



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower

The Governor Nelson A. Rockefeller Empire State Plaza

Albany, New York 12237

Richard F. Daines, M.D.
Commissioner

Wendy E. Saunders
Chief of Staff

April 29, 2008

CLARIFICATION # 4
2007 Quality Assurance Reporting Requirements Specifications (QARR)

Dear Quality Management Director:

- This clarification addresses three changes to the 2007 QARR Specification instructions.
1. Adolescent Preventive Care numerator criteria for Depression screening are being amended to include counseling and education activities in addition to assessment. The change is being made to deal with inconsistent interpretation of documentation on the topic of depression. The change also allows for more consistent design of the numerator criteria for the six measures dealing with assessment, counseling or education. (see attachment 1).
 2. For Medicaid health plans, a change has been made in the optional enhancement measures. The Office of Health Insurance Programs will not be reporting the Optimal Provider Contact rate for Antidepressant Medication Management and will therefore not be enhancing the measure. OHIP will be enhancing the Follow-Up for Children Prescribed ADHD Medication (ADD) measures. Attached is the file layout for an optional enhancement file for the two ADD measures. (see attachment 2)
 3. The Medicaid Member Level File has a revision for Columns 23 and 24 dealing with denominators and numerators for Annual Monitoring of Persistent Medications – Anticonvulsants. Members on more than one anticonvulsant can be in the denominator more than once and the numerator more than once. The columns have been changed to 0-9 fields to allow for the data capture. (see attachment 3)

As this is late in the process, all changes are highlighted in yellow to help you quickly identify the new information. If there are any questions or comments, please contact me at (518) 486-9012 or via email at ams13@health.state.ny.us.

Sincerely,

Anne Schettine
Division of Quality and Evaluation

Enclosure

cc: Plan Medical Director
J. Anarella
S. Anderson
R. Josberger
L. Cogan
M. Amodeo

ADOLESCENT PREVENTIVE CARE MEASURES
Commercial, Medicaid, and Child Health Plus

Description

The percentage of adolescents ages 14 to 18 who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an OB/GYN practitioner during the measurement year, receiving the following seven components of care during the measurement year:

1. Body Mass Index (BMI) screening,
2. Assessment or counseling or education on nutrition,
3. Assessment or counseling or education on physical activity,
4. Assessment or counseling or education on risk behaviors and preventive actions associated with sexual activity,
5. Assessment **or counseling or education** on depression,
6. Assessment or counseling or education about the risks of tobacco usage, and
7. Assessment or counseling or education about the risks of substance use (including alcohol and excluding tobacco).

Note:

- The health plan may count services that occur over multiple visits toward this measure as long as all services occur within the measurement year and were provided by a PCP or OB/GYN.
- The health plan may include sick visits that occur within the measurement year.
- The health plan is encouraged to include all visits and records in this review, even if the visits were provided by a practitioner other than the one to which the member is assigned.

Eligible Population

Product lines: Commercial, Medicaid, and Child Health Plus

Age: Adolescents 14 to 18 years old as of December 31, 2007

Continuous Enrollment: The measurement year (Jan. 1 – Dec. 31, 2007)

Allowable Gap: For Commercial, the member may have no more than one gap in enrollment of up to 45 days during the measurement year. For Medicaid and Child Health Plus, the member may not have more than a 1-month gap in coverage.

Anchor Date: Enrolled as of December 31 of the measurement year.

Event: Administrative data of at least one well care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year. The primary care practitioner does not have to be assigned to the member. Adolescents who had a claim or encounter with a primary care practitioner or OB/GYN practitioner with one of the codes listed below are considered to have received a well care visit. (Table AWC-A: Codes to Identify Adolescent Well-Care Visits from HEDIS® 2008, Volume 2).

CPT Codes	ICD-9-CM Codes
99383 – 99385, 99393 - 99395	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

Attachment 1

Denominator

Step 1: For each product line, members who are 14 to 18 years old as of December 31, 2007 and who met the continuous enrollment criteria with the respective gap allowances for each product, who were enrolled as of December 31, 2007 and had a well care visit in administrative data with a PCP or OB/GYN during the measurement year.

Step 2: Remove from the denominator members who are identified as being pregnant during the measurement year. Codes to identify pregnant members can be found in HEDIS® 2008, Volume 2 - Disease Modifying Anti-Rheumatic Drug Therapy Measure, Table ART-D: Codes to Identify Exclusions – Pregnancy only.

Step 3: A systematic sample drawn from the MCO's eligible population. The measure will be based on 411 eligible members, with a 10% oversample. If the eligible population is less than 453, the entire eligible population should be used.

Random Number (RAND) for the Adolescent Preventive Care Measures

Measure	RAND
Adolescent Preventive Care Measures	.15

Step 4: If a member is identified through medical record review to have had pregnancy related care, beyond a test for pregnancy during the measurement year, the member should be removed from the denominator and substituted with a record from the oversample.

Screening Tools

Notation that a particular tool was used without noting which areas were assessed, counseled or discussed, would not be a positive numerator finding. If a checklist is used and included in the medical record or there is a reference to the areas covered, the notations would be positive numerator events. For example, a notation that AMA GAPS was done would not be acceptable. If the notation stated the tool was used and physical activity, diet, sexual activity, **depression**, tobacco and substance use were reviewed; these would be considered positive numerator findings for the six topic areas.

Numerator 1: Screening for a Weight Issue Using Body Mass Index (BMI)

Documentation in the medical record of a BMI **or** BMI percentile during the measurement year.

Any of the following elements are positive findings:

- Notation of BMI calculation in the medical record
- Notation of BMI percentile in the medical record
- Notation of BMI on graph
- Notation of BMI percentile on graph

The following are not positive findings:

- No evidence of BMI calculation or percentile written in medical record or plotted on graph
- BMI noted prior to or after the measurement year
- Documentation of weight/height only

Attachment 1

Numerator 2: Assessment or Counseling or Education on Nutrition

Documentation in the medical record of assessment or counseling or education on nutrition being provided during the measurement year. Any of the following elements are positive findings:

- Notations of assessment of current behaviors (e.g. eating habits, dieting behaviors)
- Use of a checklist indicating nutrition was addressed
- Notation of counseling or referral (includes community programs known to address nutrition, such as Weight Watchers)
- Distribution of educational materials to the member, specifically geared towards nutrition
- Notation of “anticipatory guidance” for nutrition

The following are not positive findings:

- No assessment/ Counseling/ Education on nutrition
- Assessment/ Counseling/ Education prior to or after the measurement year
- Notation on temporary diet changes related to an acute illness (such as, BRAT diet for GI illness)
- Notation of “health education” or “anticipatory guidance” without any mention of specifics indicating that nutrition was addressed

Numerator 3: Assessment or Counseling or Education on Physical Activity

Documentation in the medical record of assessment or counseling or education on physical activity being provided during the measurement year. Any of the following elements are positive findings:

- Notations of assessment of current behaviors (e.g. exercise routine, participation in sports activities, exam for sport participation)
- Use of a checklist indicating physical activity was addressed
- Notation of counseling or referral (includes community programs known to address physical activity, such as fitness centers)
- Distribution of educational materials to the member, specifically geared towards physical activity
- Notation of “anticipatory guidance” for physical activity

The following are not positive findings:

- No assessment/ Counseling/ Education on physical activity
- Notation of “cleared for gym class” alone without any of the above mentioned documentation
- Notation of participation in programs without specific mention of physical activity (such as afterschool program or summer program)
- Assessment/ Counseling/ Education prior to or after the measurement year
- Notation of “health education” or “anticipatory guidance” without any mention of specifics indicating that physical activity was addressed

Numerator 4: Assessment or Counseling or Education on Risk Behaviors and Preventive Actions Associated with Sexual Activity

Documentation in the medical record of assessment or counseling or education on risk behaviors and preventive actions associated with sexual activity during the measurement year.

Discussion on **abstinence, current behaviors, family planning, condom use, contraceptives, HIV, STDs, pregnancy prevention, and safe sex** are positive findings. The documentation can include:

- Notations of assessment of current behaviors (e.g. abstinent, sexually active)
- Use of a checklist indicating any of the above noted topics were discussed
- Notation of assessment for treatment or testing for HIV/STDs
- Notation of counseling for treatment or testing for HIV/STDs

Attachment 1

- Notation of referral for treatment or testing for HIV/STDs
- Notation of a prescription or dispensing for contraceptives with any of the above mentioned documentation, including assessment
- Notation of discussion on “sex”, “safe dating”
- Distribution of educational materials to the member, specifically geared towards risk behaviors and preventive actions

The following are not positive findings:

- No evidence of assessment or counseling or education on risk behaviors and preventive actions associated with sexual activity
- Assessment or counseling or education prior to or after the measurement year
- A pregnancy test alone or an STD or HIV test alone, without any of the above mentioned documentation, including assessment
- Notation of a prescription or dispensing for contraceptives, without any of the above mentioned documentation, including assessment
- Notation of “health education” or “anticipatory guidance” without any mention of specifics indicating that sexual activity topics were addressed

Numerator 5: Assessment or Counseling or Education on Depression

Documentation in the medical record of assessment or counseling or education on depression during the measurement year. The documentation can include:

- Notation from a health assessment about the adolescent’s depressive symptoms during the measurement year
- Notation of assessment for behavior and mood (may include comprehensive findings related to depressive symptoms such as sleep, stress, coping. The assessment should be in the context of screening for depression, rather than assessment of a single symptom alone.)
- Use of a checklist indicating that depression or symptoms of depression were addressed (sad, down, hopeless or suicidal ideation, behavior and mood)
- Inquiry of depression (e.g. “denies depression”, “depression – none”, “depression-yes or no”)
- Inquiry as to whether the member felt down, depressed, hopeless or suicidal ideation
- Inquiry as to whether the member felt little interest or pleasure in doing things
- Notation of counseling or referral for treatment of depression
- Diagnosis of depression during the measurement year
- Prescription of antidepressant medications or discussion of antidepressants (for depression and not for off label uses such as smoking cessation)
- Notation of treatment for depression in the measurement year
- Notation of counseling on symptoms of depression or where to get help
- Notation of education on symptoms, treatment or strategies to deal with depression
- Distribution of educational material which may include symptoms of depression, treatment alternatives, red flag warnings and where to get help

The following are not positive findings:

- No assessment or counseling or education on depression
- Mental health treatment for other conditions (e.g. ADHD)
- Assessment or counseling or education on depression prior to or after the measurement year
- Use of ‘psychiatric’ or ‘mental health’ check boxes or global statements of ‘normal’ without indication that depression screening specifically included
- Use of a checklist indicating mental health was addressed, without specific reference to depression

Attachment 1

- Notation of assessment **or counseling or education** of a single symptom, such as sleep patterns, without any other reference to screening for other symptoms related to depression
- Prescription of antidepressant medications for smoking cessation

Numerator 6: Assessment or Counseling or Education About the Risks of Tobacco Usage

Documentation in the medical record of assessment or counseling or education about the risks of tobacco use during the measurement year. Tobacco use includes, but is not limited to, cigarettes, chew, or cigars. The following elements are positive findings:

- Notations about current or past behavior regarding tobacco use
- Use of a checklist indicating topic was addressed
- Notation of counseling or treatment referral
- Notation of prescription for smoking cessation medication
- Distribution of educational materials to the member, pertaining to tobacco use
- Notation of “anticipatory guidance” for tobacco use
- Notation of discussion of exposure to secondhand smoke

The following are not positive findings:

- No Assessment/ Counseling/ Education about the risks of tobacco usage
- Assessment/ Counseling/ Education prior to or after the measurement year
- Prescription or dispensing of medications that have uses beyond cessation (such as antidepressants) without any of the above documentation.
- Notation of “health education” or “anticipatory guidance” without any mention of specifics indicating that tobacco use was addressed

Numerator 7: Assessment or Counseling or Education About the Risks of Substance Use (Including Alcohol and Excluding Tobacco Use)

Documentation in the medical record of an assessment or counseling or education about the risks of substance use during the measurement year. Substance use includes, but is not limited to, alcohol, street drugs, non-prescription drugs, prescription drugs, and inhalant use. The following elements are positive findings:

- Notations about current or past behavior regarding substance use or alcohol use.
- Use of a checklist indicating topic was addressed
- Notation of counseling or treatment referral
- Distribution of educational materials to the member pertaining to substance or alcohol use (not tobacco)
- Notation of “anticipatory guidance” for substance use or alcohol use
- Only one topic is needed for a positive numerator finding. For example assessments do not need to include both alcohol and marijuana to count.

The following are not positive findings:

- No Assessment/ Counseling/ Education about the risks of substance use
- Assessment/ Counseling/ Education about tobacco use only
- Assessment/ Counseling/ Education prior to or after the measurement year
- Notation of “health education” or “anticipatory guidance” without any mention of specifics indicating that substance use was addressed

Medicaid Enhancements (Optional)

Revised April 2008

The Office of Health Insurance Programs will enhance results for three measures for this reporting year (**Chlamydia Screening in Women, Follow-Up after Hospitalization for Mental Illness, and Follow-Up Care for Children Prescribed ADHD Medication**). **The Office of Health Insurance Programs will not be enhancing Antidepressant Medication Management – Optimal Provider Contact data.** Client Identification Numbers (CINs) for two of the three measures should be submitted for those enrollees included in **denominator** for plans wishing to have applicable measures screened for out-of-plan services. The submission of these enhancement files is optional. Plans will be notified of their updated rates subsequent to the incorporation of out-of-plan numerator events.

- **Chlamydia Screening in Women:** The Office of Health Insurance Programs will use the member-level file to evaluate Medicaid fee-for-service (FFS) data to determine whether out-of-plan services were used for this measure. No additional data elements are needed for this enhancement process.
- **Follow-Up After Hospitalization for Mental Illness:** There are two time periods in which a follow-up visit must have taken place in order to be considered a numerator “hit”; up to seven days after hospital discharge, and up to 30 days after discharge. If you would like the Office of Health Insurance Programs to evaluate Medicaid FFS data to determine whether out-of-plan services were used for either of these components of the measure, in addition to the CIN, please include: the date of the 7-day follow-up visit, and the date of the 30-day follow-up visit. If there is a 7-day follow-up visit, but no visit between 8 and 30 days after discharge, please duplicate the date of the 7-day visit for the 30-day visit. If no visits were found for a CIN, enter zeros for both visit date fields.

Measure	Data Elements – MEDICAID ONLY	Fields	File Name
Follow-Up After Hospitalization for Mental Illness: 1) 7-Day and 2) 30 Day	OMC Plan ID (Refer to NYS DSS)	1-7	Followup.txt
	CIN	8-15	
	Discharge Date (YYYYMMDD)	16-23	
	7-Day Follow-up Visit Date (YYYYMMDD)	24-31	
	30-Day Follow-up Visit Date (YYYYMMDD)	32-39	

- **Follow-Up Care for Children Prescribed ADHD Medication:** The Office of Health Insurance Programs will use Medicaid FFS data to determine whether out-of-plan services were used for the two numerators of the measure. Members not meeting the numerator criteria for Initiation Phase or Continuation and Maintenance Phase will be eligible for enhancement in the FFS data. Please note that, per HEDIS 2008 specifications, **the initiation phase visit must be with a prescribing practitioner** to count as a numerator “hit”. If members have more than three visits in the specified time period, please select the visits that allowed the member to qualify. For example, if a member had two visits in the first 30 days, and the second visit is with a prescribing practitioner, the plan would include the 2nd visit date for the initiation numerator. Members indicated as not being compliant for the two numerators will be reviewed with FFS data to determine if visits occurred and which facilities were used for the visits. OHIP will review the data involving Office of Mental Health clinics before determining whether to enhance all rates or exclude applicable

Attachment 2

members from denominators. Any missing or not applicable dates should be submitted as zeros in the YYYYMMDD format (00000000).

Measure	Data Elements – MEDICAID ONLY	Fields	File Name
Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase	OMC Plan ID (Refer to NYS DSS)	1-7	Add.txt
	CIN	8-15	
	Included in Denominator 1? (1=Yes; 0=No)	16	
	Index Episode Start Date (YYYYMMDD)	17-24	
	Subsequent Visit Date1 (YYYYMMDD)	25-32	
	Indicator of Prescribing Provider? (1=Yes; 0=No)	33	
	Included in Denominator 2? (1=Yes; 0=No)	34	
Continuation and Maintenance Phase	Subsequent Visit Date2 (YYYYMMDD)	35-42	
	Subsequent Visit Date3 (YYYYMMDD)	43-50	

Technical Assistance: If you need clarification on these files, please contact Raina Josberger at (518) 486-9012.

Attachment 3

QARR 2007 Member-Level File Specifications

Revised April 2008

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.

Attachment 3

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.

Attachment 3

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 (0 - 9)	Numerator – Annual Monitoring of Persistent Meds – Anticonvulsants (0 - 9)

- 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 the number of times this member appears 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 the number of times 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.

Attachment 3

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.

Attachment 3

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.

Attachment 3

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.

Attachment 3

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 (which includes no test performed and test result missing from the record), '0' if the member is not in the numerator or if the member's information is missing for all 9 numerators of CDC (such as the member's record could not be located).

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.

Attachment 3

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.

Attachment 3

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.

Attachment 3

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.

Attachment 3

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.

Attachment 3

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.

Attachment 3

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.

Attachment 3

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.