Healthcare Quality Data Template: Instructions and Specifications for Data Year 2016

In the Left column: ‡=New Measures this year; *=Modified since last year; †=Measure specs clarified.
~=Measure Name slightly modified to assist with MHD import procedures, but specs are NOT changed.

Notes and Changes for Data Year 2016 (Due to MHD on June 30, 2017).

The measure specifications for the 2016 data submission are attached.

You'll be happy to hear that the vast majority of measure specifications are unchanged from last year. Changes are as follows:

‡ADDITIONS
•An alert observer pointed out that the specs for the Inpatient readmission measures (4.13-4.24) were unclear as to whether we want a count of READMISSIONS or a count of unique MEMBERS who were readmitted. We want both. We have added new specs for you to report the unique count of readmitted members (4.37-4.48). The two sets of specs are the same except that one counts readmissions and the other reports the count of unique members from those readmissions.

*MODIFICATIONS
•We have modified the existing specs for inpatient readmissions (4.13-4.24), indicating that you should report readmissions and not a member count, for reasons mentioned above.

•We have made a slight modification to the ER utilization (6.01-6.12) and ER Visits (6.13-6.24) measures, indicating that you should omit ER visits that result in an inpatient admission. We have further clarified that Observation visits SHOULD be included in the ER counts (unless they result in an inpatient admission).

•We have added new CPT codes to the specs for Influenza vaccination measures (11.01-11.04).

†CLARIFICATIONS
•We clarified that the specs for the Outpatient Visit measures (10.01-10.08) are similar to the specs for the Outpatient utilization measures (10.13-10.20), and not to those for the Inpatient utilization measures.

•We clarified how to report statewide Call Answer Timeliness results (17.01-17.02) if you don't have regional results.

•We clarified that although NCQA/HEDIS dropped the measure on LDL-C control in persons with Diabetes, MHD is still collecting data for that measure. Please continue to report it for items 15.08-15.09.

•We further addressed a request from your HEDIS vendor regarding the inclusion/exclusion of non-acute inpatient events in the inpatient specifications. In brief, inpatient measure should include both acute AND non-acute inpatient events EXCEPT for the Follow-Up After Hospitalization measures, which only include acute inpatient events. This has been clarified in the respective specifications (4.01-4.48 and 5.01-5.36)

Measures pertaining to Prior Authorizations (19.01-19.04) have been eliminated, as that information is now collected on your quarterly reports.

As with last year, please provide a copy of the full GeoAccess report that you receive from the Department of Insurance.

Finally, remember that measures 21.01-24.11 are for numerators and denominators for any HYBRID HEDIS values that you report to DHSS. You should report these for any of the Hybrid measures that you send for DHSS. Numerators and denominators using the ADMINISTRATIVE are REQUIRED for all measures in 11.01-17.10. DO NOT report Hybrid results INSTEAD of Administrative results; only IN ADDITION to.

1.01	MCPlan_TotalMembership_All_Count	The total number of enrolled health plan members, measured as of December 31st of the designated year.
1.02	MemberMonths_All_Age0-12_Count	The total number of Member Months for the designated year 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 2017 Technical Specifications for Health Plans Volume 2" in #9 of the "Guidelines for Utilization Measures" section, page 284. (Note that this count is for ALL members for the ENTIRE YEAR. It is NOT limited only to persons who were members on Dec 31, as is the above TotalMembershipCount measure.)
1.03	MemberMonths_All_Age13-17_Count	As above, for ages 13-17.
1.04	MemberMonths_All_Age18-64_Count	As above, for ages 18-64.
1.05	MemberMonths_All_Age65+_Count	As above, for ages 65+.
1.06	MCPlan_TotalMembership_BHEligible_Count	The total number of Behavioral Health-eligible enrolled members, 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.
1.07	MemberMonths_BHEligible_Age0-12_Count	The total number of Member Months for the designated year 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 2017 Technical Specifications for Health Plans Volume 2" in #9 of the "Guidelines for Utilization Measures" section, page 284. 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. (Note that this count is for ALL members eligible for behavioral health services at some point during the year. It is NOT limited only to persons who were members on Dec 31, as is the above TotalMembership_BHEligible_Count measure.)
1.08	MemberMonths_BHEligible_Age13-17_Count	As above, for ages 13-17.
1.09	MemberMonths_BHEligible_Age18-64_Count	As above, for ages 18-64.
1.10	MemberMonths_BHEligible_Age65+_Count	As above, for ages 65+.
2.01	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 (MPT) specifications. Report data from Table MPT-1/2/3, the unduplicated count of patients receiving "Any Services". Report the total count - do not separate by gender.
2.02	PsychPenetrationRate_Age13-17_Count	As above, for ages 13-17.
2.03	PsychPenetrationRate_Age18-64_Count	As above, for ages 18-64.
2.04	PsychPenetrationRate_Age65+_Count	As above, for ages 65+.
2.05	SubsAbusePenetrationRate_Age0-12_Count	The count of health plan members aged 0-12 who access substance abuse services during the designated time period. Use HEDIS Identification of Alcohol and Other Drug Services (IAD) specifications. Report data from Table IAD-1/2/3, the unduplicated count of patients receiving "Any Services". Report the total count - do not separate by gender.

2.06	SubsAbusePenetrationRate_Age13-17_Count	As above, for ages 13-17.
2.07	SubsAbusePenetrationRate_Age18-64_Count	As above, for ages 18-64.
2.08	SubsAbusePenetrationRate_Age65+_Count	As above, for ages 65+.
3.01	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.
3.02	MPTUtilizationInpatient_Age13-17_Count	As above, for ages 13-17.
3.03	MPTUtilizationInpatient_Age18-64_Count	As above, for ages 18-64.
3.04	MPTUtilizationInpatient_Age65+_Count	As above, for ages 65+.
3.05	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.
3.06	IADUtilizationInpatient_Age13-17_Count	As above, for ages 13-17.
3.07	IADUtilizationInpatient_Age18-64_Count	As above, for ages 18-64.
3.08	IADUtilizationInpatient_Age65+_Count	As above, for ages 65+.
† 3.09	MEDUtilizationInpatient_Age0-12_Count	The unduplicated count of health plan members age 0-12 who access Inpatient Services for medical reasons during the designated time period. Provide the unique count of members who were hospitalized during the measurement year. Use the HEDIS "Inpatient Stay Value Set" to identify acute and nonacute hospitalizations, and then EXCLUDE all hospitalizations where the primary diagnosis is a behavioral health condition or substance use disorder as found in the "Mental and Behavioral Disorders Value Set". From the remaining hospitalizations, provide the unduplicated count of members age 0-12 with an inpatient event during the measurement year.
† 3.10	MEDUtilizationInpatient_Age13-17_Count	As above, for ages 13-17.
† 3.11	MEDUtilizationInpatient_Age18-64_Count	As above, for ages 18-64.
† 3.12	MEDUtilizationInpatient_Age65+_Count	As above, for ages 65+.

† 4.01	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 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.) There is no 'continuous eligibility' requirement for this measure. *Member is discharged alive from an 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 the HEDIS "Inpatient Stay Value Set" to identify discharges. *Include only FINAL claims (even if the paid amount is $0). DO NOT include reversals, denied, suspended, or pending claims.
4.02	Inpatient_MHDischarges_Age13-17_Count	As above, for ages 13-17.
4.03	Inpatient_MHDischarges_Age18-64_Count	As above, for ages 18-64.
4.04	Inpatient_MHDischarges_Age65+_Count	As above, for ages 65+.
† 4.05	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 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.) There is no 'continuous eligibility' requirement for this measure. *Member is discharged alive from an 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 the HEDIS "Inpatient Stay Value Set" to identify discharges. *Include only FINAL claims (even if the paid amount is $0). DO NOT include reversals, denied, suspended, or pending claims.
4.06	Inpatient_SADischarges_Age13-17_Count	As above, for ages 13-17.
4.07	Inpatient_SADischarges_Age18-64_Count	As above, for ages 18-64.
4.08	Inpatient_SADischarges_Age65+_Count	As above, for ages 65+.

† 4.09	Inpatient_MEDDischarges_Age0-12_Count	Count of discharges from a medical inpatient stay (based on primary discharge diagnosis) for members age 0-12. Do NOT count inpatient stays that end in direct transfer to another facility for a principal medical diagnosis. Count DISCHARGES, and not MEMBERS who were hospitalized. Identify medical 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.) There is no 'continuous eligibility' requirement for this measure. *Member is discharged alive from an inpatient setting with a principal medical diagnosis. Medical diagnoses are any diagnoses that are NOT included in the HEDIS "Mental and Behavioral Disorders 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.) *Use the HEDIS "Inpatient Stay Value Set" to identify discharges. *Include only FINAL claims (even if the paid amount is $0). DO NOT include reversals, denied, suspended, or pending claims.
4.10	Inpatient_MEDDischarges_Age13-17_Count	As above, for ages 13-17.
4.11	Inpatient_MEDDischarges_Age18-64_Count	As above, for ages 18-64.
4.12	Inpatient_MEDDischarges_Age65+_Count	As above, for ages 65+.

* † 4.13 Inpatient_MHReadmissions_Age0-12_Count	Count of READMISSIONS for 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 the total number of READMISSIONS, and NOT the number of members who were readmitted (there's a separate measure for that). 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 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.) There is no 'continuous eligibility' requirement for this measure. *Member is discharged alive from an 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 the HEDIS "Inpatient Stay Value Set" to identify discharges. *Include only FINAL claims (even if the paid amount is $0). DO NOT include reversals, denied, suspended, or pending claims. *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 readmission diagnoses. *Report the total number of readmissions.
* 4.14 Inpatient_MHReadmissions_Age13-17_Count	As above, for ages 13-17.
* 4.15 Inpatient_MHReadmissions_Age18-64_Count	As above, for ages 18-64.
* 4.16 Inpatient_MHReadmissions_Age65+_Count	As above, for ages 65+.

*† 4.17	Inpatient_SAReadmissions_Age0-12_Count	Count of READMISSIONS for 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 the total number of READMISSIONS, and NOT the members who were readmitted (there's a separate measure for that). 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 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.) There is no 'continuous eligibility' requirement for this measure. *Member is discharged alive from an 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 the HEDIS "Inpatient Stay Value Set" to identify discharges. *Include only FINAL claims (even if the paid amount is $0). DO NOT include reversals, denied, suspended, or pending claims. *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 readmission diagnoses. *Report the total number of readmissions.
* 4.18	Inpatient_SAReadmissions_Age13-17_Count	As above, for ages 13-17.
* 4.19	Inpatient_SAReadmissions_Age18-64_Count	As above, for ages 18-64.
* 4.20	Inpatient_SAReadmissions_Age65+_Count	As above, for ages 65+.

| * † 4.21 Inpatient_MEDReadmissions_Age0-12_Count | Count of READMISSIONS for members age 0-12 discharged from a medical inpatient stay and readmitted within 30 days with a primary medical diagnosis. The diagnosis does NOT need to be the same for both inpatient stays. Count the total number of READMISSIONS, and NOT the members who were readmitted (there's a separate measure for that). Inpatient stays that end in direct transfer to another facility for a principal medical 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 medical 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.) There is no 'continuous eligibility' requirement for this measure.
*Member is discharged alive from an inpatient setting with a principal medical diagnosis. Medical diagnoses are any diagnoses that are NOT included in the HEDIS "Mental and Behavioral Disorders 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 medical inpatient stays that were completed in December of the measurement year.
*Use the HEDIS "Inpatient Stay Value Set" to identify discharges.
*Include only FINAL claims (even if the paid amount is $0). DO NOT include reversals, denied, suspended, or pending claims.
*A medical inpatient stay is considered a re-admission if the Admit Date falls within 30 days of the Discharge Date of the most recent previous medical inpatient stay, and is for a primary medical diagnosis, as defined above.
*Report the total number of readmissions. |
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| * 4.22 Inpatient_MEDReadmissions_Age13-17_Count | As above, for ages 13-17. |
| * 4.23 Inpatient_MEDReadmissions_Age18-64_Count | As above, for ages 18-64. |
| * 4.24 Inpatient_MEDReadmissions_Age65+_Count | As above, for ages 65+. |

† 4.25	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.) There is no 'continuous eligibility' requirement for this measure.
		*Member is discharged alive from an 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.) Be sure to include admissions that began in the year prior to the measurement year, but where the patient is discharged in the current measurement year.
		*Use the HEDIS "Inpatient Stay Value Set" to identify discharges.
		*Include only FINAL claims (even if the paid amount is $0). DO NOT include reversals, denied, suspended, or pending claims.
		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 yield the correct days count.)
4.26	Inpatient_MHDays_Age13-17_Count	As above, for ages 13-17.
4.27	Inpatient_MHDays_Age18-64_Count	As above, for ages 18-64.
4.28	Inpatient_MHDays_Age65+_Count	As above, for ages 65+.

In the Left column: ‡=New Measures this year; *=Modified since last year; †=Measure specs clarified.

† 4.29 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.) There is no 'continuous eligibility' requirement for this measure. *Member is discharged alive from an 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.) Be sure to include admissions that began in the year prior to the measurement year, but where the patient is discharged in the current measurement year. *Use the HEDIS "Inpatient Stay Value Set" to identify discharges. *Include only FINAL claims (even if the paid amount is $0). DO NOT include reversals, denied, suspended, or pending claims. 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 yield the correct days count.)
4.30 Inpatient_SADays_Age13-17_Count	As above, for ages 13-17.
4.31 Inpatient_SADays_Age18-64_Count	As above, for ages 18-64.
4.32 Inpatient_SADays_Age65+_Count	As above, for ages 65+.

† 4.33	Inpatient_MEDDays_Age0-12_Count	Number of medical inpatient days for members age 0-12. Basically, you're counting the length of stay for all of the medical discharges reported in the "Inpatient_MEDDischarges_Age0-12_Count" measure. Identify medical 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.) There is no 'continuous eligibility' requirement for this measure. *Member is discharged alive from an inpatient setting with a principal medical diagnosis. Medical diagnoses are any diagnoses that are NOT included in the HEDIS "Mental and Behavioral Disorders 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.) Be sure to include admissions that began in the year prior to the measurement year, but where the patient is discharged in the current measurement year. *Use the HEDIS "Inpatient Stay Value Set" to identify discharges. *Include only FINAL claims (even if the paid amount is $0). DO NOT include reversals, denied, suspended, or pending claims. 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 yield the correct days count.)
4.34	Inpatient_MEDDays_Age13-17_Count	As above, for ages 13-17.
4.35	Inpatient_MEDDays_Age18-64_Count	As above, for ages 18-64.
4.36	Inpatient_MEDDays_Age65+_Count	As above, for ages 65+.

‡ 4.37	Inpatient_MH_ReadmittedMembers_Age0-12_Count	Count of unique/unduplicated 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. This measure is identical to the Inpatient_MHReadmissions_Agexx-xx_Count specifications above, except that you are counting MEMBERS and not READMISSIONS. 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.) There is no 'continuous eligibility' requirement for this measure. *Member is discharged alive from an 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 the HEDIS "Inpatient Stay Value Set" to identify discharges. *Include only FINAL claims (even if the paid amount is $0). DO NOT include reversals, denied, suspended, or pending claims. *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 readmission diagnoses.urposes of this measure. *Once all MH readmissions have been determined, calculate the unique count of health plan members who were readmitted.
‡ 4.38	Inpatient_MH_ReadmittedMembers_Age13-17_Count	As above, for ages 13-17.
‡ 4.39	Inpatient_MH_ReadmittedMembers_Age18-64_Count	As above, for ages 18-64.
‡ 4.40	Inpatient_MH_ReadmittedMembers_Age65+_Count	As above, for ages 65+.

| ‡ 4.41 | Inpatient_SA_ReadmittedMembers_Age0-12_Count | Count of unique/unduplicated 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.

This measure is identical to the Inpatient_SAReadmissions_Agexx-xx_Count specifications above, except that you are counting MEMBERS and not READMISSIONS.

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.) There is no 'continuous eligibility' requirement for this measure.
*Member is discharged alive from an 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 the HEDIS "Inpatient Stay Value Set" to identify discharges.
*Include only FINAL claims (even if the paid amount is $0). DO NOT include reversals, denied, suspended, or pending claims.
*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 readmission diagnoses.
*Once all SA readmissions have been determined, calculate the unique count of health plan members who were readmitted. |
‡ 4.42	Inpatient_SA_ReadmittedMembers_Age13-17_Count	As above, for ages 13-17.
‡ 4.43	Inpatient_SA_ReadmittedMembers_Age18-64_Count	As above, for ages 18-64.
‡ 4.44	Inpatient_SA_ReadmittedMembers_Age65+_Count	As above, for ages 65+.

‡ 4.45	Inpatient_MED_ReadmittedMembers_Age0-12_Count	Count unique/unduplicated MEMBERS age 0-12 discharged from a medical inpatient stay and readmitted within 30 days with a primary medical 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. Inpatient stays that end in direct transfer to another acute facility for a principal medical 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. This measure is identical to the Inpatient_MEDReadmissions_Agexx-xx_Count specifications above, except that you are counting MEMBERS and not READMISSIONS. Identify medical 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.) There is no 'continuous eligibility' requirement for this measure. *Member is discharged alive from an inpatient setting with a principal medical diagnosis. Medical diagnoses are any diagnoses that are NOT included in the HEDIS "Mental and Behavioral Disorders 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 medical inpatient stays that were completed in December of the measurement year. *Use the HEDIS "Inpatient Stay Value Set" to identify discharges. *Include only FINAL claims (even if the paid amount is $0). DO NOT include reversals, denied, suspended, or pending claims. *A medical inpatient stay is considered a re-admission if the Admit Date falls within 30 days of the Discharge Date of the most recent previous medical inpatient stay, and is for a primary medical diagnosis, as defined above. *Once all MED readmissions have been determined, calculate the unique count of health plan members who were readmitted.
‡ 4.46	Inpatient_MED_ReadmittedMembers_Age13-17_Count	As above, for ages 13-17.
‡ 4.47	Inpatient_MED_ReadmittedMembers_Age18-64_Count	As above, for ages 18-64.
‡ 4.48	Inpatient_MED_ReadmittedMembers_Age65+_Count	As above, for ages 65+.

† 5.01 InpatientFollowUp_MH_Age0-12_Denominator	Count of discharges for members age 0-12 who had community follow-up within 7 days after a mental health inpatient stay. Follow the specifications for the HEDIS FUH measure, EXCEPT FOR the following MODIFICATIONS: *For each place in the HEDIS specs that use the "Mental Illness Value Set", instead substitute the "Mental Health Diagnosis Value Set". *Break out results by designated age group. Although HEDIS excludes those under age 6, we are including them. Report the Denominator (the Eligible Population). Be aware that this measure includes ONLY acute hospitalizations, unlike the other Inpatient measures in these specifications. Follow the HEDIS procedures for identifying only acute inpatient events.
5.02 InpatientFollowUp_MH_Age13-17_Denominator	As above, for ages 13-17.
5.03 InpatientFollowUp_MH_Age18-64_Denominator	As above, for ages 18-64.
5.04 InpatientFollowUp_MH_Age65+_Denominator	As above, for ages 65+.
5.05 InpatientFollowUp_7Days_MH_Age0-12_Count	Count of discharges for members age 0-12 who had community follow-up within 7 days after a mental health inpatient stay. Follow the specifications for the HEDIS FUH measure, EXCEPT FOR the following MODIFICATIONS: *For each place in the HEDIS specs that use the "Mental Illness Value Set", instead substitute the "Mental Health Diagnosis Value Set". *Break out results by designated age group. Although HEDIS excludes those under age 6, we are including them. Report the Numerator for the 7-day follow-up.
5.06 InpatientFollowUp_7Days_MH_Age13-17_Count	As above, for ages 13-17.
5.07 InpatientFollowUp_7Days_MH_Age18-64_Count	As above, for ages 18-64.
5.08 InpatientFollowUp_7Days_MH_Age65+_Count	As above, for ages 65+.
5.09 InpatientFollowUp_30Days_MH_Age0-12_Count	Count of discharges for members age 0-12 who had community follow-up within 30 days after a mental health inpatient stay. Follow the specifications for the HEDIS FUH measure, EXCEPT FOR the following MODIFICATIONS: *For each place in the HEDIS specs that use the "Mental Illness Value Set", instead substitute the "Mental Health Diagnosis Value Set". *Break out results by designated age group. Although HEDIS excludes those under age 6, we are including them. Report the Numerator for the 30-day follow-up.
5.10 InpatientFollowUp_30Days_MH_Age13-17_Count	As above, for ages 13-17.
5.11 InpatientFollowUp_30Days_MH_Age18-64_Count	As above, for ages 18-64.

5.12	InpatientFollowUp_30Days_MH_Age65+_Count	As above, for ages 65+.

† 5.13	InpatientFollowUp_SA_Age0-12_Denominator	Count of discharges for members age 0-12 discharged alive from an acute inpatient setting with a principal diagnosis of substance abuse/dependence 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. Use the Follow-Up After Hospitalization for Mental Illness (FUH) specifications EXCEPT FOR the following MODIFICATIONS: In the "Ages" section, change "6 years and older as of the date of discharge" to "all ages". Although HEDIS excludes those under age 6, we are including them. In the "Event/Diagnosis" section, change "principal diagnosis of mental illness (Mental Illness Value Set)" to "principal diagnosis of substance use disorder (Chemical Dependency Value Set)". In the "Acute readmission or direct transfer" section, change "principal mental health diagnosis (Mental Health Diagnosis Value Set)" to "principal diagnosis of substance use disorder (Chemical Dependency Value Set)". In the "Exclusions" section, change "if the principal diagnosis was for non-mental health (any diagnosis code other than those included in the Mental Health Diagnosis Value Set)" to "if the principal diagnosis was for non-substance use disorders (any diagnosis code other than those included in the Chemical Dependency Value Set)". Be aware that this measure includes ONLY acute hospitalizations, unlike the other Inpatient measures in these specifications. Follow the HEDIS procedures for identifying only acute inpatient events. The denominator is the count of discharges that meets the above criteria.

5.14	InpatientFollowUp_SA_Age13-17_Denominator	As above, for ages 13-17.
5.15	InpatientFollowUp_SA_Age18-64_Denominator	As above, for ages 18-64.
5.16	InpatientFollowUp_SA_Age65+_Denominator	As above, for ages 65+.

5.17	InpatientFollowUp_7Days_SA_Age0-12_Count	Count of discharges for members age 0-12 discharged alive from an acute inpatient setting with a principal diagnosis of substance abuse/dependence on or between January 1 and December 1 of the measurement year. DENOMINATOR: *As calculated above in the specifications for "InpatientFollowUp_SA_Age0-12_Count". 7-day Follow-Up NUMERATOR: An outpatient visit, intensive outpatient visit, partial hospitalization, or transitional care management service with a principal diagnosis of substance abuse (HEDIS Chemical Dependency Value Set) that occurs within 7 days after discharge (including 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. Transitional Care Services: *TCM 7 Day Value Set WITH Chemical Dependency Value Set. 　Count services provided by physicians and nonphysicians. Report the count of discharges (from the denominator) that meet the above criteria for a 7-day follow-up visit.
5.18	InpatientFollowUp_7Days_SA_Age13-17_Count	As above, for ages 13-17.
5.19	InpatientFollowUp_7Days_SA_Age18-64_Count	As above, for ages 18-64.
5.20	InpatientFollowUp_7Days_SA_Age65+_Count	As above, for ages 65+.

5.21	InpatientFollowUp_30Days_SA_Age0-12_Count	Count of discharges for members age 0-12 discharged alive from an acute inpatient setting with a principal diagnosis of substance abuse/dependence on or between January 1 and December 1 of the measurement year.
		
		DENOMINATOR:
		*As calculated above in the specifications for "InpatientFollowUp_SA_Age0-12_Count".
		
		30-Day Follow-Up NUMERATOR:
		An outpatient visit, intensive outpatient visit, partial hospitalization, or transitional care management service with a principal diagnosis of substance abuse (HEDIS Chemical Dependency Value Set) that occurs within 30 days after discharge (including 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.
		
		Transitional Care Services:
		*TCM 7 Day Value Set WITH Chemical Dependency Value Set.
		*TCM 14 Day Value Set WITH Chemical Dependency Value Set. (THIS APPLIES ONLY TO THE 30-DAY FOLLOW-UP, AND IS EXCLUDED FROM THE 7-DAY FOLLOW-UP SPECS).
		
		  Count services provided by physicians and nonphysicians.
		
		Report the count of discharges (from the denominator) that meet the above criteria for a 30-day follow-up visit.

5.22	InpatientFollowUp_30Days_SA_Age13-17_Count	As above, for ages 13-17.
5.23	InpatientFollowUp_30Days_SA_Age18-64_Count	As above, for ages 18-64.
5.24	InpatientFollowUp_30Days_SA_Age65+_Count	As above, for ages 65+.

† 5.25	InpatientFollowUp_MED_Age0-12_Denominator	Count of discharges for members age 0-12 discharged alive from an acute inpatient setting with a principal medical diagnosis 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. Use the Follow-Up After Hospitalization for Mental Illness (FUH) specifications EXCEPT FOR the following MODIFICATIONS: In the "Ages" section, change "6 years and older as of the date of discharge" to "all ages". Although HEDIS excludes those under age 6, we are including them. In the "Event/Diagnosis" section, change "principal diagnosis of mental illness (Mental Illness Value Set)" to "principal medical diagnosis (any diagnosis code NOT included in the HEDIS Mental and Behavioral Disorders Value Set)". In the "Acute readmission or direct transfer" section, change "principal mental health diagnosis (Mental Health Diagnosis Value Set)" to "principal medical diagnosis (any diagnosis code NOT included in the HEDIS Mental and Behavioral Disorders Value Set)". In the "Exclusions" section, change "if the principal diagnosis was for non-mental health (any diagnosis code other than those included in the Mental Health Diagnosis Value Set)" to "if the principal diagnosis was for behavioral health or substance use disorders (any principal diagnosis code included in the HEDIS Mental and Behavioral Disorders Value Set)". The denominator is the count of discharges that meets the above criteria. Be aware that this measure includes ONLY acute hospitalizations, unlike the other Inpatient measures in these specifications. Follow the HEDIS procedures for identifying only acute inpatient events.
5.26	InpatientFollowUp_MED_Age13-17_Denominator	As above, for ages 13-17.
5.27	InpatientFollowUp_MED_Age18-64_Denominator	As above, for ages 18-64.
5.28	InpatientFollowUp_MED_Age65+_Denominator	As above, for ages 65+.
5.29	InpatientFollowUp_7Days_MED_Age0-12_Count	Count of discharges for members age 0-12 that received follow-up within 7 days of discharge. Include discharges from an acute inpatient setting with a principal medical diagnosis (any principal diagnosis code NOT in the "Mental and Behavioral Disorders Value Set") on or between January 1 and December 1 of the measurement year. DENOMINATOR: *As calculated above in the specifications for "InpatientFollowUp_MED_Age0-12_Count". 7-Day Follow-Up NUMERATOR: Any outpatient visit in the "Ambulatory Outpatient Visits Value Set" within 7 days after discharge with a medical principal diagnosis. Medical principal diagnoses are any diagnosis code that IS NOT found in the "Mental and Behavioral Disorders Value Set".

5.30	InpatientFollowUp_7Days_MED_Age13-17_Count	As above, for ages 13-17.
5.31	InpatientFollowUp_7Days_MED_Age18-64_Count	As above, for ages 18-64.
5.32	InpatientFollowUp_7Days_MED_Age65+_Count	As above, for ages 65+.
5.33	InpatientFollowUp_30Days_MED_Age0-12_Count	Count of discharges for members age 0-12 that received follow-up within 30 days of discharge. Include discharges from an acute inpatient setting with a principal medical diagnosis (any principal diagnosis code NOT in the "Mental and Behavioral Disorders Value Set") on or between January 1 and December 1 of the measurement year. DENOMINATOR: *As calculated above in the specifications for "InpatientFollowUp_MED_Age0-12_Count". 30-Day Follow-Up NUMERATOR: Any outpatient visit in the "Ambulatory Outpatient Visits Value Set" within 30 days after discharge with a medical principal diagnosis. Medical principal diagnoses are any diagnosis code that IS NOT found in the "Mental and Behavioral Disorders Value Set".
5.34	InpatientFollowUp_30Days_MED_Age13-17_Count	As above, for ages 13-17.
5.35	InpatientFollowUp_30Days_MED_Age18-64_Count	As above, for ages 18-64.
5.36	InpatientFollowUp_30Days_MED_Age65+_Count	As above, for ages 65+.

* 6.01	Utilization_MH_ER_Age0-12_Count	The count of health plan members age 0-12 accessing emergency department services for behavioral health reasons. Use MODIFIED HEDIS specs for MPT - Mental Health Utilization as described below. Do not separate patients by gender. Since the HEDIS specs lump Outpatient and ED visits together, we need to 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.)
		    *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 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 ER visits and observation stays that do NOT result in an inpatient stay.
		  Except for the above modifications, calculate the measure as written in the HEDIS specs.

* 6.02	Utilization_MH_ER_Age13-17_Count	As above, for ages 13-17.
* 6.03	Utilization_MH_ER_Age18-64_Count	As above, for ages 18-64.
* 6.04	Utilization_MH_ER_Age65+_Count	As above, for ages 65+.

* 6.05	Utilization_SA_ER_Age0-12_Count	The count of health plan members age 0-12 accessing emergency department services for substance abuse reasons. Use MODIFIED HEDIS specs for IAD - Identification of Alcohol and Other Drug Services as described below. Do not 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.
		      *Observation 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 ER visits and observation stays that do NOT result in an inpatient stay.
		   Except for the above modifications, calculate the measure as written in the HEDIS specs.

* 6.06	Utilization_SA_ER_Age13-17_Count	As above, for ages 13-17.
* 6.07	Utilization_SA_ER_Age18-64_Count	As above, for ages 18-64.
* 6.08	Utilization_SA_ER_Age65+_Count	As above, for ages 65+.

* 6.09	Utilization_MED_ER_Age0-12_Count	The count of health plan MEMBERS age 0-12 accessing emergency department services for medical reasons. Use MODIFIED HEDIS Administrative specifications for the "Ambulatory Care (AMB)" measure. DO NOT use Hybrid specifications. MODIFY the measure by reporting the unique count of MEMBERS accessing ED services, rather than the total count of ED VISITS. Also modify the age groups, using MHD-specified age groupings. Additionally, please ADD Observation visits as follows:
		      *Observation Value Set with a medical principal diagnosis. Medical principal diagnoses are any diagnosis code that IS NOT found in the "Mental and Behavioral Disorders Value Set".
		   Only include ED or Observation visits that do NOT result in an inpatient stay.
		   Except for the above modifications, calculate the measure as written in the HEDIS specs.

6.10	Utilization_MED_ER_Age13-17_Count	As above, for ages 13-17.
6.11	Utilization_MED_ER_Age18-64_Count	As above, for ages 18-64.
6.12	Utilization_MED_ER_Age65+_Count	As above, for ages 65+.

* 6.13	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 MODIFIED HEDIS specs for MPT - Mental Health Utilization as described below. 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 need to 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.)
		     *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 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 ER Visits and 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.)

* 6.14	ER_Visits_MH_Age13-17_Count	As above, for ages 13-17.
* 6.15	ER_Visits_MH_Age18-64_Count	As above, for ages 18-64.
* 6.16	ER_Visits_MH_Age65+_Count	As above, for ages 65+.

* 6.17	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 MODIFIED HEDIS specs for IAD - Identification of Alcohol and Other Drug Services as described below. 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 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 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.
		      *Observation 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 ER Visits and 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.)

* 6.18	ER_Visits_SA_Age13-17_Count	As above, for ages 13-17.

* 6.19	ER_Visits_SA_Age18-64_Count	As above, for ages 18-64.
* 6.20	ER_Visits_SA_Age65+_Count	As above, for ages 65+.

* 6.21	ER_Visits_MED_Age0-12_Count	Use MODIFIED HEDIS Administrative specifications for the "Ambulatory Care (AMB)" measure. DO NOT use Hybrid specifications. MODIFY the measure by using MHD-specified age groups. Additionally, please ADD Observation visits as follows:
		    *Observation Value Set with a medical principal diagnosis. Medical principal diagnoses are any diagnosis code that IS NOT found in the "Mental and Behavioral Disorders Value Set".
		  Only include ED or Observation visits that do NOT result in an inpatient stay.
		  Except for the above modifications, calculate the measure as written in the HEDIS specs.
		  Report the count of ED visits for members age 0-12.

6.22	ER_Visits_MED_Age13-17_Count	As above, for ages 13-17.
6.23	ER_Visits_MED_Age18-64_Count	As above, for ages 18-64.
6.24	ER_Visits_MED_Age65+_Count	As above, for ages 65+.

7.01	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 MODIFIED HEDIS specs for MPT - Mental Health Utilization as described below. Do not separate counts by gender. Include FINAL claims (even if the paid amount is $0). DO NOT include reversals, denied, suspended, or pending claims. Calculate number of discharges. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we need to 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.

7.02	PartialHosp_MHDischarges_Age13-17_Count	As above, for ages 13-17.
7.03	PartialHosp_MHDischarges_Age18-64_Count	As above, for ages 18-64.
7.04	PartialHosp_MHDischarges_Age65+_Count	As above, for ages 65+.

7.05	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 MODIFIED HEDIS specs for IAD – Identification of Alcohol and Other Drug Services, as described below. Do not separate counts by gender. Include FINAL claims (even if the paid amount is $0). DO NOT include reversals, denied, suspended, or pending claims. Calculate number of discharges. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we need to 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.

7.06	PartialHosp_SADischarges_Age13-17_Count	As above, for ages 13-17.
7.07	PartialHosp_SADischarges_Age18-64_Count	As above, for ages 18-64.
7.08	PartialHosp_SADischarges_Age65+_Count	As above, for ages 65+.

7.09	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 MODIFIED HEDIS specs for MPT - Mental Health Utilization, as described below. Do not separate counts by gender. Include FINAL claims (even if the paid amount is $0). DO NOT include reversals, denied, suspended, or pending claims. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we need to 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.

7.10	PartialHosp_MHDays_Age13-17_Count	As above, for ages 13-17.
7.11	PartialHosp_MHDays_Age18-64_Count	As above, for ages 18-64.
7.12	PartialHosp_MHDays_Age65+_Count	As above, for ages 65+.

7.13	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 MODIFIED HEDIS specs for IAD - Identification of Alcohol and Other Drug Services, as described below. Do not separate counts by gender. Include FINAL claims (even if the paid amount is $0). DO NOT include reversals, denied, suspended, or pending claims. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we need to 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.

7.14	PartialHosp_SADays_Age13-17_Count	As above, for ages 13-17.
7.15	PartialHosp_SADays_Age18-64_Count	As above, for ages 18-64.
7.16	PartialHosp_SADays_Age65+_Count	As above, for ages 65+.

7.17	PartialHosp_MHUtilization_Age0-12_Count	The unique/unduplicated count of health plan members age 0-12 accessing partial hospitalization services for behavioral health reasons. Use MODIFIED HEDIS specs for MPT - Mental Health Utilization, as described below. Do not separate counts by gender. Include FINAL claims (even if the paid amount is $0). DO NOT include reversals, denied, suspended, or pending claims. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we need to 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.

7.18	PartialHosp_MHUtilization_Age13-17_Count	As above, for ages 13-17.
7.19	PartialHosp_MHUtilization_Age18-64_Count	As above, for ages 18-64.
7.20	PartialHosp_MHUtilization_Age65+_Count	As above, for ages 65+.

7.21	PartialHosp_SAUtilization_Age0-12_Count	The unique/unduplicated count of health plan members age 0-12 accessing partial hospitalization services for substance abuse reasons. Use MODIFIED HEDIS specs for IAD - Identification of Alcohol and Other Drug Services, as described below. Do not separate counts by gender. Include FINAL claims (even if the paid amount is $0). DO NOT include reversals, denied, suspended, or pending claims. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we need to 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.

7.22	PartialHosp_SAUtilization_Age13-17_Count	As above, for ages 13-17.
7.23	PartialHosp_SAUtilization_Age18-64_Count	As above, for ages 18-64.
7.24	PartialHosp_SAUtilization_Age65+_Count	As above, for ages 65+.

8.01	IntensiveOP_MHUtilization_Age0-12_Count	The unique/unduplicated count of health plan members age 0-12 who access intensive outpatient services for behavioral health reasons during the designated time period. Use MODIFIED HEDIS specs for MPT - Mental Health Utilization, as described below. Do not separate counts by gender. Include FINAL claims (even if the paid amount is $0). DO NOT include reversals, denied, suspended, or pending claims. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we need to 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.

8.02	IntensiveOP_MHUtilization_Age13-17_Count	As above, for ages 13-17.
8.03	IntensiveOP_MHUtilization_Age18-64_Count	As above, for ages 18-64.
8.04	IntensiveOP_MHUtilization_Age65+_Count	As above, for ages 65+.

8.05	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 MODIFIED HEDIS specs for IAD - Identification of Alcohol and Other Drug Services, as described below. Do not separate counts by gender. Include FINAL claims (even if the paid amount is $0). DO NOT include reversals, denied, suspended, or pending claims. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we need to 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.
8.06	IntensiveOP_SAUtilization_Age13-17_Count	As above, for ages 13-17.
8.07	IntensiveOP_SAUtilization_Age18-64_Count	As above, for ages 18-64.
8.08	IntensiveOP_SAUtilization_Age65+_Count	As above, for ages 65+.
8.09	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 MODIFIED HEDIS specs for MPT - Mental Health Utilization, as described below. Do not separate counts by gender. Include FINAL claims (even if the paid amount is $0). DO NOT include reversals, denied, suspended, or pending claims. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we need to 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.
8.10	IntensiveOP_MHDays_Age13-17_Count	As above, for ages 13-17.
8.11	IntensiveOP_MHDays_Age18-64_Count	As above, for ages 18-64.
8.12	IntensiveOP_MHDays_Age65+_Count	As above, for ages 65+.

8.13	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 MODIFIED HEDIS specs for IAD - Identification of Alcohol and Other Drug Services, as described below. Do not separate counts by gender. Include FINAL claims (even if the paid amount is $0). DO NOT include reversals, denied, suspended, or pending claims. Since the HEDIS specs lump Partial Hospitalization and Intensive Outpatient data together, we need to 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.
8.14	IntensiveOP_SADays_Age13-17_Count	As above, for ages 13-17.
8.15	IntensiveOP_SADays_Age18-64_Count	As above, for ages 18-64.
8.16	IntensiveOP_SADays_Age65+_Count	As above, for ages 65+.
9.01	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 FINAL claims (even if the paid amount is $0). DO NOT include reversals, denied, suspended, or pending claims. Calculate number of discharges. Use MODIFIED HEDIS Specs for MPT – Mental Health Utilization, 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.
9.02	Residential_MHDays_Age13-17_Count	As above, for ages 13-17.
9.03	Residential_MHDays_Age18-64_Count	As above, for ages 18-64.
9.04	Residential_MHDays_Age65+_Count	As above, for ages 65+.

9.05	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 FINAL claims (even if the paid amount is $0). DO NOT include reversals, denied, suspended, or pending claims. Calculate number of discharges. Use MODIFIED HEDIS Specs for IAD – Identification of Alcohol and Other Drug Services, 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.

9.06	Residential_SADays_Age13-17_Count	As above, for ages 13-17.
9.07	Residential_SADays_Age18-64_Count	As above, for ages 18-64.
9.08	Residential_SADays_Age65+_Count	As above, for ages 65+.

9.09	Residential_MHUtilization_Age0-12_Count	The unique/unduplicated count of health plan members age 0-12 accessing residential services for behavioral health reasons. Do not separate counts by gender. Include FINAL claims (even if the paid amount is $0). DO NOT include reversals, denied, suspended, or pending claims. Use MODIFIED HEDIS specs for MPT - Mental Health Utilization, 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.

9.10	Residential_MHUtilization_Age13-17_Count	As above, for ages 13-17.
9.11	Residential_MHUtilization_Age18-64_Count	As above, for ages 18-64.
9.12	Residential_MHUtilization_Age65+_Count	As above, for ages 65+.

9.13	Residential_SAUtilization_Age0-12_Count	The unique/unduplicated count of health plan members age 0-12 accessing residential services for substance abuse reasons. Do not separate counts by gender. Include FINAL claims (even if the paid amount is $0). DO NOT include reversals, denied, suspended, or pending claims. Use MODIFIED HEDIS specs for IAD - Identification of Alcohol and Other Drug Services, 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.

9.14	Residential_SAUtilization_Age13-17_Count	As above, for ages 13-17.
9.15	Residential_SAUtilization_Age18-64_Count	As above, for ages 18-64.
9.16	Residential_SAUtilization_Age65+_Count	As above, for ages 65+.

† 10.01	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 MODIFIED HEDIS specs for MPT - Mental Health Utilization, as described below. 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 need to 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 "Utilization_MH_Outpatient_Age0-12_Count" at 10.13 below, except that you are counting VISITS and not PATIENTS.)

† 10.02	Outpt_Visits_MH_Age13-17_Count	As above, for ages 13-17.
† 10.03	Outpt_Visits_MH_Age18-64_Count	As above, for ages 18-64.
† 10.04	Outpt_Visits_MH_Age65+_Count	As above, for ages 65+.

† 10.05	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 MODIFIED HEDIS Specs for IAD - Identification of Alcohol and Other Drug Services, as described below. 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 "Utilization_SA_Outpatient_Age0-12_Count" at 10.17 below, except that you are counting VISITS and not PATIENTS.)

† 10.06	Outpt_Visits_SA_Age13-17_Count	As above, for ages 13-17.
† 10.07	Outpt_Visits_SA_Age18-64_Count	As above, for ages 18-64.
† 10.08	Outpt_Visits_SA_Age65+_Count	As above, for ages 65+.
10.09	Outpt_Visits_MED_Age0-12_Count	Count of outpatient service VISITS for medical reasons during the designated time period. Use MODIFIED HEDIS Administrative specifications for the "Ambulatory Care (AMB)" measure. DO NOT use Hybrid specifications. MODIFY the measure by using MHD-specified age groups. Report the count of ED visits for members age 0-12.
10.10	Outpt_Visits_MED_Age13-17_Count	As above, for ages 13-17.
10.11	Outpt_Visits_MED_Age18-64_Count	As above, for ages 18-64.
10.12	Outpt_Visits_MED_Age65+_Count	As above, for ages 65+.

* 10.13	Utilization_MH_Outpatient_Age0-12_Count	The unique/unduplicated count of health plan members age 0-12 accessing outpatient services for behavioral health reasons. Use MODIFIED HEDIS specs for MPT - Mental Health Utilization as described below. Do not separate patients by gender. Since the HEDIS specs lump Outpatient and ED visits together, we need to 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.)
		   Include services provided by physicians and nonphysicians.
		   Except for the above modifications, calculate the measure as written in the HEDIS specs.

* 10.14	Utilization_MH_Outpatient_Age13-17_Count	As above, for ages 13-17.
* 10.15	Utilization_MH_Outpatient_Age18-64_Count	As above, for ages 18-64.
* 10.16	Utilization_MH_Outpatient_Age65+_Count	As above, for ages 65+.

* 10.17	Utilization_SA_Outpatient_Age0-12_Count	The unique/unduplicated count of health plan members age 0-12 accessing outpatient services for substance abuse reasons. Use MODIFIED HEDIS Specs for IAD - Identification of Alcohol and Other Drug Services as described below. 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).
		   Include services provided by physicians and nonphysicians.
		   Except for the above modifications, calculate the measure as written in the HEDIS specs.

* 10.18	Utilization_SA_Outpatient_Age13-17_Count	As above, for ages 13-17.

* 10.19	Utilization_SA_Outpatient_Age18-64_Count	As above, for ages 18-64.
* 10.20	Utilization_SA_Outpatient_Age65+_Count	As above, for ages 65+.
10.21	Utilization_MED_Outpatient_Age0-12_Count	The count of health plan members age 0-12 accessing outpatient services for medical reasons. Use MODIFIED HEDIS Administrative specifications for the "Ambulatory Care (AMB)" measure. DO NOT use Hybrid specifications. MODIFY the measure by reporting the unique count of MEMBERS accessing outpatient services, rather than the total count of outpatient VISITS. Also modify the age groups, using MHD-specified age groupings.
10.22	Utilization_MED_Outpatient_Age13-17_Count	As above, for ages 13-17.
10.23	Utilization_MED_Outpatient_Age18-64_Count	As above, for ages 18-64.
10.24	Utilization_MED_Outpatient_Age65+_Count	As above, for ages 65+.
* 11.01	Immunizations_Influenza_Age0-12_Count	Count of health plan members age 0-12 who received one or more flu vaccines during the measurement year, as determined by the following code list for flu vaccines: HCPCS: G0008 CPT: 90630 CPT: 90653 CPT: 90654 CPT: 90655 CPT: 90656 CPT: 90657 CPT: 90658 CPT: 90660 CPT: 90661 CPT: 90662 CPT: 90672 CPT: 90673 CPT: 90674 (This code new this year) CPT: 90685 CPT: 90686 CPT: 90687 CPT: 90688 (This code new this year) CPT: 90724
* 11.02	Immunizations_Influenza_Age13-17_Count	As above, for ages 13-17.
* 11.03	Immunizations_Influenza_Age18-64_Count	As above, for ages 18-64.
* 11.04	Immunizations_Influenza_Age65+_Count	As above, for ages 65+.
11.05	Immunization_Childhood_AllCIS_Admin_Denominator	Use HEDIS Administrative specifications for the Childhood Immunization Status (CIS) measure. DO NOT use Hybrid specifications.

11.06	Immunization_Childhood_Combo2_Admin_Numerator	Use HEDIS Administrative specifications for the Childhood Immunization Status (CIS) measure. DO NOT use Hybrid specifications.
11.07	Immunization_Childhood_Combo3_Admin_Numerator	Use HEDIS Administrative specifications for the Childhood Immunization Status (CIS) measure. DO NOT use Hybrid specifications.
11.08	Immunization_Childhood_Combo4_Admin_Numerator	Use HEDIS Administrative specifications for the Childhood Immunization Status (CIS) measure. DO NOT use Hybrid specifications.
11.09	Immunization_Childhood_Combo5_Admin_Numerator	Use HEDIS Administrative specifications for the Childhood Immunization Status (CIS) measure. DO NOT use Hybrid specifications.
11.10	Immunization_Childhood_Combo6_Admin_Numerator	Use HEDIS Administrative specifications for the Childhood Immunization Status (CIS) measure. DO NOT use Hybrid specifications.
11.11	Immunization_Childhood_Combo7_Admin_Numerator	Use HEDIS Administrative specifications for the Childhood Immunization Status (CIS) measure. DO NOT use Hybrid specifications.
11.12	Immunization_Childhood_Combo8_Admin_Numerator	Use HEDIS Administrative specifications for the Childhood Immunization Status (CIS) measure. DO NOT use Hybrid specifications.
11.13	Immunization_Childhood_Combo9_Admin_Numerator	Use HEDIS Administrative specifications for the Childhood Immunization Status (CIS) measure. DO NOT use Hybrid specifications.
11.14	Immunization_Childhood_Combo10_Admin_Numerator	Use HEDIS Administrative specifications for the Childhood Immunization Status (CIS) measure. DO NOT use Hybrid specifications.
11.15	Immunization_Childhood_DTap_Admin_Numerator	Use HEDIS Administrative specifications for the Childhood Immunization Status (CIS) measure. DO NOT use Hybrid specifications.
11.16	Immunization_Childhood_IPV_Admin_Numerator	Use HEDIS Administrative specifications for the Childhood Immunization Status (CIS) measure. DO NOT use Hybrid specifications.
11.17	Immunization_Childhood_MMR_Admin_Numerator	Use HEDIS Administrative specifications for the Childhood Immunization Status (CIS) measure. DO NOT use Hybrid specifications.
11.18	Immunization_Childhood_Hib_Admin_Numerator	Use HEDIS Administrative specifications for the Childhood Immunization Status (CIS) measure. DO NOT use Hybrid specifications.
11.19	Immunization_Childhood_HepatitisB_Admin_Numerator	Use HEDIS Administrative specifications for the Childhood Immunization Status (CIS) measure. DO NOT use Hybrid specifications.
11.20	Immunization_Childhood_VZV_Admin_Numerator	Use HEDIS Administrative specifications for the Childhood Immunization Status (CIS) measure. DO NOT use Hybrid specifications.
11.21	Immunization_Childhood_PneumococcalConjugate_Admin_Numerator	Use HEDIS Administrative specifications for the Childhood Immunization Status (CIS) measure. DO NOT use Hybrid specifications.
11.22	Immunization_Childhood_HepatitisA_Admin_Numerator	Use HEDIS Administrative specifications for the Childhood Immunization Status (CIS) measure. DO NOT use Hybrid specifications.

11.23	Immunization_Childhood_Rotavirus_Admin_Numerator	Use HEDIS Administrative specifications for the Childhood Immunization Status (CIS) measure. DO NOT use Hybrid specifications.
11.24	Immunization_Childhood_Influenza_Admin_Numerator	Use HEDIS Administrative specifications for the Childhood Immunization Status (CIS) measure. DO NOT use Hybrid specifications.
11.25	Immunization_Adolescents_AllIMA_Admin_Denominator	Use HEDIS Administrative specifications for the Immunizations for Adolescents (IMA) measure. DO NOT use Hybrid specifications.
11.26	Immunization_Adolescents_Combo1_Admin_Numerator	Use HEDIS Administrative specifications for the Immunizations for Adolescents (IMA) measure. DO NOT use Hybrid specifications.
11.27	Immunization_Adolescents_Meningococcal_Admin_Numerator	Use HEDIS Administrative specifications for the Immunizations for Adolescents (IMA) measure. DO NOT use Hybrid specifications.
11.28	Immunization_Adolescents_TdapTd_Admin_Numerator	Use HEDIS Administrative specifications for the Immunizations for Adolescents (IMA) measure. DO NOT use Hybrid specifications.
~ 12.01	WellChildVisits_Visits=0_Admin_Age0-15mos_Denominator*	Use HEDIS Administrative specifications for the "Well-Child Visits in the First 15 Months of Life (W15)" measure. DO NOT use Hybrid specifications.
~ 12.02	WellChildVisits_Visits=0_Admin_Age0-15mos_Numerator*	Use HEDIS Administrative specifications for the "Well-Child Visits in the First 15 Months of Life (W15)" measure. DO NOT use Hybrid specifications.
~ 12.03	WellChildVisits_Visits=1_Admin_Age0-15mos_Denominator	Use HEDIS Administrative specifications for the "Well-Child Visits in the First 15 Months of Life (W15)" measure. DO NOT use Hybrid specifications.
~ 12.04	WellChildVisits_Visits=1_Admin_Age0-15mos_Numerator	Use HEDIS Administrative specifications for the "Well-Child Visits in the First 15 Months of Life (W15)" measure. DO NOT use Hybrid specifications.
~ 12.05	WellChildVisits_Visits=2_Admin_Age0-15mos_Denominator	Use HEDIS Administrative specifications for the "Well-Child Visits in the First 15 Months of Life (W15)" measure. DO NOT use Hybrid specifications.
~ 12.06	WellChildVisits_Visits=2_Admin_Age0-15mos_Numerator	Use HEDIS Administrative specifications for the "Well-Child Visits in the First 15 Months of Life (W15)" measure. DO NOT use Hybrid specifications.
~ 12.07	WellChildVisits_Visits=3_Admin_Age0-15mos_Denominator	Use HEDIS Administrative specifications for the "Well-Child Visits in the First 15 Months of Life (W15)" measure. DO NOT use Hybrid specifications.
~ 12.08	WellChildVisits_Visits=3_Admin_Age0-15mos_Numerator	Use HEDIS Administrative specifications for the "Well-Child Visits in the First 15 Months of Life (W15)" measure. DO NOT use Hybrid specifications.
~ 12.09	WellChildVisits_Visits=4_Admin_Age0-15mos_Denominator	Use HEDIS Administrative specifications for the "Well-Child Visits in the First 15 Months of Life (W15)" measure. DO NOT use Hybrid specifications.
~ 12.10	WellChildVisits_Visits=4_Admin_Age0-15mos_Numerator	Use HEDIS Administrative specifications for the "Well-Child Visits in the First 15 Months of Life (W15)" measure. DO NOT use Hybrid specifications.
~ 12.11	WellChildVisits_Visits=5_Admin_Age0-15mos_Denominator	Use HEDIS Administrative specifications for the "Well-Child Visits in the First 15 Months of Life (W15)" measure. DO NOT use Hybrid specifications.

~ 12.12	WellChildVisits_Visits=5_Admin_Age0-15mos_Numerator	Use HEDIS Administrative specifications for the "Well-Child Visits in the First 15 Months of Life (W15)" measure. DO NOT use Hybrid specifications.
~ 12.13	WellChildVisits_Visits=6+_Admin_Age0-15mos_Denominator	Use HEDIS Administrative specifications for the "Well-Child Visits in the First 15 Months of Life (W15)" measure. DO NOT use Hybrid specifications.
~ 12.14	WellChildVisits_Visits=6+_Admin_Age0-15mos_Numerator	Use HEDIS Administrative specifications for the "Well-Child Visits in the First 15 Months of Life (W15)" measure. DO NOT use Hybrid specifications.
~ 12.15	WellChildVisits_Admin_Age3-6yrs_Denominator	Use HEDIS Administrative specifications for the "Well-Child Visits in the Third, Fourth, Fifth and Sizth Years of Life (W34)" measure. DO NOT use Hybrid specifications.
~ 12.16	WellChildVisits_Admin_Age3-6yrs_Numerator	Use HEDIS Administrative specifications for the "Well-Child Visits in the Third, Fourth, Fifth and Sizth Years of Life (W34)" measure. DO NOT use Hybrid specifications.
12.17	WellChildVisits_Adolescents_Admin_Denominator	Use HEDIS Administrative specifications for the "Adolescent Well-Care Visits (AWC)" measure. DO NOT use Hybrid specifications.
12.18	WellChildVisits_Adolescents_Admin_Numerator	Use HEDIS Administrative specifications for the "Adolescent Well-Care Visits (AWC)" measure. DO NOT use Hybrid specifications.
~ 13.01	Asthma_Admin_Age05-11_Denominator	Use HEDIS Administrative specifications for the "Medication Management for People with Asthma (MMA)" measure. DO NOT use Hybrid specifications.
~ 13.02	Asthma_Admin_MPR50_Age05-11_Numerator	Use HEDIS Administrative specifications for the "Medication Management for People with Asthma (MMA)" measure. DO NOT use Hybrid specifications. Report Numerator 1: the percentage of members with a medication compliance of 50%+.
~ 13.03	Asthma_Admin_MPR75_Age05-11_Numerator	Use HEDIS Administrative specifications for the "Medication Management for People with Asthma (MMA)" measure. DO NOT use Hybrid specifications. Report Numerator 2: the percentage of members with a medication compliance of 75%+.
~ 13.04	Asthma_Admin_Age12-18_Denominator	Use HEDIS Administrative specifications for the "Medication Management for People with Asthma (MMA)" measure. DO NOT use Hybrid specifications.
~ 13.05	Asthma_Admin_MPR50_Age12-18_Numerator	Use HEDIS Administrative specifications for the "Medication Management for People with Asthma (MMA)" measure. DO NOT use Hybrid specifications. Report Numerator 1: the percentage of members with a medication compliance of 50%+.
~ 13.06	Asthma_Admin_MPR75_Age12-18_Numerator	Use HEDIS Administrative specifications for the "Medication Management for People with Asthma (MMA)" measure. DO NOT use Hybrid specifications. Report Numerator 2: the percentage of members with a medication compliance of 75%+.
~ 13.07	Asthma_Admin_Age19-50_Denominator	Use HEDIS Administrative specifications for the "Medication Management for People with Asthma (MMA)" measure. DO NOT use Hybrid specifications.
~ 13.08	Asthma_Admin_MPR50_Age19-50_Numerator	Use HEDIS Administrative specifications for the "Medication Management for People with Asthma (MMA)" measure. DO NOT use Hybrid specifications. Report Numerator 1: the percentage of members with a medication compliance of 50%+.

~ 13.09	Asthma_Admin_MPR75_Age19-50_Numerator	Use HEDIS Administrative specifications for the "Medication Management for People with Asthma (MMA)" measure. DO NOT use Hybrid specifications. Report Numerator 2: the percentage of members with a medication compliance of 75%+.
~ 13.10	Asthma_Admin_Age51-64_Denominator	Use HEDIS Administrative specifications for the "Medication Management for People with Asthma (MMA)" measure. DO NOT use Hybrid specifications.
~ 13.11	Asthma_Admin_MPR50_Age51-64_Numerator	Use HEDIS Administrative specifications for the "Medication Management for People with Asthma (MMA)" measure. DO NOT use Hybrid specifications. Report Numerator 1: the percentage of members with a medication compliance of 50%+.
~ 13.12	Asthma_Admin_MPR75_Age51-64_Numerator	Use HEDIS Administrative specifications for the "Medication Management for People with Asthma (MMA)" measure. DO NOT use Hybrid specifications. Report Numerator 2: the percentage of members with a medication compliance of 75%+.
~ 14.01	Dental_AnnualVisits_Admin_Age02-03_Denominator	Use HEDIS Administrative specifications for the "Annual Dental Visit (ADV)" measure. DO NOT use Hybrid specifications.
~ 14.02	Dental_AnnualVisits_Admin_Age02-03_Numerator	Use HEDIS Administrative specifications for the "Annual Dental Visit (ADV)" measure. DO NOT use Hybrid specifications.
~ 14.03	Dental_AnnualVisits_Admin_Age04-06_Denominator	Use HEDIS Administrative specifications for the "Annual Dental Visit (ADV)" measure. DO NOT use Hybrid specifications.
~ 14.04	Dental_AnnualVisits_Admin_Age04-06_Numerator	Use HEDIS Administrative specifications for the "Annual Dental Visit (ADV)" measure. DO NOT use Hybrid specifications.
~ 14.05	Dental_AnnualVisits_Admin_Age07-10_Denominator	Use HEDIS Administrative specifications for the "Annual Dental Visit (ADV)" measure. DO NOT use Hybrid specifications.
~ 14.06	Dental_AnnualVisits_Admin_Age07-10_Numerator	Use HEDIS Administrative specifications for the "Annual Dental Visit (ADV)" measure. DO NOT use Hybrid specifications.
~ 14.07	Dental_AnnualVisits_Admin_Age11-14_Denominator	Use HEDIS Administrative specifications for the "Annual Dental Visit (ADV)" measure. DO NOT use Hybrid specifications.
~ 14.08	Dental_AnnualVisits_Admin_Age11-14_Numerator	Use HEDIS Administrative specifications for the "Annual Dental Visit (ADV)" measure. DO NOT use Hybrid specifications.
~ 14.09	Dental_AnnualVisits_Admin_Age15-18_Denominator	Use HEDIS Administrative specifications for the "Annual Dental Visit (ADV)" measure. DO NOT use Hybrid specifications.
~ 14.10	Dental_AnnualVisits_Admin_Age15-18_Numerator	Use HEDIS Administrative specifications for the "Annual Dental Visit (ADV)" measure. DO NOT use Hybrid specifications.
~ 14.11	Dental_AnnualVisits_Admin_Age19-21_Denominator	Use HEDIS Administrative specifications for the "Annual Dental Visit (ADV)" measure. DO NOT use Hybrid specifications.
~ 14.12	Dental_AnnualVisits_Admin_Age19-21_Numerator	Use HEDIS Administrative specifications for the "Annual Dental Visit (ADV)" measure. DO NOT use Hybrid specifications.

15.01	Diabetes_EligiblePopulation_Admin_Denominator	Use HEDIS Administrative specifications for the "Comprehensive Diabetes Care (CDC)" measure. DO NOT use Hybrid specifications.
15.02	Diabetes_BPControl_Admin_Numerator	Use HEDIS Administrative specifications for the "Comprehensive Diabetes Care (CDC)" measure. DO NOT use Hybrid specifications.
15.03	Diabetes_EyeExam_Admin_Numerator	Use HEDIS Administrative specifications for the "Comprehensive Diabetes Care (CDC)" measure. DO NOT use Hybrid specifications.
15.04	Diabetes_HA1cControl_Admin_Numerator	Use HEDIS Administrative specifications for the "Comprehensive Diabetes Care (CDC)" measure. DO NOT use Hybrid specifications.
15.05	Diabetes_HA1cPoorControl_Admin_Numerator	Use HEDIS Administrative specifications for the "Comprehensive Diabetes Care (CDC)" measure. DO NOT use Hybrid specifications.
15.06	Diabetes_HA1cTesting_Admin_Numerator	Use HEDIS Administrative specifications for the "Comprehensive Diabetes Care (CDC)" measure. DO NOT use Hybrid specifications.
15.07	Diabetes_Nephropathy_Admin_Numerator	Use HEDIS Administrative specifications for the "Comprehensive Diabetes Care (CDC)" measure. DO NOT use Hybrid specifications.
† 15.08	Diabetes_LDLCScreening_Admin_Numerator	Use the same population identified for the denominator of the HEDIS "Comprehensive Diabetes Care (CDC)" measure ("Diabetes_EligiblePopulation_Admin_Denominator", above). Within that population, report the unique count of patients who had an LDL-C test performed during the measurement year, as identified by claim/encounter or automated laboratory data. Use the "LDL-C Tests Value Set" for the 2014 version of HEDIS. PLEASE NOTE: Although HEDIS discontinued this measure in 2015, MHD is still collecting it. Please continue to calculate and report the results in the annual MHD template.
† 15.09	Diabetes_LDLCControl_Admin_Numerator	Start with the same population identified for the "Diabetes_LDLCScreening_Admin_Numerator", above. Within that population, report the unique count of patients whose MOST RECENT LDL-C level is <100 mg/dL. Use the "LDL-C Level Less than 100 Value Set" for the 2014 version of HEDIS. PLEASE NOTE that you're looking for the MOST RECENT LDL-C screening test, and NOT the most recent one with a level. If the most recent LDL-C screening does NOT have a level associated with it, the member is noncompliant. DO NOT use an earlier LDL-C screening test. PLEASE NOTE: Although HEDIS discontinued this measure in 2015, MHD is still collecting it. Please continue to calculate and report the results in the annual MHD template.
16.01	CancerScreening_Cervical_Admin_Denominator	Use HEDIS Administrative specifications for the "Cervical Cancer Screening (CCS)" measure. DO NOT use Hybrid specifications.
16.02	CancerScreening_Cervical_Admin_Numerator	Use HEDIS Administrative specifications for the "Cervical Cancer Screening (CCS)" measure. DO NOT use Hybrid specifications.
~ 16.03	ChlamydiaScreening_Admin_Age16-20_Denominator	Use HEDIS Administrative specifications for the "Chlamydia Screening in Women (CHL)" measure. DO NOT use Hybrid specifications.

~ 16.04	ChlamydiaScreening_Admin_Age16-20_Numerator	Use HEDIS Administrative specifications for the "Chlamydia Screening in Women (CHL)" measure. DO NOT use Hybrid specifications.
~ 16.05	ChlamydiaScreening_Admin_Age21-24_Denominator	Use HEDIS Administrative specifications for the "Chlamydia Screening in Women (CHL)" measure. DO NOT use Hybrid specifications.
~ 16.06	ChlamydiaScreening_Admin_Age21-24_Numerator	Use HEDIS Administrative specifications for the "Chlamydia Screening in Women (CHL)" measure. DO NOT use Hybrid specifications.
16.07	PrenatalPostpartumCare_EligiblePopulation_Admin_Denominator	Use HEDIS Administrative specifications for the "Prenatal and Postpartum Care (PPC)" measure. DO NOT use Hybrid specifications.
16.08	PrenatalCareTimeliness_Admin_Numerator	Use HEDIS Administrative specifications for the "Prenatal and Postpartum Care (PPC)" measure. DO NOT use Hybrid specifications.
16.09	PostpartumCare_Admin_Numerator	Use HEDIS Administrative specifications for the "Prenatal and Postpartum Care (PPC)" measure. DO NOT use Hybrid specifications.
16.10	ColorectalCancerScreening_Admin_Denominator	Use HEDIS Administrative specifications for the "Colorectal Cancer Screening (COL) measure. DO NOT use Hybrid specifications.
16.11	ColorectalCancerScreening_Admin_Numerator	Use HEDIS Administrative specifications for the "Colorectal Cancer Screening (COL) measure. DO NOT use Hybrid specifications.
16.12	ControllingHighBloodPressure_Hybrid_Denominator	Use HEDIS specifications for the "Controlling High Blood Pressure (CBP)" measure. This is a Hybrid only measure.
16.13	ControllingHighBloodPressure_Hybrid_Numerator	Use HEDIS specifications for the "Controlling High Blood Pressure (CBP)" measure. This is a Hybrid only measure.
† 17.01	CallAnswerTimeliness_Admin_Denominator	Use HEDIS specifications for the "Call Answer Timeliness (CAT)" measure. Report this for each Region if you have data available by region. If NOT, then report your statewide numbers ONCE ONLY, in the Central Region, and change the 'Health Plan Region' to 'All' (this is the only measure on the template where you can change the Region). Leave these items blank on the templates for the other regions. Also make a note in the comments for this item clarifying this.
† 17.02	CallAnswerTimeliness_Admin_Numerator	Use HEDIS specifications for the "Call Answer Timeliness (CAT)" measure. Report this for each Region if you have data available by region. If NOT, then report your statewide numbers ONCE ONLY, in the Central Region, and change the 'Health Plan Region' to 'All' (this is the only measure on the template where you can change the Region). Leave these items blank on the templates for the other regions. Also make a note in the comments for this item clarifying this.
~ 17.03	ChildAdolescentAccessToPCP_Admin_Age01-02_Denominator	Use HEDIS Administrative specifications for the "Children and Adolescents' Access to Primary Care Practitioners (CAP)" measure. DO NOT use Hybrid specifications.
~ 17.04	ChildAdolescentAccessToPCP_Admin_Age01-02_Numerator	Use HEDIS Administrative specfications for the "Children and Adolescents' Access to Primary Care Practitioners (CAP)" measure. DO NOT use Hybrid specifications.
~ 17.05	ChildAdolescentAccessToPCP_Admin_Age02-06_Denominator	Use HEDIS Administrative specifications for the "Children and Adolescents' Access to Primary Care Practitioners (CAP)" measure. DO NOT use Hybrid specifications.

~ 17.06	ChildAdolescentAccessToPCP_Admin_Age02-06_Numerator	Use HEDIS Administrative specfications for the "Children and Adolescents' Access to Primary Care Practitioners (CAP)" measure. DO NOT use Hybrid specifications.
~ 17.07	ChildAdolescentAccessToPCP_Admin_Age07-11_Denominator	Use HEDIS Administrative specifications for the "Children and Adolescents' Access to Primary Care Practitioners (CAP)" measure. DO NOT use Hybrid specifications.
~ 17.08	ChildAdolescentAccessToPCP_Admin_Age07-11_Numerator	Use HEDIS Administrative specfications for the "Children and Adolescents' Access to Primary Care Practitioners (CAP)" measure. DO NOT use Hybrid specifications.
~ 17.09	ChildAdolescentAccessToPCP_Admin_Age12-19_Denominator	Use HEDIS Administrative specifications for the "Children and Adolescents' Access to Primary Care Practitioners (CAP)" measure. DO NOT use Hybrid specifications.
~ 17.10	ChildAdolescentAccessToPCP_Admin_Age12-19_Numerator	Use HEDIS Administrative specfications for the "Children and Adolescents' Access to Primary Care Practitioners (CAP)" measure. DO NOT use Hybrid specifications.
18.01	CM_MHAdmissions_CurrentlyEnrolled_Count	Number of psychiatric inpatient admissions for patients who were enrolled in behavioral health case management at the time of the inpatient 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.
18.02	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.
18.03	CM_MHAdmissions8-30Days_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.
18.04	CM_MHAdmissions31-90Days_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.
18.05	CM_MedAdmissions_CurrentlyEnrolled_Count	Number of medical inpatient admissions for patients who were enrolled in medical case management at the time of the inpatient 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.

18.06	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.
18.07	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.
18.08	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.
18.09	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 the inpatient admission. Use an inpatient facility code to identify hospitalizations. Count HOSPITALIZATIONS and not PATIENTS.
18.10	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.
18.11	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.
18.12	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.
20.00	AltSvcs_OTHER_Count	PLEASE CONTACT MHD FOR SPECS IF YOU WISH TO REPORT ANY ALTERNATIVE SERVICES. 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.

21.01	Immunization_Childhood_AllCIS_Hybrid_Denominator	Use HEDIS Hybrid specifications for the Childhood Immunization Status (CIS) measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
21.02	Immunization_Childhood_Combo2_Hybrid_Numerator	Use HEDIS Hybrid specifications for the Childhood Immunization Status (CIS) measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
21.03	Immunization_Childhood_Combo3_Hybrid_Numerator	Use HEDIS Hybrid specifications for the Childhood Immunization Status (CIS) measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
21.04	Immunization_Childhood_Combo4_Hybrid_Numerator	Use HEDIS Hybrid specifications for the Childhood Immunization Status (CIS) measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
21.05	Immunization_Childhood_Combo5_Hybrid_Numerator	Use HEDIS Hybrid specifications for the Childhood Immunization Status (CIS) measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
21.06	Immunization_Childhood_Combo6_Hybrid_Numerator	Use HEDIS Hybrid specifications for the Childhood Immunization Status (CIS) measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
21.07	Immunization_Childhood_Combo7_Hybrid_Numerator	Use HEDIS Hybrid specifications for the Childhood Immunization Status (CIS) measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
21.08	Immunization_Childhood_Combo8_Hybrid_Numerator	Use HEDIS Hybrid specifications for the Childhood Immunization Status (CIS) measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
21.09	Immunization_Childhood_Combo9_Hybrid_Numerator	Use HEDIS Hybrid specifications for the Childhood Immunization Status (CIS) measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.

21.10	Immunization_Childhood_Combo10_Hybrid_Numerator	Use HEDIS Hybrid specifications for the Childhood Immunization Status (CIS) measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
21.11	Immunization_Childhood_DTap_Hybrid_Numerator	Use HEDIS Hybrid specifications for the Childhood Immunization Status (CIS) measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
21.12	Immunization_Childhood_IPV_Hybrid_Numerator	Use HEDIS Hybrid specifications for the Childhood Immunization Status (CIS) measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
21.13	Immunization_Childhood_MMR_Hybrid_Numerator	Use HEDIS Hybrid specifications for the Childhood Immunization Status (CIS) measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
21.14	Immunization_Childhood_Hib_Hybrid_Numerator	Use HEDIS Hybrid specifications for the Childhood Immunization Status (CIS) measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
21.15	Immunization_Childhood_HepatitisB_Hybrid_Numerator	Use HEDIS Hybrid specifications for the Childhood Immunization Status (CIS) measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
21.16	Immunization_Childhood_VZV_Hybrid_Numerator	Use HEDIS Hybrid specifications for the Childhood Immunization Status (CIS) measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
21.17	Immunization_Childhood_PneumococcalConjugate_Hybrid_Numerator	Use HEDIS Hybrid specifications for the Childhood Immunization Status (CIS) measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
21.18	Immunization_Childhood_HepatitisA_Hybrid_Numerator	Use HEDIS Hybrid specifications for the Childhood Immunization Status (CIS) measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.

21.19	Immunization_Childhood_Rotavirus_Hybrid_Numerator	Use HEDIS Hybrid specifications for the Childhood Immunization Status (CIS) measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
21.20	Immunization_Childhood_Influenza_Hybrid_Numerator	Use HEDIS Hybrid specifications for the Childhood Immunization Status (CIS) measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
21.21	Immunization_Adolescents_AllIMA_Hybrid_Denominator	Use HEDIS Hybrid specifications for the Immunizations for Adolescents (IMA) measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
21.22	Immunization_Adolescents_Combo1_Hybrid_Numerator	Use HEDIS Hybrid specifications for the Immunizations for Adolescents (IMA) measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
21.23	Immunization_Adolescents_Meningococcal_Hybrid_Numerator	Use HEDIS Hybrid specifications for the Immunizations for Adolescents (IMA) measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
21.24	Immunization_Adolescents_TdapTd_Hybrid_Numerator	Use HEDIS Hybrid specifications for the Immunizations for Adolescents (IMA) measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
~ 22.01	WellChildVisits_Visits=0_Hybrid_Age0-15mos_Denominator*	Use HEDIS Hybrid specifications for the "Well-Child Visits in the First 15 Months of Life (W15)" measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
~ 22.02	WellChildVisits_Visits=0_Hybrid_Age0-15mos_Numerator*	Use HEDIS Hybrid specifications for the "Well-Child Visits in the First 15 Months of Life (W15)" measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
~ 22.03	WellChildVisits_Visits=1_Hybrid_Age0-15mos_Denominator	Use HEDIS Hybrid specifications for the "Well-Child Visits in the First 15 Months of Life (W15)" measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.

~ 22.04	WellChildVisits_Visits=1_Hybrid_Age0-15mos_Numerator	Use HEDIS Hybrid specifications for the "Well-Child Visits in the First 15 Months of Life (W15)" measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
~ 22.05	WellChildVisits_Visits=2_Hybrid_Age0-15mos_Denominator	Use HEDIS Hybrid specifications for the "Well-Child Visits in the First 15 Months of Life (W15)" measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
~ 22.06	WellChildVisits_Visits=2_Hybrid_Age0-15mos_Numerator	Use HEDIS Hybrid specifications for the "Well-Child Visits in the First 15 Months of Life (W15)" measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
~ 22.07	WellChildVisits_Visits=3_Hybrid_Age0-15mos_Denominator	Use HEDIS Hybrid specifications for the "Well-Child Visits in the First 15 Months of Life (W15)" measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
~ 22.08	WellChildVisits_Visits=3_Hybrid_Age0-15mos_Numerator	Use HEDIS Hybrid specifications for the "Well-Child Visits in the First 15 Months of Life (W15)" measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
~ 22.09	WellChildVisits_Visits=4_Hybrid_Age0-15mos_Denominator	Use HEDIS Hybrid specifications for the "Well-Child Visits in the First 15 Months of Life (W15)" measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
~ 22.10	WellChildVisits_Visits=4_Hybrid_Age0-15mos_Numerator	Use HEDIS Hybrid specifications for the "Well-Child Visits in the First 15 Months of Life (W15)" measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
~ 22.11	WellChildVisits_Visits=5_Hybrid_Age0-15mos_Denominator	Use HEDIS Hybrid specifications for the "Well-Child Visits in the First 15 Months of Life (W15)" measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
~ 22.12	WellChildVisits_Visits=5_Hybrid_Age0-15mos_Numerator	Use HEDIS Hybrid specifications for the "Well-Child Visits in the First 15 Months of Life (W15)" measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.

~ 22.13	WellChildVisits_Visits=6+_Hybrid_Age0-15mos_Denominator	Use HEDIS Hybrid specifications for the "Well-Child Visits in the First 15 Months of Life (W15)" measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
~ 22.14	WellChildVisits_Visits=6+_Hybrid_Age0-15mos_Numerator	Use HEDIS Hybrid specifications for the "Well-Child Visits in the First 15 Months of Life (W15)" measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
~ 22.15	WellChildVisits_Hybrid_Age3-6yrs_Denominator	Use HEDIS Hybrid specifications for the "Well-Child Visits in the Third, Fourth, Fifth and Sizth Years of Life (W34)" measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
~ 22.16	WellChildVisits_Hybrid_Age3-6yrs_Numerator	Use HEDIS Hybrid specifications for the "Well-Child Visits in the Third, Fourth, Fifth and Sizth Years of Life (W34)" measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
22.17	WellChildVisits_Adolescents_Hybrid_Denominator	Use HEDIS Hybrid specifications for the "Adolescent Well-Care Visits (AWC)" measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
22.18	WellChildVisits_Adolescents_Hybrid_Numerator	Use HEDIS Hybrid specifications for the "Adolescent Well-Care Visits (AWC)" measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
23.01	Diabetes_EligiblePopulation_Hybrid_Denominator	Use HEDIS Hybrid specifications for the "Comprehensive Diabetes Care (CDC)" measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
23.02	Diabetes_BPControl_Numerator	Use HEDIS Administrative specifications for the "Comprehensive Diabetes Care (CDC)" measure. DO NOT use Hybrid specifications.
23.03	Diabetes_EyeExam_Hybrid_Numerator	Use HEDIS Hybrid specifications for the "Comprehensive Diabetes Care (CDC)" measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
23.04	Diabetes_HA1cControl_Hybrid_Numerator	Use HEDIS Hybrid specifications for the "Comprehensive Diabetes Care (CDC)" measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.

23.05	Diabetes_HA1cPoorControl_Hybrid_Numerator	Use HEDIS Hybrid specifications for the "Comprehensive Diabetes Care (CDC)" measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
23.06	Diabetes_HA1cTesting_Hybrid_Numerator	Use HEDIS Hybrid specifications for the "Comprehensive Diabetes Care (CDC)" measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
23.07	Diabetes_Nephropathy_Hybrid_Numerator	Use HEDIS Hybrid specifications for the "Comprehensive Diabetes Care (CDC)" measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
24.01	CancerScreening_Cervical_Hybrid_Denominator	Use HEDIS Hybrid specifications for the "Cervical Cancer Screening (CCS)" measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
24.02	CancerScreening_Cervical_Hybrid_Numerator	Use HEDIS Hybrid specifications for the "Cervical Cancer Screening (CCS)" measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
24.07	PrenatalPostpartumCare_EligiblePopulation_Hybrid_Denominator	Use HEDIS Hybrid specifications for the "Prenatal and Postpartum Care (PPC)" measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
24.08	PrenatalCareTimeliness_Hybrid_Numerator	Use HEDIS Hybrid specifications for the "Prenatal and Postpartum Care (PPC)" measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
24.09	PostpartumCare_Hybrid_Numerator	Use HEDIS Hybrid specifications for the "Prenatal and Postpartum Care (PPC)" measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.
24.10	ColorectalCancerScreening_Hybrid_Denominator	Use HEDIS Hybrid specifications for the "Colorectal Cancer Screening (COL) measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers.

| 24.11 | ColorectalCancerScreening_Hybrid_Numerator | Use HEDIS Hybrid specifications for the "Colorectal Cancer Screening (COL) measure. Only report this if you used the Hybrid methodology to calculate this measure for DHSS. Otherwise, report the results using the Administrative method, above. The Administrative method is required, regardless: DO NOT report Hybrid numbers in place of Administrative numbers. |