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Commissioner

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November 23, 2007

CLARIFICATION #1
2007 Quality Assurance Reporting Requirements Specifications (QARR)

Dear Quality Management Director:

This is to inform you of several updates to the 2007 QARR Specifications Manual. The following is a summary of the updated information:

1. Table 3, AP-DRGs for HEDIS Measures with DRGs Included in the Specifications, is being released. The AP-DRG table has been updated. Table 3 is enclosed.
2. Supplemental database reporting for QARR has caused several questions. NYS DOH has developed a descriptive document to help plans determine what to report under supplemental databases. The descriptive document is enclosed.
3. Well Child measures for Medicaid managed care is being calculated by the plans. Plans are to follow HEDIS® 2008 specifications for calculation. HEDIS® 2008 allows for both administrative and hybrid calculation. Both methods are acceptable and plans may use either method for calculating the measures. Please remember that the hybrid sample cannot be reduced based on last year's rate as it was a different calculation method. Plans may reduce the sample using this year's administrative rate as per HEDIS® 2008 guidelines.
4. The QARR 2007 Technical Specifications referred to Medicaid member level files implying there would be more than one file per plan. NYS DOH clarifies this to be one member level file per Medicaid plan.
5. There is a modification to the Medicaid member-level file layout. Column 51 in the Medicaid Member level file, Numerator 2 for CDC – HbA1c Poor Control, has been revised to clarify that member's whose lab result is missing should be counted as a numerator with a value of '1'.

6. NYS DOH has revised the specifications for Child Health Plus to follow the Medicaid specifications of HEDIS® 2008. It previously stated to follow commercial specifications and use a 30 day gap in enrollment. This change also applies to the Use of Services measures where plans will use member months in the calculations as opposed to member years used in previous QARR submissions. The DSS tool will be revised to reflect this change. The revision aligns QARR specifications consistent with HEDIS for SCHIP membership.

If you have any questions about any of the clarifications, please call me at 518-486-9012 or via email at ams13@health.state.ny.us.

Sincerely,

Anne Schettine
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Enclosure

cc: Plan Medical Director
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Table 3 AP-DRGs for 2007 QARR/HEDIS 2008

Measure	Description	NYS AP-DRG	NCQA Specification (Federal DRG's-24)
Effectiveness of Care			
Antidepressant Medication Management	Major Depression	AMM-A: 426	AMM-A: 426
	Prior Depressive Episodes	AMM-A: 426	AMM-A: 426
Persistence of Beta Blocker Treatment After Heart Attack	AMI	PBH-A: 121, 122, 808, 853	PBH-A: 121, 122, 516, 526
Cholesterol Management for Patients With Cardiovascular Conditions	AMI (Inpatient only)	CMC-A: 121, 122, 808	CMC-A: 121, 122, 516
	PTCA	CMC-A: 112, 808, 852-854	CMC-A: 516, 517, 526, 527, 555-558
	CABG (Inpatient only)	CMC-A: 106, 107, 109, 546	CMC-A: 106, 107, 109, 547-550
	IVD	CMC-A: 140, 880	CMC-A: 140, 559
Comprehensive Diabetes Care	Diabetes Diagnosis	CDC-B: 294, 295	CDC-B: 294, 295
	Evidence of Diagnosis of or treatment for nephropathy	CDC-K: 316, 317, 568	CDC-K: 316, 317
Follow-Up After Hospitalization for Mental Illness	Identify Mental Health Diagnosis	FUH-A: 426, 430	FUH-A: 426, 430
Annual Monitoring for Patients on Persistent Medications	Exclusion Optional - Exclude members from each eligible population rate who had an inpatient stay (acute or non-acute) in the measurement year. Count any visit with an inpatient facility code or use of UB type Bill codes from Table IPU-A, FUH-B, MPT-A and IAD-A	IPU-A: 1-2, 6-25, 34-80, 82-90, 92-97, 99-109, 108, 110-111, 113-183, 185-189, 191-213, 216-230, 232-382, 392-399, 401-410, 413, 414, 416, 417-423, 439-455, 461, 463-471, 476-477, 479-480, 482, 491, 493-494, 549, 550, 562-563, 585, 603, 605, 703, 709, 715-716, 730, 732, 734, 739, 757-758, 761-769, 771, 773, 775, 777, 779, 783, 789, 795, 804, 806-807, 811, 821, 823-829, 830, 832-833, 836-837, 839, 849-850, 851-854, 864-867, 874-879, 880-882, 884-886 FUH-B- 462 IAD-A: None IAD-B: 743-751 MPT-A: None MPT-B: 424-432, 753	IPU-A: 1-423, 439-455, 461, 463-471, 473, 475-520, 524-579 FUH-B-462 IAD-A: None IAD-B: 433, 521-523 MPT-A: None MPT-B 424-432
Access and Availability of Care			
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)	Identify Inpatient Services	IAD-B: 743-751	IAD-B: 433, 521-523
Cost of Care			
RRU for People with Asthma		CMC-B: 140, 880 CDC-B: 294, 295 AMM-A: 426	CMC-B: 140, 559 CDC-B: 294, 295 AMM-A: 426
RRU for People with Acute Low Back Pain		RDI-B: 317	RDI-B: 317

Measure	Description	NYS AP-DRG	NCOA Specification (Federal DRG's-24)
RRU for People with Cardiovascular Conditions		CMC-B: 140, 880, RDI-B: 317 RCA-A: 121, 122, 808, 853 CDC-B: 294, 295 AMM-A: 426	CMC-B: 140, 559 RDI-B: 317 RCA-A: 121, 122, 516 CDC-B: 294, 295 AMM-A: 426
RRU for People with Diabetes (RDI)		RDI-B: 317, RDI-H: 1, 2, 6-25, 34-80, 82-90, 92-97, 99-189, 191-213, 216-230, 232-382, 392-399, 401-404, 406-410, 413, 414, 416-432, 439-455, 461-471, 476-480, 482, 491, 493, 494, 530-536, 538-541, 543-589, 631, 633, 634, 636, 650--652, 700-716, 730-734, 737-740, 743-787, 789-829, 832, 833, 836-839, 849-854, 864-867, 874-886 CDC-B: 294, 295	RDI-B: 317 RDI-H: 1-384, 392-432, 433, 439-455, 461, 462, 463-471, 473, 475-540, 541-579 CDC-B: 294, 295
RRU Use of People with COPD (RCO)		RDI-B: 317 CMC-B: 140, 880 CDC-B: 294, 295 AMM-A 426 RDI-H: 1-2, 6-25, 34-80, 82-90, 92-97, 99-183, 185-189, 191-213, 216-230, 232-384, 392-399, 401-404, 406-410, 413-432, 439-455, 461-471, 476-477, 479-480, 482, 491, 493-494, 549-550, 562-563, 581, 585, 703, 709, 715-716, 730, 732, 734, 739, 749-751, 757-758, 761-769, 771, 773, 775, 777, 779, 781, 783, 789, 795, 803-807, 811, 821, 823-828, 829, 832-833, 836-837, 839, 849-850, 852-854, 864-867, 874-882, 884	RDI-B: 317 CMC-B: 140, 559 CDC-B: 294, 295 AMM-A: 426 RDI-H: 1-384, 392-432, 433, 439-455, 461, 462, 463-471, 473, 475-540, 541-579
RRU Use for People with Uncomplicated Hypertension (RHY)		RDI-B: 317 CMC-A: 121, 122, 112, 106, 107, 109, 546, 808, 852, 853, 854 CMC-B: 140, 880 CDC-B: 294, 295 AMM-A: 426 CBC-C: 317	RDI-B: 317 CMC-A: 121, 122, 516, 106, 107, 109, 547-550, 517, 526, 527, 555-558 CMC-B: 140, 559 CDC-B: 294, 295 AMM-A: 426 CBC-C: 317
Use of Services			
Frequency of Selected Procedures	Angioplasty (PTCA)	FSP-A: 112, 808, 852- 854	FSP-A: 516-517, 526, 527, 555-558
	Back Surgery	FSP-A: 806, 807, 864, 865, 884	FSP-A: 496-498, 519, 520, 546
	Cardiac catheterization	FSP-A: 104, 124, 125, 849, 850	FSP-A: 104, 124, 125, 535, 536
	Cholecystectomy, open & closed	195-197, 493, 494	None

Measure	Description	NYS AP-DRG	NCOA Specification (Federal DRG's-24)
	Coronary artery bypass graft (CABG)	FSP-A: 106, 107, 109, 546	FSP-A: 106, 107, 109, 547-550
	Dilation & Curettage	363, 364	None
	Hysterectomy, vaginal and abdominal	353	None
	Lumpectomy	FSP-A: 259, 260, 262	FSP-A: 259, 260, 262
	Mastectomy	FSP-A: 257, 258	FSP-A: Unilateral 257, 258
	Myringotomy	061, 062	None
	Prostatectomy	FSP-A: 306, 307	FSP-A: 306, 307
	Tonsillectomy	057, 058, 059, 060	None
Identification of Alcohol and Other Drug Services (IAD)	Identify Inpatient Services	IAD-B: 743-751	IAD-B: 433, 521-523
Inpatient Utilization -Non Acute Care	Identify -Non Acute Care	NON-A: 462	NON-A: 462
Inpatient Utilization: General Hospital/Acute Care	Total Inpatient-	IPU-A: 1-2, 6-25, 34-80, 82-90, 92-97, 99-183, 185-189, 191-213, 216-230, 232-382, 392-399, 401-404, 406-410, 413-414, 416-423, 439-455, 461, 463-471, 476-479, 480, 482, 491, 493-494, 530-536, 538-541, 543-563, 564-589, 602-641, 650-652, 700-716, 730-734, 737-740, 752, 754-787, 789-829, 832-833, 836-839, 849-854, 864-867, 874-886	IPU-A: 1-423, 439-455, 461, 463-471, 473, 475-520, 524-579
	Maternity	IPU-B: 370-382, 650-652, 885, 886	IPU-B: 370-384
	Surgery	IPU-B: 1-2, 36-42, 49-63, 75-77, 103-120, 149-153, 155-171, 191-201, 146-148, 154, 209-213, 216-230, 232-234, 257-270, 285-293, 302-315, 334-345, 353-365, 392-394, 401-402, 406-408, 418, 439-443, 461, 468, 471, 476-480, 482, 491, 493-494, 530-531, 534, 536, 538-539, 545-550, 553-556, 558-559, 564-567, 569, 571, 573, 575, 579, 581, 585, 602-641, 700-704, 730-732, 737-739, 755-759, 786-787, 789-793, 795-798, 803-809, 811, 817-819, 821, 823-824, 828-829, 833, 836-839, 849-854, 864-867, 874-875, 877-879, 883-884	IPU-B: 1-8, 36-42, 49-63, 75-77, 103-109, 110-120, 146-171, 191-201, 209-234, 257-270, 285-293, 302-315, 334-345, 353-365, 392-394, 400-402, 406-408, 415, 439-443, 461, 468, 471, 476-486, 488, 491, 493-504, 506, 507, 512-520, 525-558, 567-570, 573, 577-579
	Medicine	IPU-B: 9-19, 20-25, 34, 43-48, 64-74, 78-80, 82-90, 92-97, 99-102, 121-145, 172-183, 185-189, 202-208, 235-256, 271-284, 294-301, 316-333, 346-352, 35, 366-369, 393-399, 403-404, 409-410, 413-414, 416-417, 423, 444-455, 463-467, 532, 533, 535, 540,	IPU-B: 9-35, 43-48, 64-74, 78-102, 121-145, 172-190, 202-208, 235-256, 271-284, 294-301, 316-333, 346-352, 366-369, 381-391, 395-399, 403-405, 409-414, 416-423, 444-455, 463-467, 473, 475, 487, 489, 490, 492, 505, 508-511, 524, 559-566, 571, 572,

Measure	Description	NYS AP-DRG	NCQA Specification (Federal DRG's-24)
		541, 543, 544, 551, 552, 557, 560, 561, 562, 563, 566, 568, 570, 572, 574, 576, 577, 578, 580, 582, 584, 585, 586, 587- 589, 602-641, 650-652, 705- 716, 733-734, 740, 752, 754, 760-785, 794, 799-802, 810, 812-816, 820, 822, 825-828, 832, 876, 880-882	574-576

Supplemental databases and their use in QARR

What are they?

Supplemental databases are sources of information designated by HEDIS® 2008 (General Guidelines 40 and 41, Volume 2, HEDIS® 2008). Information from supplemental databases is used to qualify members for numerator criteria for measures. NYS plans should follow the HEDIS guidelines that instruct plans about the data sources, formats and procedures to follow in constructing a supplemental database for use in HEDIS/QARR reporting.

NYS DOH defines supplemental data using the reference of all data not originating from the transaction system. Transaction system refers to the claims, encounters, or billing or financial system for organizations. If lab data is submitted to a plan through the transaction system, it would be referred to as administrative data for QARR. If lab data is submitted to a plan outside the transaction system, the data would be referred to supplemental data for QARR. Please remember, as stated in Volume 2, all supplemental electronic data are subject to audit review and differ only in the degree of review required.

How are they used?

NYS DOH plans use supplemental databases to capture information from sources on services and events that are used for numerators for various HEDIS/QARR measures. The information captured for the systems should comply with HEDIS®2008 guidelines for both data elements and the procedures for maintaining systems and data integrity.

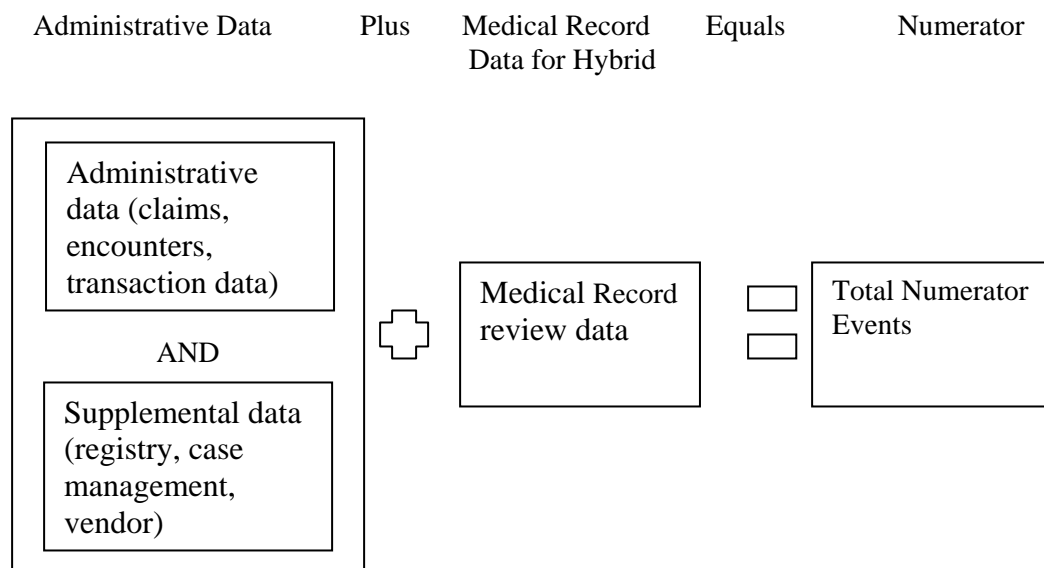
How is the data reported?

NYS DOH uses a Data Submission System (DSS) for plans to report their QARR data. For QARR 2007, the DSS has been revised for all of the effectiveness of care measures (except Adolescent Preventive Care), Well Child Visit measures and Annual Dental Visits to separate two pieces of the administrative data. Administrative data (transaction data) and supplemental data are both part of the ADMINISTRATIVE component of any applicable measure. For hybrid measures, the numerators of the transaction data and the supplemental data would be added to the medical record data to create the total numerator. For an administrative measure, the two components would be added together to create total numerator.

NYS DOH is not asking plans to change how they are calculating measures or requiring separate administrative rates to be calculated. The DSS has been modified to capture the two pieces separately.

If a member is found to have a transaction indicating numerator compliance, the member should be counted in the administrative data box of the DSS, even if there is also data in the supplemental database indicating numerator compliance. Members should only be included in one box and counted only once (per measure or event for measures where members can be in the denominator more than once). If there is no information in the transaction system indicating numerator compliance, but there is information of compliance in the supplemental database, the member would be counted in the supplemental database box on the DSS. (see the example of a DSS screen on the next page)

Example of a QARR hybrid measure reporting on the DSS:



NYS QARR 2007 Happy Health Plan Close
Adolescent Well Care Visits Ages - Commercial

Type of Review: <input type="text" value="Hybrid Method"/>			
Eligible Population: <input type="text" value="505"/>	Valid Denominator Exclusions: <input type="text" value="5"/>		
Sample Size: <input type="text" value="411"/>	Denominator: <input type="text" value="408"/>		
Administrative Numerator	Medical Record Numerator	Supplemental Numerator	Reported Rate
<input type="text" value="202"/>	<input type="text" value="60"/>	<input type="text" value="42"/>	74.88%

QARR 2007 Member-Level File Specifications

Prepare a fixed width text file in the following format. Include one header record per submission. Include one row for every member who was enrolled in the Medicaid product and who meets criteria for one or more QARR measures for 2007 measurement year. Numeric values should be right justified and blank filled to the left of the value; text fields should be left-justified and blank filled to the right of the value. All member-level Medicaid data are due on June 16, 2008. The file should be named Member.txt.

Header Record

Column 1 – 7	Column 8 – 57
Plan ID	Organization Name

Column 1 – 7: Enter the numeric Plan ID
Column 8 – 57: Organization Name

Notes:

1. Reporting of member-level data should encompass only those members included and timeframes employed in the QARR 2007 and HEDIS ® 2008 specifications.
2. The sum of the field should equal the numerator or denominator for the corresponding measure entered in the Data Submission System (DSS) for that measure.

Detail Record – Include one row for each member

Column 1-8	Column 9	Column 10	Column 11	Column 12	Column 13	Column 14	Column 15	Column 16
CIN	Denominator – Adolescent Preventive Care (APC) (1 = Yes 0 = No)	Numerator 1 – APC BMI Screening (1 = Yes 0 = No)	Numerator 2 – APC Nutrition (1 = Yes 0 = No)	Numerator 3 – APC Exercise (1 = Yes 0 = No)	Numerator 4 – APC Sexual Activity (1 = Yes 0 = No)	Numerator 5 – APC Depression (1 = Yes 0 = No)	Numerator 6 – APC Tobacco Use (1 = Yes 0 = No)	Numerator 7 – APC Substance Use (1 = Yes 0 = No)

Column 1-8: **CIN**

A member's client identification number. The field should be continuous without any spaces or hyphens. The field is alpha-numeric and should be treated as a text field. This field is mandatory – do not leave it blank!

Column 9: **Denominator for Adolescent Preventive Care**

Enter a '1' if this member is in the denominator of the Adolescent Preventive Care measures, '0' if the member is not in the denominator of this measure.

Column 10: **Numerator 1 for Adolescent Preventive Care – BMI Screening**

Enter a '1' if this member is in the numerator of the APC BMI Screening measure, '0' if the member is not in the numerator or the information is missing.

Column 11: **Numerator 2 for Adolescent Preventive Care – Nutrition**

Enter a '1' if this member is in the numerator of the APC Nutrition measure, '0' if the member is not in the numerator or the information is missing.

Column 12: **Numerator 3 for Adolescent Preventive Care – Exercise**

Enter a '1' if this member is in the numerator of the APC Exercise measure, '0' if the member is not in the numerator or the information is missing.

Column 13: **Numerator 4 for Adolescent Preventive Care – Sexual Activity**

Enter a '1' if this member is in the numerator of the APC Sexual Activity measure, '0' if the member is not in the numerator or the information is missing.

Column 14: **Numerator 5 for Adolescent Preventive Care – Depression**

Enter a '1' if this member is in the numerator of the APC Depression measure, '0' if the member is not in the numerator or the information is missing.

Column 15: **Numerator 6 for Adolescent Preventive Care – Tobacco Use**

Enter a '1' if this member is in the numerator of the APC Tobacco Use measure, '0' if the member is not in the numerator or the information is missing.

Column 16: **Numerator 7 for Adolescent Preventive Care – Substance Use**

Enter a '1' if this member is in the numerator of the APC Substance Use measure, '0' if the member is not in the numerator or the information is missing.

Column 17	Column 18	Column 19	Column 20	Column 21	Column 22	Column 23	Column 24
Denominator – Annual Monitoring of Persistent Meds – ACE Inhibitors or ARBs (1 = Yes 0 = No)	Numerator – Annual Monitoring of Persistent Meds – ACE Inhibitors or ARBs (1 = Yes 0 = No)	Denominator – Annual Monitoring of Persistent Meds – Digoxin (1 = Yes 0 = No)	Numerator – Annual Monitoring of Persistent Meds – Digoxin (1 = Yes 0 = No)	Denominator – Annual Monitoring of Persistent Meds – Diuretics (1 = Yes 0 = No)	Numerator – Annual Monitoring of Persistent Meds – Diuretics (1 = Yes 0 = No)	Denominator – Annual Monitoring of Persistent Meds – Anticonvulsants (1 = Yes 0 = No)	Numerator – Annual Monitoring of Persistent Meds – Anticonvulsants (1 = Yes 0 = No)

Column 17: **Denominator for Annual Monitoring of Persistent Medications – ACE Inhibitors or ARBs**

Enter a '1' if this member is in the denominator of the Annual Monitoring of Persistent Medications – ACE Inhibitors or ARBs measure, '0' if the member is not in the denominator of this measure.

Column 18: **Numerator for Annual Monitoring of Persistent Medications – ACE Inhibitors or ARBs**

Enter a '1' if this member is in the numerator of the Annual Monitoring of Persistent Medications – ACE Inhibitors or ARBs measure, '0' if the member is not in the numerator or the information is missing.

Column 19: **Denominator for Annual Monitoring of Persistent Medications – Digoxin**

Enter a '1' if this member is in the denominator of the Annual Monitoring of Persistent Medications – Digoxin measure, '0' if the member is not in the denominator of this measure.

Column 20: **Numerator for Annual Monitoring of Persistent Medications – Digoxin**

Enter a '1' if this member is in the numerator of the Annual Monitoring of Persistent Medications – Digoxin measure, '0' if the member is not in the numerator or the information is missing.

Column 21: **Denominator for Annual Monitoring of Persistent Medications – Diuretics**

Enter a '1' if this member is in the denominator of the Annual Monitoring of Persistent Medications – Diuretics measure, '0' if the member is not in the denominator of this measure.

Column 22: **Numerator for Annual Monitoring of Persistent Medications – Diuretics**

Enter a '1' if this member is in the numerator of the Annual Monitoring of Persistent Medications – Diuretics measure, '0' if the member is not in the numerator or the information is missing.

Column 23: **Denominator for Annual Monitoring of Persistent Medications – Anticonvulsants**

Enter a '1' if this member is in the denominator of the Annual Monitoring of Persistent Medications – Anticonvulsants measure, '0' if the member is not in the denominator of this measure.

Column 24: **Numerator for Annual Monitoring of Persistent Medications – Anticonvulsants**

Enter a '1' if this member is in the numerator of the Annual Monitoring of Persistent Medications – Anticonvulsants measure, '0' if the member is not in the numerator or the information is missing.

Column 25	Column 26	Column 27	Column 28	Column 29	Column 30	Column 31	Column 32
Denominator – Antidepressant Medication Management (1 = Yes 0 = No)	Numerator 1 – Antidepressant Medication Management Optimal Provider Contact (1 = Yes 0 = No)	Numerator 2 – Antidepressant Medication Management Effective Acute Phase Treatment (1 = Yes 0 = No)	Numerator 3 – Antidepressant Medication Management Effective Continuation Phase Treatment (1 = Yes 0 = No)	Denominator – Appropriate Testing of Children with Pharyngitis (1 = Yes 0 = No)	Numerator – Appropriate Testing of Children with Pharyngitis (1 = Yes 0 = No)	Denominator – Appropriate Treatment of Children with URI (1 = Yes 0 = No)	Numerator – Appropriate Treatment of Children with URI (1 = Yes 0 = No)

- Column 25: **Denominator for Antidepressant Medication Management**
Enter a '1' if this member is in the denominator of the Antidepressant Medication Management measures, '0' if the member is not in the denominator of this measure.
- Column 26: **Numerator 1 for Antidepressant Medication Management – Optimal Provider Contact**
Enter a '1' if this member is in the numerator of the Antidepressant Medication Management Optimal Provider Contact measure, '0' if the member is not in the numerator or the information is missing.
- Column 27: **Numerator 2 for Antidepressant Medication Management – Effective Acute Phase Treatment**
Enter a '1' if this member is in the numerator of the Antidepressant Medication Management – Effective Acute Phase Treatment measure, '0' if the member is not in the numerator or the information is missing.
- Column 28: **Numerator 3 for Antidepressant Medication Management– Effective Continuation Phase Treatment**
Enter a '1' if this member is in the numerator of the Antidepressant Medication Management – Effective Continuation Phase Treatment measure, '0' if the member is not in the numerator or the information is missing.
- Column 29: **Denominator for Appropriate Testing of Children with Pharyngitis**
Enter a '1' if this member is in the denominator of the Appropriate Testing of Children with Pharyngitis measure, '0' if the member is not in the denominator of this measure.
- Column 30: **Numerator for Appropriate Testing of Children with Pharyngitis**
Enter a '1' if this member is in the numerator of the Appropriate Testing of Children with Pharyngitis measure, '0' if the member is not in the numerator or the information is missing.
- Column 31: **Denominator for Appropriate Treatment of Children with URI**
Enter a '1' if this member is in the denominator of the Appropriate Treatment of Children with URI measure, '0' if the member is not in the denominator of this measure.
- Column 32: **Numerator for Appropriate Treatment of Children with URI**
Enter a '1' if this member is in the numerator of the Appropriate Treatment of Children with URI measure, '0' if the member is not in the numerator or the information is missing.

Column 33	Column 34	Column 35	Column 36	Column 37	Column 38	Column 39	Column 40
Denominator – Breast Cancer Screening (42-51 Years) (1 = Yes 0 = No)	Numerator – Breast Cancer Screening (42-51 Years) (1 = Yes 0 = No)	Denominator – Breast Cancer Screening (52-69 Years) (1 = Yes 0 = No)	Numerator – Breast Cancer Screening (52-69 Years) (1 = Yes 0 = No)	Denominator – Chlamydia Screening in Women (16 – 20 Years) (1 = Yes 0 = No)	Numerator – Chlamydia Screening in Women (16 – 20 Years) (1 = Yes 0 = No)	Denominator – Chlamydia Screening in Women (21– 25 Years) (1 = Yes 0 = No)	Numerator – Chlamydia Screening in Women (21 – 25 Years) (1 = Yes 0 = No)

Column 33: **Denominator for Breast Cancer Screening (42 – 51 Years)**

Enter a '1' if this member is in the denominator of the Breast Cancer Screening (42 – 51 Years) measure, '0' if the member is not in the denominator of this measure.

Column 34: **Numerator for Breast Cancer Screening (42 – 51 Years)**

Enter a '1' if this member is in the numerator of the Breast Cancer Screening (42 – 51 Years) measure, '0' if the member is not in the numerator or the information is missing.

Column 35: **Denominator for Breast Cancer Screening (52 – 69 Years)**

Enter a '1' if this member is in the denominator of the Breast Cancer Screening (52 –69 Years) measure, '0' if the member is not in the denominator of this measure.

Column 36: **Numerator for Breast Cancer Screening (52 – 69 Years)**

Enter a '1' if this member is in the numerator of the Breast Cancer Screening (52 – 69 Years) measure, '0' if the member is not in the numerator or the information is missing.

Column 37: **Denominator for Chlamydia Screening in Women (16 – 20 Years)**

Enter a '1' if this member is in the denominator of the Chlamydia Screening in Women (16 – 20 Years) measure, '0' if the member is not in the denominator of this measure.

Column 38: **Numerator for Chlamydia Screening in Women (16 – 20 Years)**

Enter a '1' if this member is in the numerator of the Chlamydia Screening in Women (16 – 20 Years) measure, '0' if the member is not in the numerator or the information is missing.

Column 39: **Denominator for Chlamydia Screening in Women (21 – 25 Years)**

Enter a '1' if this member is in the denominator of the Chlamydia Screening in Women (21-25 Years) measure, '0' if the member is not in the denominator of this measure.

Column 40: **Numerator for Chlamydia Screening in Women (21 – 25 Years)**

Enter a '1' if this member is in the numerator of the Chlamydia Screening in Women (21-25 Years) measure, '0' if the member is not in the numerator or the information is missing.

Column 41	Column 42	Column 43	Column 44	Column 45	Column 46	Column 47	Column 48
Denominator – Childhood Immunization (CI) (1 = Yes 0 = No)	Numerator 1 – CI - Four DTaP (0-9)	Numerator 2 – CI - Three IPV (0-9)	Numerator 3 – CI - One MMR (0-9)	Numerator 4 – CI - Three HiB (0-9)	Numerator 5 – CI - Three Hepatitis B (0-9)	Numerator 6 – CI - One VZV (0-9)	Numerator 7 – CI - Four Pneumococcal Conjugate (0-9)

Column 41: **Denominator for Childhood Immunization (CI)**

Enter a '1' if this member is in the denominator of the CI measure, '0' if the member is not in the denominator of this measure.

Column 42: **Numerator 1 for CI – Four DTaP**

Enter the number of times this member has a vaccination meeting HEDIS specifications for DTaP in numerator of the CI - Four DTaP measure. Enter '0' if this member did not receive any DTaP vaccinations meeting HEDIS specifications.

Column 43: **Numerator 2 for CI – Three IPV**

Enter the number of times this member has a vaccination meeting HEDIS specifications for IPV in numerator of the CI – Three IPV measure. Enter '0' if this member did not receive any IPV vaccinations meeting HEDIS specifications.

Column 44: **Numerator 3 for CI – One MMR**

Enter the number of times this member has a vaccination meeting HEDIS specifications for MMR in numerator of the CI – One MMR measure. Enter '0' if this member did not receive any MMR vaccinations meeting HEDIS specifications. Enter '1' if the member has a history of illness or seropositive result.

Column 45: **Numerator 4 for CI – Three HiB**

Enter the number of times this member has a vaccination meeting HEDIS specifications for HiB in numerator of the CI – Three HiB measure. Enter '0' if this member did not receive any HiB vaccinations meeting HEDIS specifications.

Column 46: **Numerator 5 for CI – Three Hepatitis B**

Enter the number of times this member has a vaccination meeting HEDIS specifications for Hepatitis B in numerator of the CI – Three Hepatitis B measure. Enter '0' if this member did not receive any Hepatitis B vaccinations meeting HEDIS specifications. Enter '3' if the member has a history of illness or seropositive result.

Column 47: **Numerator 6 for CI – One VZV**

Enter the number of times this member has a vaccination meeting HEDIS specifications for VZV in numerator of the CI – One VZV measure. Enter '0' if this member did not receive any VZV vaccinations meeting HEDIS specifications. Enter '1' if the member has a history of illness or seropositive result.

Column 48: **Numerator 7 for CI – Four Pneumococcal Conjugate**

Enter the number of times this member has a vaccination meeting HEDIS specifications for Pneumococcal Conjugate in numerator of the CI - Four Pneumococcal Conjugate measure. Enter '0' if this member did not receive any Pneumococcal Conjugate vaccinations meeting HEDIS specifications.

Column 49	Column 50	Column 51	Column 52	Column 53	Column 54	Column 55	Column 56	Column 57	Column 58
Denominator – Comprehensive Diabetes Care (CDC) (1 = Yes 0 = No)	Numerator 1 – CDC HbA1c Test (1 = Yes 0 = No)	Numerator 2 – CDC HbA1c Poor Control (1 = Yes 0 = No)	Numerator 3 – CDC HbA1c Good Control (1 = Yes 0 = No)	Numerator 4 – CDC Eye Exam (1 = Yes 0 = No)	Numerator 5 – CDC LDL-C Screen (1 = Yes 0 = No)	Numerator 6 – CDC LDL-C Control (1 = Yes 0 = No)	Numerator 7 – CDC Nephropat hy monitor (1 = Yes 0 = No)	Numerator 8 – CDC BP below 140/90 (1 = Yes 0 = No)	Numerator 9 – CDC BP below 130/80 (1 = Yes 0 = No)

Column 49: **Denominator for Comprehensive Diabetes Care (CDC)**

Enter a '1' if this member is in the denominator of the CDC measures, '0' if the member is not in the denominator of this measure.

Column 50: **Numerator 1 for CDC – HbA1c Test**

Enter a '1' if this member is in the numerator of the CDC HbA1c Test measure, '0' if the member is not in the numerator or the information is missing.

Column 51: **Numerator 2 for CDC – HbA1c Poor Control (>9%)**

Enter a '1' if this member is in the numerator of the CDC HbA1c Poor Control measure or if the information is missing, '0' if the member is not in the numerator.

Column 52: **Numerator 3 for CDC – HbA1c Good Control (<7%)**

Enter a '1' if this member is in the numerator of the CDC HbA1c Good Control measure, '0' if the member is not in the numerator or the information is missing.

Column 53: **Numerator 4 for CDC – Eye Exam**

Enter a '1' if this member is in the numerator of the CDC Eye Exam measure, '0' if the member is not in the numerator or the information is missing.

Column 54: **Numerator 5 for CDC – LDL-C Screen**

Enter a '1' if this member is in the numerator of the CDC LDL-C Screen measure, '0' if the member is not in the numerator or the information is missing.

Column 55: **Numerator 6 for CDC – LDL-C Control (<100 mg/dL)**

Enter a '1' if this member is in the numerator of the CDC LDL-C Control measure, '0' if the member is not in the numerator or the information is missing.

Column 56: **Numerator 7 for CDC – Nephropathy Monitor**

Enter a '1' if this member is in the numerator of the CDC Nephropathy Monitor measure, '0' if the member is not in the numerator or the information is missing.

Column 57: **Numerator 8 for CDC – BP below 140/90**

Enter a '1' if this member is in the numerator of the CDC BP below 140/90 measure, '0' if the member is not in the numerator or the information is missing.

Column 58: **Numerator 9 for CDC – BP below 130/80**

Enter a '1' if this member is in the numerator of the CDC BP below 130/80 measure, '0' if the member is not in the numerator or the information is missing.

Column 59	Column 60	Column 61	Column 62-63	Column 64-65	Column 66-67	Column 68	Column 69
Denominator – Cholesterol Management for Cardiovascular Conditions (CMC) (1 = Yes 0 = No)	Numerator 1 – CMC – LDL-C Screen (1 = Yes 0 = No)	Numerator 2 – CMC - LDL-C Control (1 = Yes 0 = No)	Denominator – Follow-Up After Hosp for MI (0-98)	Numerator 1 – Follow-Up After Hosp for MI – 7 days (0-98)	Numerator 2 – Follow-Up After Hosp for MI – 30 days (0-98)	Denominator – Disease Modifying Anti-Rheumatic Drug Therapy (1 = Yes 0 = No)	Numerator – Disease Modifying Anti-Rheumatic Drug Therapy (1 = Yes 0 = No)

- Column 59: **Denominator for Cholesterol Management for Cardiovascular Conditions (CMC)**
Enter a '1' if this member is in the denominator of the CMC measures, '0' if the member is not in the denominator of this measure.
- Column 60: **Numerator 1 for CMC – LDL-C Screen**
Enter a '1' if this member is in the numerator of the CMC LDL-C Screen measure, '0' if the member is not in the numerator or the information is missing.
- Column 61: **Numerator 2 for CMC – LDL-C Control (<100 mg/dL)**
Enter a '1' if this member is in the numerator of the CMC LDL-C Control measure, '0' if the member is not in the numerator or the information is missing.
- Column 62-63: **Denominator for Follow-Up After Hospitalization for Mental Illness**
Enter the number of times this member appears in the denominator of the Follow-Up After Hospitalization for Mental Illness; '0' if the member is not in the denominator of this measure.
- Column 64-65: **Numerator 1 for Follow-Up After Hospitalization for Mental Illness, 7 days after discharge**
Enter the number of times this member appears in numerator 1 of the Follow-Up After Hospitalization for Mental Illness, 7 days after discharge. '0' if the member is not in the numerator or the information is missing.
- Column 66-67: **Numerator 2 for Follow-Up After Hospitalization for Mental Illness, 30 days after discharge**
Enter the number of times this member appears in numerator 2 of the Follow-Up After Hospitalization for Mental Illness, 30 days after discharge. '0' if the member is not in the numerator or the information is missing.
- Column 68: **Denominator for Disease Modifying Anti-Rheumatic Drug Therapy (DMARD)**
Enter a '1' if this member is in the denominator of the DMARD measure, '0' if the member is not in the denominator of this measure.
- Column 69: **Numerator for Disease Modifying Anti-Rheumatic Drug Therapy (DMARD)**
Enter a '1' if this member is in the numerator of the DMARD measure, '0' if the member is not in the numerator or the information is missing.

Column 70	Column 71	Column 72	Column 73	Column 74	Column 75	Column 76	Column 77
Denominator 1 – ADHD Medication Follow-Up - Initiation Phase (1 = Yes 0 = No)	Numerator 1 – ADHD Medication Follow Up - Initiation Phase (1 = Yes 0 = No)	Denominator 2 – ADHD Medication Follow Up - Continuation Phase (1 = Yes 0 = No)	Numerator 2 – ADHD Medication Follow Up - Continuation Phase (1 = Yes 0 = No)	Denominator – Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (1 = Yes 0 = No)	Numerator – Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (1 = Yes 0 = No)	Denominator – Lead Screening (1 = Yes 0 = No)	Numerator – Lead Screening (1 = Yes 0 = No)

- Column 70: **Denominator 1 for ADHD Medication Follow-Up - Initiation Phase**
Enter a '1' if this member is in the denominator of the ADHD Medication Follow-Up - Initiation Phase measure, '0' if the member is not in the denominator of this measure.
- Column 71: **Numerator 1 for ADHD Medication Follow-Up - Initiation Phase**
Enter a '1' if this member is in the numerator of the ADHD Medication Follow-Up - Initiation Phase measure, '0' if the member is not in the numerator or the information is missing.
- Column 72: **Denominator 2 for ADHD Medication Follow-Up - Continuation Phase**
Enter a '1' if this member is in the denominator of the ADHD Medication Follow-Up - Continuation Phase measure, '0' if the member is not in the denominator of this measure.
- Column 73: **Numerator 2 for ADHD Medication Follow-Up - Continuation Phase**
Enter a '1' if this member is in the numerator of the ADHD Medication Follow-Up - Continuation Phase measure, '0' if the member is not in the numerator or the information is missing.
- Column 74: **Denominator for Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis**
Enter a '1' if this member is in the denominator of the Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis measure, '0' if the member is not in the denominator of this measure.
- Column 75: **Numerator for Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis**
Enter a '1' if this member is in the numerator of the Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis measure, '0' if the member is not in the numerator or the information is missing.
- Column 76: **Denominator for Lead Screening in Children**
Enter a '1' if this member is in the denominator of the Lead Screening in Children measure, '0' if the member is not in the denominator of this measure.
- Column 77: **Numerator for Lead Screening in Children**
Enter a '1' if this member is in the numerator of the Lead Screening in Children measure, '0' if the member is not in the numerator or the information is missing.

Column 78-79	Column 80-18	Column 82-83	Column 84	Column 85	Column 86	Column 87
Denominator – Pharmacotherapy Management of COPD Exacerbation (0-98)	Numerator 1 – Pharmacotherapy Management of COPD Exacerbation - Steroids (0-98)	Numerator 2 – Pharmacotherapy Management of COPD Exacerbation - Bronchodilators (0-98)	Denominator – Use of Spirometry Testing in Assessment and Diagnosis of COPD (1 = Yes 0 = No)	Numerator – Use of Spirometry Testing in Assessment and Diagnosis of COPD (1 = Yes 0 = No)	Denominator – Use of Imaging Studies for Low Back Pain (1 = Yes 0 = No)	Numerator – Use of Imaging Studies for Low Back Pain (1 = Yes 0 = No)

Column 78-79: **Denominator for Pharmacotherapy Management of COPD Exacerbation**

Enter the number of times this member appears in the denominator of the Pharmacotherapy Management of COPD Exacerbation; '0' if the member is not in the denominator of this measure.

Column 80-81: **Numerator 1 for Pharmacotherapy Management of COPD Exacerbation, Steroid Dispensed**

Enter the number of times this member appears in numerator 1 of the Pharmacotherapy Management of COPD Exacerbation, Steroid dispensed; '0' if the member is not in the numerator of this measure or the information is missing.

Column 82-83: **Numerator 2 for Pharmacotherapy Management of COPD Exacerbation, Bronchodilator Dispensed**

Enter the number of times this member appears in numerator 2 of the Pharmacotherapy Management of COPD Exacerbation, Bronchodilator dispensed; '0' if the member is not in the numerator of this measure or the information is missing.

Column 84: **Denominator for Use of Spirometry Testing in Assessment and Diagnosis of COPD**

Enter a '1' if this member is in the denominator of the Use of Spirometry Testing in Assessment and Diagnosis of COPD measure, '0' if the member is not in the denominator of this measure.

Column 85: **Numerator for Use of Spirometry Testing in Assessment and Diagnosis of COPD**

Enter a '1' if this member is in the numerator of the Use of Spirometry Testing in Assessment and Diagnosis of COPD measure, '0' if the member is not in the numerator or the information is missing.

Column 86: **Denominator for Use of Imaging Studies for Low Back Pain**

Enter a '1' if this member is in the denominator of the Use of Imaging Studies for Low Back Pain measure, '0' if the member is not in the denominator of this measure.

Column 87: **Numerator for Use of Imaging Studies for Low Back Pain**

Enter a '1' if this member is in the numerator of the Use of Imaging Studies for Low Back Pain measure, '0' if the member is not in the numerator or the information is missing.

Column 88	Column 89	Column 90	Column 91	Column 92	Column 93	Column 94	Column 95
Denominator 1 – Use of Appropriate Medications for People with Asthma (5-9 years) (1 = Yes 0 = No)	Numerator 1 – Use of Appropriate Medications for People with Asthma (5-9 years) (1 = Yes 0 = No)	Denominator 2 – Use of Appropriate Medications for People with Asthma (10-17 years) (1 = Yes 0 = No)	Numerator 2 – Use of Appropriate Medications for People with Asthma (10-17 years) (1 = Yes 0 = No)	Denominator 3 – Use of Appropriate Medications for People with Asthma (18-56 years) (1 = Yes 0 = No)	Numerator 3 – Use of Appropriate Medications for People with Asthma (18-56 years) (1 = Yes 0 =)	Denominator 1 – Annual Dental Visits (2-3 years) (1 = Yes 0 = No)	Numerator 1 – Annual Dental Visits (2-3 years) (1 = Yes 0 = No)

- Column 88: **Denominator 1 for Use of Appropriate Medications for People with Asthma (5-9 years)**
Enter a '1' if this member is in the denominator of the Use of Appropriate Medications for People with Asthma (5-9 years) measure, '0' if the member is not in the denominator of this measure.
- Column 89: **Numerator 1 for Use of Appropriate Medications for People with Asthma (5-9 years)**
Enter a '1' if this member is in the numerator of the Use of Appropriate Medications for People with Asthma (5-9 years) measure, '0' if the member is not in the numerator or the information is missing.
- Column 90: **Denominator 2 for Use of Appropriate Medications for People with Asthma (10-17 years)**
Enter a '1' if this member is in the denominator of the Use of Appropriate Medications for People with Asthma (10-17 years) measure, '0' if the member is not in the denominator of this measure.
- Column 91: **Numerator 2 for Use of Appropriate Medications for People with Asthma (10-17 years)**
Enter a '1' if this member is in the numerator of the Use of Appropriate Medications for People with Asthma (10-17 years) measure, '0' if the member is not in the numerator or the information is missing.
- Column 92: **Denominator 3 for Use of Appropriate Medications for People with Asthma (18-56 years)**
Enter a '1' if this member is in the denominator of the Use of Appropriate Medications for People with Asthma (18-56 years) measure, '0' if the member is not in the denominator of this measure.
- Column 93: **Numerator 3 for Use of Appropriate Medications for People with Asthma (18-56 years)**
Enter a '1' if this member is in the numerator of the Use of Appropriate Medications for People with Asthma (18-56 years) measure, '0' if the member is not in the numerator or the information is missing.
- Column 94: **Denominator 1 for Annual Dental Visits (2-3 years)**
Enter a '1' if this member is in the denominator of the Annual Dental Visits (2-3 years) measure, '0' if the member is not in the denominator of this measure.
- Column 95: **Numerator 1 for Annual Dental Visits (2-3 years)**
Enter a '1' if this member is in the numerator of the Annual Dental Visits (2-3 years) measure, '0' if the member is not in the numerator or the information is missing.

Column 96	Column 97	Column 98	Column 99	Column 100	Column 101	Column 102	Column 103
Denominator 2 – Annual Dental Visits (4-6 years) (1 = Yes 0 = No)	Numerator 2 – Annual Dental Visits (4-6 years) (1 = Yes 0 = No)	Denominator 3 – Annual Dental Visits (7-10 years) (1 = Yes 0 = No)	Numerator 3 – Annual Dental Visits (7-10 years) (1 = Yes 0 = No)	Denominator 4 – Annual Dental Visits (11-14 years) (1 = Yes 0 = No)	Numerator 4 – Annual Dental Visits (11-14 years) (1 = Yes 0 = No)	Denominator 5 – Annual Dental Visits (15-18 years) (1 = Yes 0 = No)	Numerator 5 – Annual Dental Visits (15-18 years) (1 = Yes 0 = No)

Column 96: **Denominator 2 for Annual Dental Visits (4-6 years)**

Enter a '1' if this member is in the denominator of the Annual Dental Visits (4-6 years) measure, '0' if the member is not in the denominator of this measure.

Column 97: **Numerator 2 for Annual Dental Visits (4-6 years)**

Enter a '1' if this member is in the numerator of the Annual Dental Visits (4-6 years) measure, '0' if the member is not in the numerator or the information is missing.

Column 98: **Denominator 3 for Annual Dental Visits (7-10 years)**

Enter a '1' if this member is in the denominator of the Annual Dental Visits (7-10 years) measure, '0' if the member is not in the denominator of this measure.

Column 99: **Numerator 3 for Annual Dental Visits (7-10 years)**

Enter a '1' if this member is in the numerator of the Annual Dental Visits (7-10 years) measure, '0' if the member is not in the numerator or the information is missing.

Column 100: **Denominator 4 for Annual Dental Visits (11-14 years)**

Enter a '1' if this member is in the denominator of the Annual Dental Visits (11-14 years) measure, '0' if the member is not in the denominator of this measure.

Column 101: **Numerator 4 for Annual Dental Visits (11-14 years)**

Enter a '1' if this member is in the numerator of the Annual Dental Visits (11-14 years) measure, '0' if the member is not in the numerator or the information is missing.

Column 102: **Denominator 5 for Annual Dental Visits (15-18 years)**

Enter a '1' if this member is in the denominator of the Annual Dental Visits (15-18 years) measure, '0' if the member is not in the denominator of this measure.

Column 103: **Numerator 5 for Annual Dental Visits (15-18 years)**

Enter a '1' if this member is in the numerator of the Annual Dental Visits (15-18 years) measure, '0' if the member is not in the numerator or the information is missing.

Column 104	Column 105	Column 106	Column 107	Column 108	Column 109
Denominator 6 – Annual Dental Visits (19-21 years) (1 = Yes 0 = No)	Numerator 6 – Annual Dental Visits (19-21 years) (1 = Yes 0 = No)	Denominator – Well Child Visits 3 rd , 4 th , 5 th , and 6 th years (1 = Yes 0 = No)	Numerator – Well Child Visits 3 rd , 4 th , 5 th , and 6 th years (1 = Yes 0 = No)	Denominator – Adolescent Well Care Visits (1 = Yes 0 = No)	Numerator – Adolescent Well Care Visits (1 = Yes 0 = No)

Column 104: **Denominator 6 for Annual Dental Visits (19-21 years)**

Enter a '1' if this member is in the denominator of the Annual Dental Visits (19-21 years) measure, '0' if the member is not in the denominator of this measure.

Column 105: **Numerator 6 for Annual Dental Visits (19-21 years)**

Enter a '1' if this member is in the numerator of the Annual Dental Visits (19-21 years) measure, '0' if the member is not in the numerator or the information is missing.

Column 106: **Denominator for Well Child Visits 3rd, 4th, 5th, and 6th years**

Enter a '1' if this member is in the denominator of the Well Child Visits 3rd, 4th, 5th, and 6th years measure, '0' if the member is not in the denominator of this measure.

Column 107: **Numerator for Well Child Visits 3rd, 4th, 5th, and 6th years**

Enter a '1' if this member is in the numerator of the Well Child Visits 3rd, 4th, 5th, and 6th years measure, '0' if the member is not in the numerator or the information is missing.

Column 108: **Denominator for Adolescent Well Care Visits**

Enter a '1' if this member is in the denominator of the Adolescent Well Care Visits measure, '0' if the member is not in the denominator of this measure.

Column 109: **Numerator for Adolescent Well Care Visits**

Enter a '1' if this member is in the numerator of the Adolescent Well Care Visits measure, '0' if the member is not in the numerator or the information is missing.

Column 110	Column 111	Column 112	Column 113	Column 114	Column 115	Column 116	Column 117
Denominator – Well Care Visits in the First 15 Months of Life (1 = Yes 0 = No)	Numerator 1 – Well Care Visits in the First 15 Months of Life (0 Visits) (1 = Yes 0 = No)	Numerator 2 – Well Care Visits in the First 15 Months of Life (1 Visit) (1 = Yes 0 = No)	Numerator 3 – Well Care Visits in the First 15 Months of Life (2 Visits) (1 = Yes 0 = No)	Numerator 4 – Well Care Visits in the First 15 Months of Life (3 Visits) (1 = Yes 0 = No)	Numerator 5 – Well Care Visits in the First 15 Months of Life (4 Visits) (1 = Yes 0 = No)	Numerator 6 – Well Care Visits in the First 15 Months of Life (5 Visits) (1 = Yes 0 = No)	Numerator 7 – Well Care Visits in the First 15 Months of Life (6 Visits) (1 = Yes 0 = No)

- Column 110: **Denominator for Well Care Visits in the First 15 Months of Life**
Enter a '1' if this member is in the denominator of the Well Care Visits in the First 15 Months of Life measures, '0' if the member is not in the denominator of this measure.
EACH MEMBER IN THE DENOMINATOR WILL HAVE ONLY ONE OF THE 7 NUMERATORS SELECTED
- Column 111: **Numerator 1 for Well Care Visits in the First 15 Months of Life – 0 Visits**
Enter a '1' if this member is in the numerator of the Well Care Visits in the First 15 Months of Life – 0 visits measure, '0' if the member is not in the numerator or the information is missing.
- Column 112: **Numerator 2 for Well Care Visits in the First 15 Months of Life – 1 Visit**
Enter a '1' if this member is in the numerator of the Well Care Visits in the First 15 Months of Life – 1 visit measure, '0' if the member is not in the numerator or the information is missing.
- Column 113: **Numerator 3 for Well Care Visits in the First 15 Months of Life – 2 Visits**
Enter a '1' if this member is in the numerator of the Well Care Visits in the First 15 Months of Life – 2 visits measure, '0' if the member is not in the numerator or the information is missing.
- Column 114: **Numerator 4 for Well Care Visits in the First 15 Months of Life – 3 Visits**
Enter a '1' if this member is in the numerator of the Well Care Visits in the First 15 Months of Life – 3 visits measure, '0' if the member is not in the numerator or the information is missing.
- Column 115: **Numerator 5 for Well Care Visits in the First 15 Months of Life – 4 Visits**
Enter a '1' if this member is in the numerator of the Well Care Visits in the First 15 Months of Life – 4 visit measure, '0' if the member is not in the numerator or the information is missing.
- Column 116: **Numerator 6 for Well Care Visits in the First 15 Months of Life - 5 Visits**
Enter a '1' if this member is in the numerator of the Well Care Visits in the First 15 Months of Life – 5 visits measure, '0' if the member is not in the numerator or the information is missing.
- Column 117: **Numerator 7 for Well Care Visits in the First 15 Months of Life – 6 Visits**
Enter a '1' if this member is in the numerator of the Well Care Visits in the First 15 Months of Life – 6 visits measure, '0' if the member is not in the numerator or the information is missing.