

# Healthcare Quality Data Template: Instructions and Specifications for Data Year 2021

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 2021 (Due to MHD on August 31, 2022).

The measure specifications for the 2021 data submission are attached. There are substantial changes this year, owing to the fact that we are no longer permitted to use 'home-grown' modifications of HEDIS specifications (with a few exceptions). Therefore, most of the changes for this year reflect a switch to standard HEDIS specs and away from the variations that you have been using for the past many years.

Partial Hospitalization and Intensive Outpatient measures have been combined into PartialHosp/IOP measures, consistent with how HEDIS handles these. Measures for Residential Services, Call Answer Timeliness, and Child/Adolescent Access to PCPs have been removed. Two additional HEDIS Diabetes measures have been added. Several of the measures dealing with inpatient and ED care for medical reasons now rely on the 'Inpatient Utilization - General Hospital/Acute Care (IPU)' and 'Follow-up After Emergency Department Visits for People with Multiple High-Risk Chronic Conditions (FMC)' measures.

For home-grown measures that do not have any corresponding HEDIS equivalent, the specifications have been rewritten so that they are no longer modifications of HEDIS, but are now their own stand-alone measures, with MHD-created value sets. You will want to review these specs carefully.

Additionally, there are several HEDIS measures where the specifications ask you to report, for example, a count of members. We have been given permission from NCQA to also require a count of related things, such as events, days, etc. These are clearly noted in the specifications. The additional pieces of information that we're requiring for these measures are things that are already collected as part of the specs, and should not be a significant additional burden. A copy of the approval from NCQA for these reporting changes is available upon request.

Please reach out with any questions.

### ADDITIONAL REMINDERS:

- For HEDIS measures, please follow HEDIS MY2020-MY2021 specifications.
- Use the templates available at <https://dss.mo.gov/business-processes/managed-care-2017/health-plan-reporting-schedules-templates/> to submit your data. There is a separate template to report measures that are calculated Statewide instead of by region – these are your Hybrid HEDIS measures. For all other measures, submit a separate file for EACH region. DO NOT try to combine regions, or put multiple tabs in a single workbook for all regions, or attempt to rename or reformat the tabs. The templates that are provided contain built-in formulas, and these will not work if you modify the file structure in any way.
- Please remember to provide a copy of the full GeoAccess report that you receive from the Department of Insurance with your submission.
- And finally, be aware that measures 21.01 and following are for numerators and denominators for any HYBRID HEDIS values that you calculate. (If you calculate these, they are to be reported in the Statewide template.) Numerators and denominators using the ADMINISTRATIVE method are REQUIRED for all measures in 11.01-17.24. DO NOT report Hybrid results INSTEAD of Administrative results; only IN ADDITION to.

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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. Count all months where the member is enrolled as of the last day of the month, including any such months of retro-eligibility. (Note that this count covers the entire year, and 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 behavioral 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. Count all months where the member is enrolled as of the last day of the month, including any such months of retro-eligibility. EXCLUDE foster care kids (COA-4), as their behavioral 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.
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.
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+.

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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".
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 'Identification of Alcohol and Other Drug Services (IAD)'. Report numbers from Table IAD-1/2/3, the unduplicated count of patients receiving "Inpatient Services".
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. Use HEDIS 'Inpatient Utilization - General Hospital/Acute Care (IPU)' EXCEPT report the number of MEMBERS who were hospitalized instead of the number of discharges, etc. from those specifications. NCQA has granted us permission for this reporting change. Report the TOTAL UNDUPLICATED count of MEMBERS across all of those categories, age 0-12. (The specifications separate out inpatient stays for surgery, medicine, and maternity, but we are only interested in the total at this time.)
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 for members age 0-12. Use HEDIS 'Mental Health Utilization (MPT)' specs, and report the count of INPATIENT DISCHARGES from table MPT-1/2/3 for members age 0-12.
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 use inpatient stay for members age 0-12. Use HEDIS 'Identification of Alcohol and Other Drug Services (IAD)' specs, and report the count of INPATIENT DISCHARGES from table IAD-1/2/3 for members age 0-12.
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+.

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* 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. Use HEDIS 'Inpatient Utilization - General Hospital/Acute Care (IPU)'. Report the number of discharges for members age 0-12. (The specifications separate out inpatient stays for surgery, medicine, and maternity, but we are only interested in the total at this time.)
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	<p>Count of READMISSIONS for members age 0-12 discharged from a behavioral health inpatient stay (based on primary admission OR discharge diagnosis) and readmitted within 30 days with a primary behavioral health 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: 4.37). Admissions do NOT need to be in a specialized psychiatric hospital - it's the diagnosis that determines if it's a behavioral health inpatient stay. Inpatient stays that end in direct transfer to another facility for a principal behavioral 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(s), for the purposes of this measure.</p> <p>Identify behavioral health discharges using the following criteria:</p> <ul style="list-style-type: none"> <li>*Eligible Population: Include all members in the specified age range enrolled at any time during the measurement year.</li> <li>*Continuous Eligibility Requirement: None.</li> <li>*Member is discharged alive from an inpatient setting (including acute care psychiatric facilities) with a principal behavioral health diagnosis (use the 'MHD_Behavioral_Health Value Set').</li> <li>*Use the 'MHD_Inpatient_Stay Value Set' to identify hospitalizations.</li> <li>*Include all discharges that fall on or between January 1 and December 31 of the measurement year.</li> <li>*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 behavioral health inpatient stays that were completed in December of the measurement year.</li> <li>*Count the number of READMISSIONS to an inpatient stay with a primary behavioral health admission diagnosis ('MHD_Behavioral_Health Value Set') that occur within 30 days of discharge from an inpatient stay with a primary behavioral health admission OR discharge diagnosis ('MHD_Behavioral_Health Value Set'). (Look at BOTH admission and discharge diagnoses for the initial hospitalization, and look at admission diagnoses only for the re-admission.)</li> <li>*Count all such readmissions that occur within 30 days of a discharge when the discharge fell on or between January 1 and December 31 of the measurement year. (This means that you will be looking for readmissions into January of the year following the measurement year, but ONLY to determine if these January events are readmissions within 30 days of mental health inpatient stays that were completed in December of the measurement year.)</li> <li>*Include all paid and denied claims (even if paid amount is \$0). DO NOT include voids, reversals, suspended, or pending claims.</li> <li>*Once all MH readmissions have been determined, report the count of READMISSIONS for health plan members aged 0-12 as of Dec 31 of the measurement year.</li> </ul>

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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_SARadmissions_Age0-12_Count	<p>Count of READMISSIONS for members age 0-12 discharged from a substance use inpatient stay (based on primary admission OR discharge diagnosis) and readmitted within 30 days with a primary substance use 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 hospital - it's the diagnosis that determines if it's a substance use inpatient stay. Inpatient stays that end in direct transfer to another facility for a principal substance use 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(s), for the purposes of this measure.</p> <p>Identify substance use discharges using the following criteria:</p> <ul style="list-style-type: none"> <li>*Eligible Population: Include all members in the specified age range enrolled at any time during the measurement year.</li> <li>*Continuous Eligibility Requirement: None.</li> <li>*Member is discharged alive from an inpatient setting (including acute care psychiatric facilities) with a principal substance diagnosis (use the 'MHD_Alcohol_Or_Substance_Use Value Set').</li> <li>*Use the 'MHD_Inpatient_Stay Value Set' to identify hospitalizations.</li> <li>*Include all discharges that fall on or between January 1 and December 31 of the measurement year.</li> <li>*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 use inpatient stays that were completed in December of the measurement year.</li> <li>*Count the number of READMISSIONS to an inpatient stay with a primary substance use admission diagnosis ('MHD_Alcohol_Or_Substance_Use Value Set') that occur within 30 days of discharge from an inpatient stay with a primary substance use admission OR discharge diagnosis (MHD_Alcohol_Or_Substance_Use Value Set'). (Look at BOTH admission and discharge diagnoses for the initial hospitalization, and look at admission diagnoses only for the re-admission.)</li> <li>*Count all such readmissions that occur within 30 days of a discharge when the discharge fell on or between January 1 and December 31 of the measurement year. (This means that you will be looking for readmissions into January of the year following the measurement year, but ONLY to determine if these January events are readmissions within 30 days of substance use inpatient stays that were completed in December of the measurement year.)</li> <li>*Include all paid and denied claims (even if paid amount is \$0). DO NOT include voids, reversals, suspended, or pending claims.</li> <li>*Once all MH readmissions have been determined, report the count of READMISSIONS for health plan members aged 0-12 as of Dec 31 of the measurement year.</li> </ul>
4.18	Inpatient_SARadmissions_Age13-17_Count	As above, for ages 13-17.
4.19	Inpatient_SARadmissions_Age18-64_Count	As above, for ages 18-64.
4.20	Inpatient_SARadmissions_Age65+_Count	As above, for ages 65+.

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* 4.21	Inpatient_MEDReadmissions_Age0-12_Count	<p>Count of READMISSIONS for members age 0-12 discharged from a medical inpatient stay (based on primary admission OR discharge diagnosis) 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.</p> <p>Identify medical discharges using the following criteria:</p> <p>*Eligible Population: Include all plan members in the specified age range enrolled at any time during the measurement year.</p> <p>*Continuous Eligibility Requirement: None.</p> <p>*Member is discharged alive from an inpatient setting with a principal medical diagnosis (see the "MHD_Medical_Conditions Value Set").</p> <p>*Use the "MHD_Inpatient_Stay Value Set" to identify discharges.</p> <p>*Include all discharges that fall on or between January 1 and December 31 of the measurement year.</p> <p>*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.</p> <p>*Count the number of READMISSIONS to an inpatient stay with a primary medical diagnosis that occur within 30 days of discharge from an inpatient stay with a primary medical discharge diagnosis. (Look at BOTH admission and discharge diagnoses for the initial hospitalization, and look at admission diagnoses only for the re-admission.)</p> <p>*Count all such readmissions that occur within 30 days of a discharge when the discharge fell on or between January 1 and December 31 of the measurement year. (This means that you will be looking for readmissions into January of the year following the measurement year, but ONLY to determine if these January events are readmissions within 30 days of medical inpatient stays that were completed in December of the measurement year.)</p> <p>*Include all paid and denied claims (even if the paid amount is \$0). DO NOT include reversals, suspended, or pending claims.</p> <p>*Once all MED readmissions have been determined, report the total count of READMISSIONS for members age 0-12 as of Dec 31 of the measurement year.</p>
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_MHDDays_Age0-12_Count	Count of DAYS from a mental health inpatient stay for members age 0-12. Use HEDIS 'Mental Health Utilization (MPT)' specs, except report the count of inpatient DAYS instead of the count of discharges, etc. NCQA has granted us permission for this reporting change.
4.26	Inpatient_MHDDays_Age13-17_Count	As above, for ages 13-17.
4.27	Inpatient_MHDDays_Age18-64_Count	As above, for ages 18-64.
4.28	Inpatient_MHDDays_Age65+_Count	As above, for ages 65+.

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* 4.29	Inpatient_SADays_Age0-12_Count	Count of inpatient DAYS from a substance use inpatient stay for members age 0-12. Use HEDIS 'Identification of Alcohol and Other Drug Services (IAD)' specs, except report the count of inpatient DAYS instead of discharges, etc. NCQA has granted us permission for this reporting change.
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. Use HEDIS 'Inpatient Utilization - General Hospital/Acute Care (IPU)' and report the total inpatient DAYS for members age 0-12. (The specifications separate out inpatient stays for surgery, medicine, and maternity, but we are only interested in the total at this time.)
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+.

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* 4.37	Inpatient_MH_ReadmittedMembers_Age0-12_Count	<p>Count of unique/unduplicated MEMBERS age 0-12 discharged from a behavioral health inpatient stay (based on primary admission OR discharge diagnosis) and readmitted within 30 days with a primary mental health 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 behavioral health inpatient stay. Inpatient stays that end in direct transfer to another acute facility for a principal behavioral 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.</p> <p>This measure is identical to the Inpatient_MHReadmissions_Agexx-xx_Count specifications at 4.13 above, except that you are counting MEMBERS and not READMISSIONS.</p> <p>Identify behavioral health discharges using the following criteria:</p> <p>*Eligible Population: Include all members in the specified age range enrolled at any time during the measurement year.</p> <p>*Continuous Eligibility Requirement: None.</p> <p>*Member is discharged alive from an inpatient setting (including acute care psychiatric facilities) with a principal behavioral health diagnosis (use the 'MHD_Behavioral_Health Value Set').</p> <p>*Use the 'MHD_Inpatient_Stay Value Set' to identify hospitalizations.</p> <p>*Include all discharges that fall on or between January 1 and December 31 of the measurement year.</p> <p>*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 behavioral health inpatient stays that were completed in December of the measurement year.</p> <p>*Count the number of READMISSIONS to an inpatient stay with a primary behavioral health admission diagnosis ('MHD_Behavioral_Health Value Set') that occur within 30 days of discharge from an inpatient stay with a primary behavioral health admission OR discharge diagnosis ('MHD_Behavioral_Health Value Set'). (Look at BOTH admission and discharge diagnoses for the initial hospitalization, and look at admission diagnoses only for the re-admission.)</p> <p>*Count all such readmissions that occur within 30 days of a discharge when the discharge fell on or between January 1 and December 31 of the measurement year. (This means that you will be looking for readmissions into January 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.)</p> <p>*Include all paid and denied claims (even if paid amount is \$0). DO NOT include voids, reversals, suspended, or pending claims.</p> <p>*Once all MH readmissions have been determined, report the unique count of readmitted health plan MEMBERS aged 0-12 as of Dec 31 of the measurement year.</p>
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+.



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* 4.41	Inpatient_SA_ReadmittedMembers_Age0-12_Count	<p>Count of unique/unduplicated MEMBERS age 0-12 discharged from a substance use inpatient stay (based on primary admission OR discharge diagnosis) and readmitted within 30 days with a primary substance use 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 use inpatient stay. Inpatient stays that end in direct transfer to another acute facility for a principal substance use 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.</p> <p>This measure is identical to the Inpatient_SAReadmissions_Agexx-xx_Count specifications at 4.17 above, except that you are counting MEMBERS and not READMISSIONS.</p> <p>Identify substance use discharges using the following criteria:</p> <p>*Eligible Population: Include all members in the specified age range enrolled at any time during the measurement year.</p> <p>*Continuous Eligibility Requirement: None.</p> <p>*Member is discharged alive from an inpatient setting (including acute care facilities) with a principal substance use diagnosis (use the 'MHD_Alcohol_Or_Substance_Use Value Set').</p> <p>*Use the 'MHD_Inpatient_Stay Value Set' to identify hospitalizations.</p> <p>*Include all discharges that fall on or between January 1 and December 31 of the measurement year.</p> <p>*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 use inpatient stays that were completed in December of the measurement year.</p> <p>*Count the number of READMISSIONS to an inpatient stay with a primary substance use admission diagnosis ('MHD_Alcohol_Or_Substance_Use Value Set') that occur within 30 days of discharge from an inpatient stay with a primary substance use admission OR discharge diagnosis (MHD_Alcohol_Or_Substance_Use Value Set'). (Look at BOTH admission and discharge diagnoses for the initial hospitalization, and look at admission diagnoses only for the re-admission.)</p> <p>*Count all such readmissions that occur within 30 days of a discharge when the discharge fell on or between January 1 and December 31 of the measurement year. (This means that you will be looking for readmissions into January of the year following the measurement year, but ONLY to determine if these January events are readmissions to substance use inpatient stays that were completed in December of the measurement year.)</p> <p>*Include all paid and denied claims (even if paid amount is \$0). DO NOT include voids, reversals, suspended, or pending claims.</p> <p>*Once all MH readmissions have been determined, report the unduplicated count of readmitted health plan MEMBERS aged 0-12 as of Dec 31 of the measurement year.</p>
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+.

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* 4.45	Inpatient_MED_ReadmittedMembers_Age0-12_Count	<p>Count of unique/unduplicated MEMBERS age 0-12 discharged from a medical inpatient stay (based on primary admission OR discharge diagnosis) and readmitted within 30 days with a primary medical admission 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.</p> <p>This measure is identical to the Inpatient_MEDReadmissions_Agexx-xx_Count specifications at 4.21 above, except that you are counting MEMBERS and not READMISSIONS.</p> <p>Identify medical discharges using the following criteria:</p> <p>*Eligible Population: Include all plan members in the specified age range enrolled at any time during the measurement year.  *Continuous Eligibility Requirement: None.  *Member is discharged alive from an inpatient setting with a principal medical diagnosis (see the "MHD_Medical_Conditions Value Set").  *Use the "MHD_Inpatient_Stay Value Set" to identify discharges.  *Include all discharges that fall on or between January 1 and December 31 of the measurement year.  *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.  *Count the number of READMISSIONS to an inpatient stay with a primary medical diagnosis that occur within 30 days of discharge from an inpatient stay with a primary medical discharge diagnosis. (Look at BOTH admission and discharge diagnoses for the initial hospitalization, and look at admission diagnoses only for the re-admission.)  *Count all such readmissions that occur within 30 days of a discharge when the discharge fell on or between January 1 and December 31 of the measurement year. (This means that you will be looking for readmissions into January 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.)  *Include all paid and denied claims (even if the paid amount is \$0). DO NOT include reversals, suspended, or pending claims.  *Once all MED readmissions have been determined, report the unique count of readmitted MEMBERS age 0-12 as of Dec 31 of the measurement year.</p>
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	The number of members age 6-12 with a qualifying inpatient stay. Report the DENOMINATOR from the HEDIS 'Follow-up After Hospitalization for Mental Illness (FUH)' specs for members ages 6-12. NOTE that this age breakout is different than described in the FUH specs.
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.

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

5.04	InpatientFollowUp_MH_Age65+_Denominator	As above, for ages 65+.
* 5.05	InpatientFollowUp_7Days_MH_Age0-12_Count	The number of members age 6-12 with follow-up within 7 days for a qualifying inpatient stay. Report the NUMERATOR for 7-Day Follow-up from the HEDIS 'Follow-up After Hospitalization for Mental Illness (FUH)' specs for members ages 6-12. NOTE that this age breakout is different than described in the FUH specs.
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	The number of members age 6-12 with follow-up within 30 days for a qualifying inpatient stay. Report the NUMERATOR for 30-Day Follow-up from the HEDIS 'Follow-up After Hospitalization for Mental Illness (FUH)' specs for members ages 6-12. NOTE that this age breakout is different than described in the FUH specs.
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_Age13-17_Denominator	The number of members age 13-17 with a qualifying high-intensity care event. Report the DENOMINATOR from the HEDIS 'Follow-up After High-Intensity Care for Substance Use Disorder (FUI)' specs for members ages 13-17.
5.14	InpatientFollowUp_SA_Age18-64_Denominator	As above, for ages 18-64.
5.15	InpatientFollowUp_SA_Age65+_Denominator	As above, for ages 65+.
5.16	InpatientFollowUp_7Days_SA_Age13-17_Count	The number of members age 13-17 with follow-up within 7 days for a qualifying high-intensity care event. Report the DENOMINATOR from the HEDIS 'Follow-up After High-Intensity Care for Substance Use Disorder (FUI)' specs for members ages 13-17.
5.17	InpatientFollowUp_7Days_SA_Age18-64_Count	As above, for ages 18-64.
5.18	InpatientFollowUp_7Days_SA_Age65+_Count	As above, for ages 65+.
5.19	InpatientFollowUp_30Days_SA_Age13-17_Count	The number of members age 13-17 with follow-up within 30 days for a qualifying high-intensity care event. Report the DENOMINATOR from the HEDIS 'Follow-up After High-Intensity Care for Substance Use Disorder (FUI)' specs for members ages 13-17.
5.20	InpatientFollowUp_30Days_SA_Age18-64_Count	As above, for ages 18-64.
5.21	InpatientFollowUp_30Days_SA_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 HEDIS specs for 'Mental Health Utilization (MPT)'. Report the total count for members age 0-12.
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 HEDIS specs for 'Identification of Alcohol and Other Drug Services (IAD)'. Report results for the "Total diagnosis category" as described in the IAD specifications.

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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 HEDIS Administrative specifications for the 'Ambulatory Care (AMB)' measure. DO NOT use Hybrid specifications. Report the unique count of MEMBERS accessing ED services, rather than the total count of ED VISITS. NCQA has granted us permission for this reporting change.
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 HEDIS specs for 'Mental Health Utilization (MPT)', except report emergency department VISITS and not PATIENTS or EPISODES OF CARE. NCQA has granted us permission for this reporting change.
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 use reasons during the designated time period for health plan members age 0-12. Use HEDIS specs for 'Identification of Alcohol and Other Drug Services (IAD)', except report emergency department VISITS and not PATIENTS or EPISODES OF CARE. NCQA has granted us permission for this reporting change.
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 HEDIS Administrative specifications for the 'Ambulatory Care (AMB)' measure. DO NOT use Hybrid specifications. 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+.
* 6.25	ER_FollowUp_MH_Age0-12_Denominator	The number of members age 6-12 with a qualifying ED stay. Report the DENOMINATOR from the HEDIS 'Follow-up After Emergency Department Visit for Mental Illness (FUM)' specs for members ages 6-12. NOTE that this age breakout is different than described in the FUH specs.
6.26	ER_FollowUp_MH_Age13-17_Denominator	As above, for ages 13-17.
6.27	ER_FollowUp_MH_Age18-64_Denominator	As above, for ages 18-64.
6.28	ER_FollowUp_MH_Age65+_Denominator	As above, for ages 65+.

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* 6.29	ER_FollowUp_7Days_MH_Age0-12_Count	The number of members age 6-12 with follow-up within 7 days for a qualifying inpatient stay. Report the NUMERATOR for 7-Day Follow-up from the HEDIS 'Follow-up After Emergency Department Visit for Mental Illness (FUM)' specs for members ages 6-12. NOTE that this age breakout is different than described in the FUH specs.
6.30	ER_FollowUp_7Days_MH_Age13-17_Count	As above, for ages 13-17.
6.31	ER_FollowUp_7Days_MH_Age18-64_Count	As above, for ages 18-64.
6.32	ER_FollowUp_7Days_MH_Age65+_Count	As above, for ages 65+.
* 6.33	ER_FollowUp_30Days_MH_Age0-12_Count	The number of members age 6-12 with follow-up within 30 days for a qualifying inpatient stay. Report the NUMERATOR for 30-Day Follow-up from the HEDIS 'Follow-up After Emergency Department Visit for Mental Illness (FUM)' specs for members ages 6-12. NOTE that this age breakout is different than described in the FUH specs.
6.34	ER_FollowUp_30Days_MH_Age13-17_Count	As above, for ages 13-17.
6.35	ER_FollowUp_30Days_MH_Age18-64_Count	As above, for ages 18-64.
6.36	ER_FollowUp_30Days_MH_Age65+_Count	As above, for ages 65+.
* 6.37	ER_FollowUp_SA_Age13-17_Denominator	The number of members age 13-17 with a qualifying ED stay. Report the DENOMINATOR for 30-Day Follow-up from the HEDIS 'Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)' specs for members ages 13-17.
6.38	ER_FollowUp_SA_Age18-64_Denominator	As above, for ages 18-64.
6.39	ER_FollowUp_SA_Age65+_Denominator	As above, for ages 65+.
6.40	ER_FollowUp_7Days_SA_Age13-17_Count	As above, for ages 13-17.
6.41	ER_FollowUp_7Days_SA_Age18-64_Count	As above, for ages 18-64.
6.42	ER_FollowUp_7Days_SA_Age65+_Count	As above, for ages 65+.
* 6.43	ER_FollowUp_30Days_SA_Age13-17_Count	The number of members age 13-17 with follow-up within 30 days for a qualifying ED stay. Report the NUMERATOR for 30-Day Follow-up from the HEDIS 'Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)' specs for members ages 13-17.
6.44	ER_FollowUp_30Days_SA_Age18-64_Count	As above, for ages 18-64.
6.45	ER_FollowUp_30Days_SA_Age65+_Count	As above, for ages 65+.
† 6.49	ER_FollowUp_MED_Age18-64_Denominator	The count of members with a qualifying ED visit. Report the DENOMINATOR for HEDIS 'Follow-up after Emergency Department Visits for People with Multiple High-Risk Chronic Conditions (FMC)' for persons age 18-64.
6.50	ER_FollowUp_MED_Age65+_Denominator	As above, for ages 65+.
† 6.51	ER_FollowUp_7Days_MED_Age18-64_Count	The count of members with follow-up within 7 days of a qualifying ED visit. Report the NUMERATOR for HEDIS 'Follow-up after Emergency Department Visits for People with Multiple High-Risk Chronic Conditions (FMC)' for persons age 18-64.
6.52	ER_FollowUp_7Days_MED_Age65+_Count	As above, for ages 65+.
† 7.01	PartialHosp_IOP_MHDischarges_Age0-12_Count	Count of EVENTS for partial hospitalization or intensive outpatient services for behavioral health reasons during the designated time period for health plan members age 0-12. Use HEDIS specs for 'Mental Health Utilization (MPT)', and report the total intensive outpatient/partial hospitalization NUMBER from Table MPT-1/2/3.

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	7.02	PartialHosp_IOP_MHDischarges_Age13-17_Count	As above, for ages 13-17.
	7.03	PartialHosp_IOP_MHDischarges_Age18-64_Count	As above, for ages 18-64.
	7.04	PartialHosp_IOP_MHDischarges_Age65+_Count	As above, for ages 65+.
‡	7.05	PartialHosp_IOP_SADischarges_Age0-12_Count	Count of EVENTS for partial hospitalization or intensive outpatient services for substance use reasons during the designated time period for health plan members age 0-12. Use HEDIS specs for 'Identification of Alcohol and Other Drug Services (IAD)', and report the total intensive outpatient/partial hospitalization NUMBER from Table IAD-1/2/3.
	7.06	PartialHosp_IOP_SADischarges_Age13-17_Count	As above, for ages 13-17.
	7.07	PartialHosp_IOP_SADischarges_Age18-64_Count	As above, for ages 18-64.
	7.08	PartialHosp_IOP_SADischarges_Age65+_Count	As above, for ages 65+.
‡	7.09	PartialHosp_IOP_MHDays_Age0-12_Count	Count of DAYS for partial hospitalization or intensive outpatient services for behavioral health reasons during the designated time period for health plan members age 0-12. Use HEDIS specs for 'Mental Health Utilization (MPT)', except report the total intensive outpatient/partial hospitalization DAYS and not EVENT COUNTs. NCQA has granted us permission for this reporting change.
	7.10	PartialHosp_IOP_MHDays_Age13-17_Count	As above, for ages 13-17.
	7.11	PartialHosp_IOP_MHDays_Age18-64_Count	As above, for ages 18-64.
	7.12	PartialHosp_IOP_MHDays_Age65+_Count	As above, for ages 65+.
‡	7.13	PartialHosp_IOP_SADays_Age0-12_Count	Count of DAYS for partial hospitalization or intensive outpatient services for substance use reasons during the designated time period for health plan members age 0-12. Use HEDIS specs for 'Identification of Alcohol and Other Drug Services (IAD)', except report the total intensive outpatient/partial hospitalization DAYS and not EVENT COUNTs. NCQA has given us permission for this reporting change.
	7.14	PartialHosp_IOP_SADays_Age13-17_Count	As above, for ages 13-17.
	7.15	PartialHosp_IOP_SADays_Age18-64_Count	As above, for ages 18-64.
	7.16	PartialHosp_IOP_SADays_Age65+_Count	As above, for ages 65+.
‡	7.17	PartialHosp_IOP_MHUtilization_Age0-12_Count	Count of MEMBERS receiving partial hospitalization or intensive outpatient services for behavioral health reasons during the designated time period for health plan members age 0-12. Use HEDIS specs for 'Mental Health Utilization (MPT)', except report the unique count of MEMBERS receiving intensive outpatient/partial hospitalization, and not EVENT COUNTs. NCQA has granted us permission for this reporting change.
	7.18	PartialHosp_IOP_MHUtilization_Age13-17_Count	As above, for ages 13-17.
	7.19	PartialHosp_IOP_MHUtilization_Age18-64_Count	As above, for ages 18-64.
	7.20	PartialHosp_IOP_MHUtilization_Age65+_Count	As above, for ages 65+.
‡	7.21	PartialHosp_IOP_SAUtilization_Age0-12_Count	Count of MEMBERS receiving partial hospitalization or intensive outpatient services for substance use reasons during the designated time period for health plan members age 0-12. Use HEDIS specs for 'Identification of Alcohol and Other Drug Services (IAD)', except report the unique count of MEMBERS receiving intensive outpatient/partial hospitalization, and not EVENT COUNTs. NCQA has granted us permission for this reporting change.

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7.22	PartialHosp_IOP_SAUttilization_Age13-17_Count	As above, for ages 13-17.
7.23	PartialHosp_IOP_SAUttilization_Age18-64_Count	As above, for ages 18-64.
7.24	PartialHosp_IOP_SAUttilization_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 HEDIS specs for 'Mental Health Utilization (MPT)', except report outpatient VISITS and not PATIENTS or EPISODES OF CARE. NCQA has granted us permission for this reporting change. (This measure 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 use reasons during the designated time period for health plan members age 0-12. Use HEDIS Specs for 'Identification of Alcohol and Other Drug Services (IAD)', except report outpatient VISITS and not PATIENTS or EPISODES OF CARE. NCQA has granted us permission for this reporting change. (This measure 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 HEDIS Administrative specifications for the 'Ambulatory Care (AMB)' measure. DO NOT use Hybrid specifications. 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 HEDIS specs for 'Mental Health Utilization (MPT)'. (This measure is the same as for "Outpt_Visits_MH_Age0-12_Count" at 10.01 above, except that you are counting PATIENTS and not VISITS.)
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 use reasons. Use HEDIS Specs for 'Identification of Alcohol and Other Drug Services (IAD)'. (This measure is the same as for "Outpt_Visits_SA_Age0-12_Count" at 10.05 above, except that you are counting PATIENTS and not VISITS.)
10.18	Utilization_SA_Outpatient_Age13-17_Count	As above, for ages 13-17.

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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 HEDIS Administrative specifications for the 'Ambulatory Care (AMB)' measure. DO NOT use Hybrid specifications. Report the unique count of MEMBERS accessing outpatient services, rather than the total count of outpatient VISITS. NCQA has granted us permission for this reporting change.
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.  Identify flu vaccines using the following criteria:  *Eligible Population: Members enrolled at any time during the measurement year. *Continuous Eligibility Requirement: None. *Use the 'MHD_Flu Value Set' to identify flu vaccines. *Include all vaccines that were administered on or between January 1 and December 31 of the measurement year. *Include all paid and denied claims (even if paid amount is \$0). DO NOT include voids, reversals, suspended, or pending claims. *Report count for members aged 0-12 as of Dec 31 of the measurement year.
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.



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11.12	Immunization_Childhood_Combos8_Admin_Numerator	Use HEDIS Administrative specifications for the Childhood Immunization Status (CIS) measure. DO NOT use Hybrid specifications.
11.13	Immunization_Childhood_Combos9_Admin_Numerator	Use HEDIS Administrative specifications for the Childhood Immunization Status (CIS) measure. DO NOT use Hybrid specifications.
11.14	Immunization_Childhood_Combos10_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_Combos1_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.
11.29	Immunization_Adolescents_HPVC_Admin_Numerator	Use HEDIS Administrative specifications for the Immunizations for Adolescents (IMA) measure. DO NOT use Hybrid specifications.

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11.30	Immunization_Adolescents_Combo2_Admin_Numerator	Use HEDIS Administrative specifications for the Immunizations for Adolescents (IMA) measure. DO NOT use Hybrid specifications.
12.19	WellChildVisits_Admin_Age0-15Mos_Denominator	Use HEDIS Administrative specifications for the 'Well-Child Visits in the First 30 Months of Life (W30)' measure. DO NOT use Hybrid specifications. Report the denominator for rate 1: Well-Child Visits in the First 15 months.
12.20	WellChildVisits_Admin_Age0-15Mos_Numerator	Use HEDIS Administrative specifications for the 'Well-Child Visits in the First 30 Months of Life (W30)' measure. DO NOT use Hybrid specifications. Report the numerator for rate 1: Well-Child Visits in the First 15 months.
12.21	WellChildVisits_Admin_Age15-30Mos_Denominator	Use HEDIS Administrative specifications for the 'Well-Child Visits in the First 30 Months of Life (W30)' measure. DO NOT use Hybrid specifications. Report the denominator for rate 2: Well-Child Visits for Age 15 months - 30 months.
12.22	WellChildVisits_Admin_Age15-30Mos_Numerator	Use HEDIS Administrative specifications for the 'Well-Child Visits in the First 30 Months of Life (W30)' measure. DO NOT use Hybrid specifications. Report the numerator for rate 2: Well-Child Visits for Age 15 months - 30 months.
12.23	ChildAdolescentWellCareVisits_Admin_Age03-11_Denominator	Use HEDIS Administrative specifications for the 'Child and Adolescent Well-Care Visits (WCV)' measure. DO NOT use Hybrid specifications. Report the denominator for ages 3-11.
12.24	ChildAdolescentWellCareVisits_Admin_Age03-11_Numerator	Use HEDIS Administrative specifications for the 'Child and Adolescent Well-Care Visits (WCV)' measure. DO NOT use Hybrid specifications. Report the numerator for ages 3-11.
12.25	ChildAdolescentWellCareVisits_Admin_Age12-17_Denominator	Use HEDIS Administrative specifications for the 'Child and Adolescent Well-Care Visits (WCV)' measure. DO NOT use Hybrid specifications. Report the denominator for ages 12-17.
12.26	ChildAdolescentWellCareVisits_Admin_Age12-17_Numerator	Use HEDIS Administrative specifications for the 'Child and Adolescent Well-Care Visits (WCV)' measure. DO NOT use Hybrid specifications. Report the numerator for ages 12-17.
12.27	ChildAdolescentWellCareVisits_Admin_Age18-21_Denominator	Use HEDIS Administrative specifications for the 'Child and Adolescent Well-Care Visits (WCV)' measure. DO NOT use Hybrid specifications. Report the denominator for ages 18-21.
12.28	ChildAdolescentWellCareVisits_Admin_Age18-21_Numerator	Use HEDIS Administrative specifications for the 'Child and Adolescent Well-Care Visits (WCV)' measure. DO NOT use Hybrid specifications. Report the numerator for ages 18-21.
13.01	Asthma_AMR_Admin_Age05-11_Denominator	Use HEDIS administrative specifications for the 'Asthma Medication Ratio (AMR)' measure. DO NOT use Hybrid specifications. Report the denominator for the age 5-11 group.
13.02	Asthma_AMR_Admin_Age05-11_Numerator	Use HEDIS administrative specifications for the 'Asthma Medication Ratio (AMR)' measure. DO NOT use Hybrid specifications. Report the numerator for the age 5-11 group.
13.03	Asthma_AMR_Admin_Age12-17_Denominator	Use HEDIS administrative specifications for the 'Asthma Medication Ratio (AMR)' measure. DO NOT use Hybrid specifications. Report the denominator for the age 12-17 group.
13.04	Asthma_AMR_Admin_Age12-17_Numerator	Use HEDIS administrative specifications for the 'Asthma Medication Ratio (AMR)' measure. DO NOT use Hybrid specifications. Report the numerator for the age 12-17 group.
13.05	Asthma_AMR_Admin_Age18-64_Denominator	Use HEDIS administrative specifications for the 'Asthma Medication Ratio (AMR)' measure. DO NOT use Hybrid specifications. Report the denominator for the age 18-64 group.
13.06	Asthma_AMR_Admin_Age18-64_Numerator	Use HEDIS administrative specifications for the 'Asthma Medication Ratio (AMR)' measure. DO NOT use Hybrid specifications. Report the numerator for the age 18-64 group.
14.01	Dental_AnnualVisits_Admin_Age02-03_Denominator	Use HEDIS Administrative specifications for the 'Annual Dental Visit (ADV)' measure. DO NOT use Hybrid specifications.

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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.

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‡ 15.08	Diabetes_KidneyHealth_Admin_Age18-64_Denominator	Use HEDIS Administrative specifications for 'Kidney Health Evaluation for Patients with Diabetes (KED)'. DO NOT use Hybrid specifications. Report the DENOMINATOR for members age 18-64. (We are not requiring reporting for the other age groups at this time.)
‡ 15.09	Diabetes_KidneyHealth_Admin_Age18-64_Numerator	Use HEDIS Administrative specifications for 'Kidney Health Evaluation for Patients with Diabetes (KED)'. DO NOT use Hybrid specifications. Report the NUMERATOR for members age 18-64. (We are not requiring reporting for the other age groups at this time.)
‡ 15.10	Diabetes_StatinTherapy_Admin_Age40-75_Denominator	Use HEDIS Administrative specifications for 'Statin Therapy for Patients With Diabetes (SPD)'. DO NOT use Hybrid specifications. Report the DENOMINATOR for Rate 1 (Received Statin Therapy) for members age 40-75.
‡ 15.11	Diabetes_StatinTherapy_Admin_Age40-75_Numerator	Use HEDIS Administrative specifications for 'Statin Therapy for Patients With Diabetes (SPD)'. DO NOT use Hybrid specifications. Report the NUMERATOR for Rate 1 (Received Statin Therapy) for members age 40-75.
‡ 15.12	Diabetes_StatinAdherence_Admin_Age40-75_Denominator	Use HEDIS Administrative specifications for 'Statin Therapy for Patients With Diabetes (SPD)'. DO NOT use Hybrid specifications. Report the DENOMINATOR for Rate 2 (Statin Adherence) for members age 40-75.
‡ 15.13	Diabetes_StatinAdherence_Admin_Age40-75_Numerator	Use HEDIS Hybrid specifications for 'Statin Therapy for Patients With Diabetes (SPD)'. DO NOT use Hybrid specifications. Report the NUMERATOR for Rate 2 (Statin Adherence) for members age 40-75.
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.

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16.13	ControllingHighBloodPressure_Hybrid_Numerator	Use HEDIS specifications for the 'Controlling High Blood Pressure (CBP)' measure. This is a Hybrid only measure.
17.11	MetabolicMonitoring_KidsOnAntipsychotics_Age01-11_Denominator	Use HEDIS Administrative specifications for the Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) measure. Report the numerator for the 1-5 age group.
17.12	MetabolicMonitoring_KidsOnAntipsychotics_BG_Age01-11_Numerator	Use HEDIS Administrative specifications for the Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) measure. Report the numerator for the 12-17 age group.
17.13	MetabolicMonitoring_KidsOnAntipsychotics_CHL_Age01-11_Numerator	Use HEDIS Administrative specifications for the Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) measure. Report the numerator for the 12-17 age group.
17.14	MetabolicMonitoring_KidsOnAntipsychotics_BOTH_Age01-11_Numerator	Use HEDIS Administrative specifications for the Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) measure. Report the numerator for the 12-17 age group.
17.15	MetabolicMonitoring_KidsOnAntipsychotics_Age12-17_Denominator	Use HEDIS Administrative specifications for the Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) measure. Report the denominator for the 12-17 age group.
17.16	MetabolicMonitoring_KidsOnAntipsychotics_BG_Age12-17_Numerator	Use HEDIS Administrative specifications for the Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) measure. Report the numerator for the 12-17 age group.
17.17	MetabolicMonitoring_KidsOnAntipsychotics_CHL_Age12-17_Numerator	Use HEDIS Administrative specifications for the Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) measure. Report the numerator for the 12-17 age group.
17.18	MetabolicMonitoring_KidsOnAntipsychotics_BOTH_Age12-17_Numerator	Use HEDIS Administrative specifications for the Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) measure. Report the numerator for the 12-17 age group.
17.19	Opioids_MultipleProviders_Prescribers_Denominator	Use HEDIS Administrative specifications for the Use of Opioids From Multiple Providers (UOP) measure. Report the denominator for multiple providers.
17.20	Opioids_MultipleProviders_Prescribers_Numerator	Use HEDIS Administrative specifications for the Use of Opioids From Multiple Providers (UOP) measure. Report the numerator for multiple providers.
17.21	Opioids_MultipleProviders_Pharmacies_Denominator	Use HEDIS Administrative specifications for the Use of Opioids From Multiple Providers (UOP) measure. Report the denominator for multiple pharmacies.
17.22	Opioids_MultipleProviders_Pharmacies_Numerator	Use HEDIS Administrative specifications for the Use of Opioids From Multiple Providers (UOP) measure. Report the numerator for multiple pharmacies.
17.23	Opioids_MultipleProviders_Both_Denominator	Use HEDIS Administrative specifications for the Use of Opioids From Multiple Providers (UOP) measure. Report the denominator for both multiple providers and multiple pharmacies.
17.24	Opioids_MultipleProviders_Both_Numerator	Use HEDIS Administrative specifications for the Use of Opioids From Multiple Providers (UOP) measure. Report the numerator for both multiple providers and multiple pharmacies.
17.25	Opioids_HighDose_Admin_Denominator	Use HEDIS Administrative specifications for the Use of Opioids at High Dosage (HDO) measure.
17.26	Opioids_HighDose_Admin_Numerator	Use HEDIS Administrative specifications for the Use of Opioids at High Dosage (HDO) measure.
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 'MHD_Behavioral_Health Value Set'. Count HOSPITALIZATIONS and not PATIENTS.

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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 "MHD_Behavioral_Health 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 "MHD_Behavioral_Health 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 "MHD_Behavioral_Health 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 "MHD_Behavioral_Health 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 "MHD_Behavioral_Health 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 "MHD_Behavioral_Health 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 "MHD_Behavioral_Health 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.

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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. 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. 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. 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. 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. 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. 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.

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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. 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. 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. 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. 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. 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. 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. 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. 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. 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. 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.



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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. 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. 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. 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. 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. 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. 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. 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. 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.
21.25	Immunization_Adolescents_HP_V_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. 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.
21.26	Immunization_Adolescents_Combo2_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. 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.

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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. 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_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. 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.
23.03	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. 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. 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. 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. 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. 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. 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. 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. 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.

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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. 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. 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. 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. 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.