

Discharges and Average Length of Stay—Maternity Care (MAT)

SUMMARY OF CHANGES TO HEDIS 2007

- No changes to this measure.

Description

This measure determines utilization of maternity-related care for enrolled females who had live births during the measurement year, reported for total deliveries, vaginal deliveries and Cesarean section (C-section) deliveries.

Calculations

Product lines	<p><i>Commercial:</i> Construct Tables MAT-2 and MAT-2E using Table MAT-2 as a template.</p> <p>Report discharges, discharges/1,000 members per year, days, days/1,000 members per year and average length of stay (ALOS) for female members in the product line group that each table addresses.</p> <p><i>Medicaid:</i> Construct Tables MAT-1A through MAT-1D using Table MAT-1 as a template.</p> <p>Report discharges, discharges/1,000 member months, days, days/1,000 member months and ALOS for female members in the Medicaid eligibility category that each table addresses.</p>
Member months	Report all female member months for the measurement year for members with a medical benefit. For more details, refer to <i>Specific Instructions for Use of Services Tables</i> .
Discharges	Refer to <i>Specific Instructions for Use of Services Tables</i> and the codes listed in Tables MAT-A and MAT-B to report discharges for maternity care.
Days	Refer to <i>Specific Instructions for Use of Services Tables</i> and the codes listed in Tables MAT-A and MAT-B to report days for maternity care. Birthing center deliveries are counted as one day of stay.
ALOS	Refer to <i>Specific Instructions for Use of Services Tables</i> and the codes listed in Tables MAT-A and MAT-B to report ALOS for maternity care. In calculating the length of stay, both pre-delivery and post-delivery days are included.
Total deliveries	<p>Identify all live births delivered in an inpatient setting and at birthing centers. The sum of C-sections and vaginal deliveries should equal the total deliveries.</p> <p>At-home deliveries are not counted in this measure. Count multiple births (e.g., twins, triplets) as one delivery. Refer to Tables PPC-A and PPC-B.</p>
C-section deliveries	<p>Identify all C-section delivery live births delivered in an inpatient setting and at birthing centers.</p> <p>From the total deliveries identified above, use the codes in Table MAT-A to identify C-sections. Count multiple births as one delivery.</p>

Table MAT-A: Codes to Identify C-Sections

CPT	ICD-9-CM Procedure	DRG
59510, 59514, 59515, 59618, 59620, 59622	74.0-74.2, 74.4, 74.99	370-371
<i>OR</i>		
An equivalent method used by the MCO to identify C-sections. The MCO must document the method, including codes used, for identifying C-sections.		

Vaginal deliveries Identify all vaginal delivery live births delivered in an inpatient setting and at birthing centers.

Count multiple births as one delivery.

At-home deliveries do not count in this measure. To identify vaginal deliveries, use DRGs or CPT codes with an appropriate ICD-9-CM Diagnosis code. The MCO may also use an equivalent method such as calculating the residual deliveries left after C-sections are removed from total deliveries.

Residual category = (total deliveries – C-sections).

Table MAT-B: Codes to Identify Vaginal Deliveries

CPT	ICD-9-CM Diagnosis	ICD-9-CM Procedure	DRG
59400, 59409, 59410, 59610, 59612, 59614	650	72.0-73.99*	372-375
<i>OR</i>			
An equivalent method used by the MCO to identify vaginal deliveries. The MCO must document the method, including codes used, for identifying vaginal deliveries.			

*These codes may also appear for women who had a C-section delivery. If the woman has a code for both vaginal and C-section delivery (Table MAT-A), the plan should only count the c-section.

Table MAT-1: Discharges and Average Length of Stay—Maternity Care: Medicaid

Age	Female Member Months
10-14	_____
15-19	_____
20-34	_____
35-49	_____
50+	_____
Unknown	_____
Total:	_____

Age	Discharges	Discharges/1,000 Female Member Months	Days	Days/1,000 Female Member Months	Average Length of Stay
Total Deliveries					
10-14	_____	_____	_____	_____	_____
15-19	_____	_____	_____	_____	_____
20-34	_____	_____	_____	_____	_____
35-49	_____	_____	_____	_____	_____
50+	_____	_____	_____	_____	_____
Unknown	_____	_____	_____	_____	_____
Total:	_____	_____	_____	_____	_____
Vaginal Deliveries: Live Births					
10-14	_____	_____	_____	_____	_____
15-19	_____	_____	_____	_____	_____
20-34	_____	_____	_____	_____	_____
35-49	_____	_____	_____	_____	_____
50+	_____	_____	_____	_____	_____
Unknown	_____	_____	_____	_____	_____
Total:	_____	_____	_____	_____	_____
C-Section Deliveries: Live Births					
10-14	_____	_____	_____	_____	_____
15-19	_____	_____	_____	_____	_____
20-34	_____	_____	_____	_____	_____
35-49	_____	_____	_____	_____	_____
50+	_____	_____	_____	_____	_____
Unknown	_____	_____	_____	_____	_____
Total:	_____	_____	_____	_____	_____

Table MAT-2: Discharges and Average Length of Stay—Maternity Care: Commercial

Age	Female Member Months
10-14	_____
15-19	_____
20-34	_____
35-49	_____
50+	_____
Unknown	_____
Total:	_____

Age	Discharges	Discharges/1,000 Female Member Years	Days	Days/1,000 Female Member Years	Average Length of Stay
Total Deliveries					
10-14	_____	_____	_____	_____	_____
15-19	_____	_____	_____	_____	_____
20-34	_____	_____	_____	_____	_____
35-49	_____	_____	_____	_____	_____
50+	_____	_____	_____	_____	_____
Unknown	_____	_____	_____	_____	_____
Total:	_____	_____	_____	_____	_____
Vaginal Deliveries: Live Births					
10-14	_____	_____	_____	_____	_____
15-19	_____	_____	_____	_____	_____
20-34	_____	_____	_____	_____	_____
35-49	_____	_____	_____	_____	_____
50+	_____	_____	_____	_____	_____
Unknown	_____	_____	_____	_____	_____
Total:	_____	_____	_____	_____	_____
C-Section Deliveries: Live Births					
10-14	_____	_____	_____	_____	_____
15-19	_____	_____	_____	_____	_____
20-34	_____	_____	_____	_____	_____
35-49	_____	_____	_____	_____	_____
50+	_____	_____	_____	_____	_____
Unknown	_____	_____	_____	_____	_____
Total:	_____	_____	_____	_____	_____

Births and Average Length of Stay, Newborns (NEW)

SUMMARY OF CHANGES TO HEDIS 2007

- No changes to this measure.

Description

This measure summarizes utilization information about newborns discharged during the measurement year and reports information for total newborns, well newborns and complex newborns.

Newborns are identified and reported separately from maternity members. **Newborn care** is care provided from birth to discharge to home. If a newborn is transferred from one hospital to another and has never gone home, the care is still newborn care. Newborn care that is rendered after the baby has been discharged should be reported in Table IPU-A (Inpatient Utilization—General Hospital/Acute Care).

Include newborns delivered in an inpatient setting and at birthing centers. For newborns delivered in birthing centers, count one day of stay.

Some MCOs do not keep separate records on well newborns who leave the hospital at the same time as their mothers. The MCO must develop a methodology to estimate the number of well newborns for whom the MCO does not produce separate discharge records; for example, the mother's length of stay can be used as a proxy for the well newborn's length of stay. The MCO must provide documentation for the approach used.

Calculations

Product lines	<p><i>Medicaid:</i> Construct Tables NEW-1A through NEW-1D using Table NEW-1 as a template.</p> <p>Report the total number of newborns; newborns/1,000 female member months; discharges; newborn discharges/1,000 member months; days; days/1,000 member months; and ALOS. Stratify by maternal age into total newborns (any maternal age); 10–49 years; Other (0–9, 50+ and unknown age).</p> <p><i>Commercial:</i> Construct Tables NEW-2 and NEW-2E using Table NEW-2 as a template.</p> <p>Report the total number of newborns; newborns/1,000 female member years; discharges; newborn discharges/1,000 member years; days, days/1,000 member years; and ALOS. Stratify by maternal age into total newborns (any maternal age); 10–49 years; Other (0–9, 50+ and unknown age).</p>
Member months	Report all member months for the measurement year for members with the benefit. For more details, refer to <i>Specific Instructions for Use of Services Tables</i> .
Discharges	Refer to <i>Specific Instructions for Use of Services Tables</i> and the codes listed below to report discharges for newborn care.
Days	Refer to <i>Specific Instructions for Use of Services Tables</i> and the codes listed to report days for newborn care. Count all days associated with the listed discharges.
ALOS	Refer to <i>Specific Instructions for Use of Services Tables</i> and the codes listed below to report the ALOS for newborn care.

Total newborns Include all covered babies, whether or not their mothers were members of the MCO. The MCO should exclude all stillbirths.

Table NEW-A: Codes to Identify Total Newborns

ICD-9-CM Diagnosis	DRG
V30-V39	385-391

Complex newborns Newborns are defined as complex if:

- Their LOS is five days or more, **or**
- Their LOS is less than five days and the newborn expired, **or**
- They are transferred to another facility and the MCO is unable to track total LOS between the two facilities.

Note: Expired newborns are those with a patient status code (Form Locator 22) equal to 20–29.

Well newborns Newborns who are not defined as complex and have an LOS of less than five days.

Note: Under no circumstances should a newborn be counted more than once.

Table NEW-1: Births and Average Length of Stay, Newborns: Medicaid

Member Months	
Total member months (male and female, 0-85+) _____	Total female member months (10-49) _____

	Newborn Discharges	Newborn Discharges/ 1,000 Female Member Months (10-49)	Newborn Discharges/ 1,000 Member Months (Males and Females)	Newborn Days	Newborn Days/1,000 Member Months (Males and Females)	Average Length of Stay
Total Newborns						
Total newborns	_____	_____	_____	_____	_____	_____
10-49 years	_____	_____	_____	_____	_____	_____
Other*	_____	_____	_____	_____	_____	_____
Total Well Newborns						
Total well newborns	_____	_____	_____	_____	_____	_____
10-49 years	_____	_____	_____	_____	_____	_____
Other*	_____	_____	_____	_____	_____	_____
Total Complex Newborns						
Total complex newborns	_____	_____	_____	_____	_____	_____
10-49 years	_____	_____	_____	_____	_____	_____
Other*	_____	_____	_____	_____	_____	_____

* "Other" includes female members ages 0–9 years, 50+ years and unknown age. Include all covered babies born to mothers who are not members of the MCO.

Table NEW-2: Births and Average Length of Stay, Newborns: Commercial

Member Months						
Total member months (male and female, 0-85+) _____				Total female member months (10-49) _____		
	Newborn Discharges	Newborn Discharges/ 1,000 Female Member Years (10-49)	Newborn Discharges/ 1,000 Member Years (Males and Females)	Newborn Days	Newborn Days/1,000 Member Years (Males and Females)	Average Length of Stay
Total Newborns						
Total newborns	_____		_____	_____	_____	_____
10-49 years	_____	_____		_____		_____
Other*	_____			_____		_____
Total Well Newborns						
Total well newborns	_____		_____	_____	_____	_____
10-49 years	_____	_____		_____		_____
Other*	_____			_____		_____
Total Complex Newborns						
Total complex newborns	_____		_____	_____	_____	_____
10-49 years	_____	_____		_____		_____
Other*	_____			_____		_____

* "Other" includes female members ages 0–9 years, 50+ years and unknown age. Include all covered babies born to mothers who are not members of the MCO.

Mental Health Utilization—Inpatient Discharges and Average Length of Stay (MIP)

SUMMARY OF CHANGES TO HEDIS 2007

- No changes to this measure.

Description

This measure summarizes utilization of inpatient mental health services, stratified by age and sex.

Calculations

Product lines	<p><i>Medicaid:</i> Construct Tables MIP-1A–MIP-1D using Table MIP-1 as a template.</p> <p>Report discharges; discharges/1,000 member months; days; and ALOS for members in the Medicaid eligibility category that each table addresses.</p> <p><i>Commercial and Medicare:</i> Construct Tables MIP-2, MIP-2E and MIP-3 using Table MIP-2/3 as a template.</p> <p>Report discharges; discharges/1,000 member years; days; and ALOS for members in the product line that the table addresses.</p>
Benefit	Mental health (inpatient).
Member months	Report member months for the measurement year for members with the benefit. For more details, refer to <i>Specific Instructions for Use of Services Tables</i> .
Inpatient discharges	<p>Include inpatient care with mental health as the principal diagnosis, at either a hospital or a treatment facility. Refer to <i>Specific Instructions for Use of Services Tables</i> and the codes listed in Table MIP-A to report discharges for inpatient mental health care.</p> <p>Do not count inpatient services discharges with ICD-9-CM principal diagnosis codes of 317–319.</p>
Days	<p>Count all days associated with the reported discharges. Include days associated with residential care and rehabilitation.</p> <p>Exclude days associated with intermediate care or partial hospitalization. Refer to <i>Specific Instructions for Use of Services Tables</i> to report days for inpatient mental health care.</p>
ALOS	Refer to <i>Specific Instructions for Use of Services Tables</i> to report ALOS for inpatient mental health care.

Table MIP-A: Codes to Identify Inpatient Services

ICD-9-CM Principal Diagnosis	DRG
290, 293-302, 306-316	424-432 except discharges with ICD-9-CM principal diagnosis of 317-319

Note: DSM-IV codes mirror ICD-9-CM codes. An MCO that has access to DSM-IV codes only should use and document them. Follow the specifications outlined above for ICD-9-CM codes.

Table MIP-1: Mental Health Utilization—Inpatient Discharges and Average Length of Stay, by Age and Sex: Medicaid

Member Months			
Age	Male	Female	Total
0-12	_____	_____	_____
13-17	_____	_____	_____
18-64	_____	_____	_____
65+	_____	_____	_____
Unknown	_____	_____	_____
Total:	_____	_____	_____

Age	Sex	Discharges	Discharges/1,000 Member Months	Days	Average Length of Stay
0-12	Male	_____	_____	_____	_____
	Female	_____	_____	_____	_____
	Total:	_____	_____	_____	_____
13-17	Male	_____	_____	_____	_____
	Female	_____	_____	_____	_____
	Total:	_____	_____	_____	_____
18-64	Male	_____	_____	_____	_____
	Female	_____	_____	_____	_____
	Total:	_____	_____	_____	_____
65+	Male	_____	_____	_____	_____
	Female	_____	_____	_____	_____
	Total:	_____	_____	_____	_____
Unknown	Male	_____	_____	_____	_____
	Female	_____	_____	_____	_____
	Total:	_____	_____	_____	_____
Total	Male	_____	_____	_____	_____
	Female	_____	_____	_____	_____
	Total:	_____	_____	_____	_____

Table MIP-2/3: Mental Health Utilization—Inpatient Discharges and Average Length of Stay, by Age and Sex: Commercial and Medicare (Report Separately)

Member Months			
Age	Male	Female	Total
0-12	_____	_____	_____
13-17	_____	_____	_____
18-64	_____	_____	_____
65+	_____	_____	_____
Unknown	_____	_____	_____
Total:	_____	_____	_____

Age	Sex	Discharges	Discharges/1,000 Member Years	Days	Average Length of Stay
0-12	Male	_____	_____	_____	_____
	Female	_____	_____	_____	_____
	Total:	_____	_____	_____	_____
13-17	Male	_____	_____	_____	_____
	Female	_____	_____	_____	_____
	Total:	_____	_____	_____	_____
18-64	Male	_____	_____	_____	_____
	Female	_____	_____	_____	_____
	Total:	_____	_____	_____	_____
65+	Male	_____	_____	_____	_____
	Female	_____	_____	_____	_____
	Total:	_____	_____	_____	_____
Unknown	Male	_____	_____	_____	_____
	Female	_____	_____	_____	_____
	Total:	_____	_____	_____	_____
Total	Male	_____	_____	_____	_____
	Female	_____	_____	_____	_____
	Total:	_____	_____	_____	_____

Mental Health Utilization—Percentage of Members Receiving Inpatient and Intermediate Care and Ambulatory Services (MPT)

SUMMARY OF CHANGES TO HEDIS 2007

- Added HCPCS codes to Table MPT-A.

Description

This measure gives an overview of the extent to which different levels of mental health services are utilized. It summarizes the number and percentage of members receiving the following during the measurement year.

- Any mental health services (includes inpatient, intermediate or ambulatory)
- Inpatient mental health services
- Intermediate mental health services
- Ambulatory mental health services

Report in each category the number of members who received the respective service. For enrollees with a mental health benefit, report the percentage who received the respective service by age and sex.

Calculations

Product lines	<p>Commercial, Medicaid, Medicare.</p> <p>Construct Tables MPT-1A through MPT-1D, MPT-2, MPT-2E and MPT-3 using Table MPT as a template.</p> <p>Report the number and rate per 1,000 member years of MCO members in the product lines/eligibility group that each table addresses who receive any mental health services, inpatient, intermediate or ambulatory mental health services.</p> <p>Count members who received inpatient, intermediate and ambulatory mental health services in each column. Count members only once in each column, regardless of number of visits.</p> <p>Count members in the “Any Mental Health Services” column only if they had at least one inpatient, intermediate or ambulatory visit during the measurement year.</p> <p>For members who have had more than one encounter, count in each column the first visit in the measurement year and report the member in the respective age category as of the date of discharge.</p>
Benefit	Mental health.
Member months	<p>Report all member months during the measurement year for members with the benefit.</p> <p>For more details, refer to <i>Specific Instructions for Use of Services Tables</i>.</p>
Inpatient	<p>Include inpatient care with mental health diagnoses at either a hospital or a treatment facility. Refer to the <i>Mental Health Utilization—Inpatient Discharges and Average Length of Stay</i> measure to identify inpatient mental health services.</p>

Intermediate care Use CPT code ranges in conjunction with ICD-9-CM codes to separate mental health and chemical dependency, and report only mental health services. ICD-9-CM codes should be consistent with those used to capture inpatient discharges.

Use the principal diagnosis code reported on the claim, regardless of overlapping MH/CD problems in an individual case. Count services provided by non-physician practitioners the same as those provided by physicians.

Include all other ambulatory care MH/CD service day treatment and partial hospitalization programs, because these programs represent a significant amount of services rendered. These services could be represented by Level II HCPCS codes. They are reported under intermediate care, separate from ambulatory services.

Exclude any utilization the MCO knows is designated as *inpatient* from the Type of Bill code that refers to location of service.

Count the CPT and HCPCS codes listed in Table MPT-A only if they appear in conjunction with a listed ICD-9-CM Diagnosis code.

Table MPT-A: Codes to Identify Intermediate Care and Ambulatory Services

CPT	HCPCS
90801, 90802, 90804-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870-90871, 90875, 90876, 99201-99205*, 99211-99215*, 99217-99219*, 99220*, 99241-99245*, 99281-99285*, 99341-99345*, 99347-99350*, 99381-99387*, 99391-99397*, 99401-99404*, 99420*	G0155, G0176, G0177, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S9480, S9484, S9485

WITH

ICD-9-CM Diagnosis
290, 293-302, 306-316

* All services with CPT E&M codes must be with a mental health practitioner. MCOs should refer to Appendix 3 for the definition of mental health practitioners.

Separate the procedure codes identified in conjunction with the ICD-9-CM codes into intermediate care using the appropriate codes listed in Table MPT-B.

Ambulatory Count ambulatory services delivered in any setting (e.g., hospital outpatient clinic, physician’s office) in Tables MPT-B and MPT-1/2/3. The MCO may use Revenue and Type of Bill codes to separate ambulatory from inpatient services if data from the UB-92 are used.

Report as ambulatory services observation stays and emergency department visits with a principal diagnosis of mental health that do not result in an inpatient stay.

To identify ambulatory services, repeat the identification of members using the procedure and ICD-9 codes under intermediate care, and separate ambulatory services using the appropriate codes listed in Table MPT-B.

Table MPT-B: Codes to Identify Intermediate Care and Ambulatory Services

Intermediate UB-92 Revenue	OR	Ambulatory UB-92 Revenue	OR	Ambulatory POS
0905, 0907, 0912, 0913		045x, 0510, 0513, 0515-0517, 0519-0523, 0526, 0529, 0762, 0900-0903, 0909-0911, 0914-0916, 0918, 0919, 0961		11, 12, 22, 23, 49, 50, 53, 57, 71 or 72
WITH		WITH		
UB-92 Type of Bill		UB-92 Type of Bill		
13x or 43x		13x or 43x		

Note: Because some MCOs may offer different benefits for inpatient and outpatient mental health services, denominators in the columns of this table may vary. The denominator in the column “any mental health services” should include all enrollees who have any mental health benefit.

Table MPT-1/2/3: Mental Health Utilization—Percentage of Members Receiving Inpatient and Intermediate Care and Ambulatory Services: Commercial, Medicaid, Medicare (Report Separately)

Member Months (Any)				Member Months (Inpatient)		
Age	Male	Female	Total	Male	Female	Total
0-12	_____	_____	_____	_____	_____	_____
13-17	_____	_____	_____	_____	_____	_____
18-64	_____	_____	_____	_____	_____	_____
65+	_____	_____	_____	_____	_____	_____
Unknown	_____	_____	_____	_____	_____	_____
Total:	_____	_____	_____	_____	_____	_____

Member Months (Intermediate)				Member Months (Ambulatory)		
Age	Male	Female	Total	Male	Female	Total
0-12	_____	_____	_____	_____	_____	_____
13-17	_____	_____	_____	_____	_____	_____
18-64	_____	_____	_____	_____	_____	_____
65+	_____	_____	_____	_____	_____	_____
Unknown	_____	_____	_____	_____	_____	_____
Total:	_____	_____	_____	_____	_____	_____

Table MPT-1/2/3: Mental Health Utilization—Percentage of Members Receiving Inpatient and Intermediate Care and Ambulatory Services: Commercial, Medicaid, Medicare (Report Separately) (continued)

Age	Sex	Any Mental Health Services		Inpatient Mental Health Services		Intermediate Mental Health Services		Ambulatory Mental Health Services	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-12	Male	_____	_____	_____	_____	_____	_____	_____	_____
	Female	_____	_____	_____	_____	_____	_____	_____	_____
	Total:	_____	_____	_____	_____	_____	_____	_____	_____
13-17	Male	_____	_____	_____	_____	_____	_____	_____	_____
	Female	_____	_____	_____	_____	_____	_____	_____	_____
	Total:	_____	_____	_____	_____	_____	_____	_____	_____
18-64	Male	_____	_____	_____	_____	_____	_____	_____	_____
	Female	_____	_____	_____	_____	_____	_____	_____	_____
	Total:	_____	_____	_____	_____	_____	_____	_____	_____
65+	Male	_____	_____	_____	_____	_____	_____	_____	_____
	Female	_____	_____	_____	_____	_____	_____	_____	_____
	Total:	_____	_____	_____	_____	_____	_____	_____	_____
Unknown	Male	_____	_____	_____	_____	_____	_____	_____	_____
	Female	_____	_____	_____	_____	_____	_____	_____	_____
	Total:	_____	_____	_____	_____	_____	_____	_____	_____
Total	Male	_____	_____	_____	_____	_____	_____	_____	_____
	Female	_____	_____	_____	_____	_____	_____	_____	_____
	Total:	_____	_____	_____	_____	_____	_____	_____	_____

Chemical Dependency Utilization—Inpatient Discharges and Average Length of Stay (CIP)

SUMMARY OF CHANGES TO HEDIS 2007

- No changes to this measure.

Description

This measure summarizes utilization of inpatient chemical dependency services, stratified by age and sex.

Calculations

Product lines	<p><i>Medicaid:</i> Construct Tables CIP-1A through CIP-1D using Table CIP-1 as a template.</p> <p>Report discharges; discharges/1,000 member months; days; and ALOS for members in the Medicaid eligibility category that each table addresses.</p> <p><i>Commercial and Medicare:</i> Construct Tables CIP-2, CIP-2E and CIP-3 using Table CIP-2/3 as a template.</p> <p>Report discharges; discharges/1,000 member years, days; and ALOS for members in the product line that each table addresses.</p>
Benefit	Chemical dependency (inpatient).
Member months	Report all member months for the measurement year with the benefit. For more details, refer to <i>Specific Instructions for Use of Services Tables</i> .
Inpatient discharges	<p>Include inpatient care with chemical dependency as the principal diagnosis, including detoxification, at either a hospital or a treatment facility.</p> <p>Refer to <i>Specific Instructions for Use of Services Tables</i> and the codes listed in Table CIP-A to report discharges for inpatient chemical dependency care.</p>
Days	<p>Count all days associated with the reported discharges. Include days associated with residential care and rehabilitation.</p> <p>Exclude days associated with intermediate care or partial hospitalization. Refer to <i>Specific Instructions for Use of Services Tables</i> to report days for inpatient chemical dependency care.</p>
ALOS	Refer to the instructions for <i>Use of Services Tables</i> for calculating ALOS.

Table CIP-A: Codes to Identify Inpatient Services

ICD-9-CM Principal Diagnosis	DRG
291-292, 303-305, 960-979 with a secondary diagnosis of chemical dependency*	433, 521-523

* Claims or encounters with principal diagnoses of 960-979 without a secondary diagnosis substantiating chemical dependency should be reported in Table IPU-A (General Hospital/Acute Care).

Note: DSM-IV codes mirror ICD-9-CM codes. An MCO that has access to DSM-IV codes only should use and document them. Follow the specifications outlined above for ICD-9-CM codes.

Table CIP-1: Chemical Dependency Utilization—Inpatient Discharges and Average Length of Stay, by Age and Sex: Medicaid

Member Months			
Age	Male	Female	Total
0-12	_____	_____	_____
13-17	_____	_____	_____
18-64	_____	_____	_____
65+	_____	_____	_____
Unknown	_____	_____	_____
Total:	_____	_____	_____

Age	Sex	Discharges	Discharges/1,000 Member Months	Days	Average Length of Stay
0-12	Male	_____	_____	_____	_____
	Female	_____	_____	_____	_____
	Total:	_____	_____	_____	_____
13-17	Male	_____	_____	_____	_____
	Female	_____	_____	_____	_____
	Total:	_____	_____	_____	_____
18-64	Male	_____	_____	_____	_____
	Female	_____	_____	_____	_____
	Total:	_____	_____	_____	_____
65+	Male	_____	_____	_____	_____
	Female	_____	_____	_____	_____
	Total:	_____	_____	_____	_____
Unknown	Male	_____	_____	_____	_____
	Female	_____	_____	_____	_____
	Total:	_____	_____	_____	_____
Total	Male	_____	_____	_____	_____
	Female	_____	_____	_____	_____
	Total:	_____	_____	_____	_____

Table CIP-2/3: Chemical Dependency Utilization—Inpatient Discharges and Average Length of Stay, by Age and Sex: Commercial and Medicare (Report Separately)

Member Months			
Age	Male	Female	Total
0-12	_____	_____	_____
13-17	_____	_____	_____
18-64	_____	_____	_____
65+	_____	_____	_____
Unknown	_____	_____	_____
Total:	_____	_____	_____

Age	Sex	Discharges	Discharges/1,000 Member Years	Days	Average Length of Stay
0-12	Male	_____	_____	_____	_____
	Female	_____	_____	_____	_____
	Total:	_____	_____	_____	_____
13-17	Male	_____	_____	_____	_____
	Female	_____	_____	_____	_____
	Total:	_____	_____	_____	_____
18-64	Male	_____	_____	_____	_____
	Female	_____	_____	_____	_____
	Total:	_____	_____	_____	_____
65+	Male	_____	_____	_____	_____
	Female	_____	_____	_____	_____
	Total:	_____	_____	_____	_____
Unknown	Male	_____	_____	_____	_____
	Female	_____	_____	_____	_____
	Total:	_____	_____	_____	_____
Total	Male	_____	_____	_____	_____
	Female	_____	_____	_____	_____
	Total:	_____	_____	_____	_____

Identification of Alcohol and Other Drug Services (IAD)

SUMMARY OF CHANGES TO HEDIS 2007

- Added HCPCS codes to Table IAD-B.

Description

This measure gives an overview of the extent to which different levels of chemical dependency services are utilized. It summarizes the number and percentage of members with an alcohol and other drug (AOD) claim who received the following during the measurement year.

- Any chemical dependency services (includes inpatient, intermediate, ambulatory)
- Inpatient chemical dependency services
- Intermediate chemical dependency services
- Ambulatory chemical dependency services

An AOD claim contains a diagnosis of AOD abuse or dependence and a specific AOD-related service.

Calculations

Product lines

Commercial, Medicaid, Medicare.

Construct Tables IAD-1A through IAD-D, IAD-2, IAD-2E and IAD-3 using Table IAD-1/2/3. Report the number and rate/1,000 member years of members in the respective age and sex group who receive any chemical dependency services, including inpatient, intermediate or ambulatory services.

Count members who received inpatient, intermediate and ambulatory chemical dependency services in each column. Count members in each column only once, regardless of number of visits.

Count members in the Any Chemical Dependency Services column only if they had at least one inpatient, intermediate or ambulatory visit during the measurement year.

For members who had more than one encounter, count in each column the first visit in the measurement year and report the member in the respective age category as of the date of discharge.

Benefit

Chemical dependency.

Member months

Report all member months during the measurement year for members with the benefit. For more details, refer to *Specific Instructions for Use of Services Tables*.

Inpatient services

Include inpatient care with chemical dependency as the principal or secondary diagnosis, including detoxification, at either a hospital or a treatment facility. Refer to the codes listed in Table IAD-A to identify inpatient chemical dependency care.

Table IAD-A: Codes to Identify Inpatient Services

ICD-9-CM Diagnosis	DRG
291-292, 303-304, 305.0, 305.2-305.9, 535.3, 571.1, 94.62, 94.63, 94.65, 94.66, 94.68, 94.69	433, 521-523

Intermediate care

Step 1 Use CPT code ranges in conjunction with ICD-9-CM codes to separate mental health and chemical dependency and report only chemical dependency services. ICD-9-CM codes should be consistent with codes used to capture inpatient discharges. Count services provided by nonphysician practitioners the same as those provided by physicians. Include intermediate care with chemical dependency as the principal or secondary diagnosis.

Step 2 Include all ambulatory care MH/CD service day treatment and partial hospitalization programs because they represent significant services rendered. These services could be represented by Level II HCPCS codes. They are reported under intermediate care, separate from ambulatory services. Include intensive outpatient (IOP) services in the intermediate category.

Exclude any utilization the MCO knows is designated “inpatient” by the location of service portion of the Type of Bill code.

Count the CPT and HCPCS codes listed in Table IAD-B only if they appear in conjunction with a listed ICD-9-CM Diagnosis code. The ICD-9-CM Procedure codes are counted alone and do not need to be in conjunction with other codes..

Table IAD-B: Codes to Identify Intermediate Care and Ambulatory Services

CPT	HCPCS
90801-90802, 90804-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870-90871, 90875-90876, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99281-99285, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99420	G0155, G0176, G0177, H0001, H0002, H0004, H0005, H0007, H0012-H0016, H0020, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, H2035, H2036, M0064, S9475, S9480, S9484, S9485, T1006, T1012

ICD-9-CM Diagnosis
291-292, 303-304, 305.0, 305.2-305.9, 535.3, 571.1

OR

ICD-9-CM Procedure
94.62, 94.63, 94.65, 94.66, 94.68, 94.69

Separate the procedure codes identified in step 2 in conjunction with the ICD-9-CM Diagnosis codes into intermediate care using the appropriate codes listed in Table IAD-B.

Ambulatory services

Count ambulatory services delivered in any setting (e.g., hospital outpatient clinic, physician’s office) in Table IAD. Use the Revenue and Type of Bill codes to separate ambulatory from inpatient services if data from the UB-92 are used.

Report as ambulatory services observation stays and emergency department visits with a principal or secondary diagnosis of chemical dependency that do not result in an inpatient stay. To identify ambulatory services, repeat the first two steps above under intermediate care and separate ambulatory using the appropriate codes listed in Table IAD-C.

Table IAD-C: Codes to Identify Intermediate Care and Ambulatory Services

Intermediate UB-92 Revenue	OR	Ambulatory UB-92 Revenue	OR	Ambulatory POS
0905-0907, 0912, 0913		045x, 0510, 0513, 0515-0517, 0519-0523, 0526, 0529, 0762, 0900-0903, 0909-0911, 0914-0916, 0918, 0919, 0944, 0945, 0961		11, 12, 22, 23, 49, 50, 53, 57, 71 or 72
<i>WITH</i>		<i>WITH</i>		
UB-92 Type of Bill		UB-92 Type of Bill		
13x or 43x		13x or 43x		

Note: Because some MCOs may offer different benefits for inpatient and outpatient chemical dependency services, denominators in the columns of this table may vary. The denominator in the column Any Chemical Dependency Services should include all members who have a chemical dependency benefit.

Table IAD-1/2/3: Identification of Alcohol and Other Drug Services: Percentage of Members Receiving Inpatient and Intermediate Care and Ambulatory Services: Commercial, Medicaid, Medicare (Report Separately)

Member Months (Any)				Member Months (Inpatient)		
Age	Male	Female	Total	Male	Female	Total
0-12	_____	_____	_____	_____	_____	_____
13-17	_____	_____	_____	_____	_____	_____
18-24	_____	_____	_____	_____	_____	_____
25-34	_____	_____	_____	_____	_____	_____
35-64	_____	_____	_____	_____	_____	_____
65+	_____	_____	_____	_____	_____	_____
Unknown	_____	_____	_____	_____	_____	_____
Total:	_____	_____	_____	_____	_____	_____
Member Months (Intermediate)				Member Months (Ambulatory)		
Age	Male	Female	Total	Male	Female	Total
0-12	_____	_____	_____	_____	_____	_____
13-17	_____	_____	_____	_____	_____	_____
18-24	_____	_____	_____	_____	_____	_____
25-34	_____	_____	_____	_____	_____	_____
35-64	_____	_____	_____	_____	_____	_____
18-64	_____	_____	_____	_____	_____	_____
65+	_____	_____	_____	_____	_____	_____
Unknown	_____	_____	_____	_____	_____	_____
Total:	_____	_____	_____	_____	_____	_____

Table IAD-1/2/3: Identification of Alcohol and Other Drug Services: Percentage of Members Receiving Inpatient and Intermediate Care and Ambulatory Services: Commercial, Medicaid, Medicare (Report Separately) (continued)

Age	Sex	Any Chemical Dependency Services		Inpatient Chemical Dependency Services		Intermediate Chemical Dependency Services		Ambulatory Chemical Dependency Services	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-12	Male	_____	_____	_____	_____	_____	_____	_____	_____
	Female	_____	_____	_____	_____	_____	_____	_____	_____
	Total:	_____	_____	_____	_____	_____	_____	_____	_____
13-17	Male	_____	_____	_____	_____	_____	_____	_____	_____
	Female	_____	_____	_____	_____	_____	_____	_____	_____
	Total:	_____	_____	_____	_____	_____	_____	_____	_____
18-24	Male	_____	_____	_____	_____	_____	_____	_____	_____
	Female	_____	_____	_____	_____	_____	_____	_____	_____
	Total:	_____	_____	_____	_____	_____	_____	_____	_____
25-34	Male	_____	_____	_____	_____	_____	_____	_____	_____
	Female	_____	_____	_____	_____	_____	_____	_____	_____
	Total:	_____	_____	_____	_____	_____	_____	_____	_____
35-64	Male	_____	_____	_____	_____	_____	_____	_____	_____
	Female	_____	_____	_____	_____	_____	_____	_____	_____
	Total:	_____	_____	_____	_____	_____	_____	_____	_____
65+	Male	_____	_____	_____	_____	_____	_____	_____	_____
	Female	_____	_____	_____	_____	_____	_____	_____	_____
	Total:	_____	_____	_____	_____	_____	_____	_____	_____
Un-known	Male	_____	_____	_____	_____	_____	_____	_____	_____
	Female	_____	_____	_____	_____	_____	_____	_____	_____
	Total:	_____	_____	_____	_____	_____	_____	_____	_____
Total	Male	_____	_____	_____	_____	_____	_____	_____	_____
	Female	_____	_____	_____	_____	_____	_____	_____	_____
	Total:	_____	_____	_____	_____	_____	_____	_____	_____

Outpatient Drug Utilization (ORX)

SUMMARY OF CHANGES TO HEDIS 2007

- No changes to this measure.

Description

This measure summarizes data on outpatient utilization of drug prescriptions (total cost of prescriptions; average cost of prescriptions per member per month [PMPM]; total number of prescriptions; average number of prescriptions per member per year [PMPY]) during the measurement year, stratified by age.

Calculations

Product lines	Commercial, Medicaid, Medicare.
Age	Age as of the date the prescription is dispensed.
Benefit	Pharmacy.
Member months	Construct Tables ORX-1A through ORX-1D, ORX-2, ORX-2E and ORX-3 using Table ORX-1/2/3 as a template. Report all member months for the measurement year for members with the benefit. For more details, refer to <i>Specific Instructions for Use of Services Tables</i> .
Prescription	One 30-day (or less) supply of pharmaceuticals.* Supplies (e.g., syringes) do not count toward this measure.

* To calculate dispensing events for prescriptions longer than 30 days, the MCO should divide the days supply by 30 and round up to convert. For example, a 100-day prescription is equal to 4 dispensing events ($100/30 = 3.33$, rounded up to 4).

Formulas

Total cost of prescriptions = Discounted ingredient cost + dispensing or professional fees + administrative fees – formulary/ other rebates.

Alternatively, total cost of prescriptions = MCO cost + member cost.

Average total cost of prescriptions per member per month = [Discounted ingredient costs (before member copayments or deductibles) + dispensing or professional fees + administrative fees – formulary/other rebates]/member months for members with a pharmacy benefit.

Alternatively, average total cost of prescriptions = [MCO costs + member costs]/member months for members with a pharmacy benefit.

For example, the average wholesale price for prescription “X” is \$50. The MCO negotiates a 20 percent discount with the pharmacy. There is a \$5 dispensing fee and member copay is \$4. Assuming no administrative fees or other rebates/formularies, the discounted ingredient cost is \$40 (\$50 average wholesale price less the 20 percent discount). The *total cost of prescriptions* is \$45 (\$40 discounted ingredient cost + \$5 dispensing fee). While the cost to the member is \$4 and the MCO cost is \$41 (for a total of \$45), the breakdown of total prescription cost between the MCO and the member is not reported.

Annual total number of prescriptions per member per year = [Total number of prescriptions/member months for members with a pharmacy benefit] × 12 months.

Note

- Employers and states are interested in knowing the total cost of prescriptions rather than cost of prescriptions to only the MCO. A breakdown of the cost of prescriptions to the member and to the MCO is not reported in this measure.
- Results of this measure might be affected by differences in pharmacy benefits across MCOs.
- An MCO that dispenses rebates on a lump-sum basis should average the rebates over the total number of prescriptions.

Table ORX-1/2/3: Outpatient Drug Utilization: Commercial, Medicaid, Medicare (Report Separately)

Age	Member Months
0-9	_____
10-19	_____
20-44	_____
45-64	_____
65-74	_____
75-84	_____
85+	_____
Unknown	_____
Total:	_____

Age	Total Cost of Prescriptions	Average Cost of Prescriptions PMPM	Total Number of Prescriptions	Average Number of Prescriptions PMPY
0-9	_____	_____	_____	_____
10-19	_____	_____	_____	_____
20-44	_____	_____	_____	_____
45-64	_____	_____	_____	_____
65-74	_____	_____	_____	_____
75-84	_____	_____	_____	_____
85+	_____	_____	_____	_____
Unknown	_____	_____	_____	_____
Total:	_____	_____	_____	_____

Antibiotic Utilization (ABX)

SUMMARY OF CHANGES TO HEDIS 2007

- Added data element “total number of prescriptions by drug class” to Table ABX-B and Table ABX-C.
- Clarified the calculation for the average number of antibiotics PMPY, reported by drug class, for selected “antibiotics of concern” and for “all other antibiotics.”
- Added Aztreonam, Carbenicillin, Cefixime, Cephadrine, Piperacillin-Tazobactam and Ticarcillin-Clavulanate to Table ABX-A.
- Added Aztreonam and Cefixime to Table ABX-B.
- Added Cefadroxil Hydrate, Carbenicillin, Cephadrine, Piperacillin-Tazobactam and Ticarcillin-Clavulanate to Table ABX-C.
- Deleted Cloxacillin, Dirithromycin, Enoxacin, Flomefloxacin, Fusidic Acid, Methicillin, Mezlocillin, Netilmicin, Pefloxacin, Teicoplanin and Sulfamethizole from Tables ABX-A, ABX-B and ABX-C.

Description

This measure summarizes data on outpatient utilization of antibiotic prescriptions during the measurement year, stratified by age and gender and reported for each product, including the following.

- Total number of antibiotic prescriptions
- Average number of antibiotic prescriptions per member per year (PMPY)
- Total days supplied for all antibiotic prescriptions
- Average days supplied per antibiotic prescription
- Total number of prescriptions for antibiotics of concern
- Average number of prescriptions PMPY for antibiotics of concern
- Percentage of antibiotics of concern for all antibiotic prescriptions
- Average number of antibiotics PMPY reported by drug class:
 - For selected “antibiotics of concern”
 - For all other antibiotics

Product lines	Commercial, Medicaid, Medicare. Construct Tables ABX-1A through ABX-1D, ABX-2, ABX-2E and ABX-3 using Table ABX as a template. Report the information in Tables ABX (a-c)-1/2/3 by age and sex.
Age	Age as of the date the prescription is dispensed.
Benefit	Pharmacy.
Member months	Report all member months for the measurement year for members with the benefit. For more details, refer to <i>Specific Instructions for Use of Services Tables</i> .
Prescription	Dispensing an antibiotic for any duration. Report the number of days supplied for

antibiotics all prescribed antibiotics in Table ABX-A. Different medications dispensed on the same day count as multiple dispensing events.

Calculation

Total number of antibiotic prescriptions	Total number of all antibiotic prescriptions for the measurement year of any duration of the medication.
Average number of antibiotic prescriptions PMPY	Annual total number of antibiotic prescriptions PMPY = [Total number of antibiotic prescriptions in the year/member months for members with a pharmacy benefit] × 12 months.
Total days supplied for all antibiotic prescriptions	Count the number of days supplied for all antibiotic prescriptions during the measurement year. The MCO should identify the number of days supplied for each antibiotic prescription and sum the days for all antibiotic prescriptions during the measurement year.
Average number of days supplied per antibiotic prescription	Average number of days supplied per prescription = [Total days supplied for all antibiotics prescription in the year/Total number of antibiotic prescriptions in the year].

Table ABX-A: Antibiotic Medications

<ul style="list-style-type: none"> • Amikacin • Amoxicillin • Amoxicillin/Clavulanate • Ampicillin • Ampicillin-Sulbactam • Azithromycin • Aztreonam • Benzathine penicillin • Bicillin • Carbenicillin • Cefaclor • Cefadroxil • Cefadroxil hydrate • Cefazolin • Cefdinir • Cefepime • Cefixime • Cefoperzone • Cefotaxime • Cefotetan • Cefoxitin 	<ul style="list-style-type: none"> • Cefpodoxime proxetil • Cefprozil • Ceftazidime • Ceftibuten • Ceftitoren • Ceftizoxime • Ceftriaxone • Cefuroxime • Cephalexin • Cephradine • Chloramphenical • Ciprofloxacin • Clarithromycin • Clindamycin • Daptomycin • Dicloxacillin • Doxycycline • Ery E-Succ/ Sulfisoxazole • Erythromycin • Fosfomycin 	<ul style="list-style-type: none"> • Gatifloxacin • Gemifloxacin • Gentamicin • Kanamycin • Levofloxacin • Lincomycin • Linezolid • Lomefloxacin • Loracarbef • Metronidazole • Minocycline • Moxifloxacin • Nafcillin • Neomycin • Nitrofurantoin • Norfloxacin • Ofloxacin • Oxacillin • Penicillin G • Penicillin VK 	<ul style="list-style-type: none"> • Piperacillin • Piperacillin-Tazobactam • Procaine penicillin • Rifampin • Quinupristin/Dalfopristin • Sparfloxacin • Streptomycin • Sulfisoxazole • Sulfadiazine • Sulfamethoxazole • Sulfasalazine • Telithromycin • Tetracycline • Ticarcillin • Ticarcillin-clavulanate • Trimethoprim • Trimethoprim-Sulfamethoxazole • Vancomycin
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Note: NCQA will provide a list of NDC codes for antibiotic medications on its Web site at www.ncqa.org by November 15, 2006.

Calculations for Antibiotics of Concern

- Total number of prescriptions for antibiotics of concern** Total number of all prescriptions for antibiotics of concern during the measurement year. Table ABX-B contains all antibiotics of concern.
- Average number of prescriptions PMPY for antibiotics of concern** Annual total number of prescriptions for antibiotics of concern per member per year = [Annual number of prescriptions for antibiotics of concern/member months for members with a pharmacy benefit] × 12 months. Refer to Table ABX-B for a list of antibiotics of concern.
- Percentage of antibiotics of concern of all antibiotic prescriptions** Percentage of prescriptions for antibiotics of concern of all antibiotic prescriptions = [Total number of prescriptions for antibiotics of concern in the year/Total number of antibiotic prescriptions in the year]. Refer to Table ABX-B for a list of antibiotics of concern.

Table ABX-B: List of Antibiotics of Concern by Therapeutic Class and Drugs

Therapeutic Class	Drugs		
Quinolone	<ul style="list-style-type: none"> • Ciprofloxacin • Gatifloxacin • Gemifloxacin 	<ul style="list-style-type: none"> • Levofloxacin • Lomefloxacin • Moxifloxacin 	<ul style="list-style-type: none"> • Norfloxacin • Ofloxacin • Sparfloxacin
Azithromycin and clarithromycin	<ul style="list-style-type: none"> • Azithromycin 	<ul style="list-style-type: none"> • Clarithromycin 	
Cephalosporin (second, third and fourth generation)	<ul style="list-style-type: none"> • Cefaclor • Cefotetan • Cefepime • Cefdinir • Cefixime • Cefoperzone 	<ul style="list-style-type: none"> • Cefprozil • Cefuroxime • Cefotaxime • Ceftibuten • Cefpodoxime proxetil • Ceftazidime 	<ul style="list-style-type: none"> • Cefoxitin • Loracarbef • Ceftizoxime • Ceftitoren • Ceftriaxone
Amoxicillin/Clavulanate	<ul style="list-style-type: none"> • Amoxicillin/Clavulanate 		
Ketolide	<ul style="list-style-type: none"> • Telithromycin 		
Clindamycin	<ul style="list-style-type: none"> • Clindamycin 		
Miscellaneous antibiotics of concern	<ul style="list-style-type: none"> • Aztreonam • Chloramphenical 	<ul style="list-style-type: none"> • Linezolid • Quinupristin/Dalfopristin 	<ul style="list-style-type: none"> • Vancomycin

Calculations for Reporting by Drug Class

- Antibiotic utilization PMPY by drug class** For each product line, report the annual total number of antibiotic prescriptions by: total, average and PMPY by drug class in Tables ABX-1/2/3(b) and (c) for:
 - Antibiotics of concern
 - All other antibiotics.
- Antibiotics of concern** Report the utilization of antibiotics of concern by the following six antibiotic drug classes and a miscellaneous category in Table ABX-1/2/3(b): Antibiotics of Concern Utilization PMPY by Drug Class.
 - Quinolone
 - Cephalosporin (includes second-, third- and fourth-generation cephalosporins)
 - Azithromycin and clarithromycin

- Amoxicillin/clavulanate
- Ketolide
- Clindamycin
- Miscellaneous antibiotics of concern (includes linezolid, quinupristin/dalfopristin, vancomycin, teicoplanin)

Refer to Table ABX-B for a list of antibiotics of concern and therapeutic classes.

All other antibiotics

Report the utilization of all other antibiotics total, average and PMPY by the following seven antibiotic drug classes and a miscellaneous category in Table ABX-1/2/3(c): All Other Antibiotics Utilization PMPY by Drug Class.

- Absorbable sulfonamide
- Aminoglycoside
- Cephalosporin (includes first generation only):
- Lincosamide (other than clindamycin)
- Macrolide (other than azithromycin and clarithromycin)
- Penicillin (other than amoxicillin/clavulanate)
- Tetracycline
- Miscellaneous antibiotics, including chemotherapeutic agents, antibacterial, urinary tract agents

Refer to Table ABX-4 for a list of all other antibiotics concern and therapeutic classes.

Table ABX-C: List of All Other Antibiotics by Therapeutic Class and Drugs

Therapeutic Class	Drugs		
Absorbable sulfonamide	<ul style="list-style-type: none"> • Sulfisoxazole • Sulfadizine 	<ul style="list-style-type: none"> • Sulfamethoxazole • Sulfasalzine 	<ul style="list-style-type: none"> • Trimethoprim-Sulfamethoxazole
Aminoglycoside	<ul style="list-style-type: none"> • Amikacin • Gentamicin • Kanamycin 	<ul style="list-style-type: none"> • Neomycin • Streptomycin 	
Cephalosporin (includes first generation only)	<ul style="list-style-type: none"> • Cefadroxil • Cefadroxil hydrate • Cefazolin 	<ul style="list-style-type: none"> • Cephalexin • Cephradine • Carbenicillin 	<ul style="list-style-type: none"> • Piperacillin-tazobactam
Lincosamide (other than clindamycin)	<ul style="list-style-type: none"> • Lincomycin 		
Macrolide (other than azithromycin and clarithromycin)	<ul style="list-style-type: none"> • Ery E-Succ/Sulfisoxazole 	<ul style="list-style-type: none"> • Erythromycin 	
Penicillin (other than amoxicillin/clavulanate)	<ul style="list-style-type: none"> • Ampicillin • Ampicillin-Sulbactam • Amoxicillin • Benzathine penicillin • Bicillin • Dicloxacillin 	<ul style="list-style-type: none"> • Nafcillin • Oxacillin • Penicillin VK • Penicillin G • Piperacillin 	<ul style="list-style-type: none"> • Piperacillin-Tazobactam • Procaine penicillin • Ticarcillin • Ticarcillin-Clavulanate
Tetracycline	<ul style="list-style-type: none"> • Doxycycline 	<ul style="list-style-type: none"> • Minocycline 	<ul style="list-style-type: none"> • Tetracycline
Miscellaneous antibiotics (includes chemo-therapeutic agents, antibacterial, urinary tract agents)	<ul style="list-style-type: none"> • Daptomycin • Fosfomycin 	<ul style="list-style-type: none"> • Metronidazole • Nitrofurantoin 	<ul style="list-style-type: none"> • Rifampin • Trimethoprim

Table ABX-1/2/3: Plan Member Months

Member Months			
Age	Male	Female	Total
0-9	_____	_____	_____
10-17	_____	_____	_____
18-34	_____	_____	_____
35-49	_____	_____	_____
50-64	_____	_____	_____
65-74	_____	_____	_____
75-84	_____	_____	_____
85+	_____	_____	_____
Unknown	_____	_____	_____
Total:	_____	_____	_____

Reporting Table ABX 1/2/3(a): Antibiotic Utilization (Commercial, Medicaid, Medicare)

0-9	Male	_____	_____	_____	_____	_____	_____	_____ %
	Female	_____	_____	_____	_____	_____	_____	_____ %
	Total:	_____	_____	_____	_____	_____	_____	_____ %
10-17	Male	_____	_____	_____	_____	_____	_____	_____ %
	Female	_____	_____	_____	_____	_____	_____	_____ %
	Total:	_____	_____	_____	_____	_____	_____	_____ %
18-34	Male	_____	_____	_____	_____	_____	_____	_____ %
	Female	_____	_____	_____	_____	_____	_____	_____ %
	Total:	_____	_____	_____	_____	_____	_____	_____ %

Reporting Table ABX 1/2/3(a): Antibiotic Utilization (Commercial, Medicaid, Medicare) (continued)

35-49	Male	_____	_____	_____	_____	_____	_____	_____ %
	Female	_____	_____	_____	_____	_____	_____	_____ %
	Total:	_____	_____	_____	_____	_____	_____	_____ %
50-64	Male	_____	_____	_____	_____	_____	_____	_____ %
	Female	_____	_____	_____	_____	_____	_____	_____ %
	Total:	_____	_____	_____	_____	_____	_____	_____ %
65-74	Male	_____	_____	_____	_____	_____	_____	_____ %
	Female	_____	_____	_____	_____	_____	_____	_____ %
	Total:	_____	_____	_____	_____	_____	_____	_____ %
75-84	Male	_____	_____	_____	_____	_____	_____	_____ %
	Female	_____	_____	_____	_____	_____	_____	_____ %
	Total:	_____	_____	_____	_____	_____	_____	_____ %
85+	Male	_____	_____	_____	_____	_____	_____	_____ %
	Female	_____	_____	_____	_____	_____	_____	_____ %
	Total:	_____	_____	_____	_____	_____	_____	_____ %
Unknown	Male	_____	_____	_____	_____	_____	_____	_____ %
	Female	_____	_____	_____	_____	_____	_____	_____ %
	Total:	_____	_____	_____	_____	_____	_____	_____ %
Total	Male	_____	_____	_____	_____	_____	_____	_____ %
	Female	_____	_____	_____	_____	_____	_____	_____ %

Table ABX 1/2/3(b): Antibiotics of Concern Utilization PMPY by Drug Class

Age	Sex	Total # Quin- olone Scrip s	Avg # Quin- olone Scrip s PMPY	Total # Ceph- alospo- ri- n Scrip s	Avg # Ceph- alospo- ri- n Scrip s PMPY	Total # Azith- ro- myci- n & Clar- ithro- myci- n Scrip s	Avg # Azith- ro- myci- n & Clar- ithro- myci- n Scrip s PMPY	Total # Amox- - icillin / Clavu- - lanate Scrip s	Avg # Amox- - icillin / Clavu- - lanate Scrip s PMPY	Total # Keto- lide Scrip s	Avg # Keto- lide Scrip s PMPY	Total # Clind- a- myci- n Scrip s	Avg # Clind- a- myci- n Scrip s PMPY	Total # Misc Anti- biotics of Conce- rn Scrips	Avg # Misc Anti- biotic s of Conce- rn Scrips PMPY
0-9	Male	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Female	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Total:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
10-17	Male	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Female	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Total:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
18-34	Male	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Female	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Total:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
35-49	Male	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Female	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Total:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
50-64	Male	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Female	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Total:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
65-74	Male	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Female	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Total:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
75-84	Male	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Female	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Total:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Table ABX 1/2/3(b): Antibiotics of Concern Utilization PMPY by Drug Class (continued)

Age	Sex	Total # Quin- olone Scrip s	Avg # Quin- olone Scrip s PMPY	Total # Ceph- alo- spori n Scrip s	Avg # Ceph- alo- spori ns Scrip s PMPY	Total # Azith- ro- myci n & Clar- ithro- myci n Scrip s	Avg # Azith- ro- myci n & Clar- ithro- myci n Scrip s PMPY	Total # Amox- - icillin / Clavu- - lanat- e Scrip s	Avg # Amox- - icillin / Clavu- - lanat- e Scrip s PMPY	Total # Keto- lide Scrip s	Avg # Keto- lide Scrip s PMPY	Total # Clind- a- myci n Scrip s	Avg # Clind- a- myci n Scrip s PMPY	Total # Misc Anti- biotic s of Conce rn Scrips	Avg # Misc Anti- biotic s of Conce rn Scrips PMPY
85+	Male	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Female	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Total:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Unknown	Male	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Female	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Total:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Total:	Male	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Female	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Table ABX 1/2/3 (c): All Other Antibiotic Utilization PMPY by Drug Class

Age	Sex	Total # Absorbable sulfonamide Scripts	Avg # Absorbable sulfonamide Scripts PMPY	Total # Aminoglycoside Scripts	Avg # Aminoglycoside Scripts PMPY	Total # 1st Gen Cephalosporins Scripts	Avg # 1st Gen Cephalosporins Scripts PMPY	Total # Lincosamide Scripts	Avg # Lincosamide Scripts PMPY	Total # Macrolides (not azith., clar.) Scripts	Avg # Macrolides (not azith., clar.) Scripts PMPY	Total # Penicillin Scripts	Avg # Penicillin Scripts PMPY	Total # Tetracycline Scripts	Avg # Tetracycline Scripts PMPY	Total # Misc. Antibiotics Scripts	Avg # Misc. Antibiotics Scripts PMPY
50-64	M	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	F	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Tot.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
65-74	M	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	F	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Tot.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
75-84	M	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	F	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Tot.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
85+	M	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	F	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Tot.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Un.	M	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	F	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Tot.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Total	M	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	F	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____