ | ✓ |
| Numerator events by medical records |  | ✓ |
| Numerator events by supplemental data | ✓ | ✓ |
| Reported rate | ✓ | ✓ |
| Lower 95% confidence interval | ✓ | ✓ |
| Upper 95% confidence interval | ✓ | ✓ |

## Adolescent Well-Care Visits (AWC)

Summary of Changes to HEDIS 2016

* Added “Numerator events by supplemental data” to the Data Elements for Reporting table to capture the number of members who met numerator criteria using supplemental data.

Description

The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

*Note*

* *This measure has the same structure as measures in the Effectiveness of Care domain. The organization must follow the Guidelines for Effectiveness of Care Measures when calculating this measure.*
* *Only the Administrative Method of data collection may be used when reporting this measure for the commercial population.*

Eligible Population

|  |  |
| --- | --- |
| Product lines | Commercial, Medicaid (report each product line separately). |
| Ages | 12–21 years as of December 31 of the measurement year. |
| Continuous enrollment | The measurement year. |
| Allowable gap | Members who have had no more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid member for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled). |
| Anchor date | December 31 of the measurement year. |
| Benefit | Medical. |
| Event/diagnosis | None. |

Administrative Specification

|  |  |
| --- | --- |
| Denominator | The eligible population. |
| Numerator | At least one comprehensive well-care visit (Well-Care Value Set) with a PCP or an OB/GYN practitioner during the measurement year. The practitioner does not have to be the practitioner assigned to the member. |

Hybrid Specification

|  |  |
| --- | --- |
| Denominator | A systematic sample drawn from the eligible population for the Medicaid product line. Organizations may reduce the sample size using the current year’s administrative rate or the prior year’s audited rate.  Refer to Guidelines for Calculations and Sampling for information on reducing sample size. |
| Numerator | At least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year, as documented through either administrative data or medical record review. The PCP does not have to be assigned to the member. |
| *Administrative* | Refer to *Administrative Specification* to identify positive numerator hits from the administrative data. |
| *Medical record* | Documentation in the medical record must include a note indicating a visit to a PCP or OB/GYN practitioner, the date when the well-care visit occurred and evidence of *all* of the following:   * A health history. * A physical developmental history. * A mental developmental history. * A physical exam. * Health education/anticipatory guidance.   Do not include services rendered during an inpatient or ED visit.  Preventive services may be rendered on visits other than well-child visits. Well-child preventive services count toward the measure, regardless of the primary intent of the visit, but services that are specific to an acute or chronic condition do not count toward the measure.  Visits to school-based clinics with practitioners whom the organization would consider PCPs may be counted if documentation that a well-care exam occurred is available in the medical record or administrative system in the time frame specified by the measure. The PCP does not have to be assigned to the member.  The organization may count services that occur over multiple visits, as long as all services occur in the time frame specified by the measure. |

*Note*

* *Refer to Appendix 3 for the definition of* PCP *and* OB/GYNand other prenatal care practitioners.
* *This measure is based on the CMS and American Academy of Pediatrics guidelines for EPSDT visits. Refer to the American Academy of Pediatrics Guidelines for Health Supervision at www.aap.org and Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (published by the National Center for Education in Maternal and Child Health) at www.Brightfutures.org for more information about well-care visits.*

Data Elements for Reporting

Organizations that submit HEDIS data to NCQA must provide the following data elements.

Table AWC-1/2: Data Elements for Adolescent Well-Care Visits

|  |  |  |
| --- | --- | --- |
|  | **Administrative** | **Hybrid** |
| Measurement year | ✓ | ✓ |
| Data collection methodology (Administrative or Hybrid) | ✓ | ✓ |
| Eligible population | ✓ | ✓ |
| Number of numerator events by administrative data in eligible population (before exclusions) |  | ✓ |
| Current year’s administrative rate (before exclusions) |  | ✓ |
| Minimum required sample size (MRSS) or other sample size |  | ✓ |
| Oversampling rate |  | ✓ |
| Final sample size (FSS) |  | ✓ |
| Number of numerator events by administrative data in FSS |  | ✓ |
| Administrative rate on FSS |  | ✓ |
| Number of original sample records excluded because of valid data errors |  | ✓ |
| Number of employee/dependent medical records excluded |  | ✓ |
| Records added from the oversample list |  | ✓ |
| Denominator |  | ✓ |
| Numerator events by administrative data | ✓ | ✓ |
| Numerator events by medical records |  | ✓ |
| Numerator events by supplemental data | ✓ | ✓ |
| Reported rate | ✓ | ✓ |
| Lower 95% confidence interval | ✓ | ✓ |
| Upper 95% confidence interval | ✓ | ✓ |

## Frequency of Selected Procedures (FSP)

Summary of Changes to HEDIS 2016

* Added new value sets to identify unilateral mastectomy.

Description

This measure summarizes the utilization of frequently performed procedures that often show wide regional variation and have generated concern regarding potentially inappropriate utilization.

Calculations

|  |  |  |
| --- | --- | --- |
| Product lines | | Report the following tables for each applicable product line.   * Table FSP-1a Total Medicaid\*. * Table FSP-2 Commercial—by Product or Combined HMO/POS. * Table FSP-3 Medicare.   \* Report this table for Total Medicaid only; reporting by eligibility category will result in small numbers. |
| Member months | | For each product line and table, report all member months for the measurement year. IDSS automatically produces member years data for the commercial and Medicare product lines. Refer to *Specific Instructions for Utilization Tables* for more information. |
| Procedures | | Report counts for the procedures as specified regardless of the site of care (e.g., inpatient or ambulatory setting). Report the number of procedures rather than the number of members who had the procedures. Do not double-count the same procedure. The two examples below illustrate scenarios counted as one procedure. |
| *Count as one procedure…* | | * If the date of service for two procedures is the same and both codes indicate CABG. * If the date of service for a procedure falls between the admission and discharge dates for an inpatient stay where the procedure was performed. * For example, if a CABG was billed by a surgeon on March 4 of the measurement year and the facility bill shows a CABG for an admission that started on March 2 and lasted until March 7 of the measurement year, combine these to count one CABG. |
| *Tonsillectomy* | Tonsillectomy (Tonsillectomy Value Set). Report tonsillectomy (with or without adenoidectomy).  Do not report adenoidectomy performed alone. | |
| *Bariatric weight loss surgery* | Bariatric weight loss surgery (Bariatric Weight Loss Surgery Value Set). Report the number of bariatric weight loss surgeries. | |

|  |  |
| --- | --- |
| *Hysterectomy* | Report abdominal and vaginal hysterectomy separately.   * Abdominal Hysterectomy Value Set. * Vaginal Hysterectomy Value Set.   Do not double-count procedures; count multiple codes on the same date of service as one procedure. |
| *Cholecystectomy* | Report open and laparoscopic cholecystectomy separately.   * Open Cholecystectomy Value Set. * Laparoscopic Cholecystectomy Value Set. |
| *Back surgery* | Back surgery (Back Surgery Value Set). Report all spinal fusion and disc surgery, including codes relating to laminectomy with and without disc removal. |
| *PCI* | Percutaneous coronary intervention (PCI Value Set).Report all PCIs performed separately. Do not report PCI or cardiac catheterization performed in conjunction with (i.e., on the same date of service as) a CABG in the PCI rate or the cardiac catheterization rate; report only the CABG. |
| *Cardiac catheterization* | Cardiac catheterization (Cardiac Catheterization Value Set). Report all cardiac catheterizations performed separately. Do not report a cardiac catheterization performed in conjunction with (i.e., on the same date of service as) an PCI in the cardiac catheterization rate; report only the PCI.  Do not report PCI or cardiac catheterization performed in conjunction with (i.e., on the same date of service as) a CABG in the PCI or the cardiac catheterization rate; report only the CABG. |
| *CABG* | Coronary artery bypass graft (CABG Value Set). Report each CABG only once for each date of service per patient, regardless of the number of arteries involved or the number or types of grafts involved.  Do not report PCI or cardiac catheterization performed in conjunction with (i.e., on the same date of service as) a CABG in the PCI or the cardiac catheterization rate; report only the CABG. |
| *Prostatectomy* | Prostatectomy (Prostatectomy Value Set). Report the number of prostatectomies. |
| *Total hip replacement* | Total hip replacement (Total Hip Replacement Value Set). Report the number of total hip replacements. |
| *Total knee replacement* | Total knee replacement (Total Knee Replacement Value Set). Report the number of total knee replacements. |
| *Carotid endarterectomy* | Carotid endarterectomy (Carotid Endarterectomy Value Set). Report the number of carotid endarterectomies. |

|  |  |
| --- | --- |
| *Mastectomy* | Report the number of mastectomies. Report bilateral mastectomy procedures as two procedures, even if performed on the same date.  Identify unilateral mastectomies using any of the following:   * Unilateral Mastectomy Value Set. * Unilateral Mastectomy Left Value Set. * Unilateral Mastectomy Right Value Set.   Identify bilateral mastectomies using either of the following:   * Bilateral mastectomy (Bilateral Mastectomy Value Set). * Unilateral mastectomy (Unilateral Mastectomy Value Set) with a bilateral modifier (Bilateral Modifier Value Set). |
| *Lumpectomy* | Lumpectomy (Lumpectomy Value Set). Report the number of lumpectomies. Report multiple lumpectomies on the same date of service as one lumpectomy procedure per patient. |

Table FSP-1: Frequency of Selected Procedures

|  |  |  |  |
| --- | --- | --- | --- |
| Member Months | | | |
| Age | Male | Female | Total |
| 0-9 | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 10-19 | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 15-44 |  | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 20-44 | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 30-64 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 45-64 | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Procedure | Age | Sex | Number of Procedures | Procedures/ 1,000 Member Months |
| Bariatric weight loss surgery | 0-19\* | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 20-44 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 45-64 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female |  |  |
| Tonsillectomy | 0-9 | Male and Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 10-19 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Hysterectomy, abdominal | 15-44 | Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 45-64 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Hysterectomy, vaginal | 15-44 | Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 45-64 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cholecystectomy, open | 30-64 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 15-44 | Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 45-64 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cholecystectomy, (laparoscopic) | 30-64 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 15-44 | Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 45-64 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Back surgery | 20-44 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 45-64 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mastectomy | 15-44 | Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 45-64 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Lumpectomy | 15-44 | Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 45-64 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\*The 0–19 age category is calculated using the 0–9 and 10–19 member month calculations.

Table FSP-2: Frequency of Selected Procedures

|  |  |  |  |
| --- | --- | --- | --- |
| Member Months | | | |
| Age | Male | Female | Total |
| 0-9 | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 10-19 | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 15-44 |  | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 20-44 | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 30-64 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 45-64 | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 65+ | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Procedure | Age | Sex | Number of Procedures | Procedures/ 1,000 Member Years |
| Bariatric weight loss surgery | 0-19\* | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 20-44 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 45-64 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 65+ | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Tonsillectomy | 0-9 | Male and Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 10-19 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Hysterectomy, abdominal | 15-44 | Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 45-64 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 65+ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Hysterectomy, vaginal | 15-44 | Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 45-64 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 65+ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cholecystectomy, open | 30-64 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 15-44 | Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 45-64 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 65+ | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cholecystectomy, (laparoscopic) | 30-64 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 15-44 | Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 45-64 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 65+ | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\*The 0–19 age category is calculated using the 0–9 and 10–19 member month calculations.

Table FSP-2: Frequency of Selected Procedures *(continued)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Procedure | Age | Sex | Number of Procedures | Procedures/ 1,000 Member Years |
| Back surgery | 20-44 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 45-64 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 65+ | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| PCI | 45-64 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 65+ | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cardiac catheterization | 45-64 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 65+ | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CABG | 45-64 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 65+ | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Prostatectomy | 45-64 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 65+ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mastectomy | 15-44 | Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 45-64 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 65+ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Lumpectomy | 15-44 | Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 45-64 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 65+ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Table FSP-3: Frequency of Selected Procedures

|  |  |  |
| --- | --- | --- |
| Member Months | | |
| Age | Male | Female |
| <65 | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 65-74 | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 75-84 | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 85+ | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Procedure | Age | Sex | Number of Procedures | Procedures/ 1,000 Member Years |
| Bariatric weight loss surgery | <65 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 65-74 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 75-84 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 85+ | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CABG | <65 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 65-74 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 75-84 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 85+ | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| PCI | <65 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 65-74 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 75-84 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 85+ | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cardiac catheterization | <65 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 65-74 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 75-84 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 85+ | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Table FSP-3: Frequency of Selected Procedures *(continued)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Procedure | Age | Sex | Number of Procedures | Procedures/ 1,000 Member Years |
| Carotid endarterectomy | <65 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 65-74 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 75-84 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 85+ | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cholecystectomy (open) | <65 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 65-74 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 75-84 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 85+ | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cholecystectomy (laparoscopic) | <65 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 65-74 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 75-84 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 85+ | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Back surgery | <65 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 65-74 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 75-84 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 85+ | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Hysterectomy (abdominal) | <65 | Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 65-74 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 75-84 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 85+ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Hysterectomy (vaginal) | <65 | Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 65-74 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 75-84 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 85+ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Table FSP-3: Frequency of Selected Procedures *(continued)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Procedure | Age | Sex | Number of Procedures | Procedures/ 1,000 Member Years |
| Prostatectomy | <65 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 65-74 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 75-84 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 85+ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Total hip replacement | <65 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 65-74 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 75-84 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 85+ | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Total knee replacement | <65 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 65-74 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 75-84 | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 85+ | Male | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mastectomy | <65 | Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 65-74 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 75-84 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 85+ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Lumpectomy | <65 | Female | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 65-74 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 75-84 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 85+ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Ambulatory Care (AMB)

Summary of Changes to HEDIS 2016

* No changes to this measure.

Description

This measure summarizes utilization of ambulatory care in the following categories:

* Outpatient Visits.
* ED Visits.

Calculations

|  |  |
| --- | --- |
| Product lines | Report the following tables for each applicable product line:   * Table AMB-1a Total Medicaid. * Table AMB-1b Medicaid/Medicare Dual-Eligibles. * Table AMB-1c Medicaid—Disabled. * Table AMB-1d Medicaid—Other Low Income. * Table AMB-2 Commercial—by Product or Combined HMO/POS. * Table AMB-3 Medicare. |
| Member months | For each product line and table, report all member months for the measurement year. IDSS automatically produces member years data for the commercial and Medicare product lines. Refer to *Specific Instructions for Utilization Tables* for more information*.* |
| Counting multiple services | *For combinations of multiple ambulatory services* falling in different categories on the same day, report each service that meets the criteria in the appropriate category. |
| *Outpatient visits* | Outpatient visits (Ambulatory Outpatient Visits Value Set). Count multiple codes with the same practitioner on the same date of service as a single visit. Count visits with different practitioners separately (count visits with different providers on the same date of service as different visits).  Report services without regard to practitioner type, training or licensing. |
| *ED visits* | Count each visit to an ED that does not result in an inpatient encounter once, regardless of the intensity or duration of the visit. Count multiple ED visits on the same date of service as one visit. Identify ED visits using either of the following:   * An ED visit (ED Value Set). * A procedure code (ED Procedure Code Value Set) with an ED place of service code (ED POS Value Set). |

Exclusions *(required)*

The measure does not include mental health or chemical dependency services. Exclude claims and encounters that indicate the encounter was for mental health or chemical dependency. Any of the following meet criteria:

* A principal diagnosis of mental health or chemical dependency (Mental and Behavioral Disorders Value Set).
* Psychiatry (Psychiatry Value Set).
* Electroconvulsive therapy (Electroconvulsive Therapy Value Set).
* Alcohol or drug rehabilitation or detoxification (AOD Rehab and Detox Value Set).

*Note*

* *This measure provides a reasonable proxy for professional ambulatory encounters. It is neither a strict accounting of all ambulatory resources nor an effort to be all-inclusive.*

Table AMB-1: Ambulatory Care

|  |  |
| --- | --- |
| Age | Member Months |
| <1 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1-9 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 10-19 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 20-44 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 45-64 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 65-74 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 75-84 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 85+ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Unknown | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Total:*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Age | Outpatient Visits | | ED Visits | |
| Visits | Visits/1,000 Member Months | Visits | Visits/1,000 Member Months |
| <1 | \_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_\_\_ |
| 1-9 | \_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_\_\_ |
| 10-19 | \_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_\_\_ |
| 20-44 | \_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_\_\_ |
| 45-64 | \_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_\_\_ |
| 65-74 | \_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_\_\_ |
| 75-84 | \_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_\_\_ |
| 85+ | \_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_\_\_ |
| Unknown | \_\_\_\_\_ |  | \_\_\_\_\_ |  |
| ***Total:*** | \_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_\_\_ |

Table AMB-2/3: Ambulatory Care

|  |  |
| --- | --- |
| Age | Member Months |
| <1 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1-9 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 10-19 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 20-44 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 45-64 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 65-74 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 75-84 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 85+ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Unknown | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Total:*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Age | Outpatient Visits | | ED Visits | |
| Visits | Visits/ 1,000 Member Years | Visits | Visits/ 1,000 Member Years |
| <1 | \_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_\_\_ |
| 1-9 | \_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_\_\_ |
| 10-19 | \_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_\_\_ |
| 20-44 | \_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_\_\_ |
| 45-64 | \_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_\_\_ |
| 65-74 | \_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_\_\_ |
| 75-84 | \_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_\_\_ |
| 85+ | \_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_\_\_ |
| Unknown | \_\_\_\_\_ |  | \_\_\_\_\_ |  |
| ***Total:*** | \_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_\_\_ |

## Inpatient Utilization—General Hospital/Acute Care (IPU)

Summary of Changes to HEDIS 2016

* Added a method and value sets to identify acute inpatient discharges in step 1.

Description

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

* Total inpatient.
* Maternity.
* Surgery.
* Medicine.

Calculations

|  |  |
| --- | --- |
| Product lines | Report the following tables for each applicable product line:   * Table IPU-1a Total Medicaid. * Table IPU-1b Medicaid/Medicare Dual-Eligibles. * Table IPU-1c Medicaid—Disabled. * Table IPU-1d Medicaid—Other Low Income. * Table IPU-2 Commercial—by Product or Combined HMO/POS. * Table IPU-3 Medicare. |
| Member months | For each product line and table, report all member months for the measurement year. IDSS automatically produces member years data for the commercial and Medicare product lines. Refer to *Specific Instructions for Utilization Tables* for more information*.*  Maternity rates are reported per 1,000 male and per 1,000 female total member months in order to capture deliveries as a percentage of the total inpatient discharges. |
| Days | Count all days associated with the identified discharges. Report days for total inpatient, maternity, surgery and medicine. |
| ALOS | Refer to *Specific Instructions for Utilization Tables* for the formula. Calculate average length of stay for total inpatient, maternity, surgery and medicine. |

Use the following steps to identify and categorize inpatient discharges.

|  |  |
| --- | --- |
| *Step 1* | Identify all acute inpatient discharges on or between January 1 and December 31 of the measurement year. To identify acute inpatient discharges:   1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set). 3. Identify the discharge date for the stay. |
| *Step 2* | Exclude discharges with a principal diagnosis of mental health or chemical dependency (Mental and Behavioral Disorders Value Set), a principal diagnosis of live-born infant (Deliveries Infant Record Value Set) or an MS-DRG for mental health, chemical dependency or rehabilitation (IPU Exclusions MS-DRG Value Set).  Exclude newborn care (Newborns/Neonates MS-DRG Value Set) rendered from birth to discharge home from delivery (only include care rendered during subsequent rehospitalizations after the delivery discharge). |
| *Step 3* | Report total inpatient, using all discharges identified after completing steps 1 and 2. |
| *Step 4* | Report maternity, surgery and medicine using MS-DRGs. For organizations that use DRGs, categorize each discharge as maternity, surgery or medicine.   * Maternity (Maternity MS-DRG Value Set). A delivery is not required for inclusion in the *Maternity* category; any maternity-related stay is included. Include birthing center deliveries and count them as one day of stay. * Surgery (Surgery MS-DRG Value Set). * Medicine: * Medicine MS-DRG Value Set. * Newborns/Neonates MS-DRG Value Set. Do not include newborn care rendered from birth to discharge home from delivery; only report newborn care rendered if the baby is discharged home from delivery and is subsequently rehospitalized.   **Note:** If reporting using MS-DRGs, Total Inpatient will not equal the sum of Maternity, Surgery and Medicine because DRGs for Principal Diagnosis Invalid as Discharge Diagnosis and Ungroupable are included in Total Inpatient, but are not included in maternity, surgery or medicine.  **If the organization does not use MS-DRGs, follow steps 5–7 to categorize discharges.** |
| *Step 5* | Report maternity. A delivery is not required for inclusion in the *Maternity* category; any maternity-related stay is included. Include birthing center deliveries and count them as one day of stay.  Starting with all discharges identified in step 3, identify maternity using either of the following:   * A maternity-related principal diagnosis (Maternity Diagnosis Value Set). * A maternity-related stay (Maternity Value Set). |
| *Step 6* | Report surgery. From discharges remaining after removing maternity (step 5) from total inpatient (step 3), identify surgery (Surgery Value Set). |
| *Step 7* | Report medicine. Categorize as medicine the discharges remaining after removing maternity (step 5) and surgery (step 6) from total inpatient (step 3). |

Table IPU-1: Inpatient Utilization—General Hospital/Acute Care

|  |  |
| --- | --- |
| Age | Member Months |
| <1 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1-9 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 10-19 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 20-44 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 45-64 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 65-74 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 75-84 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 85+ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Unknown | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Total:*** | \_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Age | Discharges | Discharges/1,000 Member Months | Days | Days/1,000 Member Months | Average Length of Stay |
| **Total Inpatient** | | | | | |
| <1 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 1-9 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 10-19 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 20-44 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 45-64 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 65-74 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 75-84 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 85+ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| Unknown | \_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_ |
| ***Total:*** | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| **Maternity\*** | | | | | |
| 10-19 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 20-44 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 45-64 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| Unknown | \_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_ |
| ***Total:*** | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| **Surgery** | | | | | |
| <1 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 1-9 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 10-19 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 20-44 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 45-64 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 65-74 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 75-84 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 85+ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| Unknown | \_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_ |
| ***Total:*** | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |

**\***The *Maternity* category is calculated using member months for members 10–64 years.

Table IPU-1: Inpatient Utilization—General Hospital/Acute Care *(continued)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Age | Discharges | Discharges/1,000 Member Months | Days | Days/1,000 Member Months | Average Length of Stay |
| **Medicine** | | | | | |
| <1 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 1-9 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 10-19 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 20-44 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 45-64 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 65-74 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 75-84 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 85+ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| Unknown | \_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_ |
| ***Total:*** | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |

Table IPU-2/3: Inpatient Utilization—General Hospital/Acute Care

|  |  |
| --- | --- |
| Age | Member Months |
| <1 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1-9 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 10-19 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 20-44 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 45-64 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 65-74 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 75-84 | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 85+ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Unknown | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Total:*** | \_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Age | Discharges | Discharges/ 1,000 Member Years | Days | Days/ 1,000 Member Years | Average Length of Stay |
| **Total Inpatient** | | | | | |
| <1 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 1-9 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 10-19 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 20-44 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 45-64 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 65-74 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 75-84 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 85+ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| Unknown | \_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_ |
| ***Total:*** | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |

Table IPU-2/3: Inpatient Utilization—General Hospital/Acute Care *(continued)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Age | Discharges | Discharges/ 1,000 Member Years | Days | Days/ 1,000 Member Years | Average Length of Stay |
| **Maternity\*** | | | | | |
| 10-19 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 20-44 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 45-64 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| Unknown | \_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_ |
| ***Total:*** | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| **Surgery** | | | | | |
| <1 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 1-9 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 10-19 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 20-44 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 45-64 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 65-74 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 75-84 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 85+ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| Unknown | \_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_ |
| ***Total:*** | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| **Medicine** | | | | | |
| <1 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 1-9 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 10-19 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 20-44 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 45-64 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 65-74 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 75-84 | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| 85+ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| Unknown | \_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_ |
| ***Total:*** | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |

**\***The *Maternity* category is calculated using member months for members 10–64 years.

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

Summary of Changes to HEDIS 2016

* Added a method and value sets to identify inpatient discharges.

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.

Calculations

|  |  |
| --- | --- |
| Product lines | Report the following tables for each applicable product line:   * Table IAD-1a Total Medicaid. * Table IAD-1b Medicaid/Medicare Dual-Eligibles. * Table IAD-1c Medicaid—Disabled. * Table IAD-1d Medicaid—Other Low Income. * Table IAD-2 Commercial—by Product or Combined HMO/POS. * Table IAD-3 Medicare.   Count members who received inpatient, intensive outpatient, partial hospitalization, outpatient and ED chemical dependency services in each column. Count members in each column only once, regardless of number of visits.  Count members in the *Any Services* column only if they had at least one inpatient, intensive outpatient, partial hospitalization, outpatient or ED claim/encounter during the measurement year.  For members who had more than one encounter, count only the first visit in the measurement year and report the member in the respective age category as of the date of service or discharge. |
| Benefit | Chemical dependency. |
| Member months | For each product line, report all member months during the measurement year for members with the benefit. IDSS automatically produces member years’ data for the commercial and Medicare product lines. Refer to *Specific Instructions for Utilization Tables* for more information*.*  Because some organizations may offer different benefits for inpatient and outpatient chemical dependency services, denominators in the columns of the member months table may vary. Include all members with any chemical dependency benefit in the denominator in the *Any* column. |

|  |  |
| --- | --- |
| Inpatient | Include acute and nonacute inpatient discharges, including inpatient detoxification, from either a hospital or a treatment facility, with any diagnosis of chemical dependency (Chemical Dependency Value Set). To identify acute and nonacute inpatient discharges:   1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2. Identify the discharge date for the stay. |
| Intensive out-patient and partial hospitalization | Report intensive outpatient and partial hospitalization claims/encounters in conjunction with any chemical dependency diagnosis. Any of the following code combinations meet criteria:   * IAD Stand Alone IOP/PH Value Set ***with*** Chemical Dependency Value Set. * IAD IOP/PH Value Set ***with*** POS 52 Value Set ***and*** Chemical Dependency Value Set. * IAD IOP/PH Value Set ***with*** POS 53 Value Set ***and*** Chemical Dependency Value Set, where the organization can confirm that the visit was in an intensive outpatient or partial hospitalization setting (POS 53 is not specific to setting).   Count services provided by physician and nonphysician practitioners.  Intensive outpatient and partial hospitalization are reported separate from outpatient and ED services because these programs represent a significant number of services rendered.  Exclude services the health plan knows to be *inpatient* based on type of bill, place of service or location of service codes. |
| Outpatient  and ED | Report outpatient and ED claims/encounters in conjunction with any chemical dependency diagnosis. Any of the following code combinations meet criteria:   * IAD Stand Alone Outpatient Value Set ***with*** Chemical Dependency Value Set. * Observation Value Set ***with*** Chemical Dependency Value Set. * ED Value Set ***with*** Chemical Dependency Value Set. * IAD Outpatient/ED Value Set ***with*** IAD Outpatient/ED POS Value Set ***and*** Chemical Dependency Value Set. * IAD Outpatient/ED Value Set ***with*** POS 53 Value Set ***and*** Chemical Dependency Value Set, where the organization can confirm that the visit was in an outpatient or ED setting (POS 53 is not specific to setting).   Count services provided by physicians and nonphysician practitioners.  Only include observation stays and ED visits that do not result in an inpatient stay. |

Table IAD-1/2/3: Identification of Alcohol and Other Drug Services

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Member Months (Any Service) | | | | | Member Months (Inpatient) | | |
| Age | | Male | Female | Total | Male | Female | Total |
| 0-12 | | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| 13-17 | | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| 18-24 | | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| 25-34 | | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| 35-64 | | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| 65+ | | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| Unknown | | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| ***Total:*** | | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| Member Months (Intensive Outpatient/Partial Hospitalization) | | | | | Member Months (Outpatient/ED) | | |
| Age | Male | | Female | Total | Male | Female | Total |
| 0-12 | \_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| 13-17 | \_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| 18-24 | | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| 25-34 | | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| 35-64 | | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| 65+ | \_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| Unknown | \_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| ***Total:*** | \_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Age | Sex | Any Service | | Inpatient | | Intensive Outpatient/Partial Hospitalization | | Outpatient/ED | |
| Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| 0-12 | Male | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |
| ***Total:*** | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |
| 13-17 | Male | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_\_ |
| ***Total:*** | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |
| 18-24 | Male | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |
| ***Total:*** | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |
| 25-34 | Male | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |
| ***Total:*** | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |
| 35-64 | Male | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |
| ***Total:*** | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |
| 65+ | Male | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_\_ |
| ***Total:*** | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |

Table IAD-1/2/3: Identification of Alcohol and Other Drug Services *(continued)*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Age | Sex | Any Service | | Inpatient | | Intensive Outpatient/Partial Hospitalization | | Outpatient/ED | |
| Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| Unknown | Male | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |
| ***Total:*** | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |
| Total | Male | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |
| Female | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |
| ***Total:*** | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |