Specifications for Measures to be Reported to MO HealthNet by the Managed Care Plans: Data Year 2013

1.01	MCPlan_TotalMembership_All_Count	The total number of health plan members, typically measured as of December 31st of the designated year. (Changed from Jan 1 to be consistent with HEDIS.)
1.02	MemberMonths_All_Age0-12_Count	The number of Member Months for the health plan's members aged 0-12. A person who is a plan member for 12 months counts as 12 member months. One who is a member for only 3 months out of the year counts as 3 member months. Use HEDIS specs for calculating member months as described in "HEDIS 2014 Technical Specifications for Health Plans Volume 2" in #9 of the "Guidelines for Utilization Measures" section.
1.03	MemberMonths_All_Age13-17_Count	The number of Member Months for the health plan's members aged 13-17. A person who is a plan member for 12 months counts as 12 member months. One who is a member for only 3 months out of the year counts as 3 member months. Use HEDIS specs for calculating member months as described in "HEDIS 2014 Technical Specifications for Health Plans Volume 2" in #9 of the "Guidelines for Utilization Measures" section.
1.04	MemberMonths_All_Age18-64_Count	The number of Member Months for the health plan's members aged 18-64. A person who is a plan member for 12 months counts as 12 member months. One who is a member for only 3 months out of the year counts as 3 member months. Use HEDIS specs for calculating member months as described in "HEDIS 2014 Technical Specifications for Health Plans Volume 2" in #9 of the "Guidelines for Utilization Measures" section.
1.05	MemberMonths_All_Age65+_Count	The number of Member Months for the health plan's members aged 65+. A person who is a plan member for 12 months counts as 12 member months. One who is a member for only 3 months out of the year counts as 3 member months. Use HEDIS specs for calculating member months as described in "HEDIS 2014 Technical Specifications for Health Plans Volume 2" in #9 of the "Guidelines for Utilization Measures" section.
2.01	MCPlan_TotalMembership_BHEligible_Count	The total number of Behavioral Health-eligible members, typically measured as of December 31st of the designated year. EXCLUDE foster care kids (COA-4), as their beahvioral health services are carved out. Count members who are ELIGIBLE for behavioral health services, even if none were received.
2.02	MemberMonths_BHEligible_Age0-12_Count	The number of Member Months for the health plan's Behavioral Health-eligible members aged 0-12. A person who is a plan member for 12 months counts as 12 member months. One who is a member for only 3 months out of the year counts as 3 member months. Use HEDIS specs for calculating member months as described in "HEDIS 2014 Technical Specifications for Health Plans Volume 2" in #9 of the "Guidelines for Utilization Measures" section. EXCLUDE foster care kids (COA-4), as their beahvioral health services are carved out. Count member months for members who are ELIGIBLE for behavioral health services, even if none were received.

2.03	MemberMonths_BHEligible_Age13-17_Count	The number of Member Months for the health plan's Behavioral Health-eligible members aged 13-17. A person who is a plan member for 12 months counts as 12 member months. One who is a member for only 3 months out of the year counts as 3 member months. Use HEDIS specs for calculating member months as described in "HEDIS 2014 Technical Specifications for Health Plans Volume 2" in #9 of the "Guidelines for Utilization Measures" section. EXCLUDE foster care kids (COA-4), as their beahvioral health services are carved out. Count member months for members who are ELIGIBLE for behavioral health services, even if none were received.
2.04	MemberMonths_BHEligible_Age18-64_Count	The number of Member Months for the health plan's Behavioral Health-eligible members aged 18-64. A person who is a plan member for 12 months counts as 12 member months. One who is a member for only 3 months out of the year counts as 3 member months. Use HEDIS specs for calculating member months as described in "HEDIS 2014 Technical Specifications for Health Plans Volume 2" in #9 of the "Guidelines for Utilization Measures" section. EXCLUDE foster care kids (COA-4), as their beahvioral health services are carved out. Count member months for members who are ELIGIBLE for behavioral health services, even if none were received.
2.05	MemberMonths_BHEligible_Age65+_Count	The number of Member Months for the health plan's Behavioral Health-eligible members aged 65+. A person who is a plan member for 12 months counts as 12 member months. One who is a member for only 3 months out of the year counts as 3 member months. Use HEDIS specs for calculating member months as described in "HEDIS 2014 Technical Specifications for Health Plans Volume 2" in #9 of the "Guidelines for Utilization Measures" section. EXCLUDE foster care kids (COA-4), as their beahvioral health services are carved out. Count member months for members who are ELIGIBLE for behavioral health services, even if none were received.
3.00	ProviderCounts	See new Template for reporting information on providers, including psychiatrists, psychologists, social workers, nurses, and counselors.
6.01	GEOAccess_Psychiatrist_Adult_Percent	Percent of health plan members aged 18+ who have access to a psychiatrist within the travel distances set forth in the Managed Care contract. Use the specs from the Department of Insurance for this measure.
6.02	GEOAccess_Psychiatrist_Child_Percent	Percent of health plan members aged 0-17 who have access to a psychiatrist within the travel distances set forth in the Managed Care contract. Use the specs from the Department of Insurance for this measure.
6.03	GEOAccess_NonPsychiatristMH_Percent	Percent of health plan members who have access to a non-psychiatrist mental health provider within the travel distances set forth in the Managed Care contract. Use the specs from the Department of Insurance for this measure.
6.04	GEOAccess_InptMHFacility_Percent	Percent of health plan members who have access to an inpatient MH facility within the travel distances set forth in the Managed Care contract. Measured annually based on providers in network as of Jan 1 each year. Uses member residence ZIP codes and provider practice or facility location ZIP codes for analyses. Use the specs from the Department of Insurance for this measure.

6.05	GEOAccess_AmbulatoryMHFacility_Percent	Percent of health plan members who have access to an ambulatory MH facility within the travel distances set forth in the Managed Care contract. Use the specs from the Department of Insurance for this measure.
6.06	GEOAccess_ResidentialMHFacility_Percent	Percent of health plan members who have access to a residential MH facility within the travel distances set forth in the Managed Care contract. Use the specs from the Department of Insurance for this measure.
7.01	PsychPenetrationRate_Age0-12_Count	The count of health plan members aged 0-12 who access behavioral health services during the designated time period. Use HEDIS Mental Health Utilization section for definitions. Report numbers from Table MPT-1/2/3, the unduplicated count of patients receiving "Any Services". Do not separate by gender.
7.02	PsychPenetrationRate_Age13-17_Count	The count of health plan members aged 13-17 who access behavioral health services during the designated time period. Use HEDIS Mental Health Utilization section for definitions. Report numbers from Table MPT-1/2/3, the unduplicated count of patients receiving "Any Services". Do not separate by gender.
7.03	PsychPenetrationRate_Age18-64_Count	The count of health plan members aged 18-64 who access behavioral health services during the designated time period. Use HEDIS Mental Health Utilization section for definitions. Report numbers from Table MPT-1/2/3, the unduplicated count of patients receiving "Any Services". Do not separate by gender.
7.04	PsychPenetrationRate_Age65+_Count	The count of health plan members aged 65+ who access behavioral health services during the designated time period. Use HEDIS Mental Health Utilization section for definitions. Report numbers from Table MPT-1/2/3, the unduplicated count of patients receiving "Any Services". Do not separate by gender.
8.01	MPTUtilizationInpatient_Age0-12_Count	The count of health plan members age 0-12 who access Inpatient Services for behavioral health reasons during the designated time period. Use HEDIS Mental Health Utilization (MPT) specs. Report numbers from Table MPT-1/2/3, the unduplicated count of patients receiving "Inpatient Services". Do not separate by gender.
8.02	MPTUtilizationInpatient_Age13-17_Count	The count of health plan members age 13-17 who access Inpatient Services for behavioral health reasons during the designated time period. Use HEDIS Mental Health Utilization (MPT) specs. Report numbers from Table MPT-1/2/3, the unduplicated count of patients receiving "Inpatient Services". Do not separate by gender.
8.03	MPTUtilizationInpatient_Age18-64_Count	The count of health plan members age 18-64 who access Inpatient Services for behavioral health reasons during the designated time period. Use HEDIS Mental Health Utilization (MPT) specs. Report numbers from Table MPT-1/2/3, the unduplicated count of patients receiving "Inpatient Services". Do not separate by gender.

8.04	MPTUtilizationInpatient_Age65+_Count	The count of health plan members age 65+ who access Inpatient Services for behavioral health reasons during the designated time period. Use HEDIS Mental Health Utilization (MPT) specs. Report numbers from Table MPT-1/2/3, the unduplicated count of patients receiving "Inpatient Services". Do not separate by gender.
8.05	IADUtilizationInpatient_Age0-12_Count	The count of health plan members age 0-12 who access Inpatient Services for substance abuse reasons during the designated time period. Use HEDIS specs for IAD - Identification of Alcohol and Other Drug Services. Report numbers from Table IAD-1/2/3, the unduplicated count of patients receiving "Inpatient Services". Do not separate by gender.
8.06	IADUtilizationInpatient_Age13-17_Count	The count of health plan members age 13-17 who access Inpatient Services for substance abuse reasons during the designated time period. Use HEDIS specs for IAD - Identification of Alcohol and Other Drug Services. Report numbers from Table IAD-1/2/3, the unduplicated count of patients receiving "Inpatient Services". Do not separate by gender.
8.07	IADUtilizationInpatient_Age18-64_Count	The count of health plan members age 18-64 who access Inpatient Services for substance abuse reasons during the designated time period. Use HEDIS specs for IAD - Identification of Alcohol and Other Drug Services. Report numbers from Table IAD-1/2/3, the unduplicated count of patients receiving "Inpatient Services". Do not separate by gender. HEDIS has additional age breakdowns for this measure, but for us please combine the age groups 18-24, 25-34, and 35-64 into a single 18-64 age group.
8.08	IADUtilizationInpatient_Age65+_Count	The count of health plan members age 65+ who access Inpatient Services for substance abuse reasons during the designated time period. Use HEDIS specs for IAD - Identification of Alcohol and Other Drug Services. Report numbers from Table IAD-1/2/3, the unduplicated count of patients receiving "Inpatient Services". Do not separate by gender.
8.09	Inpatient_MHDischarges_Age0-12_Count	Count of discharges from a mental health inpatient stay (based on primary discharge diagnosis) for members age 0-12. Discharges do NOT need to be from a specialized psychiatric hospital - it's the diagnosis that determines if it's a mental health inpatient stay. Do NOT count inpatient stays that end in direct transfer to another acute facility for a principal mental health diagnosis. Count DISCHARGES, and not MEMBERS who were hospitalized. Identify behavioral health discharges using the following criteria: *Include all plan members in the specified age range (NOTE: HEDIS excludes members younger than 6, but we're including them here.) *Member is discharged alive from an acute inpatient setting (including acute care psychiatric facilities) with a principal mental health diagnosis (use the HEDIS “Mental Health Diagnosis Value Set” to determine mental health diagnoses). *Include all discharges that fall on or between January 1 and December 31 of the measurement year. (NOTE: This is different from the HEDIS specs, which run through December 1.) *Use only Facility Claims to identify discharges. Do not use diagnoses from professional claims. Include paid claims as well as suspended, denied, or pending claims, and claims with paid amount = $0.

8.10	Inpatient_MHDischarges_Age13-17_Count	Count of discharges from a mental health inpatient stay (based on primary discharge diagnosis) for members age 13-17. Discharges do NOT need to be from a specialized psychiatric hospital - it's the diagnosis that determines if it's a mental health inpatient stay. Do NOT count inpatient stays that end in direct transfer to another acute facility for a principal mental health diagnosis. Count DISCHARGES, and not MEMBERS who were hospitalized. Identify behavioral health discharges using the following criteria: *Include all plan members in the specified age range (NOTE: HEDIS excludes members younger than 6, but we're including them here.) *Member is discharged alive from an acute inpatient setting (including acute care psychiatric facilities) with a principal mental health diagnosis (use the HEDIS “Mental Health Diagnosis Value Set” to determine mental health diagnoses). *Include all discharges that fall on or between January 1 and December 31 of the measurement year. (NOTE: This is different from the HEDIS specs, which run through December 1.) *Use only Facility Claims to identify discharges. Do not use diagnoses from professional claims. Include paid claims as well as suspended, denied, or pending claims, and claims with paid amount = $0.
8.11	Inpatient_MHDischarges_Age18-64_Count	Count of discharges from a mental health inpatient stay (based on primary discharge diagnosis) for members age 18-64. Discharges do NOT need to be from a specialized psychiatric hospital - it's the diagnosis that determines if it's a mental health inpatient stay. Do NOT count inpatient stays that end in direct transfer to another acute facility for a principal mental health diagnosis. Count DISCHARGES, and not MEMBERS who were hospitalized. Identify behavioral health discharges using the following criteria: *Include all plan members in the specified age range (NOTE: HEDIS excludes members younger than 6, but we're including them here.) *Member is discharged alive from an acute inpatient setting (including acute care psychiatric facilities) with a principal mental health diagnosis (use the HEDIS “Mental Health Diagnosis Value Set” to determine mental health diagnoses). *Include all discharges that fall on or between January 1 and December 31 of the measurement year. (NOTE: This is different from the HEDIS specs, which run through December 1.) *Use only Facility Claims to identify discharges. Do not use diagnoses from professional claims. Include paid claims as well as suspended, denied, or pending claims, and claims with paid amount = $0.

8.12	Inpatient_MHDischarges_Age65+_Count	Count of discharges from a mental health inpatient stay (based on primary discharge diagnosis) for members age 65+. Discharges do NOT need to be from a specialized psychiatric hospital - it's the diagnosis that determines if it's a mental health inpatient stay. Do NOT count inpatient stays that end in direct transfer to another acute facility for a principal mental health diagnosis. Count DISCHARGES, and not MEMBERS who were hospitalized. Identify behavioral health discharges using the following criteria: *Include all plan members in the specified age range (NOTE: HEDIS excludes members younger than 6, but we're including them here.) *Member is discharged alive from an acute inpatient setting (including acute care psychiatric facilities) with a principal mental health diagnosis (use the HEDIS “Mental Health Diagnosis Value Set” to determine mental health diagnoses). *Include all discharges that fall on or between January 1 and December 31 of the measurement year. (NOTE: This is different from the HEDIS specs, which run through December 1.) *Use only Facility Claims to identify discharges. Do not use diagnoses from professional claims. Include paid claims as well as suspended, denied, or pending claims, and claims with paid amount = $0.
8.13	Inpatient_SADischarges_Age0-12_Count	Count of discharges from a substance abuse inpatient stay (based on primary discharge diagnosis) for members age 0-12. Discharges do NOT need to be from a specialized hospital - it's the diagnosis that determines if it's a substance abuse inpatient stay. Do NOT count inpatient stays that end in direct transfer to another acute facility for a principal substance abuse diagnosis. Count DISCHARGES, and not MEMBERS who were hospitalized. Identify substance abuse discharges using the following criteria: *Include all plan members in the specified age range (NOTE: HEDIS excludes members younger than 6, but we're including them here.) *Member is discharged alive from an acute inpatient setting with a principal substance abuse diagnosis (use the HEDIS “Chemical Dependency Value Set” to determine substance abuse diagnoses). *Include all discharges that fall on or between January 1 and December 31 of the measurement year. (NOTE: This is different from the HEDIS specs, which run through December 1.) *Use only Facility Claims to identify discharges. Do not use diagnoses from professional claims. Include paid claims as well as suspended, denied, or pending claims, and claims with paid amount = $0.

8.14	Inpatient_SADischarges_Age13-17_Count	Count of discharges from a substance abuse inpatient stay (based on primary discharge diagnosis) for members age 13-17. Discharges do NOT need to be from a specialized hospital - it's the diagnosis that determines if it's a substance abuse inpatient stay. Do NOT count inpatient stays that end in direct transfer to another acute facility for a principal substance abuse diagnosis. Count DISCHARGES, and not MEMBERS who were hospitalized. Identify substance abuse discharges using the following criteria: *Include all plan members in the specified age range. *Member is discharged alive from an acute inpatient setting with a principal substance abuse diagnosis (use the HEDIS “Chemical Dependency Value Set” to determine substance abuse diagnoses). *Include all discharges that fall on or between January 1 and December 31 of the measurement year. (NOTE: This is different from the HEDIS specs, which run through December 1.) *Use only Facility Claims to identify discharges. Do not use diagnoses from professional claims. Include paid claims as well as suspended, denied, or pending claims, and claims with paid amount = $0.
8.15	Inpatient_SADischarges_Age18-64_Count	Count of discharges from a substance abuse inpatient stay (based on primary discharge diagnosis) for members age 18-64. Discharges do NOT need to be from a specialized hospital - it's the diagnosis that determines if it's a substance abuse inpatient stay. Do NOT count inpatient stays that end in direct transfer to another acute facility for a principal substance abuse diagnosis. Count DISCHARGES, and not MEMBERS who were hospitalized. Identify substance abuse discharges using the following criteria: *Include all plan members in the specified age range. *Member is discharged alive from an acute inpatient setting with a principal substance abuse diagnosis (use the HEDIS “Chemical Dependency Value Set” to determine substance abuse diagnoses). *Include all discharges that fall on or between January 1 and December 31 of the measurement year. (NOTE: This is different from the HEDIS specs, which run through December 1.) *Use only Facility Claims to identify discharges. Do not use diagnoses from professional claims. Include paid claims as well as suspended, denied, or pending claims, and claims with paid amount = $0.

8.16	Inpatient_SADischarges_Age65+_Count	Count of discharges from a substance abuse inpatient stay (based on primary discharge diagnosis) for members age 65+. Discharges do NOT need to be from a specialized hospital - it's the diagnosis that determines if it's a substance abuse inpatient stay. Do NOT count inpatient stays that end in direct transfer to another acute facility for a principal substance abuse diagnosis. Count DISCHARGES, and not MEMBERS who were hospitalized. Identify substance abuse discharges using the following criteria: *Include all plan members in the specified age range. *Member is discharged alive from an acute inpatient setting with a principal substance abuse diagnosis (use the HEDIS “Chemical Dependency Value Set” to determine substance abuse diagnoses). *Include all discharges that fall on or between January 1 and December 31 of the measurement year. (NOTE: This is different from the HEDIS specs, which run through December 1.) *Use only Facility Claims to identify discharges. Do not use diagnoses from professional claims. Include paid claims as well as suspended, denied, or pending claims, and claims with paid amount = $0.
8.17	Inpatient_MHReadmissions_Age0-12_Count	Count of members age 0-12 discharged from a mental health inpatient stay (based on primary discharge diagnosis) and readmitted within 30 days with either a primary mental health OR primary substance abuse diagnosis. The diagnosis does NOT need to be the same for both inpatient stays. Count MEMBERS who had one or more readmissions; do NOT count the total number of readmissions. Admissions do NOT need to be in a specialized psychiatric hospital - it's the diagnosis that determines if it's a mental health inpatient stay. Inpatient stays that end in direct transfer to another acute facility for a principal mental health diagnosis should be counted as a single continuous inpatient event, using the admit date from the initial admission and the discharge date from the transfer, for the purposes of this measure. Identify behavioral health discharges using the following criteria: *Include all plan members in the specified age range (NOTE: HEDIS excludes members younger than 6, but we're including them here.) *Member is discharged alive from an acute inpatient setting (including acute care psychiatric facilities) with a principal behavioral health diagnosis (use the HEDIS “Mental Health Diagnosis Value Set”). *Include all discharges that fall on or between January 1 and December 31 of the measurement year. (NOTE: This is different from the HEDIS specs, which run through December 1.) *Also include discharges that fall on or between January 1 and January 30 of the year following the measurement year, but ONLY to determine if these January events are readmissions to mental health inpatient stays that were completed in December of the measurement year. *Use only Facility Claims to identify discharges. Do not use diagnoses from professional claims. Include paid claims as well as suspended, denied, or pending claims, and claims with paid amount = $0. *A mental health inpatient stay is considered a re-admission if the Admit Date falls within 30 days of the Discharge Date of the most recent previous mental health inpatient stay, and is for a primary mental health or substance abuse diagnosis. Use HEDIS "Mental Health Diagnosis Value Set" and HEDIS "Chemical Dependency Value Set" to determine diagnoses.

8.18	Inpatient_MHReadmissions_Age13-17_Count	Count of members age 13-17 discharged from a mental health inpatient stay (based on primary discharge diagnosis) and readmitted within 30 days with either a primary mental health OR primary substance abuse diagnosis. The diagnosis does NOT need to be the same for both inpatient stays. Count MEMBERS who had one or more readmissions; do NOT count the total number of readmissions. Admissions do NOT need to be in a specialized psychiatric hospital - it's the diagnosis that determines if it's a mental health inpatient stay. Inpatient stays that end in direct transfer to another acute facility for a principal mental health diagnosis should be counted as a single continuous inpatient event, using the admit date from the initial admission and the discharge date from the transfer, for the purposes of this measure. Identify behavioral health discharges using the following criteria: *Include all plan members in the specified age range. *Member is discharged alive from an acute inpatient setting (including acute care psychiatric facilities) with a principal behavioral health diagnosis (use the HEDIS “Mental Health Diagnosis Value Set”). *Include all discharges that fall on or between January 1 and December 31 of the measurement year. (NOTE: This is different from the HEDIS specs, which run through December 1.) *Also include discharges that fall on or between January 1 and January 30 of the year following the measurement year, but ONLY to determine if these January events are readmissions to mental health inpatient stays that were completed in December of the measurement year. *Use only Facility Claims to identify discharges. Do not use diagnoses from professional claims. Include paid claims as well as suspended, denied, or pending claims, and claims with paid amount = $0. *A mental health inpatient stay is considered a re-admission if the Admit Date falls within 30 days of the Discharge Date of the most recent previous mental health inpatient stay, and is for a primary mental health or substance abuse diagnosis. Use HEDIS "Mental Health Diagnosis Value Set" and HEDIS "Chemical Dependency Value Set" to determine diagnoses.

8.19	Inpatient_MHReadmissions_Age18-64_Count	Count of members age 18-64 discharged from a mental health inpatient stay (based on primary discharge diagnosis) and readmitted within 30 days with either a primary mental health OR primary substance abuse diagnosis. The diagnosis does NOT need to be the same for both inpatient stays. Count MEMBERS who had one or more readmissions; do NOT count the total number of readmissions. Admissions do NOT need to be in a specialized psychiatric hospital - it's the diagnosis that determines if it's a mental health inpatient stay. Inpatient stays that end in direct transfer to another acute facility for a principal mental health diagnosis should be counted as a single continuous inpatient event, using the admit date from the initial admission and the discharge date from the transfer, for the purposes of this measure. Identify behavioral health discharges using the following criteria: *Include all plan members in the specified age range. *Member is discharged alive from an acute inpatient setting (including acute care psychiatric facilities) with a principal behavioral health diagnosis (use the HEDIS “Mental Health Diagnosis Value Set”). *Include all discharges that fall on or between January 1 and December 31 of the measurement year. (NOTE: This is different from the HEDIS specs, which run through December 1.) *Also include discharges that fall on or between January 1 and January 30 of the year following the measurement year, but ONLY to determine if these January events are readmissions to mental health inpatient stays that were completed in December of the measurement year. *Use only Facility Claims to identify discharges. Do not use diagnoses from professional claims. Include paid claims as well as suspended, denied, or pending claims, and claims with paid amount = $0. *An mental health inpatient stay is considered a re-admission if the Admit Date falls within 30 days of the Discharge Date of the most recent previous mental health inpatient stay, and is for a primary mental health or substance abuse diagnosis. Use HEDIS "Mental Health Diagnosis Value Set" and HEDIS "Chemical Dependency Value Set" to determine diagnoses.

8.20	Inpatient_MHReadmissions_Age65+_Count	Count of members age 65+ discharged from a mental health inpatient stay (based on primary discharge diagnosis) and readmitted within 30 days with either a primary mental health OR primary substance abuse diagnosis. The diagnosis does NOT need to be the same for both inpatient stays. Count MEMBERS who had one or more readmissions; do NOT count the total number of readmissions. Admissions do NOT need to be in a specialized psychiatric hospital - it's the diagnosis that determines if it's a mental health inpatient stay. Inpatient stays that end in direct transfer to another acute facility for a principal mental health diagnosis should be counted as a single continuous inpatient event, using the admit date from the initial admission and the discharge date from the transfer, for the purposes of this measure. Identify behavioral health discharges using the following criteria: *Include all plan members in the specified age range. *Member is discharged alive from an acute inpatient setting (including acute care psychiatric facilities) with a principal behavioral health diagnosis (use the HEDIS “Mental Health Diagnosis Value Set”). *Include all discharges that fall on or between January 1 and December 31 of the measurement year. (NOTE: This is different from the HEDIS specs, which run through December 1.) *Also include discharges that fall on or between January 1 and January 30 of the year following the measurement year, but ONLY to determine if these January events are readmissions to mental health inpatient stays that were completed in December of the measurement year. *Use only Facility Claims to identify discharges. Do not use diagnoses from professional claims. Include paid claims as well as suspended, denied, or pending claims, and claims with paid amount = $0. *An mental health inpatient stay is considered a re-admission if the Admit Date falls within 30 days of the Discharge Date of the most recent previous mental health inpatient stay, and is for a primary mental health or substance abuse diagnosis. Use HEDIS "Mental Health Diagnosis Value Set" and HEDIS "Chemical Dependency Value Set" to determine diagnoses.

8.21	Inpatient_SAReadmissions_Age0-12_Count	Count of members age 0-12 discharged from a substance abuse inpatient stay (based on primary discharge diagnosis) and readmitted within 30 days with either a primary mental health OR primary substance abuse diagnosis. The diagnosis does NOT need to be the same for both inpatient stays. Count MEMBERS who had one or more readmissions; do NOT count the total number of readmissions. Admissions do NOT need to be in a specialized hospital - it's the diagnosis that determines if it's a substance abuse inpatient stay. Inpatient stays that end in direct transfer to another acute facility for a principal substance abuse diagnosis should be counted as a single continuous inpatient event, using the admit date from the initial admission and the discharge date from the transfer, for the purposes of this measure. Identify substance abuse discharges using the following criteria: *Include all plan members in the specified age range (NOTE: HEDIS excludes members younger than 6, but we're including them here.) *Member is discharged alive from an acute inpatient setting with a principal substance abuse diagnosis (use the HEDIS “Chemical Dependency Value Set”). *Include all discharges that fall on or between January 1 and December 31 of the measurement year. (NOTE: This is different from the HEDIS specs, which run through December 1.) *Also include discharges that fall on or between January 1 and January 30 of the year following the measurement year, but ONLY to determine if these January events are readmissions to substance abuse inpatient stays that were completed in December of the measurement year. *Use only Facility Claims to identify discharges. Do not use diagnoses from professional claims. Include paid claims as well as suspended, denied, or pending claims, and claims with paid amount = $0. *A substance abuse inpatient stay is considered a re-admission if the Admit Date falls within 30 days of the Discharge Date of the most recent previous substance abuse inpatient stay, and is for a primary mental health or substance abuse diagnosis. Use HEDIS "Mental Health Diagnosis Value Set" and HEDIS "Chemical Dependency Value Set" to determine diagnoses.

8.22	Inpatient_SAReadmissions_Age13-17_Count	Count of members age 13-17 discharged from a substance abuse inpatient stay (based on primary discharge diagnosis) and readmitted within 30 days with either a primary mental health OR primary substance abuse diagnosis. The diagnosis does NOT need to be the same for both inpatient stays. Count MEMBERS who had one or more readmissions; do NOT count the total number of readmissions. Admissions do NOT need to be in a specialized hospital - it's the diagnosis that determines if it's a substance abuse inpatient stay. Inpatient stays that end in direct transfer to another acute facility for a principal substance abuse diagnosis should be counted as a single continuous inpatient event, using the admit date from the initial admission and the discharge date from the transfer, for the purposes of this measure. Identify substance abuse discharges using the following criteria: *Include all plan members in the specified age range (NOTE: HEDIS excludes members younger than 6, but we're including them here.) *Member is discharged alive from an acute inpatient setting with a principal substance abuse diagnosis (use the HEDIS “Chemical Dependency Value Set”). *Include all discharges that fall on or between January 1 and December 31 of the measurement year. (NOTE: This is different from the HEDIS specs, which run through December 1.) *Also include discharges that fall on or between January 1 and January 30 of the year following the measurement year, but ONLY to determine if these January events are readmissions to substance abuse inpatient stays that were completed in December of the measurement year. *Use only Facility Claims to identify discharges. Do not use diagnoses from professional claims. Include paid claims as well as suspended, denied, or pending claims, and claims with paid amount = $0. *A substance abuse inpatient stay is considered a re-admission if the Admit Date falls within 30 days of the Discharge Date of the most recent previous substance abuse inpatient stay, and is for a primary mental health or substance abuse diagnosis. Use HEDIS "Mental Health Diagnosis Value Set" and HEDIS "Chemical Dependency Value Set" to determine diagnoses.

8.23	Inpatient_SAReadmissions_Age18-64_Count	Count of members age 18-64 discharged from a substance abuse inpatient stay (based on primary discharge diagnosis) and readmitted within 30 days with either a primary mental health OR primary substance abuse diagnosis. The diagnosis does NOT need to be the same for both inpatient stays. Count MEMBERS who had one or more readmissions; do NOT count the total number of readmissions. Admissions do NOT need to be in a specialized hospital - it's the diagnosis that determines if it's a substance abuse inpatient stay. Inpatient stays that end in direct transfer to another acute facility for a principal substance abuse diagnosis should be counted as a single continuous inpatient event, using the admit date from the initial admission and the discharge date from the transfer, for the purposes of this measure. Identify substance abuse discharges using the following criteria: *Include all plan members in the specified age range (NOTE: HEDIS excludes members younger than 6, but we're including them here.) *Member is discharged alive from an acute inpatient setting with a principal substance abuse diagnosis (use the HEDIS “Chemical Dependency Value Set”). *Include all discharges that fall on or between January 1 and December 31 of the measurement year. (NOTE: This is different from the HEDIS specs, which run through December 1.) *Also include discharges that fall on or between January 1 and January 30 of the year following the measurement year, but ONLY to determine if these January events are readmissions to substance abuse inpatient stays that were completed in December of the measurement year. *Use only Facility Claims to identify discharges. Do not use diagnoses from professional claims. Include paid claims as well as suspended, denied, or pending claims, and claims with paid amount = $0. *A substance abuse inpatient stay is considered a re-admission if the Admit Date falls within 30 days of the Discharge Date of the most recent previous substance abuse inpatient stay, and is for a primary mental health or substance abuse diagnosis. Use HEDIS "Mental Health Diagnosis Value Set" and HEDIS "Chemical Dependency Value Set" to determine diagnoses.

8.24	Inpatient_SAReadmissions_Age65+_Count	Count of members age 65+ discharged from a substance abuse inpatient stay (based on primary discharge diagnosis) and readmitted within 30 days with either a primary mental health OR primary substance abuse diagnosis. The diagnosis does NOT need to be the same for both inpatient stays. Count MEMBERS who had one or more readmissions; do NOT count the total number of readmissions. Admissions do NOT need to be in a specialized hospital - it's the diagnosis that determines if it's a substance abuse inpatient stay. Inpatient stays that end in direct transfer to another acute facility for a principal substance abuse diagnosis should be counted as a single continuous inpatient event, using the admit date from the initial admission and the discharge date from the transfer, for the purposes of this measure. Identify substance abuse discharges using the following criteria: *Include all plan members in the specified age range (NOTE: HEDIS excludes members younger than 6, but we're including them here.) *Member is discharged alive from an acute inpatient setting with a principal substance abuse diagnosis (use the HEDIS “Chemical Dependency Value Set”). *Include all discharges that fall on or between January 1 and December 31 of the measurement year. (NOTE: This is different from the HEDIS specs, which run through December 1.) *Also include discharges that fall on or between January 1 and January 30 of the year following the measurement year, but ONLY to determine if these January events are readmissions to substance abuse inpatient stays that were completed in December of the measurement year. *Use only Facility Claims to identify discharges. Do not use diagnoses from professional claims. Include paid claims as well as suspended, denied, or pending claims, and claims with paid amount = $0. *A substance abuse inpatient stay is considered a re-admission if the Admit Date falls within 30 days of the Discharge Date of the most recent previous substance abuse inpatient stay, and is for a primary mental health or substance abuse diagnosis. Use HEDIS "Mental Health Diagnosis Value Set" and HEDIS "Chemical Dependency Value Set" to determine diagnoses.

8.25	Inpatient_MHDays_Age0-12_Count	Number of mental health inpatient days for members age 0-12. Basically, you're counting the length of stay for all of the behavioral health discharges reported in the "Inpatient_MHDischarges_Age0-12_Count" measure. Identify behavioral health discharges using the following criteria: *Include all plan members in the specified age range (NOTE: HEDIS excludes members younger than 6, but we're including them here.) *Member is discharged alive from an acute inpatient setting (including acute care psychiatric facilities) with a principal mental health diagnosis (use the HEDIS “Mental Health Diagnosis Value Set” to determine mental health diagnoses). *Include all discharges that fall on or between January 1 and December 31 of the measurement year. (NOTE: This is different from the HEDIS specs, which run through December 1.) *Use only Facility Claims to identify discharges. Do not use diagnoses from professional claims. Include paid claims as well as suspended, denied, or pending claims, and claims with paid amount = $0. Identify length of stay using the following criteria: *Include all plan members in the specified age range (NOTE: HEDIS excludes members younger than 6, but we're including them here.) *Use admit and discharge dates to identify days. *Do NOT use units of service. We want the actual length of stay, and not merely the number of days paid. *Count the date of admission, but not the date of discharge. (Typically, subtracting the date of admission from the date of discharge will accomplish this.)

8.26	Inpatient_MHDays_Age13-17_Count	Number of mental health inpatient days for members age 13-17. Basically, you're counting the length of stay for all of the behavioral health discharges reported in the "Inpatient_MHDischarges_Age13-17_Count" measure. Identify behavioral health discharges using the following criteria: *Include all plan members in the specified age range. *Member is discharged alive from an acute inpatient setting (including acute care psychiatric facilities) with a principal mental health diagnosis (use the HEDIS “Mental Health Diagnosis Value Set” to determine mental health diagnoses). *Include all discharges that fall on or between January 1 and December 31 of the measurement year. (NOTE: This is different from the HEDIS specs, which run through December 1.) *Use only Facility Claims to identify discharges. Do not use diagnoses from professional claims. Include paid claims as well as suspended, denied, or pending claims, and claims with paid amount = $0. Identify length of stay using the following criteria: *Include all plan members in the specified age range. *Use admit and discharge dates to identify days. *Do NOT use units of service. We want the actual length of stay, and not merely the number of days paid. *Count the date of admission, but not the date of discharge. (Typically, subtracting the date of admission from the date of discharge will accomplish this.)

8.27	Inpatient_MHDays_Age18-64_Count	Number of mental health inpatient days for members age 18-64. Basically, you're counting the length of stay for all of the behavioral health discharges reported in the "Inpatient_MHDischarges_Age18-64_Count" measure. Identify behavioral health discharges using the following criteria: *Include all plan members in the specified age range. *Member is discharged alive from an acute inpatient setting (including acute care psychiatric facilities) with a principal mental health diagnosis (use the HEDIS “Mental Health Diagnosis Value Set” to determine mental health diagnoses). *Include all discharges that fall on or between January 1 and December 31 of the measurement year. (NOTE: This is different from the HEDIS specs, which run through December 1.) *Use only Facility Claims to identify discharges. Do not use diagnoses from professional claims. Include paid claims as well as suspended, denied, or pending claims, and claims with paid amount = $0. Identify length of stay using the following criteria: *Include all plan members in the specified age range. *Use admit and discharge dates to identify days. *Do NOT use units of service. We want the actual length of stay, and not merely the number of days paid. *Count the date of admission, but not the date of discharge. (Typically, subtracting the date of admission from the date of discharge will accomplish this.)

8.28	Inpatient_MHDays_Age65+_Count	Number of mental health inpatient days for members age 65+. Basically, you're counting the length of stay for all of the behavioral health discharges reported in the "Inpatient_MHDischarges_Age65+_Count" measure. Identify behavioral health discharges using the following criteria: *Include all plan members in the specified age range. *Member is discharged alive from an acute inpatient setting (including acute care psychiatric facilities) with a principal mental health diagnosis (use the HEDIS “Mental Health Diagnosis Value Set” to determine mental health diagnoses). *Include all discharges that fall on or between January 1 and December 31 of the measurement year. (NOTE: This is different from the HEDIS specs, which run through December 1.) *Use only Facility Claims to identify discharges. Do not use diagnoses from professional claims. Include paid claims as well as suspended, denied, or pending claims, and claims with paid amount = $0. Identify length of stay using the following criteria: *Include all plan members in the specified age range. *Use admit and discharge dates to identify days. *Do NOT use units of service. We want the actual length of stay, and not merely the number of days paid. *Count the date of admission, but not the date of discharge. (Typically, subtracting the date of admission from the date of discharge will accomplish this.)

8.29	Inpatient_SADays_Age0-12_Count	Number of substance abuse inpatient days for members age 0-12. Basically, you're counting the length of stay for all of the substance abuse discharges reported in the "Inpatient_SADischarges_Age0-12_Count" measure. Identify substance abuse discharges using the following criteria: *Include all plan members in the specified age range (NOTE: HEDIS excludes members younger than 6, but we're including them here.) *Member is discharged alive from an acute inpatient setting with a principal substance abuse diagnosis (use the HEDIS “Chemical Dependency Value Set” to determine substance abuse diagnoses). *Include all discharges that fall on or between January 1 and December 31 of the measurement year. (NOTE: This is different from the HEDIS specs, which run through December 1.) *Use only Facility Claims to identify discharges. Do not use diagnoses from professional claims. Include paid claims as well as suspended, denied, or pending claims, and claims with paid amount = $0. Identify length of stay using the following criteria: *Include all plan members in the specified age range (NOTE: HEDIS excludes members younger than 6, but we're including them here.) *Use admit and discharge dates to identify days. *Do NOT use units of service. We want the actual length of stay, and not merely the number of days paid. *Count the date of admission, but not the date of discharge. (Typically, subtracting the date of admission from the date of discharge will accomplish this.)

8.30	Inpatient_SADays_Age13-17_Count	Number of substance abuse inpatient days for members age 13-17. Basically, you're counting the length of stay for all of the substance abuse discharges reported in the "Inpatient_SADischarges_Age13-17_Count" measure. Identify substance abuse discharges using the following criteria: *Include all plan members in the specified age range. *Member is discharged alive from an acute inpatient setting with a principal substance abuse diagnosis (use the HEDIS “Chemical Dependency Value Set” to determine substance abuse diagnoses). *Include all discharges that fall on or between January 1 and December 31 of the measurement year. (NOTE: This is different from the HEDIS specs, which run through December 1.) *Use only Facility Claims to identify discharges. Do not use diagnoses from professional claims. Include paid claims as well as suspended, denied, or pending claims, and claims with paid amount = $0. Identify length of stay using the following criteria: *Include all plan members in the specified age range. *Use admit and discharge dates to identify days. *Do NOT use units of service. We want the actual length of stay, and not merely the number of days paid. *Count the date of admission, but not the date of discharge. (Typically, subtracting the date of admission from the date of discharge will accomplish this.)
8.31	Inpatient_SADays_Age18-64_Count	Number of substance abuse inpatient days for members age 18-64. Basically, you're counting the length of stay for all of the substance abuse discharges reported in the "Inpatient_SADischarges_Age18-64_Count" measure. Identify substance abuse discharges using the following criteria: *Include all plan members in the specified age range. *Member is discharged alive from an acute inpatient setting with a principal substance abuse diagnosis (use the HEDIS “Chemical Dependency Value Set” to determine substance abuse diagnoses). *Include all discharges that fall on or between January 1 and December 31 of the measurement year. (NOTE: This is different from the HEDIS specs, which run through December 1.) *Use only Facility Claims to identify discharges. Do not use diagnoses from professional claims. Include paid claims as well as suspended, denied, or pending claims, and claims with paid amount = $0. Identify length of stay using the following criteria: *Include all plan members in the specified age range. *Use admit and discharge dates to identify days. *Do NOT use units of service. We want the actual length of stay, and not merely the number of days paid. *Count the date of admission, but not the date of discharge. (Typically, subtracting the date of admission from the date of discharge will accomplish this.)

8.32	Inpatient_SADays_Age65+_Count	Number of substance abuse inpatient days for members age 65+. Basically, you're counting the length of stay for all of the substance abuse discharges reported in the "Inpatient_SADischarges_Age65+_Count" measure. Identify substance abuse discharges using the following criteria: *Include all plan members in the specified age range. *Member is discharged alive from an acute inpatient setting with a principal substance abuse diagnosis (use the HEDIS “Chemical Dependency Value Set” to determine substance abuse diagnoses). *Include all discharges that fall on or between January 1 and December 31 of the measurement year. (NOTE: This is different from the HEDIS specs, which run through December 1.) *Use only Facility Claims to identify discharges. Do not use diagnoses from professional claims. Include paid claims as well as suspended, denied, or pending claims, and claims with paid amount = $0. Identify length of stay using the following criteria: *Include all plan members in the specified age range. *Use admit and discharge dates to identify days. *Do NOT use units of service. We want the actual length of stay, and not merely the number of days paid. *Count the date of admission, but not the date of discharge. (Typically, subtracting the date of admission from the date of discharge will accomplish this.)
8.33	InpatientFollowUp_7Days_MH_Age0-12_Count	Count of Members age 0-12 who had community follow-up within 7 days after a mental health inpatient stay. Use the HEDIS FUH measure, except for the following modifications: *For each place in the HEDIS specs that use “Mental Illness Value Set”, instead substitute “Mental Health Diagnosis Value Set”. *Break out results by designated age group.
8.34	InpatientFollowUp_7Days_MH_Age13-17_Count	Count of Members age 13-17 who had community follow-up within 7 days after a mental health inpatient stay. Use the HEDIS FUH measure, except for the following modifications: *For each place in the HEDIS specs that use “Mental Illness Value Set”, instead substitute “Mental Health Diagnosis Value Set”. *Break out results by designated age group.
8.35	InpatientFollowUp_7Days_MH_Age18-64_Count	Count of Members age 18-64 who had community follow-up within 7 days after a mental health inpatient stay. Use the HEDIS FUH measure, except for the following modifications: *For each place in the HEDIS specs that use “Mental Illness Value Set”, instead substitute “Mental Health Diagnosis Value Set”. *Break out results by designated age group.

8.36	InpatientFollowUp_7Days_MH_Age65+_Count	Count of Members age 65+ who had community follow-up within 7 days after a mental health inpatient stay. Use the HEDIS FUH measure, except for the following modifications: *For each place in the HEDIS specs that use “Mental Illness Value Set”, instead substitute “Mental Health Diagnosis Value Set”. *Break out results by designated age group.

8.37	InpatientFollowUp_7Days_SA_Age0-12_Count	Count members age 0-12 discharged alive from an acute inpatient setting with a principal diagnosis of substance abuse/dependence, using HEDIS Chemical Dependency Value Set, on or between January 1 and December 1 of the measurement year. *The denominator for this measure is based on discharges, not on members. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year. *Include all patients age 0-12 as of the date of discharge. (HEDIS excludes those under age 6, but we're including them.) *Members must be continuously enrolled from the date of discharge through 30 days after discharge. No gaps in enrollment are permitted during that 30 day period. *If the discharge is followed by readmission or direct transfer to an acute facility for a principal diagnosis of substance abuse (HEDIS Chemical Dependency Value Set) within the 30-day follow-up period, count only the readmission discharge or the discharge from the facility to which the member was transferred. *Exclude discharges followed by readmission or direct transfer to a nonacute facility (HEDIS Nonacute Care Value Set) for a principal diagnosis of substance abuse (HEDIS Chemical Dependency Value Set) within the 30-day follow-up period. *Also exclude discharges in which the patient was transferred directly or readmitted within 30 days after discharge to an acute or nonacute facility for a principal diagnosis of non-substance abuse (any principal diagnosis code other than those included in the HEDIS Chemical Dependency Value Set). These discharges are excluded from the measure because rehospitalization or transfer may prevent an outpatient follow-up visit from taking place. NUMERATOR: An outpatient visit, intensive outpatient visit or partial hospitalization with a principal diagnosis of substance abuse (HEDIS Chemical Dependency Value Set) within 7 days after discharge. Include any such events that occur on the date of discharge. These are determined as follows: Outpatient: *IAD Stand Alone Outpatient Value Set WITH Chemical Dependency Value Set. *IAD Outpatient/ED Value Set WITH IAD Outpatient/ED POS Value Set AND Chemical Dependency Value Set. HOWEVER: MODIFY the IAD Outpatient/ED POS Value Set by REMOVING POS=23 (hospital emergency room), and ADDING POS=53 (community mental health center). Count services provided by physicians and nonphysicians. Intensive Outpatient/Partial Hospitalization: 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 physicians and nonphysicians.

8.38	InpatientFollowUp_7Days_SA_Age13-17_Count	Count members age 13-17 discharged alive from an acute inpatient setting with a principal diagnosis of substance abuse/dependence, using HEDIS Chemical Dependency Value Set, on or between January 1 and December 1 of the measurement year. *The denominator for this measure is based on discharges, not on members. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year. *Include all patients age 13-17 as of the date of discharge. *Members must be continuously enrolled from the date of discharge through 30 days after discharge. No gaps in enrollment are permitted during that 30 day period. *If the discharge is followed by readmission or direct transfer to an acute facility for a principal diagnosis of substance abuse (HEDIS Chemical Dependency Value Set) within the 30-day follow-up period, count only the readmission discharge or the discharge from the facility to which the member was transferred. *Exclude discharges followed by readmission or direct transfer to a nonacute facility (HEDIS Nonacute Care Value Set) for a principal diagnosis of substance abuse (HEDIS Chemical Dependency Value Set) within the 30-day follow-up period. *Also exclude discharges in which the patient was transferred directly or readmitted within 30 days after discharge to an acute or nonacute facility for a principal diagnosis of non-substance abuse (any principal diagnosis code other than those included in the HEDIS Chemical Dependency Value Set). These discharges are excluded from the measure because rehospitalization or transfer may prevent an outpatient follow-up visit from taking place. NUMERATOR: An outpatient visit, intensive outpatient visit or partial hospitalization with a principal diagnosis of substance abuse (HEDIS Chemical Dependency Value Set) within 7 days after discharge. Include any such events that occur on the date of discharge. These are determined as follows: Outpatient: *IAD Stand Alone Outpatient Value Set WITH Chemical Dependency Value Set. *IAD Outpatient/ED Value Set WITH IAD Outpatient/ED POS Value Set AND Chemical Dependency Value Set. HOWEVER: MODIFY the IAD Outpatient/ED POS Value Set by REMOVING POS=23 (hospital emergency room), and ADDING POS=53 (community mental health center). Count services provided by physicians and nonphysicians. Intensive Outpatient/Partial Hospitalization: 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 physicians and nonphysicians.

8.39	InpatientFollowUp_7Days_SA_Age18-64_Count	Count members age 18-64 discharged alive from an acute inpatient setting with a principal diagnosis of substance abuse/dependence, using HEDIS Chemical Dependency Value Set, on or between January 1 and December 1 of the measurement year. *The denominator for this measure is based on discharges, not on members. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year. *Include all patients age 18-64 as of the date of discharge. *Members must be continuously enrolled from the date of discharge through 30 days after discharge. No gaps in enrollment are permitted during that 30 day period. *If the discharge is followed by readmission or direct transfer to an acute facility for a principal diagnosis of substance abuse (HEDIS Chemical Dependency Value Set) within the 30-day follow-up period, count only the readmission discharge or the discharge from the facility to which the member was transferred. *Exclude discharges followed by readmission or direct transfer to a nonacute facility (HEDIS Nonacute Care Value Set) for a principal diagnosis of substance abuse (HEDIS Chemical Dependency Value Set) within the 30-day follow-up period. *Also exclude discharges in which the patient was transferred directly or readmitted within 30 days after discharge to an acute or nonacute facility for a principal diagnosis of non-substance abuse (any principal diagnosis code other than those included in the HEDIS Chemical Dependency Value Set). These discharges are excluded from the measure because rehospitalization or transfer may prevent an outpatient follow-up visit from taking place. NUMERATOR: An outpatient visit, intensive outpatient visit or partial hospitalization with a principal diagnosis of substance abuse (HEDIS Chemical Dependency Value Set) within 7 days after discharge. Include any such events that occur on the date of discharge. These are determined as follows: Outpatient: *IAD Stand Alone Outpatient Value Set WITH Chemical Dependency Value Set. *IAD Outpatient/ED Value Set WITH IAD Outpatient/ED POS Value Set AND Chemical Dependency Value Set. HOWEVER: MODIFY the IAD Outpatient/ED POS Value Set by REMOVING POS=23 (hospital emergency room), and ADDING POS=53 (community mental health center). Count services provided by physicians and nonphysicians. Intensive Outpatient/Partial Hospitalization: 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 physicians and nonphysicians.

8.40	InpatientFollowUp_7Days_SA_Age65+_Count	Count members age 65+ discharged alive from an acute inpatient setting with a principal diagnosis of substance abuse/dependence, using HEDIS Chemical Dependency Value Set, on or between January 1 and December 1 of the measurement year. *The denominator for this measure is based on discharges, not on members. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year. *Include all patients age 65+ as of the date of discharge. *Members must be continuously enrolled from the date of discharge through 30 days after discharge. No gaps in enrollment are permitted during that 30 day period. *If the discharge is followed by readmission or direct transfer to an acute facility for a principal diagnosis of substance abuse (HEDIS Chemical Dependency Value Set) within the 30-day follow-up period, count only the readmission discharge or the discharge from the facility to which the member was transferred. *Exclude discharges followed by readmission or direct transfer to a nonacute facility (HEDIS Nonacute Care Value Set) for a principal diagnosis of substance abuse (HEDIS Chemical Dependency Value Set) within the 30-day follow-up period. *Also exclude discharges in which the patient was transferred directly or readmitted within 30 days after discharge to an acute or nonacute facility for a principal diagnosis of non-substance abuse (any principal diagnosis code other than those included in the HEDIS Chemical Dependency Value Set). These discharges are excluded from the measure because rehospitalization or transfer may prevent an outpatient follow-up visit from taking place. NUMERATOR: An outpatient visit, intensive outpatient visit or partial hospitalization with a principal diagnosis of substance abuse (HEDIS Chemical Dependency Value Set) within 7 days after discharge. Include any such events that occur on the date of discharge. These are determined as follows: Outpatient: *IAD Stand Alone Outpatient Value Set WITH Chemical Dependency Value Set. *IAD Outpatient/ED Value Set WITH IAD Outpatient/ED POS Value Set AND Chemical Dependency Value Set. HOWEVER: MODIFY the IAD Outpatient/ED POS Value Set by REMOVING POS=23 (hospital emergency room), and ADDING POS=53 (community mental health center). Count services provided by physicians and nonphysicians. Intensive Outpatient/Partial Hospitalization: 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 physicians and nonphysicians.

8.41	InpatientFollowUp_30Days_MH_Age0-12_Count	Count of Members age 0-12 who had community follow-up within 30 days after a mental health inpatient stay. Use the HEDIS FUH measure, except for the following modifications: *For each place in the HEDIS specs that use “Mental Illness Value Set”, instead substitute “Mental Health Diagnosis Value Set”. *Break out results by designated age group.
8.42	InpatientFollowUp_30Days_MH_Age13-17_Count	Count of Members age 13-17 who had community follow-up within 30 days after a mental health inpatient stay. Use the HEDIS FUH measure, except for the following modifications: *For each place in the HEDIS specs that use “Mental Illness Value Set”, instead substitute “Mental Health Diagnosis Value Set”. *Break out results by designated age group.
8.43	InpatientFollowUp_30Days_MH_Age18-64_Count	Count of Members age 18-64 who had community follow-up within 30 days after a mental health inpatient stay. Use the HEDIS FUH measure, except for the following modifications: *For each place in the HEDIS specs that use “Mental Illness Value Set”, instead substitute “Mental Health Diagnosis Value Set”. *Break out results by designated age group.
8.44	InpatientFollowUp_30Days_MH_Age65+_Count	Count of Members age 65+ who had community follow-up within 30 days after a mental health inpatient stay. Use the HEDIS FUH measure, except for the following modifications: *For each place in the HEDIS specs that use “Mental Illness Value Set”, instead substitute “Mental Health Diagnosis Value Set”. *Break out results by designated age group.

8.45	InpatientFollowUp_30Days_SA_Age0-12_Count	Count members age 0-12 discharged alive from an acute inpatient setting with a principal diagnosis of substance abuse/dependence, using HEDIS Chemical Dependency Value Set, on or between January 1 and December 1 of the measurement year. *The denominator for this measure is based on discharges, not on members. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year. *Include all patients age 0-12 as of the date of discharge. *Members must be continuously enrolled from the date of discharge through 30 days after discharge. No gaps in enrollment are permitted during that 30 day period. *If the discharge is followed by readmission or direct transfer to an acute facility for a principal diagnosis of substance abuse (HEDIS Chemical Dependency Value Set) within the 30-day follow-up period, count only the readmission discharge or the discharge from the facility to which the member was transferred. *Exclude discharges followed by readmission or direct transfer to a nonacute facility (HEDIS Nonacute Care Value Set) for a principal diagnosis of substance abuse (HEDIS Chemical Dependency Value Set) within the 30-day follow-up period. *Also exclude discharges in which the patient was transferred directly or readmitted within 30 days after discharge to an acute or nonacute facility for a principal diagnosis of non-substance abuse (any principal diagnosis code other than those included in the HEDIS Chemical Dependency Value Set). These discharges are excluded from the measure because rehospitalization or transfer may prevent an outpatient follow-up visit from taking place. NUMERATOR: An outpatient visit, intensive outpatient visit or partial hospitalization with a principal diagnosis of substance abuse (HEDIS Chemical Dependency Value Set) within 30 days after discharge. Include any such events that occur on the date of discharge. These are determined as follows: Outpatient: *IAD Stand Alone Outpatient Value Set WITH Chemical Dependency Value Set. *IAD Outpatient/ED Value Set WITH IAD Outpatient/ED POS Value Set AND Chemical Dependency Value Set. HOWEVER: MODIFY the IAD Outpatient/ED POS Value Set by REMOVING POS=23 (hospital emergency room), and ADDING POS=53 (community mental health center). Count services provided by physicians and nonphysicians. Intensive Outpatient/Partial Hospitalization: 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 physicians and nonphysicians.

8.46	InpatientFollowUp_30Days_SA_Age13-17_Count	Count members age13-17 discharged alive from an acute inpatient setting with a principal diagnosis of substance abuse/dependence, using HEDIS Chemical Dependency Value Set, on or between January 1 and December 1 of the measurement year. *The denominator for this measure is based on discharges, not on members. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year. *Include all patients age 13-17 as of the date of discharge. *Members must be continuously enrolled from the date of discharge through 30 days after discharge. No gaps in enrollment are permitted during that 30 day period. *If the discharge is followed by readmission or direct transfer to an acute facility for a principal diagnosis of substance abuse (HEDIS Chemical Dependency Value Set) within the 30-day follow-up period, count only the readmission discharge or the discharge from the facility to which the member was transferred. *Exclude discharges followed by readmission or direct transfer to a nonacute facility (HEDIS Nonacute Care Value Set) for a principal diagnosis of substance abuse (HEDIS Chemical Dependency Value Set) within the 30-day follow-up period. *Also exclude discharges in which the patient was transferred directly or readmitted within 30 days after discharge to an acute or nonacute facility for a principal diagnosis of non-substance abuse (any principal diagnosis code other than those included in the HEDIS Chemical Dependency Value Set). These discharges are excluded from the measure because rehospitalization or transfer may prevent an outpatient follow-up visit from taking place. NUMERATOR: An outpatient visit, intensive outpatient visit or partial hospitalization with a principal diagnosis of substance abuse (HEDIS Chemical Dependency Value Set) within 30 days after discharge. Include any such events that occur on the date of discharge. These are determined as follows: Outpatient: *IAD Stand Alone Outpatient Value Set WITH Chemical Dependency Value Set. *IAD Outpatient/ED Value Set WITH IAD Outpatient/ED POS Value Set AND Chemical Dependency Value Set. HOWEVER: MODIFY the IAD Outpatient/ED POS Value Set by REMOVING POS=23 (hospital emergency room), and ADDING POS=53 (community mental health center). Count services provided by physicians and nonphysicians. Intensive Outpatient/Partial Hospitalization: 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 physicians and nonphysicians.

8.47	InpatientFollowUp_30Days_SA_Age18-64_Count	Count members age 18-64 discharged alive from an acute inpatient setting with a principal diagnosis of substance abuse/dependence, using HEDIS Chemical Dependency Value Set, on or between January 1 and December 1 of the measurement year. *The denominator for this measure is based on discharges, not on members. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year. *Include all patients age 18-64 as of the date of discharge. *Members must be continuously enrolled from the date of discharge through 30 days after discharge. No gaps in enrollment are permitted during that 30 day period. *If the discharge is followed by readmission or direct transfer to an acute facility for a principal diagnosis of substance abuse (HEDIS Chemical Dependency Value Set) within the 30-day follow-up period, count only the readmission discharge or the discharge from the facility to which the member was transferred. *Exclude discharges followed by readmission or direct transfer to a nonacute facility (HEDIS Nonacute Care Value Set) for a principal diagnosis of substance abuse (HEDIS Chemical Dependency Value Set) within the 30-day follow-up period. *Also exclude discharges in which the patient was transferred directly or readmitted within 30 days after discharge to an acute or nonacute facility for a principal diagnosis of non-substance abuse (any principal diagnosis code other than those included in the HEDIS Chemical Dependency Value Set). These discharges are excluded from the measure because rehospitalization or transfer may prevent an outpatient follow-up visit from taking place. NUMERATOR: An outpatient visit, intensive outpatient visit or partial hospitalization with a principal diagnosis of substance abuse (HEDIS Chemical Dependency Value Set) within 30 days after discharge. Include any such events that occur on the date of discharge. These are determined as follows: Outpatient: *IAD Stand Alone Outpatient Value Set WITH Chemical Dependency Value Set. *IAD Outpatient/ED Value Set WITH IAD Outpatient/ED POS Value Set AND Chemical Dependency Value Set. HOWEVER: MODIFY the IAD Outpatient/ED POS Value Set by REMOVING POS=23 (hospital emergency room), and ADDING POS=53 (community mental health center). Count services provided by physicians and nonphysicians. Intensive Outpatient/Partial Hospitalization: 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 physicians and nonphysicians.

8.48	InpatientFollowUp_30Days_SA_Age65+_Count	Count members age 65+ discharged alive from an acute inpatient setting with a principal diagnosis of substance abuse/dependence, using HEDIS Chemical Dependency Value Set, on or between January 1 and December 1 of the measurement year. *The denominator for this measure is based on discharges, not on members. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year. *Include all patients age 65+ as of the date of discharge. *Members must be continuously enrolled from the date of discharge through 30 days after discharge. No gaps in enrollment are permitted during that 30 day period. *If the discharge is followed by readmission or direct transfer to an acute facility for a principal diagnosis of substance abuse (HEDIS Chemical Dependency Value Set) within the 30-day follow-up period, count only the readmission discharge or the discharge from the facility to which the member was transferred. *Exclude discharges followed by readmission or direct transfer to a nonacute facility (HEDIS Nonacute Care Value Set) for a principal diagnosis of substance abuse (HEDIS Chemical Dependency Value Set) within the 30-day follow-up period. *Also exclude discharges in which the patient was transferred directly or readmitted within 30 days after discharge to an acute or nonacute facility for a principal diagnosis of non-substance abuse (any principal diagnosis code other than those included in the HEDIS Chemical Dependency Value Set). These discharges are excluded from the measure because rehospitalization or transfer may prevent an outpatient follow-up visit from taking place. NUMERATOR: An outpatient visit, intensive outpatient visit or partial hospitalization with a principal diagnosis of substance abuse (HEDIS Chemical Dependency Value Set) within 30 days after discharge. Include any such events that occur on the date of discharge. These are determined as follows: Outpatient: *IAD Stand Alone Outpatient Value Set WITH Chemical Dependency Value Set. *IAD Outpatient/ED Value Set WITH IAD Outpatient/ED POS Value Set AND Chemical Dependency Value Set. HOWEVER: MODIFY the IAD Outpatient/ED POS Value Set by REMOVING POS=23 (hospital emergency room), and ADDING POS=53 (community mental health center). Count services provided by physicians and nonphysicians. Intensive Outpatient/Partial Hospitalization: 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 physicians and nonphysicians.

9.01	Utilization_MH_ER_Age0-12_Count	The count of health plan members age 0-12 accessing emergency department services for behavioral health reasons. Use HEDIS specs for MPT - Mental Health Utilization. Do not separate patients by gender. Since the HEDIS specs lump Outpatient and ED visits together, we will need modify the specs to separate these for this measure. Replace the "Outpatient and ED" part of the "Calculations" section of the HEDIS Mental Health Utilization specs with the following: ER Services Report ED claims/encounters in conjunction with a PRINCIPAL mental health diagnosis. Any of the following code combinations meet criteria: *ED Value Set WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) *MPT Outpatient/ED Value Set AND Mental Health Diagnosis Value Set. HOWEVER: MODIFY the MPT Outpatient/ED POS Value Set by including ONLY POS=23. EXCLUDE all other POS values.) Count services provided by physicians and nonphysicians. Only include observation stays that do not result in an inpatient stay. Except for the above modifications, calculate the measure as written in the HEDIS specs.

9.02	Utilization_MH_ER_Age13-17_Count	The count of health plan members age 13-17 accessing emergency department services for behavioral health reasons. Use HEDIS specs for MPT - Mental Health Utilization. Do not separate patients by gender. Since the HEDIS specs lump Outpatient and ED visits together, we will need modify the specs to separate these for this measure. Replace the "Outpatient and ED" part of the "Calculations" section of the HEDIS Mental Health Utilization specs with the following: ER Services Report ED claims/encounters in conjunction with a PRINCIPAL mental health diagnosis. Any of the following code combinations meet criteria: *ED Value Set WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) *MPT Outpatient/ED Value Set AND Mental Health Diagnosis Value Set. HOWEVER: MODIFY the MPT Outpatient/ED POS Value Set by including ONLY POS=23. EXCLUDE all other POS values.) Count services provided by physicians and nonphysicians. Only include observation stays that do not result in an inpatient stay. Except for the above modifications, calculate the measure as written in the HEDIS specs.

9.03	Utilization_MH_ER_Age18-64_Count	The count of health plan members age 18-64 accessing emergency department services for behavioral health reasons. Use HEDIS specs for MPT - Mental Health Utilization. Do not separate patients by gender. Since the HEDIS specs lump Outpatient and ED visits together, we will need modify the specs to separate these for this measure. Replace the "Outpatient and ED" part of the "Calculations" section of the HEDIS Mental Health Utilization specs with the following: ER Services Report ED claims/encounters in conjunction with a PRINCIPAL mental health diagnosis. Any of the following code combinations meet criteria: *ED Value Set WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) *MPT Outpatient/ED Value Set AND Mental Health Diagnosis Value Set. HOWEVER: MODIFY the MPT Outpatient/ED POS Value Set by including ONLY POS=23. EXCLUDE all other POS values.) Count services provided by physicians and nonphysicians. Only include observation stays that do not result in an inpatient stay. Except for the above modifications, calculate the measure as written in the HEDIS specs.

9.04	Utilization_MH_ER_Age65+_Count	The count of health plan members age 65+ accessing emergency department services for behavioral health reasons. Use HEDIS specs for MPT - Mental Health Utilization. Do not separate patients by gender. Since the HEDIS specs lump Outpatient and ED visits together, we will need modify the specs to separate these for this measure. Replace the "Outpatient and ED" part of the "Calculations" section of the HEDIS Mental Health Utilization specs with the following: ER Services Report ED claims/encounters in conjunction with a PRINCIPAL mental health diagnosis. Any of the following code combinations meet criteria: *ED Value Set WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) *MPT Outpatient/ED Value Set AND Mental Health Diagnosis Value Set. HOWEVER: MODIFY the MPT Outpatient/ED POS Value Set by including ONLY POS=23. EXCLUDE all other POS values.) Count services provided by physicians and nonphysicians. Only include observation stays that do not result in an inpatient stay. Except for the above modifications, calculate the measure as written in the HEDIS specs.

9.05	Utilization_SA_ER_Age0-12_Count	The count of health plan members age 0-12 accessing emergency department services for substance abuse reasons. Use HEDIS specs for IAD - Identification of Alcohol and Other Drug Services. No need to separate patients by gender. Since the HEDIS specs lump Outpatient and ED visits together, we will need to separate for this measure. Replace the "Outpatient and ED" part of the "Calculations" section of the HEDIS Identification of Alcohol and Other Drug Services criteria with the following: SA ER Services Report ED claims/encounters in conjunction with a PRINCIPAL chemical dependency diagnosis. (NOTE: HEDIS asks for ANY chemical dependency diagnosis; we are asking for PRINCIPAL). Any of the following code combinations meet criteria: *ED Value Set WITH Chemical Dependency Value Set. *IAD Outpatient/ED Value Set AND Chemical Dependency Value Set. HOWEVER: MODIFY the IAD Outpatient/ED POS Value Set by including ONLY POS=23. EXCLUDE all other POS values.) Count services provided by physicians and nonphysicians. Only include observation stays that do not result in an inpatient stay. Except for the above modifications, calculate the measure as written in the HEDIS specs.
9.06	Utilization_SA_ER_Age13-17_Count	The count of health plan members age 13-17 accessing emergency department services for substance abuse reasons. Use HEDIS specs for IAD - Identification of Alcohol and Other Drug Services. No need to separate patients by gender. Since the HEDIS specs lump Outpatient and ED visits together, we will need to separate for this measure. Replace the "Outpatient and ED" part of the "Calculations" section of the HEDIS Identification of Alcohol and Other Drug Services criteria with the following: SA ER Services Report ED claims/encounters in conjunction with a PRINCIPAL chemical dependency diagnosis. (NOTE: HEDIS asks for ANY chemical dependency diagnosis; we are asking for PRINCIPAL). Any of the following code combinations meet criteria: *ED Value Set WITH Chemical Dependency Value Set. *IAD Outpatient/ED Value Set AND Chemical Dependency Value Set. HOWEVER: MODIFY the IAD Outpatient/ED POS Value Set by including ONLY POS=23. EXCLUDE all other POS values.) Count services provided by physicians and nonphysicians. Only include observation stays that do not result in an inpatient stay. Except for the above modifications, calculate the measure as written in the HEDIS specs.

9.07	Utilization_SA_ER_Age18-64_Count	The count of health plan members age 18-64 accessing emergency department services for substance abuse reasons. Use HEDIS specs for IAD - Identification of Alcohol and Other Drug Services. No need to separate patients by gender. Since the HEDIS specs lump Outpatient and ED visits together, we will need to separate for this measure. Replace the "Outpatient and ED" part of the "Calculations" section of the HEDIS Identification of Alcohol and Other Drug Services criteria with the following: SA ER Services Report ED claims/encounters in conjunction with a PRINCIPAL chemical dependency diagnosis. (NOTE: HEDIS asks for ANY chemical dependency diagnosis; we are asking for PRINCIPAL). Any of the following code combinations meet criteria: *ED Value Set WITH Chemical Dependency Value Set. *IAD Outpatient/ED Value Set AND Chemical Dependency Value Set. HOWEVER: MODIFY the IAD Outpatient/ED POS Value Set by including ONLY POS=23. EXCLUDE all other POS values.) Count services provided by physicians and nonphysicians. Only include observation stays that do not result in an inpatient stay. Except for the above modifications, calculate the measure as written in the HEDIS specs.
9.08	Utilization_SA_ER_Age65+_Count	The count of health plan members age 65+ accessing emergency department services for substance abuse reasons. Use HEDIS specs for IAD - Identification of Alcohol and Other Drug Services. No need to separate patients by gender. Since the HEDIS specs lump Outpatient and ED visits together, we will need to separate for this measure. Replace the "Outpatient and ED" part of the "Calculations" section of the HEDIS Identification of Alcohol and Other Drug Services criteria with the following: SA ER Services Report ED claims/encounters in conjunction with a PRINCIPAL chemical dependency diagnosis. (NOTE: HEDIS asks for ANY chemical dependency diagnosis; we are asking for PRINCIPAL). Any of the following code combinations meet criteria: *ED Value Set WITH Chemical Dependency Value Set. *IAD Outpatient/ED Value Set AND Chemical Dependency Value Set. HOWEVER: MODIFY the IAD Outpatient/ED POS Value Set by including ONLY POS=23. EXCLUDE all other POS values.) Count services provided by physicians and nonphysicians. Only include observation stays that do not result in an inpatient stay. Except for the above modifications, calculate the measure as written in the HEDIS specs.

9.09	ER_Visits_MH_Age0-12_Count	The count of emergency department VISITS for behavioral health reasons during the designated time period for health plan members age 0-12. Use HEDIS specs for MPT - Mental Health Utilization, but count emergency department VISITS and not PATIENTS or EPISODES OF CARE. Do not separate patients by gender. Since the HEDIS specs lump Outpatient and ED visits together, we will need modify the specs to separate these for this measure. Replace the "Outpatient and ED" part of the "Calculations" section of the HEDIS Mental Health Utilization specs with the following: ER Services Report ED claims/encounters in conjunction with a PRINCIPAL mental health diagnosis. Any of the following code combinations meet criteria: *ED Value Set WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) *MPT Outpatient/ED Value Set AND Mental Health Diagnosis Value Set. HOWEVER: MODIFY the MPT Outpatient/ED POS Value Set by including ONLY POS=23. EXCLUDE all other POS values.) Count services provided by physicians and nonphysicians. Only include observation stays that do not result in an inpatient stay. Except for the above modifications, calculate the measure as written in the HEDIS specs. (This spec is the same as for "Utilization_MH_ER_Age0-12_Count" above, except that you are counting VISITS and not PATIENTS.)

9.10	ER_Visits_MH_Age13-17_Count	The count of emergency department VISITS for behavioral health reasons during the designated time period for health plan members age 13-17. Use HEDIS specs for MPT - Mental Health Utilization, but count emergency department VISITS and not PATIENTS or EPISODES OF CARE. Do not separate patients by gender. Since the HEDIS specs lump Outpatient and ED visits together, we will need modify the specs to separate these for this measure. Replace the "Outpatient and ED" part of the "Calculations" section of the HEDIS Mental Health Utilization specs with the following: ER Services Report ED claims/encounters in conjunction with a PRINCIPAL mental health diagnosis. Any of the following code combinations meet criteria: *ED Value Set WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) *MPT Outpatient/ED Value Set AND Mental Health Diagnosis Value Set. HOWEVER: MODIFY the MPT Outpatient/ED POS Value Set by including ONLY POS=23. EXCLUDE all other POS values.) Count services provided by physicians and nonphysicians. Only include observation stays that do not result in an inpatient stay. Except for the above modifications, calculate the measure as written in the HEDIS specs. (This spec is the same as for "Utilization_MH_ER_Age13-17_Count" above, except that you are counting VISITS and not PATIENTS.)

9.11	ER_Visits_MH_Age18-64_Count	The count of emergency department VISITS for behavioral health reasons during the designated time period for health plan members age 18-64. Use HEDIS specs for MPT - Mental Health Utilization, but count emergency department VISITS and not PATIENTS or EPISODES OF CARE. Do not separate patients by gender. Since the HEDIS specs lump Outpatient and ED visits together, we will need modify the specs to separate these for this measure. Replace the "Outpatient and ED" part of the "Calculations" section of the HEDIS Mental Health Utilization specs with the following: ER Services Report ED claims/encounters in conjunction with a PRINCIPAL mental health diagnosis. Any of the following code combinations meet criteria: *ED Value Set WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) *MPT Outpatient/ED Value Set AND Mental Health Diagnosis Value Set. HOWEVER: MODIFY the MPT Outpatient/ED POS Value Set by including ONLY POS=23. EXCLUDE all other POS values.) Count services provided by physicians and nonphysicians. Only include observation stays that do not result in an inpatient stay. Except for the above modifications, calculate the measure as written in the HEDIS specs. (This spec is the same as for "Utilization_MH_ER_Age18-64_Count" above, except that you are counting VISITS and not PATIENTS.)
9.12	ER_Visits_MH_Age65+_Count	The count of emergency department VISITS for behavioral health reasons during the designated time period for health plan members age 65+. Use HEDIS specs for MPT - Mental Health Utilization, but count emergency department VISITS and not PATIENTS or EPISODES OF CARE. Do not separate patients by gender. Since the HEDIS specs lump Outpatient and ED visits together, we will need modify the specs to separate these for this measure. Replace the "Outpatient and ED" part of the "Calculations" section of the HEDIS Mental Health Utilization specs with the following: ER Services Report ED claims/encounters in conjunction with a PRINCIPAL mental health diagnosis. Any of the following code combinations meet criteria: *ED Value Set WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) *MPT Outpatient/ED Value Set AND Mental Health Diagnosis Value Set. HOWEVER: MODIFY the MPT Outpatient/ED POS Value Set by including ONLY POS=23. EXCLUDE all other POS values.) Count services provided by physicians and nonphysicians. Only include observation stays that do not result in an inpatient stay. Except for the above modifications, calculate the measure as written in the HEDIS specs. (This spec is the same as for "Utilization_MH_ER_Age65+_Count" above, except that you are counting VISITS and not PATIENTS.)

9.13	ER_Visits_SA_Age0-12_Count	The count of emergency department VISITS for substance abuse reasons during the designated time period for health plan members age 0-12. Use HEDIS specs for IAD - Identification of Alcohol and Other Drug Services, but count emergency department VISITS and not PATIENTS or EPISODES OF CARE. Do not separate patients by gender. Since the HEDIS specs lump Outpatient and ED visits together, we will need modify the specs to separate these for this measure. Replace the "Outpatient and ED" part of the "Calculations" section of the HEDIS Identification of Alcohol and Other Drug Services criteria with the following: SA ER Services Report ED claims/encounters in conjunction with a PRINCIPAL chemical dependency diagnosis. (NOTE: HEDIS asks for ANY chemical dependency diagnosis; we are asking for PRINCIPAL). Any of the following code combinations meet criteria: *ED Value Set WITH Chemical Dependency Value Set. *IAD Outpatient/ED Value Set AND Chemical Dependency Value Set. HOWEVER: MODIFY the IAD Outpatient/ED POS Value Set by including ONLY POS=23. EXCLUDE all other POS values.) Count services provided by physicians and nonphysicians. Only include observation stays that do not result in an inpatient stay. Except for the above modifications, calculate the measure as written in the HEDIS specs. (This spec is the same as for "Utilization_SA_ER_Age0-12_Count" above, except that you are counting VISITS and not PATIENTS.)
9.14	ER_Visits_SA_Age13-17_Count	The count of emergency department VISITS for substance abuse reasons during the designated time period for health plan members age 13-17. Use HEDIS specs for IAD - Identification of Alcohol and Other Drug Services, but count emergency department VISITS and not PATIENTS or EPISODES OF CARE. Do not separate patients by gender. Since the HEDIS specs lump Outpatient and ED visits together, we will need modify the specs to separate these for this measure. Replace the "Outpatient and ED" part of the "Calculations" section of the HEDIS Identification of Alcohol and Other Drug Services criteria with the following: SA ER Services Report ED claims/encounters in conjunction with a PRINCIPAL chemical dependency diagnosis. (NOTE: HEDIS asks for ANY chemical dependency diagnosis; we are asking for PRINCIPAL). Any of the following code combinations meet criteria: *ED Value Set WITH Chemical Dependency Value Set. *IAD Outpatient/ED Value Set AND Chemical Dependency Value Set. HOWEVER: MODIFY the IAD Outpatient/ED POS Value Set by including ONLY POS=23. EXCLUDE all other POS values.) Count services provided by physicians and nonphysicians. Only include observation stays that do not result in an inpatient stay. Except for the above modifications, calculate the measure as written in the HEDIS specs. (This spec is the same as for "Utilization_SA_ER_Age13-17_Count" above, except that you are counting VISITS and not PATIENTS.)

9.15	ER_Visits_SA_Age18-64_Count	The count of emergency department VISITS for substance abuse reasons during the designated time period for health plan members age 18-64. Use HEDIS specs for IAD - Identification of Alcohol and Other Drug Services, but count emergency department VISITS and not PATIENTS or EPISODES OF CARE. Do not separate patients by gender. Since the HEDIS specs lump Outpatient and ED visits together, we will need modify the specs to separate these for this measure. Replace the "Outpatient and ED" part of the "Calculations" section of the HEDIS Identification of Alcohol and Other Drug Services criteria with the following: SA ER Services Report ED claims/encounters in conjunction with a PRINCIPAL chemical dependency diagnosis. (NOTE: HEDIS asks for ANY chemical dependency diagnosis; we are asking for PRINCIPAL). Any of the following code combinations meet criteria: *ED Value Set WITH Chemical Dependency Value Set. *IAD Outpatient/ED Value Set AND Chemical Dependency Value Set. HOWEVER: MODIFY the IAD Outpatient/ED POS Value Set by including ONLY POS=23. EXCLUDE all other POS values.) Count services provided by physicians and nonphysicians. Only include observation stays that do not result in an inpatient stay. Except for the above modifications, calculate the measure as written in the HEDIS specs. (This spec is the same as for "Utilization_SA_ER_Age18-64_Count" above, except that you are counting VISITS and not PATIENTS.)
9.16	ER_Visits_SA_Age65+_Count	The count of emergency department VISITS for substance abuse reasons during the designated time period for health plan members age 65+. Use HEDIS specs for IAD - Identification of Alcohol and Other Drug Services, but count emergency department VISITS and not PATIENTS or EPISODES OF CARE. Do not separate patients by gender. Since the HEDIS specs lump Outpatient and ED visits together, we will need modify the specs to separate these for this measure. Replace the "Outpatient and ED" part of the "Calculations" section of the HEDIS Identification of Alcohol and Other Drug Services criteria with the following: SA ER Services Report ED claims/encounters in conjunction with a PRINCIPAL chemical dependency diagnosis. (NOTE: HEDIS asks for ANY chemical dependency diagnosis; we are asking for PRINCIPAL). Any of the following code combinations meet criteria: *ED Value Set WITH Chemical Dependency Value Set. *IAD Outpatient/ED Value Set AND Chemical Dependency Value Set. HOWEVER: MODIFY the IAD Outpatient/ED POS Value Set by including ONLY POS=23. EXCLUDE all other POS values.) Count services provided by physicians and nonphysicians. Only include observation stays that do not result in an inpatient stay. Except for the above modifications, calculate the measure as written in the HEDIS specs. (This spec is the same as for "Utilization_SA_ER_Age65+_Count" above, except that you are counting VISITS and not PATIENTS.)

10.01	PartialHosp_MHDischarges_Age0-12_Count	The count of partial hospitalization DISCHARGES for behavioral health reasons during the designated time period for health plan members age 0-12. Use HEDIS specs for MPT - Mental Health Utilization, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Calculate number of discharges. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Partial Hospitalization Discharges: Report partial hospitalization DISCHARGES in conjunction with a PRINCIPAL mental health diagnosis: *UB REV Code 0912 or 0913, WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Count DISCHARGES from partial hospitalization, and not PATIENTS. Except for the above modifications, calculate the measure as written in the HEDIS specs.
10.02	PartialHosp_MHDischarges_Age13-17_Count	The count of partial hospitalization DISCHARGES for behavioral health reasons during the designated time period for health plan members age 13-17. Use HEDIS specs for MPT - Mental Health Utilization, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Calculate number of discharges. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Partial Hospitalization Discharges: Report partial hospitalization DISCHARGES in conjunction with a PRINCIPAL mental health diagnosis: *UB REV Code 0912 or 0913, WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Count DISCHARGES from partial hospitalization, and not PATIENTS. Except for the above modifications, calculate the measure as written in the HEDIS specs.
10.03	PartialHosp_MHDischarges_Age18-64_Count	The count of partial hospitalization DISCHARGES for behavioral health reasons during the designated time period for health plan members age 18-64. Use HEDIS specs for MPT - Mental Health Utilization, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Calculate number of discharges. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Partial Hospitalization Discharges: Report partial hospitalization DISCHARGES in conjunction with a PRINCIPAL mental health diagnosis: *UB REV Code 0912 or 0913, WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Count DISCHARGES from partial hospitalization, and not PATIENTS. Except for the above modifications, calculate the measure as written in the HEDIS specs.

10.04	PartialHosp_MHDischarges_Age65+_Count	The count of partial hospitalization DISCHARGES for behavioral health reasons during the designated time period for health plan members age 65+. Use HEDIS specs for MPT - Mental Health Utilization, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Calculate number of discharges. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Partial Hospitalization Discharges: Report partial hospitalization DISCHARGES in conjunction with a PRINCIPAL mental health diagnosis: *UB REV Code 0912 or 0913, WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Count DISCHARGES from partial hospitalization, and not PATIENTS. Except for the above modifications, calculate the measure as written in the HEDIS specs.
10.05	PartialHosp_SADischarges_Age0-12_Count	The count of partial hospitalization DISCHARGES for substance abuse reasons during the designated time period for health plan members age 0-12. Use HEDIS specs for IAD – Identification of Alcohol and Other Drug Services, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Calculate number of discharges. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS IAD specs as follows: Partial Hospitalization Discharges: Report partial hospitalization DISCHARGES in conjunction with a PRINCIPAL substance abuse diagnosis: *UB REV Code 0912 or 0913, WITH Chemical Dependency Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Count DISCHARGES from partial hospitalization, and not PATIENTS. Except for the above modifications, calculate the measure as written in the HEDIS specs.

10.06	PartialHosp_SADischarges_Age13-17_Count	The count of partial hospitalization DISCHARGES for substance abuse reasons during the designated time period for health plan members age 13-17. Use HEDIS specs for IAD – Identification of Alcohol and Other Drug Services, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Calculate number of discharges. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS IAD specs as follows: Partial Hospitalization Discharges: Report partial hospitalization DISCHARGES in conjunction with a PRINCIPAL substance abuse diagnosis: *UB REV Code 0912 or 0913, WITH Chemical Dependency Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Count DISCHARGES from partial hospitalization, and not PATIENTS. Except for the above modifications, calculate the measure as written in the HEDIS specs.
10.07	PartialHosp_SADischarges_Age18-64_Count	The count of partial hospitalization DISCHARGES for substance abuse reasons during the designated time period for health plan members age 18-64. Use HEDIS specs for IAD – Identification of Alcohol and Other Drug Services, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Calculate number of discharges. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS IAD specs as follows: Partial Hospitalization Discharges: Report partial hospitalization DISCHARGES in conjunction with a PRINCIPAL substance abuse diagnosis: *UB REV Code 0912 or 0913, WITH Chemical Dependency Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Count DISCHARGES from partial hospitalization, and not PATIENTS. Except for the above modifications, calculate the measure as written in the HEDIS specs.

10.08	PartialHosp_SADischarges_Age65+_Count	The count of partial hospitalization DISCHARGES for substance abuse reasons during the designated time period for health plan members age 65+. Use HEDIS specs for IAD – Identification of Alcohol and Other Drug Services, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Calculate number of discharges. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS IAD specs as follows: Partial Hospitalization Discharges: Report partial hospitalization DISCHARGES in conjunction with a PRINCIPAL substance abuse diagnosis: *UB REV Code 0912 or 0913, WITH Chemical Dependency Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Count DISCHARGES from partial hospitalization, and not PATIENTS. Except for the above modifications, calculate the measure as written in the HEDIS specs.
10.09	PartialHosp_MHDays_Age0-12_Count	The count of partial hospitalization DAYS for behavioral health reasons during the designated time period for health plan members age 0-12. Use HEDIS specs for MPT - Mental Health Utilization, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Partial Hospitalization Days: Report partial hospitalization DAYS in conjunction with a PRINCIPAL mental health diagnosis: *UB REV Code 0912 or 0913, WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Count DAYS in partial hospitalization, and not PATIENTS. Calculate number of days using admit and discharge dates, and NOT by counting units of service. Count the admit date but not the discharge date. Except for the above modifications, calculate the measure as written in the HEDIS specs.

10.10	PartialHosp_MHDays_Age13-17_Count	The count of partial hospitalization DAYS for behavioral health reasons during the designated time period for health plan members age 13-17. Use HEDIS specs for MPT - Mental Health Utilization, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Partial Hospitalization Days: Report partial hospitalization DAYS in conjunction with a PRINCIPAL mental health diagnosis: *UB REV Code 0912 or 0913, WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Count DAYS in partial hospitalization, and not PATIENTS. Calculate number of days using admit and discharge dates, and NOT by counting units of service. Count the admit date but not the discharge date. Except for the above modifications, calculate the measure as written in the HEDIS specs.
10.11	PartialHosp_MHDays_Age18-64_Count	The count of partial hospitalization DAYS for behavioral health reasons during the designated time period for health plan members age 18-64. Use HEDIS specs for MPT - Mental Health Utilization, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Partial Hospitalization Days: Report partial hospitalization DAYS in conjunction with a PRINCIPAL mental health diagnosis: *UB REV Code 0912 or 0913, WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Count DAYS in partial hospitalization, and not PATIENTS. Calculate number of days using admit and discharge dates, and NOT by counting units of service. Count the admit date but not the discharge date. Except for the above modifications, calculate the measure as written in the HEDIS specs.

10.12	PartialHosp_MHDays_Age65+_Count	The count of partial hospitalization DAYS for behavioral health reasons during the designated time period for health plan members age 65+. Use HEDIS specs for MPT - Mental Health Utilization, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Partial Hospitalization Days: Report partial hospitalization DAYS in conjunction with a PRINCIPAL mental health diagnosis: *UB REV Code 0912 or 0913, WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Count DAYS in partial hospitalization, and not PATIENTS. Calculate number of days using admit and discharge dates, and NOT by counting units of service. Count the admit date but not the discharge date. Except for the above modifications, calculate the measure as written in the HEDIS specs.
10.13	PartialHosp_SADays_Age0-12_Count	The count of partial hospitalization DAYS for substance abuse reasons during the designated time period for health plan members age 0-12. Use HEDIS specs for IAD - Identification of Alcohol and Other Drug Services, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS IAD specs as follows: Partial Hospitalization Days: Report partial hospitalization DAYS in conjunction with a PRINCIPAL substance abuse diagnosis: *UB REV Code 0912 or 0913, WITH Chemical Dependency Value Set. Count services provided by physicians and nonphysicians. Count DAYS in partial hospitalization, and not PATIENTS. Calculate number of days using admit and discharge dates, and NOT by counting units of service. Count the admit date but not the discharge date. Except for the above modifications, calculate the measure as written in the HEDIS specs.

10.14	PartialHosp_SADays_Age13-17_Count	The count of partial hospitalization DAYS for substance abuse reasons during the designated time period for health plan members age 13-17. Use HEDIS specs for IAD - Identification of Alcohol and Other Drug Services, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS IAD specs as follows: Partial Hospitalization Days: Report partial hospitalization DAYS in conjunction with a PRINCIPAL substance abuse diagnosis: *UB REV Code 0912 or 0913, WITH Chemical Dependency Value Set. Count services provided by physicians and nonphysicians. Count DAYS in partial hospitalization, and not PATIENTS. Calculate number of days using admit and discharge dates, and NOT by counting units of service. Count the admit date but not the discharge date. Except for the above modifications, calculate the measure as written in the HEDIS specs.
10.15	PartialHosp_SADays_Age18-64_Count	The count of partial hospitalization DAYS for substance abuse reasons during the designated time period for health plan members age 18-64. Use HEDIS specs for IAD - Identification of Alcohol and Other Drug Services, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS IAD specs as follows: Partial Hospitalization Days: Report partial hospitalization DAYS in conjunction with a PRINCIPAL substance abuse diagnosis: *UB REV Code 0912 or 0913, WITH Chemical Dependency Value Set. Count services provided by physicians and nonphysicians. Count DAYS in partial hospitalization, and not PATIENTS. Calculate number of days using admit and discharge dates, and NOT by counting units of service. Count the admit date but not the discharge date. Except for the above modifications, calculate the measure as written in the HEDIS specs.

10.16	PartialHosp_SADays_Age65+_Count	The count of partial hospitalization DAYS for substance abuse reasons during the designated time period for health plan members age 65+. Use HEDIS specs for IAD - Identification of Alcohol and Other Drug Services, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS IAD specs as follows: Partial Hospitalization Days: Report partial hospitalization DAYS in conjunction with a PRINCIPAL substance abuse diagnosis: *UB REV Code 0912 or 0913, WITH Chemical Dependency Value Set. Count services provided by physicians and nonphysicians. Count DAYS in partial hospitalization, and not PATIENTS. Calculate number of days using admit and discharge dates, and NOT by counting units of service. Count the admit date but not the discharge date. Except for the above modifications, calculate the measure as written in the HEDIS specs.
10.17	PartialHosp_MHUtilization_Age0-12_Count	The count of health plan members age 0-12 accessing partial hospitalization services for behavioral health reasons. Use HEDIS specs for MPT - Mental Health Utilization, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Partial Hospitalization Utilization: Use partial hospitalization services in conjunction with a PRINCIPAL mental health diagnosis: *UB REV Code 0912 or 0913, WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Report the unique count of health plan members receiving such services. Except for the above modifications, calculate the measure as written in the HEDIS specs.
10.18	PartialHosp_MHUtilization_Age13-17_Count	The count of health plan members age 13-17 accessing partial hospitalization services for behavioral health reasons. Use HEDIS specs for MPT - Mental Health Utilization, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Partial Hospitalization Utilization: Use partial hospitalization services in conjunction with a PRINCIPAL mental health diagnosis: *UB REV Code 0912 or 0913, WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Report the unique count of health plan members receiving such services. Except for the above modifications, calculate the measure as written in the HEDIS specs.

10.19	PartialHosp_MHUtilization_Age18-64_Count	The count of health plan members age 18-64 accessing partial hospitalization services for behavioral health reasons. Use HEDIS specs for MPT - Mental Health Utilization, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Partial Hospitalization Utilization: Use partial hospitalization services in conjunction with a PRINCIPAL mental health diagnosis: *UB REV Code 0912 or 0913, WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Report the unique count of health plan members receiving such services. Except for the above modifications, calculate the measure as written in the HEDIS specs.
10.20	PartialHosp_MHUtilization_Age65+_Count	The count of health plan members age 65+ accessing partial hospitalization services for behavioral health reasons. Use HEDIS specs for MPT - Mental Health Utilization, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Partial Hospitalization Utilization: Use partial hospitalization services in conjunction with a PRINCIPAL mental health diagnosis: *UB REV Code 0912 or 0913, WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Report the unique count of health plan members receiving such services. Except for the above modifications, calculate the measure as written in the HEDIS specs.
10.21	PartialHosp_SAUtilization_Age0-12_Count	The count of health plan members age 0-12 accessing partial hospitalization services for substance abuse reasons. Use HEDIS specs for IAD - Identification of Alcohol and Other Drug Services, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS IAD specs as follows: Partial Hospitalization Utilization: Use partial hospitalization services in conjunction with a PRINCIPAL substance abuse diagnosis: *UB REV Code 0912 or 0913, WITH Chemical Dependency Value Set. Count services provided by physicians and nonphysicians. Report the unique count of health plan members receiving such services. Except for the above modifications, calculate the measure as written in the HEDIS specs.

10.22	PartialHosp_SAUtilization_Age13-17_Count	The count of health plan members age 13-17 accessing partial hospitalization services for substance abuse reasons. Use HEDIS specs for IAD - Identification of Alcohol and Other Drug Services, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS IAD specs as follows: Partial Hospitalization Utilization: Use partial hospitalization services in conjunction with a PRINCIPAL substance abuse diagnosis: *UB REV Code 0912 or 0913, WITH Chemical Dependency Value Set. Count services provided by physicians and nonphysicians. Report the unique count of health plan members receiving such services. Except for the above modifications, calculate the measure as written in the HEDIS specs.
10.23	PartialHosp_SAUtilization_Age18-64_Count	The count of health plan members age 18-64 accessing partial hospitalization services for substance abuse reasons. Use HEDIS specs for IAD - Identification of Alcohol and Other Drug Services, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS IAD specs as follows: Partial Hospitalization Utilization: Use partial hospitalization services in conjunction with a PRINCIPAL substance abuse diagnosis: *UB REV Code 0912 or 0913, WITH Chemical Dependency Value Set. Count services provided by physicians and nonphysicians. Report the unique count of health plan members receiving such services. Except for the above modifications, calculate the measure as written in the HEDIS specs.
10.24	PartialHosp_SAUtilization_Age65+_Count	The count of health plan members age 65+ accessing partial hospitalization services for substance abuse reasons. Use HEDIS specs for IAD - Identification of Alcohol and Other Drug Services, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS IAD specs as follows: Partial Hospitalization Utilization: Use partial hospitalization services in conjunction with a PRINCIPAL substance abuse diagnosis: *UB REV Code 0912 or 0913, WITH Chemical Dependency Value Set. Count services provided by physicians and nonphysicians. Report the unique count of health plan members receiving such services. Except for the above modifications, calculate the measure as written in the HEDIS specs.

11.01	IntensiveOP_MHUtilization_Age0-12_Count	The count of health plan members age 0-12 who access intensive outpatient services for behavioral health reasons during the designated time period. Use HEDIS specs for MPT - Mental Health Utilization, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS MPT specs as follows: Intensive Outpatient Utilization: Report intensive outpatient utilization in conjunction with a PRINCIPAL mental health diagnosis: *UB REV Code 0905 or 0907, WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Report the unduplicated count of patients receiving Intensive Outpatient services. Except for the above modifications, calculate the measure as written in the HEDIS specs.
11.02	IntensiveOP_MHUtilization_Age13-17_Count	The count of health plan members age 13-17 who access intensive outpatient services for behavioral health reasons during the designated time period. Use HEDIS specs for MPT - Mental Health Utilization, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS MPT specs as follows: Intensive Outpatient Utilization: Report intensive outpatient utilization in conjunction with a PRINCIPAL mental health diagnosis: *UB REV Code 0905 or 0907, WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Report the unduplicated count of patients receiving Intensive Outpatient services. Except for the above modifications, calculate the measure as written in the HEDIS specs.

11.03	IntensiveOP_MHUtilization_Age18-64_Count	The count of health plan members age 18-64 who access intensive outpatient services for behavioral health reasons during the designated time period. Use HEDIS specs for MPT - Mental Health Utilization, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS MPT specs as follows: Intensive Outpatient Utilization: Report intensive outpatient utilization in conjunction with a PRINCIPAL mental health diagnosis: *UB REV Code 0905 or 0907, WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Report the unduplicated count of patients receiving Intensive Outpatient services. Except for the above modifications, calculate the measure as written in the HEDIS specs.
11.04	IntensiveOP_MHUtilization_Age65+_Count	The count of health plan members age 65+ who access intensive outpatient services for behavioral health reasons during the designated time period. Use HEDIS specs for MPT - Mental Health Utilization, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS MPT specs as follows: Intensive Outpatient Utilization: Report intensive outpatient utilization in conjunction with a PRINCIPAL mental health diagnosis: *UB REV Code 0905 or 0907, WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Report the unduplicated count of patients receiving Intensive Outpatient services. Except for the above modifications, calculate the measure as written in the HEDIS specs.

11.05	IntensiveOP_SAUtilization_Age0-12_Count	The count of health plan members age 0-12 who access intensive outpatient services for substance abuse reasons during the designated time period. Use HEDIS specs for IAD - Identification of Alcohol and Other Drug Services, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS IAD specs as follows: Intensive Outpatient Utilization: Report intensive outpatient utilization in conjunction with a PRINCIPAL substance abuse diagnosis: *UB REV Code 0906 or 0907, WITH Chemical Dependency Value Set. Count services provided by physicians and nonphysicians. Report the unduplicated count of patients receiving Intensive Outpatient services. Except for the above modifications, calculate the measure as written in the HEDIS specs.
11.06	IntensiveOP_SAUtilization_Age13-17_Count	The count of health plan members age 13-17 who access intensive outpatient services for substance abuse reasons during the designated time period. Use HEDIS specs for IAD - Identification of Alcohol and Other Drug Services, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS IAD specs as follows: Intensive Outpatient Utilization: Report intensive outpatient utilization in conjunction with a PRINCIPAL substance abuse diagnosis: *UB REV Code 0906 or 0907, WITH Chemical Dependency Value Set. Count services provided by physicians and nonphysicians. Report the unduplicated count of patients receiving Intensive Outpatient services. Except for the above modifications, calculate the measure as written in the HEDIS specs.
11.07	IntensiveOP_SAUtilization_Age18-64_Count	The count of health plan members age 18-64 who access intensive outpatient services for substance abuse reasons during the designated time period. Use HEDIS specs for IAD - Identification of Alcohol and Other Drug Services, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS IAD specs as follows: Intensive Outpatient Utilization: Report intensive outpatient utilization in conjunction with a PRINCIPAL substance abuse diagnosis: *UB REV Code 0906 or 0907, WITH Chemical Dependency Value Set. Count services provided by physicians and nonphysicians. Report the unduplicated count of patients receiving Intensive Outpatient services. Except for the above modifications, calculate the measure as written in the HEDIS specs.

11.08	IntensiveOP_SAUtilization_Age65+_Count	The count of health plan members age 65+ who access intensive outpatient services for substance abuse reasons during the designated time period. Use HEDIS specs for IAD - Identification of Alcohol and Other Drug Services, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS IAD specs as follows: Intensive Outpatient Utilization: Report intensive outpatient utilization in conjunction with a PRINCIPAL substance abuse diagnosis: *UB REV Code 0906 or 0907, WITH Chemical Dependency Value Set. Count services provided by physicians and nonphysicians. Report the unduplicated count of patients receiving Intensive Outpatient services. Except for the above modifications, calculate the measure as written in the HEDIS specs.
11.09	IntensiveOP_MHDays_Age0-12_Count	The count of intensive outpatient DAYS for behavioral health reasons during the designated time period for health plan members age 0-12. Use HEDIS specs for MPT - Mental Health Utilization, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Intensive Outpatient Days: Report intensive outpatient days in conjunction with a PRINCIPAL mental health diagnosis: *UB REV Code 0905 or 0907, WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Count DAYS of intensive outpatient services, and not PATIENTS. Except for the above modifications, calculate the measure as written in the HEDIS specs.
11.10	IntensiveOP_MHDays_Age13-17_Count	The count of intensive outpatient DAYS for behavioral health reasons during the designated time period for health plan members age 13-17. Use HEDIS specs for MPT - Mental Health Utilization, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Intensive Outpatient Days: Report intensive outpatient days in conjunction with a PRINCIPAL mental health diagnosis: *UB REV Code 0905 or 0907, WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Count DAYS of intensive outpatient services, and not PATIENTS. Except for the above modifications, calculate the measure as written in the HEDIS specs.

11.11	IntensiveOP_MHDays_Age18-64_Count	The count of intensive outpatient DAYS for behavioral health reasons during the designated time period for health plan members age 18-64. Use HEDIS specs for MPT - Mental Health Utilization, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Intensive Outpatient Days: Report intensive outpatient days in conjunction with a PRINCIPAL mental health diagnosis: *UB REV Code 0905 or 0907, WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Count DAYS of intensive outpatient services, and not PATIENTS. Except for the above modifications, calculate the measure as written in the HEDIS specs.
11.12	IntensiveOP_MHDays_Age65+_Count	The count of intensive outpatient DAYS for behavioral health reasons during the designated time period for health plan members age 65+. Use HEDIS specs for MPT - Mental Health Utilization, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Intensive Outpatient Days: Report intensive outpatient days in conjunction with a PRINCIPAL mental health diagnosis: *UB REV Code 0905 or 0907, WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Count DAYS of intensive outpatient services, and not PATIENTS. Except for the above modifications, calculate the measure as written in the HEDIS specs.
11.13	IntensiveOP_SADays_Age0-12_Count	The count of intensive outpatient DAYS for substance abuse reasons during the designated time period for health plan members age 0-12. Use HEDIS specs for IAD - Identification of Alcohol and Other Drug Services, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS IAD specs as follows: Intensive Outpatient Days: Report intensive outpatient days in conjunction with a PRINCIPAL substance abuse diagnosis: *UB REV Code 0906 or 0907, WITH Chemical Dependency Value Set. Count services provided by physicians and nonphysicians. Count DAYS of intensive outpatient services, and not PATIENTS. Except for the above modifications, calculate the measure as written in the HEDIS specs.

11.14	IntensiveOP_SADays_Age13-17_Count	The count of intensive outpatient DAYS for substance abuse reasons during the designated time period for health plan members age 13-17. Use HEDIS specs for IAD - Identification of Alcohol and Other Drug Services, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS IAD specs as follows: Intensive Outpatient Days: Report intensive outpatient days in conjunction with a PRINCIPAL substance abuse diagnosis: *UB REV Code 0906 or 0907, WITH Chemical Dependency Value Set. Count services provided by physicians and nonphysicians. Count DAYS of intensive outpatient services, and not PATIENTS. Except for the above modifications, calculate the measure as written in the HEDIS specs.
11.15	IntensiveOP_SADays_Age18-64_Count	The count of intensive outpatient DAYS for substance abuse reasons during the designated time period for health plan members age 18-64. Use HEDIS specs for IAD - Identification of Alcohol and Other Drug Services, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS IAD specs as follows: Intensive Outpatient Days: Report intensive outpatient days in conjunction with a PRINCIPAL substance abuse diagnosis: *UB REV Code 0906 or 0907, WITH Chemical Dependency Value Set. Count services provided by physicians and nonphysicians. Count DAYS of intensive outpatient services, and not PATIENTS. Except for the above modifications, calculate the measure as written in the HEDIS specs.
11.16	IntensiveOP_SADays_Age65+_Count	The count of intensive outpatient DAYS for substance abuse reasons during the designated time period for health plan members age 65+. Use HEDIS specs for IAD - Identification of Alcohol and Other Drug Services, WITH MODIFICATIONS as described below. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we will need modify the specs to separate these for this measure. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS IAD specs as follows: Intensive Outpatient Days: Report intensive outpatient days in conjunction with a PRINCIPAL substance abuse diagnosis: *UB REV Code 0906 or 0907, WITH Chemical Dependency Value Set. Count services provided by physicians and nonphysicians. Count DAYS of intensive outpatient services, and not PATIENTS. Except for the above modifications, calculate the measure as written in the HEDIS specs.

12.01	Residential_MHDays_Age0-12_Count	The count of DAYS in residential care for behavioral health reasons during the designated time period for health plan members age 0-12. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Calculate number of discharges. Use HEDIS Specs for MPT – Mental Health Utilization, WITH MODIFICATIONS as described below. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Residential Services Days: Report residential service DAYS in conjunction with a PRINCIPAL mental health diagnosis: *UB REV Code 1001 WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Count DAYS of residential services, and not PATIENTS. Calculate days by using admit date and discharge date - DO NOT use units of service. Count the admit date, but not the discharge date. Except for the above modifications, calculate the measure as written in the HEDIS specs.
12.02	Residential_MHDays_Age13-17_Count	The count of DAYS in residential care for behavioral health reasons during the designated time period for health plan members age 13-17. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Calculate number of discharges. Use HEDIS Specs for MPT – Mental Health Utilization, WITH MODIFICATIONS as described below. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Residential Services Days: Report residential service DAYS in conjunction with a PRINCIPAL mental health diagnosis: *UB REV Code 1001 WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Count DAYS of residential services, and not PATIENTS. Calculate days by using admit date and discharge date - DO NOT use units of service. Count the admit date, but not the discharge date. Except for the above modifications, calculate the measure as written in the HEDIS specs.
12.03	Residential_MHDays_Age18-64_Count	The count of DAYS in residential care for behavioral health reasons during the designated time period for health plan members age 18-64. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Calculate number of discharges. Use HEDIS Specs for MPT – Mental Health Utilization, WITH MODIFICATIONS as described below. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Residential Services Days: Report residential service DAYS in conjunction with a PRINCIPAL mental health diagnosis: *UB REV Code 1001 WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Count DAYS of residential services, and not PATIENTS. Calculate days by using admit date and discharge date - DO NOT use units of service. Count the admit date, but not the discharge date. Except for the above modifications, calculate the measure as written in the HEDIS specs.

12.04	Residential_MHDays_Age65+_Count	The count of DAYS in residential care for behavioral health reasons during the designated time period for health plan members age 65+. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Calculate number of discharges. Use HEDIS Specs for MPT – Mental Health Utilization, WITH MODIFICATIONS as described below. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Residential Services Days: Report residential service DAYS in conjunction with a PRINCIPAL mental health diagnosis: *UB REV Code 1001 WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Count DAYS of residential services, and not PATIENTS. Calculate days by using admit date and discharge date - DO NOT use units of service. Count the admit date, but not the discharge date. Except for the above modifications, calculate the measure as written in the HEDIS specs.
12.05	Residential_SADays_Age0-12_Count	The count of DAYS in residential care for substance abuse reasons during the designated time period for health plan members age 0-12. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Calculate number of discharges. Use HEDIS Specs for IAD – Identification of Alcohol and Other Drug Services, WITH MODIFICATIONS as described below. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Residential Services Days: Report residential service DAYS in conjunction with a PRINCIPAL substance abuse diagnosis: *UB REV Code 1002 WITH Chemical Dependency Value Set. Count services provided by physicians and nonphysicians. Count DAYS of residential services, and not PATIENTS. Calculate days by using admit date and discharge date - DO NOT use units of service. Count the admit date, but not the discharge date. Except for the above modifications, calculate the measure as written in the HEDIS specs.
12.06	Residential_SADays_Age13-17_Count	The count of DAYS in residential care for substance abuse reasons during the designated time period for health plan members age 13-17. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Calculate number of discharges. Use HEDIS Specs for IAD – Identification of Alcohol and Other Drug Services, WITH MODIFICATIONS as described below. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Residential Services Days: Report residential service DAYS in conjunction with a PRINCIPAL substance abuse diagnosis: *UB REV Code 1002 WITH Chemical Dependency Value Set. Count services provided by physicians and nonphysicians. Count DAYS of residential services, and not PATIENTS. Calculate days by using admit date and discharge date - DO NOT use units of service. Count the admit date, but not the discharge date. Except for the above modifications, calculate the measure as written in the HEDIS specs.

12.07	Residential_SADays_Age18-64_Count	The count of DAYS in residential care for substance abuse reasons during the designated time period for health plan members age 18-64. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Calculate number of discharges. Use HEDIS Specs for IAD – Identification of Alcohol and Other Drug Services, WITH MODIFICATIONS as described below. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Residential Services Days: Report residential service DAYS in conjunction with a PRINCIPAL substance abuse diagnosis: *UB REV Code 1002 WITH Chemical Dependency Value Set. Count services provided by physicians and nonphysicians. Count DAYS of residential services, and not PATIENTS. Calculate days by using admit date and discharge date - DO NOT use units of service. Count the admit date, but not the discharge date. Except for the above modifications, calculate the measure as written in the HEDIS specs.
12.08	Residential_SADays_Age65+_Count	The count of DAYS in residential care for substance abuse reasons during the designated time period for health plan members age 65+. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Calculate number of discharges. Use HEDIS Specs for IAD – Identification of Alcohol and Other Drug Services, WITH MODIFICATIONS as described below. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Residential Services Days: Report residential service DAYS in conjunction with a PRINCIPAL substance abuse diagnosis: *UB REV Code 1002 WITH Chemical Dependency Value Set. Count services provided by physicians and nonphysicians. Count DAYS of residential services, and not PATIENTS. Calculate days by using admit date and discharge date - DO NOT use units of service. Count the admit date, but not the discharge date. Except for the above modifications, calculate the measure as written in the HEDIS specs.
12.09	Residential_MHUtilization_Age0-12_Count	The count of health plan members age 0-12 accessing residential services for behavioral health reasons. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Use HEDIS specs for MPT - Mental Health Utilization, WITH MODIFICATIONS as described below. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Residential Services Utilization: Use residential service in conjunction with a PRINCIPAL mental health diagnosis: *UB REV Code 1001 WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Report the unique count of health plan members receiving such services. Except for the above modifications, calculate the measure as written in the HEDIS specs.

12.10	Residential_MHUtilization_Age13-17_Count	The count of health plan members age 13-17 accessing residential services for behavioral health reasons. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Use HEDIS specs for MPT - Mental Health Utilization, WITH MODIFICATIONS as described below. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Residential Services Utilization: Use residential service in conjunction with a PRINCIPAL mental health diagnosis: *UB REV Code 1001 WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Report the unique count of health plan members receiving such services. Except for the above modifications, calculate the measure as written in the HEDIS specs.
12.11	Residential_MHUtilization_Age18-64_Count	The count of health plan members age 18-64 accessing residential services for behavioral health reasons. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Use HEDIS specs for MPT - Mental Health Utilization, WITH MODIFICATIONS as described below. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Residential Services Utilization: Use residential service in conjunction with a PRINCIPAL mental health diagnosis: *UB REV Code 1001 WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Report the unique count of health plan members receiving such services. Except for the above modifications, calculate the measure as written in the HEDIS specs.
12.12	Residential_MHUtilization_Age65+_Count	The count of health plan members age 65+ accessing residential services for behavioral health reasons. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Use HEDIS specs for MPT - Mental Health Utilization, WITH MODIFICATIONS as described below. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Residential Services Utilization: Use residential service in conjunction with a PRINCIPAL mental health diagnosis: *UB REV Code 1001 WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Report the unique count of health plan members receiving such services. Except for the above modifications, calculate the measure as written in the HEDIS specs.

12.13	Residential_SAUtilization_Age0-12_Count	The count of health plan members age 0-12 accessing residential services for substance abuse reasons. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Use HEDIS specs for IAD - Identification of Alcohol and Other Drug Services, WITH MODIFICATIONS as described below. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS IAD specs as follows: Residential Services Utilization: Use residential service in conjunction with a PRINCIPAL substance abuse diagnosis: *UB REV Code 1002 WITH Chemical Dependency Value Set. Count services provided by physicians and nonphysicians. Report the unique count of health plan members receiving such services. Except for the above modifications, calculate the measure as written in the HEDIS specs.
12.14	Residential_SAUtilization_Age13-17_Count	The count of health plan members age 13-17 accessing residential services for substance abuse reasons. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Use HEDIS specs for IAD - Identification of Alcohol and Other Drug Services, WITH MODIFICATIONS as described below. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS IAD specs as follows: Residential Services Utilization: Use residential service in conjunction with a PRINCIPAL substance abuse diagnosis: *UB REV Code 1002 WITH Chemical Dependency Value Set. Count services provided by physicians and nonphysicians. Report the unique count of health plan members receiving such services. Except for the above modifications, calculate the measure as written in the HEDIS specs.
12.15	Residential_SAUtilization_Age18-64_Count	The count of health plan members age 18-64 accessing residential services for substance abuse reasons. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Use HEDIS specs for IAD - Identification of Alcohol and Other Drug Services, WITH MODIFICATIONS as described below. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS IAD specs as follows: Residential Services Utilization: Use residential service in conjunction with a PRINCIPAL substance abuse diagnosis: *UB REV Code 1002 WITH Chemical Dependency Value Set. Count services provided by physicians and nonphysicians. Report the unique count of health plan members receiving such services. Except for the above modifications, calculate the measure as written in the HEDIS specs.

12.16	Residential_SAUtilization_Age65+_Count	The count of health plan members age 65+ accessing residential services for substance abuse reasons. Do not separate counts by gender. Include paid claims and ALSO denied claims and claims with paid = $0. Use HEDIS specs for IAD - Identification of Alcohol and Other Drug Services, WITH MODIFICATIONS as described below. Replace the "Intensive Outpatient and Partial Hospitalization" part of the "Calculations" section of the HEDIS IAD specs as follows: Residential Services Utilization: Use residential service in conjunction with a PRINCIPAL substance abuse diagnosis: *UB REV Code 1002 WITH Chemical Dependency Value Set. Count services provided by physicians and nonphysicians. Report the unique count of health plan members receiving such services. Except for the above modifications, calculate the measure as written in the HEDIS specs.
13.01	Outpt_Visits_MH_Age0-12_Count	Count of outpatient service VISITS for mental health reasons during the designated time period for health plan members age 0-12. Use HEDIS specs for MPT - Mental Health Utilization, but count outpatient VISITS and not PATIENTS or EPISODES OF CARE. Do not separate counts by gender. Since the HEDIS specs lump Outpatient and ED visits together, we will need modify the specs to separate these for this measure. Replace the "Outpatient and ED" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Outpatient Services: Report outpatient claims/encounters in conjunction with a PRINCIPAL mental health diagnosis. Any of the following code combinations meet criteria: *MPT Stand Alone Outpatient Group 1 Value Set WITH Mental Health Diagnosis Value Set. *Observation Value Set WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) *MPT Outpatient/ED Value Set WITH MPT Outpatient/ED POS Value Set AND Mental Health Diagnosis Value Set. HOWEVER: MODIFY the MPT Outpatient/ED POS Value Set by REMOVING POS=23 (hospital emergency room), and ADDING POS=53 (community mental health center). *MPT Stand Alone Outpatient Group 2 Value Set WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Only include observation stays that do not result in an inpatient stay. Except for the above modifications, calculate the measure as written in the HEDIS specs. (This spec is the same as for "MPTUtilizationInpatient_Age0-12_Count" above, except that you are counting VISITS and not PATIENTS.)

13.02	Outpt_Visits_MH_Age13-17_Count	Count of outpatient service VISITS for mental health reasons during the designated time period for health plan members age 13-17. Use HEDIS specs for MPT - Mental Health Utilization, but count outpatient VISITS and not PATIENTS or EPISODES OF CARE. Do not separate counts by gender. Since the HEDIS specs lump Outpatient and ED visits together, we will need modify the specs to separate these for this measure. Replace the "Outpatient and ED" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Outpatient Services: Report outpatient claims/encounters in conjunction with a PRINCIPAL mental health diagnosis. Any of the following code combinations meet criteria: *MPT Stand Alone Outpatient Group 1 Value Set WITH Mental Health Diagnosis Value Set. *Observation Value Set WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) *MPT Outpatient/ED Value Set WITH MPT Outpatient/ED POS Value Set AND Mental Health Diagnosis Value Set. HOWEVER: MODIFY the MPT Outpatient/ED POS Value Set by REMOVING POS=23 (hospital emergency room), and ADDING POS=53 (community mental health center). *MPT Stand Alone Outpatient Group 2 Value Set WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Only include observation stays that do not result in an inpatient stay. Except for the above modifications, calculate the measure as written in the HEDIS specs. (This spec is the same as for "MPTUtilizationInpatient_Age13-17_Count" above, except that you are counting VISITS and not PATIENTS.)

13.03	Outpt_Visits_MH_Age18-64_Count	Count of outpatient service VISITS for mental health reasons during the designated time period for health plan members age 18-64. Use HEDIS specs for MPT - Mental Health Utilization, but count outpatient VISITS and not PATIENTS or EPISODES OF CARE. Do not separate counts by gender. Since the HEDIS specs lump Outpatient and ED visits together, we will need modify the specs to separate these for this measure. Replace the "Outpatient and ED" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Outpatient Services: Report outpatient claims/encounters in conjunction with a PRINCIPAL mental health diagnosis. Any of the following code combinations meet criteria: *MPT Stand Alone Outpatient Group 1 Value Set WITH Mental Health Diagnosis Value Set. *Observation Value Set WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) *MPT Outpatient/ED Value Set WITH MPT Outpatient/ED POS Value Set AND Mental Health Diagnosis Value Set. HOWEVER: MODIFY the MPT Outpatient/ED POS Value Set by REMOVING POS=23 (hospital emergency room), and ADDING POS=53 (community mental health center). *MPT Stand Alone Outpatient Group 2 Value Set WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Only include observation stays that do not result in an inpatient stay. Except for the above modifications, calculate the measure as written in the HEDIS specs. (This spec is the same as for "MPTUtilizationInpatient_Age18-64_Count" above, except that you are counting VISITS and not PATIENTS.)

13.04	Outpt_Visits_MH_Age65+_Count	Count of outpatient service VISITS for mental health reasons during the designated time period for health plan members age 65+. Use HEDIS specs for MPT - Mental Health Utilization, but count outpatient VISITS and not PATIENTS or EPISODES OF CARE. Do not separate counts by gender. Since the HEDIS specs lump Outpatient and ED visits together, we will need modify the specs to separate these for this measure. Replace the "Outpatient and ED" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Outpatient Services: Report outpatient claims/encounters in conjunction with a PRINCIPAL mental health diagnosis. Any of the following code combinations meet criteria: *MPT Stand Alone Outpatient Group 1 Value Set WITH Mental Health Diagnosis Value Set. *Observation Value Set WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) *MPT Outpatient/ED Value Set WITH MPT Outpatient/ED POS Value Set AND Mental Health Diagnosis Value Set. HOWEVER: MODIFY the MPT Outpatient/ED POS Value Set by REMOVING POS=23 (hospital emergency room), and ADDING POS=53 (community mental health center). *MPT Stand Alone Outpatient Group 2 Value Set WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Only include observation stays that do not result in an inpatient stay. Except for the above modifications, calculate the measure as written in the HEDIS specs. (This spec is the same as for "MPTUtilizationInpatient_Age65+_Count" above, except that you are counting VISITS and not PATIENTS.)
13.05	Outpt_Visits_SA_Age0-12_Count	The count of outpatient service VISITS for substance abuse reasons during the designated time period for health plan members age 0-12. Use HEDIS Specs for IAD - Identification of Alcohol and Other Drug Services, but count outpatient VISITS and not PATIENTS or EPISODES OF CARE. Do not separate patients by gender. Since the HEDIS specs lump Outpatient and ED visits together, we will need to modify the specs to separate these for this measure. Replace the "Outpatient and ED" part of the "Calculations" section of the HEDIS Identification of Alcohol and Other Drug Services criteria with the following: SA Outpatient Services: Report outpatient claims/encounters in conjunction with a PRINCIPAL chemical dependency diagnosis. (NOTE: HEDIS asks for ANY chemical dependency diagnosis; we are asking for PRINCIPAL). 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. *IAD Outpatient/ED Value Set WITH IAD Outpatient/ED POS Value Set AND Chemical Dependency Value Set. HOWEVER: MODIFY the IAD Outpatient/ED POS Value Set by REMOVING POS=23 (hospital emergency room), and ADDING POS=53 (community mental health center). Count services provided by physicians and nonphysicians. Only include observation stays that do not result in an inpatient stay. Except for the above modifications, calculate the measure as written in the HEDIS specs. (This spec is the same as for "IADUtilizationInpatient_Age0-12_Count" above, except that you are counting VISITS and not PATIENTS.)

13.06	Outpt_Visits_SA_Age13-17_Count	The count of outpatient service VISITS for substance abuse reasons during the designated time period for health plan members age 13-17. Use HEDIS Specs for IAD - Identification of Alcohol and Other Drug Services, but count outpatient VISITS and not PATIENTS or EPISODES OF CARE. Do not separate patients by gender. Since the HEDIS specs lump Outpatient and ED visits together, we will need to modify the specs to separate these for this measure. Replace the "Outpatient and ED" part of the "Calculations" section of the HEDIS Identification of Alcohol and Other Drug Services criteria with the following: SA Outpatient Services: Report outpatient claims/encounters in conjunction with a PRINCIPAL chemical dependency diagnosis. (NOTE: HEDIS asks for ANY chemical dependency diagnosis; we are asking for PRINCIPAL). 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. *IAD Outpatient/ED Value Set WITH IAD Outpatient/ED POS Value Set AND Chemical Dependency Value Set. HOWEVER: MODIFY the IAD Outpatient/ED POS Value Set by REMOVING POS=23 (hospital emergency room), and ADDING POS=53 (community mental health center). Count services provided by physicians and nonphysicians. Only include observation stays that do not result in an inpatient stay. Except for the above modifications, calculate the measure as written in the HEDIS specs. (This spec is the same as for "IADUtilizationInpatient_Age13-17_Count" above, except that you are counting VISITS and not PATIENTS.)
13.07	Outpt_Visits_SA_Age18-64_Count	The count of outpatient service VISITS for substance abuse reasons during the designated time period for health plan members age 18-64. Use HEDIS Specs for IAD - Identification of Alcohol and Other Drug Services, but count outpatient VISITS and not PATIENTS or EPISODES OF CARE. Do not separate patients by gender. Since the HEDIS specs lump Outpatient and ED visits together, we will need to modify the specs to separate these for this measure. Replace the "Outpatient and ED" part of the "Calculations" section of the HEDIS Identification of Alcohol and Other Drug Services criteria with the following: SA Outpatient Services: Report outpatient claims/encounters in conjunction with a PRINCIPAL chemical dependency diagnosis. (NOTE: HEDIS asks for ANY chemical dependency diagnosis; we are asking for PRINCIPAL). 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. *IAD Outpatient/ED Value Set WITH IAD Outpatient/ED POS Value Set AND Chemical Dependency Value Set. HOWEVER: MODIFY the IAD Outpatient/ED POS Value Set by REMOVING POS=23 (hospital emergency room), and ADDING POS=53 (community mental health center). Count services provided by physicians and nonphysicians. Only include observation stays that do not result in an inpatient stay. Except for the above modifications, calculate the measure as written in the HEDIS specs. (This spec is the same as for "IADUtilizationInpatient_Age18-64_Count" above, except that you are counting VISITS and not PATIENTS.)

13.08	Outpt_Visits_SA_Age65+_Count	The count of outpatient service VISITS for substance abuse reasons during the designated time period for health plan members age 65+. Use HEDIS Specs for IAD - Identification of Alcohol and Other Drug Services, but count outpatient VISITS and not PATIENTS or EPISODES OF CARE. Do not separate patients by gender. Since the HEDIS specs lump Outpatient and ED visits together, we will need to modify the specs to separate these for this measure. Replace the "Outpatient and ED" part of the "Calculations" section of the HEDIS Identification of Alcohol and Other Drug Services criteria with the following: SA Outpatient Services: Report outpatient claims/encounters in conjunction with a PRINCIPAL chemical dependency diagnosis. (NOTE: HEDIS asks for ANY chemical dependency diagnosis; we are asking for PRINCIPAL). 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. *IAD Outpatient/ED Value Set WITH IAD Outpatient/ED POS Value Set AND Chemical Dependency Value Set. HOWEVER: MODIFY the IAD Outpatient/ED POS Value Set by REMOVING POS=23 (hospital emergency room), and ADDING POS=53 (community mental health center). Count services provided by physicians and nonphysicians. Only include observation stays that do not result in an inpatient stay. Except for the above modifications, calculate the measure as written in the HEDIS specs. (This spec is the same as for "IADUtilizationInpatient_Age65+_Count" above, except that you are counting VISITS and not PATIENTS.)
13.09	Utilization_MH_Outpatient_Age0-12_Count	The count of health plan members age 0-12 accessing outpatient services for behavioral health reasons. Use HEDIS specs for MPT - Mental Health Utilization. Do not separate patients by gender. Since the HEDIS specs lump Outpatient and ED visits together, we will need modify the specs to separate these for this measure. Replace the "Outpatient and ED" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Outpatient Services: Report outpatient claims/encounters in conjunction with a PRINCIPAL mental health diagnosis. Any of the following code combinations meet criteria: *MPT Stand Alone Outpatient Group 1 Value Set WITH Mental Health Diagnosis Value Set. *Observation Value Set WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) *MPT Outpatient/ED Value Set WITH MPT Outpatient/ED POS Value Set AND Mental Health Diagnosis Value Set. HOWEVER: MODIFY the MPT Outpatient/ED POS Value Set by REMOVING POS=23 (hospital emergency room), and ADDING POS=53 (community mental health center). *MPT Stand Alone Outpatient Group 2 Value Set WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Only include observation stays that do not result in an inpatient stay. Except for the above modifications, calculate the measure as written in the HEDIS specs.

13.10	Utilization_MH_Outpatient_Age13-17_Count	The count of health plan members age 13-17 accessing outpatient services for behavioral health reasons. Use HEDIS specs for MPT - Mental Health Utilization. Do not separate patients by gender. Since the HEDIS specs lump Outpatient and ED visits together, we will need modify the specs to separate these for this measure. Replace the "Outpatient and ED" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Outpatient Services: Report outpatient claims/encounters in conjunction with a PRINCIPAL mental health diagnosis. Any of the following code combinations meet criteria: *MPT Stand Alone Outpatient Group 1 Value Set WITH Mental Health Diagnosis Value Set. *Observation Value Set WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) *MPT Outpatient/ED Value Set WITH MPT Outpatient/ED POS Value Set AND Mental Health Diagnosis Value Set. HOWEVER: MODIFY the MPT Outpatient/ED POS Value Set by REMOVING POS=23 (hospital emergency room), and ADDING POS=53 (community mental health center). *MPT Stand Alone Outpatient Group 2 Value Set WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Only include observation stays that do not result in an inpatient stay. Except for the above modifications, calculate the measure as written in the HEDIS specs.
13.11	Utilization_MH_Outpatient_Age18-64_Count	The count of health plan members age 18-64 accessing outpatient services for behavioral health reasons. Use HEDIS specs for MPT - Mental Health Utilization. Do not separate patients by gender. Since the HEDIS specs lump Outpatient and ED visits together, we will need modify the specs to separate these for this measure. Replace the "Outpatient and ED" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Outpatient Services: Report outpatient claims/encounters in conjunction with a PRINCIPAL mental health diagnosis. Any of the following code combinations meet criteria: *MPT Stand Alone Outpatient Group 1 Value Set WITH Mental Health Diagnosis Value Set. *Observation Value Set WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) *MPT Outpatient/ED Value Set WITH MPT Outpatient/ED POS Value Set AND Mental Health Diagnosis Value Set. HOWEVER: MODIFY the MPT Outpatient/ED POS Value Set by REMOVING POS=23 (hospital emergency room), and ADDING POS=53 (community mental health center). *MPT Stand Alone Outpatient Group 2 Value Set WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Only include observation stays that do not result in an inpatient stay. Except for the above modifications, calculate the measure as written in the HEDIS specs.

13.12	Utilization_MH_Outpatient_Age65+_Count	The count of health plan members age 65+ accessing outpatient services for behavioral health reasons. Use HEDIS specs for MPT - Mental Health Utilization. Do not separate patients by gender. Since the HEDIS specs lump Outpatient and ED visits together, we will need modify the specs to separate these for this measure. Replace the "Outpatient and ED" part of the "Calculations" section of the HEDIS Mental Health Utilization specs as follows: Outpatient Services: Report outpatient claims/encounters in conjunction with a PRINCIPAL mental health diagnosis. Any of the following code combinations meet criteria: *MPT Stand Alone Outpatient Group 1 Value Set WITH Mental Health Diagnosis Value Set. *Observation Value Set WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) *MPT Outpatient/ED Value Set WITH MPT Outpatient/ED POS Value Set AND Mental Health Diagnosis Value Set. HOWEVER: MODIFY the MPT Outpatient/ED POS Value Set by REMOVING POS=23 (hospital emergency room), and ADDING POS=53 (community mental health center). *MPT Stand Alone Outpatient Group 2 Value Set WITH Mental Health Diagnosis Value Set. (NOTE: Although HEDIS requires this to be billed by a mental health practitioner, we do NOT. Any practitioner is acceptable.) Count services provided by physicians and nonphysicians. Only include observation stays that do not result in an inpatient stay. Except for the above modifications, calculate the measure as written in the HEDIS specs.
13.13	Utilization_SA_Outpatient_Age0-12_Count	The count of health plan members age 0-12 accessing outpatient services for substance abuse reasons. Use HEDIS Specs for IAD - Identification of Alcohol and Other Drug Services. Do not separate patients by gender. Since the HEDIS specs lump Outpatient and ED visits together, we will need to modify the specs to separate these for this measure. Replace the "Outpatient and ED" part of the "Calculations" section of the HEDIS Identification of Alcohol and Other Drug Services criteria with the following: SA Outpatient Services: Report outpatient claims/encounters in conjunction with a PRINCIPAL chemical dependency diagnosis. (NOTE: HEDIS asks for ANY chemical dependency diagnosis; we are asking for PRINCIPAL). 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. *IAD Outpatient/ED Value Set WITH IAD Outpatient/ED POS Value Set AND Chemical Dependency Value Set. HOWEVER: MODIFY the IAD Outpatient/ED POS Value Set by REMOVING POS=23 (hospital emergency room), and ADDING POS=53 (community mental health center). Count services provided by physicians and nonphysicians. Only include observation stays that do not result in an inpatient stay. Except for the above modifications, calculate the measure as written in the HEDIS specs.

13.14	Utilization_SA_Outpatient_Age13-17_Count	The count of health plan members age 13-17 accessing outpatient services for substance abuse reasons. Use HEDIS Specs for IAD - Identification of Alcohol and Other Drug Services. Do not separate patients by gender. Since the HEDIS specs lump Outpatient and ED visits together, we will need to modify the specs to separate these for this measure. Replace the "Outpatient and ED" part of the "Calculations" section of the HEDIS Identification of Alcohol and Other Drug Services criteria with the following: SA Outpatient Services: Report outpatient claims/encounters in conjunction with a PRINCIPAL chemical dependency diagnosis. (NOTE: HEDIS asks for ANY chemical dependency diagnosis; we are asking for PRINCIPAL). 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. *IAD Outpatient/ED Value Set WITH IAD Outpatient/ED POS Value Set AND Chemical Dependency Value Set. HOWEVER: MODIFY the IAD Outpatient/ED POS Value Set by REMOVING POS=23 (hospital emergency room), and ADDING POS=53 (community mental health center). Count services provided by physicians and nonphysicians. Only include observation stays that do not result in an inpatient stay. Except for the above modifications, calculate the measure as written in the HEDIS specs.

13.15	Utilization_SA_Outpatient_Age18-64_Count	The count of health plan members age 18-64 accessing outpatient services for substance abuse reasons. Use HEDIS Specs for IAD - Identification of Alcohol and Other Drug Services. Do not separate patients by gender. Since the HEDIS specs lump Outpatient and ED visits together, we will need to modify the specs to separate these for this measure. Replace the "Outpatient and ED" part of the "Calculations" section of the HEDIS Identification of Alcohol and Other Drug Services criteria with the following: SA Outpatient Services: Report outpatient claims/encounters in conjunction with a PRINCIPAL chemical dependency diagnosis. (NOTE: HEDIS asks for ANY chemical dependency diagnosis; we are asking for PRINCIPAL). 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. *IAD Outpatient/ED Value Set WITH IAD Outpatient/ED POS Value Set AND Chemical Dependency Value Set. HOWEVER: MODIFY the IAD Outpatient/ED POS Value Set by REMOVING POS=23 (hospital emergency room), and ADDING POS=53 (community mental health center). Count services provided by physicians and nonphysicians. Only include observation stays that do not result in an inpatient stay. Except for the above modifications, calculate the measure as written in the HEDIS specs.

13.16	Utilization_SA_Outpatient_Age65+_Count	The count of health plan members age 65+ accessing outpatient services for substance abuse reasons. Use HEDIS Specs for IAD - Identification of Alcohol and Other Drug Services. Do not separate patients by gender. Since the HEDIS specs lump Outpatient and ED visits together, we will need to modify the specs to separate these for this measure. Replace the "Outpatient and ED" part of the "Calculations" section of the HEDIS Identification of Alcohol and Other Drug Services criteria with the following: SA Outpatient Services: Report outpatient claims/encounters in conjunction with a PRINCIPAL chemical dependency diagnosis. (NOTE: HEDIS asks for ANY chemical dependency diagnosis; we are asking for PRINCIPAL). 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. *IAD Outpatient/ED Value Set WITH IAD Outpatient/ED POS Value Set AND Chemical Dependency Value Set. HOWEVER: MODIFY the IAD Outpatient/ED POS Value Set by REMOVING POS=23 (hospital emergency room), and ADDING POS=53 (community mental health center). Count services provided by physicians and nonphysicians. Only include observation stays that do not result in an inpatient stay. Except for the above modifications, calculate the measure as written in the HEDIS specs.
15.01	CM_MHAdmissions_CurrentlyEnrolled_Count	Number of psychiatric inpatient admissions for patients who were enrolled in behavioral health case management at the time of admission. (Do NOT include patients enrolled in BOTH behavioral health and medical case management – there are separate measures for them.) Use an inpatient facility code to identify hospitalizations. Psychiatric admissions are determined by a primary admission diagnosis that matches those in the HEDIS “Mental Health Diagnosis Value Set”. Count HOSPITALIZATIONS and not PATIENTS.
15.02	CM_MHAdmissions<7Days_Count	Number of psychiatric inpatient admissions for patients who had been discharged from behavioral health case management between 0-7 days prior to the admission. (Do NOT include patients enrolled in BOTH behavioral health and medical case management – there are separate measures for them.) Use an inpatient facility code to identify hospitalizations. Psychiatric admissions are determined by a primary admission diagnosis that matches those in the HEDIS “Mental Health Diagnosis Value Set”. Count HOSPITALIZATIONS and not PATIENTS.
15.03	CM_MHAdmissions31-90Days_Count	Number of psychiatric inpatient admissions for patients who had been discharged from behavioral health case management between 8-30 days prior to the admission. (Do NOT include patients enrolled in BOTH behavioral health and medical case management – there are separate measures for them.) Use an inpatient facility code to identify hospitalizations. Psychiatric admissions are determined by a primary admissions diagnosis that matches those in the HEDIS “Mental Health Diagnosis Value Set”. Count HOSPITALIZATIONS and not PATIENTS.
15.04	CM_MHAdmissions8-30Days_Count	Number of psychiatric inpatient admissions for patients who had been discharged from behavioral health case management between 31-90 days prior to the admission. (Do NOT include patients enrolled in BOTH behavioral health and medical case management – there are separate measures for them.) Use an inpatient facility code to identify hospitalizations. Psychiatric admissions are determined by a primary admissions diagnosis that matches those in the HEDIS “Mental Health Diagnosis Value Set”. Count HOSPITALIZATIONS and not PATIENTS.

15.05	CM_MedAdmissions_CurrentlyEnrolled_Count	Number of medical inpatient admissions for patients who were enrolled in medical case management at the time of admission. (Do NOT include patients enrolled in BOTH behavioral health and medical case management – there are separate measures for them.) Use an inpatient facility code to identify hospitalizations. Medical admissions are determined by a primary admission diagnosis that does NOT match those in the HEDIS "Mental Health Diagnosis Value Set". Count HOSPITALIZATIONS and not PATIENTS.
15.06	CM_MedAdmissions<7Days_Count	Number of medical inpatient admissions for patients who had been discharged from medical case management between 0-7 days prior to the admission. (Do NOT include patients enrolled in BOTH behavioral health and medical case management – there are separate measures for them.) Use an inpatient facility code to identify hospitalizations. Medical admissions are determined by a primary admissions diagnosis that does NOT match those in the HEDIS "Mental Health Diagnosis Value Set". Count HOSPITALIZATIONS and not PATIENTS.
15.07	CM_MedAdmissions8-30Days_Count	Number of medical inpatient admissions for patients who had been discharged from medical case management between 8-30 days prior to the admission. (Do NOT include patients enrolled in BOTH behavioral health and medical case management – there are separate measures for them.) Use an inpatient facility code to identify hospitalizations. Medical admissions are determined by a primary admissions diagnosis that does NOT match those in the HEDIS "Mental Health Diagnosis Value Set". Count HOSPITALIZATIONS and not PATIENTS.
15.08	CM_MedAdmissions31-90Days_Count	Number of medical inpatient admissions for patients who had been discharged from medical case management between 31-90 days prior to the admission. (Do NOT include patients enrolled in BOTH behavioral health and medical case management – there are separate measures for them.) Use an inpatient facility code to identify hospitalizations. Medical admissions are determined by a primary admissions diagnosis that does NOT match those in the HEDIS "Mental Health Diagnosis Value Set". Count HOSPITALIZATIONS and not PATIENTS.
15.09	CM_BothAdmissions_CurrentlyEnrolled_Count	Number of inpatient admissions for any reason for patients who were enrolled in BOTH behavioral health and medical case management at the time of admission. Use an inpatient facility code to identify hospitalizations. Count HOSPITALIZATIONS and not PATIENTS.
15.10	CM_BothAdmissions<7Days_Count	Number of inpatient admissions for any reason for patients who had been discharged from BOTH behavioral health and medical case management between 0-7 days prior to the admission. Use an inpatient facility code to identify hospitalizations. Count HOSPITALIZATIONS and not PATIENTS.
15.11	CM_BothAdmissions8-30Days_Count	Number of inpatient admissions for any reason for patients who had been discharged from BOTH behavioral health and medical case management between 8-30 days prior to the admission. Use an inpatient facility code to identify hospitalizations. Count HOSPITALIZATIONS and not PATIENTS.
15.12	CM_BothAdmissions31-90Days_Count	Number of inpatient admissions for any reason for patients who had been discharged from BOTH behavioral health and medical case management between 31-90 days prior to the admission. Use an inpatient facility code to identify hospitalizations. Count HOSPITALIZATIONS and not PATIENTS.

16.01	PriorAuths_Requested_Count	A count of all prior authorization requests the Plan received during the designated time period.
16.02	PriorAuths_Denied_Count	A count of all prior authorization requests the Plan received during the designated time period that were subsequently denied by the Plan.
16.03	PriorAuths_Appealed_Count	A count of all denied prior authorization requests during the designated time period that were appealed.
16.04	PriorAuths_AppealsOverturned_Count	A count of all denied prior authorization requests during the designated time period that were appealed and where the denial was subsequently overturned.
20.00	AltSvcs_OTHER_Count	Alternative Services is a "catch-all" category for services that the Health Plans wish to report to MHD, but for which there is no designated measure. In the past, this has included things such as Applied Behavior Analysis, Consultations, CSTAR services, etc. However, in practice, the Health Plans rarely report such services. Starting with 2013 data, any plan wishing to report Alternate Services must inform MHD of the service(s) they wish to include, along with the proposed methodology for counting the services. MHD will review the methodology and provide standardized specs to all Health Plans for collecting that particular service. Reporting these alternative services will still be optional, but in the event that 2 or more plans wish to report the same alternative service, MHD wants the same specs used by all plans.