

Important Notes and Consideration for Using these Data

Generating Medicare Physician Quality Performance Measurement Results (GEM) Project

The downloadable data files posted on this website (Excel and comma-separated-value formats) are comprised of health care quality measurement results generated from Medicare administrative claims data as part of the Generating Medicare Physician Quality Measurement Results (GEM) project.

The GEM project uses Medicare Fee-for-Service (FFS) data to generate medical group performance information on health care services provided to Medicare beneficiaries for Chartered Value Exchanges (CVEs). These data represent only a limited subset of a practice's patients. It is intended that these data be combined with commercial payer data to develop a more comprehensive picture of medical group practice performance. The information provided in the files also includes population level results at the national, state and zip code level.

The 12 ambulatory measures for the GEM project:

- Breast Cancer Screening (BCS)
- LDL-C Screening for Beneficiaries with Diabetes (CDC_LDL)
- Eye Exam (retinal) Performed for Beneficiaries with Diabetes (CDC_EYE)
- Hemoglobin A1c (HbA1c) Testing for Beneficiaries with Diabetes (CDC_HBA1C)
- LDL-C Screening for Beneficiaries with Cardiovascular Conditions (CMC_LDL)
- Colorectal Cancer Screening (COL)
- Medical Attention for Nephropathy for Diabetics (CDC_NEPHRO)
- Persistence of Beta-Blocker Treatment after a Heart Attack (PBH)
- Annual Monitoring for Beneficiaries on Persistent Medications (ACE Inhibitors or Angiotensin Receptor Blockers, Digoxin, Diuretics, Anti-Convulsants) (MPM)
- Antidepressant Medication Management (Acute Phase) (AMM)
- Beta Blocker Treatment after a Heart Attack (BBH)
- Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (ART)

Results are presented at the national, state and zip code population levels and at the medical group level. Appendix I is the data element dictionary for medical group level data files for all 12 measures. Appendix II is the data element dictionary for the national, state and zip code level data files.

The definitions of denominator, numerator and rate are:

Denominator: The number of people who should receive something medical (e.g., a test, a drug or some other intervention). For example, only people with diabetes should receive a specific test; therefore the number of people with diabetes would be counted in the denominator.

Numerator: The number of people who actually receive something medical (e.g., a test, a drug or some other intervention). For example, people with diabetes should have their cholesterol level checked regularly; therefore the number of people with diabetes who had their cholesterol checked would be counted in the numerator. The number of people with diabetes who **did not** have their cholesterol level checked would **not** be counted in the numerator.

Rate: To get a rate for a quality measure, the numerator count is divided by the denominator count and the division is expressed as a percentage. The highest rate for a quality measure is 100% and the lowest rate for a quality measure is 0%. Users of these data should be aware of the strengths and limitations of the data, including the data sources used to calculate the measures and attribution characteristics.

Additional notes and helpful information:

- The GEM project uses Medicare administrative claims data to calculate medical group practice performance for 12 measures. These claims were submitted to the Centers for Medicare & Medicaid Services (CMS) by medical group practices participating in the Medicare program that provided health care services to Medicare Fee-for-Service (FFS) beneficiaries during 2005, 2006 and 2007. The base years for the GEM project are 2005 through 2007, inclusive. The measurement years are 2006 and 2007.
- For calculation of data for the 2006 measurement year, the GEM project uses Health Plan HEDIS[®] 2007 with denominator exclusions made mandatory for this project. With denominator exclusions made mandatory, Health Plan HEDIS[®] is equivalent to Physician Measurement HEDIS[®] ambulatory performance measures.
- Analysis of 2007 data required the use of Health Plan HEDIS[®] 2008 and denominator exclusions were similarly made mandatory. It should be noted that the Beta Blocker Treatment after a Heart Attack (BBH) measure was dropped by HEDIS[®] 2008. In an effort to provide comparability between the 2006 and 2007 measurement years, CMS and Masspro included this measure using Health Plan HEDIS[®] 2007 criteria, with mandatory denominator exclusions.

- The use of Health Plan HEDIS[®] (with mandatory denominator exclusions) positions the GEM project results to be aggregated with other potential performance measure projects. Data for the GEM study was provided by CMS and used the following data sources:
 - Health Account Joint Information (HAJI) database containing national Medicare Part A and Part B Fee-for-Service claims
 - Medicare Part D (drug) claims database
 - Standard Data Processing System (SDPS) database containing national enrollment, physician and other tables derived from the Medicare Enrollment Database (EDB)
 - Medicare Part D enrollment database
- The GEM project uses administrative claims data from January 1, 2005, through December 31, 2007.
- Medical group practice performance measurement results are calculated for health care provided to Medicare beneficiaries enrolled during 2006 (for 2006 measurement year) and 2007 (for 2007 measurement year). However, 2005 data was used as part of the method to determine patient attribution to medical groups and when required by HEDIS[®] specifications for measure calculations.
- The data files provide results calculated at the medical group practice level. A medical group practice is defined as an organization that billed CMS for medical services to Medicare beneficiaries and consists of at least two practitioners, at least one of whom is credentialed as a physician (i.e., MD or DO).
- The data files available for download include medical group practices identified only by Tax Identification Number as reflected in Medicare administrative data. The composition of a medical group practice may have changed since the measurement year and between measurement years 2006 and 2007. However, the claims data provides a snapshot in time and valuable information about the quality of health care services provided to Medicare beneficiaries for that period, which may represent a limited subset of the patients in a practice.
- Population rates at the national, state and zip code level are based on the residence of the Medicare beneficiary.
- Beneficiaries were included in this project only if they were fully enrolled for the entire 12 months of 2006 for the analysis of 2006 data. For inclusion in 2007 data analysis, beneficiaries were required to be enrolled in Medicare for the entire 12 months for 2007. Additionally, the GEM project included **only** Fee-for Service beneficiaries (e.g., no HMO coverage, no secondary payer).
- A beneficiary must have had a minimum of two office visits to a medical group practice during the measurement year (2006 or 2007, respectively) to be attributed to that group. Office visits

were determined by office or outpatient evaluation and management (E&M) codes or consultation codes using the Current Procedural Terminology (CPT) coding system for office visit procedures. Beneficiaries may be attributed to only one primary care medical group; however, in some cases a beneficiary may also be attributed to one or more specialty groups for specific measures (see Table 1). This is permitted to promote coordination of care and a teamwork approach to care among provider groups.

- A carefully applied set of “tie-breaker” rules was applied to beneficiaries to ensure they were attributed to one and only one primary care group and to one and only one medical group per specialty (e.g., cardiology, rheumatology).
- Nurse practitioners and physician assistants are included for beneficiary attribution to a medical group. Nurse practitioners and physician assistants are attributed to the specialty of the medical group practice when that practice had one and only one discernable specialty. Nurse practitioners and physician assistants practicing in a multi-specialty medical group practice were not used for beneficiary attribution since it could not be determined, with confidence, which specialty within the group a nurse practitioner or physician assistant was associated.
- The claims data may not reflect all the services provided by medical group practices to a Medicare beneficiary because only claims submitted for payment and successfully adjudicated by CMS were included in this project. These measures provide only a limited picture of the total continuum of care provided by a medical group practice since they are limited to treatments for a few health conditions and/or some preventive exams.
- Each performance measure is calculated by determining the number of people who should have received a health care service (the denominator) and the number of people in the denominator who actually received a recommended health care service (the numerator).
- No statistics are provided for medical group practices and zip codes with fewer than 11 observations per measure.
- Part D (pharmacy) claims with days of supply exceeding 365 days were not eligible for inclusion in the study.

Notes on reading csv files in Microsoft Excel:

By default, when Excel reads an "external" data file such as a comma-separated-values (csv) file, it attempts to "guess" the data type (e.g., character, numeric, date) found in each of the columns that it is reading. This is because a csv file does not contain any "intelligence" as to the nature of the data in the individual columns.

Consequently, when Excel reads the GEM csv files, it will see only digits for some data elements, such as zip codes and TINs. Excel will interpret these digits to be numeric data and it will display the values as numbers with no leading zeros. For example, a zip code of 02186 will be displayed as 2186 and a TIN of 005428754 will be displayed as 5428754. Any data that does not have leading zeros (e.g., a zip code of 11230) will be displayed with all digits.

Once a csv file is opened, there are methods available in Excel for modifying the display in order to see the leading zeros. Some other software tools can also be instructed to properly treat digit-only data as characters and properly display the leading zeros.

Table 1: Measure Specifications and Group Attribution			
GEM Project Measure	2007 HEDIS[®] Measurement Specification	2008 HEDIS[®] Measurement Specification	Group Specialty Attribution
Breast Cancer Screening	HEDIS [®] 2007 – BCS (Pages 85-86)	HEDIS [®] 2008 – BCS (Pages 72-73)	Primary care
LDL Screening for Beneficiaries with Diabetes	HEDIS [®] 2007 – CDC (Pages 112-125)	HEDIS [®] 2008 – CDC (Pages 126-139)	Primary care, cardiology, endocrinology
Eye Exam (retinal) for Beneficiaries with Diabetes	HEDIS [®] 2007 – CDC (Pages 112-125)	HEDIS [®] 2008 – CDC (Pages 126-139)	Primary care, endocrinology
Hemoglobin Alc (HbA1c) Testing for Beneficiaries with Diabetes	HEDIS [®] 2007 – CDC (Pages 112-125)	HEDIS [®] 2008 – CDC (Pages 126-139)	Primary care, endocrinology
LDL-C Screening for Beneficiaries with Cardiovascular Conditions	HEDIS [®] 2007 – CMC (Pages 108-111)	HEDIS [®] 2008 – CMC (Pages 112-115)	Primary care, cardiology
Colorectal Cancer Screening	HEDIS [®] 2007 – COL (Pages 81-84)	HEDIS [®] 2008 – COL (Pages 77-80)	Primary care
Nephropathy Testing for Diabetics	HEDIS [®] 2007 – CDC (Pages 112-125)	HEDIS [®] 2008 – CDC (Pages 126-139)	Primary care, endocrinology, nephrology
Persistence of Beta-Blocker Therapy – Post MI	HEDIS [®] 2007 – PBH (Pages 105-107)	HEDIS [®] 2008 – PBH (Pages 121-123)	Primary care, cardiology

Table 1: Measure Specifications and Group Attribution			
GEM Project Measure	2007 HEDIS[®] Measurement Specification	2008 HEDIS[®] Measurement Specification	Group Specialty Attribution
Annual Monitoring for Beneficiaries on Persistent Medications (ACE Inhibitors or Angiotensin Receptor Blockers, Digoxin, Diuretics, Anti-Convulsants)	HEDIS [®] 2007 – MPM (Pages 154-160)	HEDIS [®] 2008 – MPM (Pages 168-172)	Primary care, cardiology (all but anti-convulsants), neurology (anti-convulsants)
Antidepressant Medication Management (Acute Phase)	HEDIS [®] 2007 – AMM (Pages 135-140)	HEDIS [®] 2008 – AMM (Pages 152-158)	Primary care, psychiatry
Beta Blocker Treatment after a Heart Attack	HEDIS [®] 2007 – BBH (Pages 101-104)	HEDIS [®] 2007 – BBH (Pages 101-104)	Primary care, cardiology
Disease-Modifying Anti-Rheumatic Drug Therapy	HEDIS [®] 2007 – ART (Pages 151-153)	HEDIS [®] 2008 – ART (Pages 142-143)	Primary care, rheumatology

Confidence Intervals

The GEM project evaluated other CMS initiatives in determining confidence intervals for data results. The CMS Hospital Compare website uses the following definition for confidence interval:

A confidence interval is the range of values within which an estimated value or rate is likely to fall. A confidence interval is a statistical determination of the degree of certainty associated with an estimated value.

The GEM project uses a minimum sample size of 11 for calculating confidence intervals. Table 2 enables users to calculate confidence intervals for each reported measure. For example, if the mammography screening rate from the GEM data for a medical group was 80% and the number of cases in the denominator for the group was between 226 and 275, there is a 95% rate of confidence that the interval 75% to 85% contains the true rate.

Please note that it is intended that these data be combined with commercial payer data to develop a more comprehensive picture of a medical group practice's performance. These data only represent a limited subset of the practice's patients.

Table 2: Estimating Confidence Intervals for the Process of Care Measures: Estimated Value for Proportion Data

Sample Size	Observed Rate								
	10%	20%	30%	40%	50%	60%	70%	80%	90%
<25	--	--	24.9%	26.6%	27.2%	26.6%	24.9%	--	--
25-75	8.3%	11.1%	12.7%	13.6%	13.9%	13.6%	12.7%	11.1%	8.3%
76-125	5.9%	7.8%	9.0%	9.6%	9.8%	9.6%	9.0%	7.8%	5.9%
126-175	4.8%	6.4%	7.3%	7.8%	8.0%	7.8%	7.3%	6.4%	4.8%
176-225	4.2%	5.5%	6.4%	6.8%	6.9%	6.8%	6.4%	5.5%	4.2%
226-275	3.7%	5.0%	5.7%	6.1%	6.2%	6.1%	5.7%	5.0%	3.7%
276+	2.9%	3.9%	4.5%	4.8%	4.9%	4.8%	4.5%	3.9%	2.9%

Source: Centers for Medicare & Medicaid Services/Office of Standards and Quality/Quality Improvement Group. The values in Table 2 are the approximate amount to add and subtract from the observed rate to estimate a 95% confidence interval for the given sample size. (Interpolation between the values in the table is appropriate.) Estimates of an interval in these cells exceed the natural limits for proportions.

Source: <http://www.hospitalcompare.hhs.gov/Hospital/Static/Data-Professionals.asp?dest=NAV> | [Home](#) | [DataDetails](#) | [ProfessionalInfo#TabTop](#)

Appendix I: Data Element Dictionary for Medical Group Practices

Column	Description	Notes, Valid Values
Report_Level	Measure report level	G = Medical Group
TIN	Medical Group Practice Tax Identification Number	As indicated on Medicare administrative claims
State	Medical Group Practice State	As indicated on Medicare physician files
Group_Specialty	Medical Group Practice Specialty Code	See Appendix III for codes and meaning
BCS_Numerator	Breast Cancer Screening numerator count	
BCS_Denominator	Breast Cancer Screening denominator count	
BCS_Rate	Breast Cancer Screening rate	
BCS_Footnote	Breast Cancer Screening footnote. Indication of data suppression status. No statistics provided for medical group practices with fewer than 11 observations.	0 = No suppression 1 = 0 patients in denominator 2 = Fewer than 11 patients in denominator 3 = Medical group not relevant to the measure
CDC_LDL_Numerator	LDL-C Testing for Diabetics numerator count	
CDC_LDL_Denominator	LDL-C Testing for Diabetics denominator count	
CDC_LDL_Rate	LDL-C Testing for Diabetics rate	
CDC_LDL_Footnote	LDL-C Testing for Diabetics footnote. Indication of data suppression status. No statistics provided for medical group practices with fewer than 11 observations.	0 = No suppression 1 = 0 patients in denominator 2 = Fewer than 11 patients in denominator 3 = Medical group not relevant to the measure
CDC_EYE_Numerator	Retinal Eye Exam for Diabetics numerator count	
CDC_EYE_Denominator	Retinal Eye Exam for Diabetics denominator count	
CDC_EYE_Rate	Retinal Eye Exam for Diabetics rate	

Column	Description	Notes, Valid Values
CDC_EYE_Footnote	Retinal Eye Exam for Diabetics footnote. Indication of data suppression status. No statistics provided for medical group practices with fewer than 11 observations.	0 = No suppression 1 = 0 patients in denominator 2 = Fewer than 11 patients in denominator 3 = Medical group not relevant to the measure
CDC_HBA1C_Numerator	HbA1c Testing for Diabetics numerator count	
CDC_HBA1C_Denominator	HbA1c Testing for Diabetics denominator count	
CDC_HBA1C_Rate	HbA1c Testing for Diabetics rate	
CDC_HBA1C_Footnote	HbA1c Testing for Diabetics footnote. Indication of data suppression status. No statistics provided for medical group practices with fewer than 11 observations.	0 = No suppression 1 = 0 patients in denominator 2 = Fewer than 11 patients in denominator 3 = Medical group not relevant to the measure
CMC_LDL_Numerator	LDL-C Testing for cardiovascular conditions numerator count	
CMC_LDL_Denominator	LDL-C Testing for cardiovascular conditions denominator count	
CMC_LDL_Rate	LDL-C Testing for cardiovascular conditions rate	
CMC_LDL_Footnote	LDL-C Testing for cardiovascular conditions footnote. Indication of data suppression status. No statistics provided for medical group practices with fewer than 11 observations.	0 = No suppression 1 = 0 patients in denominator 2 = Fewer than 11 patients in denominator 3 = Medical group not relevant to the measure
PBH_Numerator	Persistence of Beta-Blocker Treatment after a Heart Attack numerator count	
PBH_Denominator	Persistence of Beta-Blocker Treatment after a Heart Attack denominator count	
PBH_Rate	Persistence of Beta-Blocker Treatment after a Heart Attack rate	
PBH_Footnote	Persistence of Beta-Blocker Treatment after a Heart Attack footnote. Indication of data suppression status. No statistics provided for medical group practices with fewer than 11 observations.	0 = No suppression 1 = 0 patients in denominator 2 = Fewer than 11 patients in denominator 3 = Medical group not relevant to the measure

Column	Description	Notes, Valid Values
MPM_Numerator	Annual Monitoring for Patients on Persistent Medications total numerator count	
MPM_Denominator	Annual Monitoring for Patients on Persistent Medications total denominator count	
MPM_Rate	Annual Monitoring for Patients on Persistent Medications total rate	
MPM_Footnote	Annual Monitoring for Patients on Persistent Medications footnote. Indication of data suppression status. No statistics provided for medical group practices with fewer than 11 observations.	0 = No suppression 1 = 0 patients in denominator 2 = Fewer than 11 patients in denominator 3 = Medical group not relevant to the measure
MPMACE_Numerator	Annual Monitoring for Patients on Angiotensin Converting Enzyme (ACE) Inhibitors or Angiotensin Receptor Blockers (ARB) numerator count	
MPMACE_Denominator	Annual Monitoring for Patients on ACE/ARB denominator count	
MPMACE_Rate	Annual Monitoring for Patients on ACE/ARB rate	
MPMACE_Footnote	Annual Monitoring for Patients on ACE/ARB footnote. Indication of data suppression status. No statistics provided for medical group practices with fewer than 11 observations.	0 = No suppression 1 = 0 patients in denominator 2 = Fewer than 11 patients in denominator 3 = Medical group not relevant to the measure
MPMDIG_Numerator	Annual Monitoring for Patients on Digoxin numerator count	
MPMDIG_Denominator	Annual Monitoring for Patients on Digoxin denominator count	
MPMDIG_Rate	Annual Monitoring for Patients on Digoxin rate	
MPMDIG_Footnote	Annual Monitoring for Patients on Digoxin footnote. Indication of data suppression status. No statistics provided for medical group practices with fewer than 11 observations.	0 = No suppression 1 = 0 patients in denominator 2 = Fewer than 11 patients in denominator 3 = Medical group not relevant to the measure

Column	Description	Notes, Valid Values
MPMDIUR_Numerator	Annual Monitoring for Patients on Diuretics numerator count	
MPMDIUR_Denominator	Annual Monitoring for Patients on Diuretics denominator count	
MPMDIUR_Rate	Annual Monitoring for Patients on Diuretics rate	
MPMDIUR_Footnote	Annual Monitoring for Patients on Diuretics footnote. Indication of data suppression status. No statistics provided for medical group practices with fewer than 11 observations.	0 = No suppression 1 = 0 patients in denominator 2 = Fewer than 11 patients in denominator 3 = Medical group not relevant to the measure
MPMANTI_Numerator	Annual Monitoring for Patients on Anticonvulsants numerator count	
MPMANTI_Denominator	Annual Monitoring for Patients on Anticonvulsants denominator count	
MPMANTI_Rate	Annual Monitoring for Patients on Anticonvulsants rate	
MPMANTI_Footnote	Annual Monitoring for Patients on Anticonvulsants footnote. Indication of data suppression status. No statistics provided for medical group practices with fewer than 11 observations.	0 = No suppression 1 = 0 patients in denominator 2 = Fewer than 11 patients in denominator 3 = Medical group not relevant to the measure
AMM_Numerator	Antidepressant Medication Management numerator count	
AMM_Denominator	Antidepressant Medication Management denominator count	
AMM_Rate	Antidepressant Medication Management rate	
AMM_Footnote	Antidepressant Medication Management footnote. Indication of data suppression status. No statistics provided for medical group practices with fewer than 11 observations.	0 = No suppression 1 = 0 patients in denominator 2 = Fewer than 11 patients in denominator 3 = Medical group not relevant to the measure
BBH_Numerator	Beta Blocker Treatment after a Heart Attack numerator count	
BBH_Denominator	Beta Blocker Treatment after a Heart Attack denominator count	
BBH_Rate	Beta Blocker Treatment after a Heart Attack rate	

Column	Description	Notes, Valid Values
BBH_Footnote	Beta Blocker Treatment after a Heart Attack footnote. Indication of data suppression status. No statistics provided for medical group practices with fewer than 11 observations.	0 = No suppression 1 = 0 patients in denominator 2 = Fewer than 11 patients in denominator 3 = Medical group not relevant to the measure
ART_Numerator	Disease-Modifying Anti-Rheumatic Drug Therapy numerator count	
ART_Denominator	Disease-Modifying Anti-Rheumatic Drug Therapy denominator count	
ART_Rate	Disease-Modifying Anti-Rheumatic Drug Therapy rate	
ART_Footnote	Disease-Modifying Anti-Rheumatic Drug Therapy footnote. Indication of data suppression status. No statistics provided for medical group practices with fewer than 11 observations.	0 = No suppression 1 = 0 patients in denominator 2 = Fewer than 11 patients in denominator 3 = Medical group not relevant to the measure
COL_Numerator	Colorectal Cancer Screening numerator count	
COL_Denominator	Colorectal Cancer Screening denominator count	
COL_Rate	Colorectal Cancer Screening rate.	
COL_Footnote	Colorectal Cancer Screening footnote. Indication of data suppression status. No statistics provided for medical group practices with fewer than 11 observations.	0 = No suppression 1 = 0 patients in denominator 2 = Fewer than 11 patients in denominator 3 = Medical group not relevant to the measure
CDC_NEPHRO_Numerator	Medical Attention for Nephropathy for Diabetics numerator count	
CDC_NEPHRO_Denominator	Medical Attention for Nephropathy for Diabetics denominator count	
CDC_NEPHRO_Rate	Medical Attention for Nephropathy for Diabetics rate.	
CDC_NEPHRO_Footnote	Medical Attention for Nephropathy for Diabetics footnote. Indication of data suppression status. No statistics provided for medical group practices with fewer than 11 observations.	0 = No suppression 1 = 0 patients in denominator 2 = Fewer than 11 patients in denominator 3 = Medical group not relevant to the measure

Appendix II: Data Element Dictionary for National, State and Zip Code Files

Column	Description	Notes, Valid Values
Report_Level	Measure report level	N = National S = State Z = Zip code
State	State of the residence of the Medicare beneficiary	As indicated on Medicare enrollment files
Zip_Code	Zip code of the residence of the Medicare beneficiary	As indicated on Medicare enrollment files
BCS_Numerator	Breast Cancer Screening numerator count	
BCS_Denominator	Breast Cancer Screening denominator count	
BCS_Rate	Breast Cancer Screening rate	
BCS_Footnote	Breast Cancer Screening footnote. Indication of data suppression status. No statistics provided for report levels with fewer than 11 observations.	0 = No suppression 1 = 0 patients in denominator 2 = Fewer than 11 patients in denominator
CDC_LDL_Numerator	LDL-C Testing for Diabetics numerator count	
CDC_LDL_Denominator	LDL-C Testing for Diabetics denominator count	
CDC_LDL_Rate	LDL-C Testing for Diabetics rate	
CDC_LDL_Footnote	LDL-C Testing for Diabetics footnote. Indication of data suppression status. No statistics provided for report levels with fewer than 11 observations.	0 = No suppression 1 = 0 patients in denominator 2 = Fewer than 11 patients in denominator
CDC_EYE_Numerator	Retinal Eye Exam for Diabetics numerator count	
CDC_EYE_Denominator	Retinal Eye Exam for Diabetics denominator count	
CDC_EYE_Rate	Retinal Eye Exam for Diabetics rate	

Column	Description	Notes, Valid Values
CDC_EYE_Footnote	Retinal Eye Exam for Diabetics footnote. Indication of data suppression status. No statistics provided for report levels with fewer than 11 observations.	0 = No suppression 1 = 0 patients in denominator 2 = Fewer than 11 patients in denominator
CDC_LAB_Numerator	HbA1c Testing for Diabetics numerator count	
CDC_LAB_Denominator	HbA1c Testing for Diabetics denominator count	
CDC_LAB_Rate	HbA1c Testing for Diabetics rate	
CDC_LAB_Footnote	HbA1c Testing for Diabetics footnote. Indication of data suppression status. No statistics provided for report levels with fewer than 11 observations.	0 = No suppression 1 = 0 patients in denominator 2 = Fewer than 11 patients in denominator
CMC_LDL_Numerator	LDL-C Testing for cardiovascular conditions numerator count	
CMC_LDL_Denominator	LDL-C Testing for cardiovascular conditions denominator count	
CMC_LDL_Rate	LDL-C Testing for cardiovascular conditions rate	
CMC_LDL_Footnote	LDL-C Testing for cardiovascular conditions footnote. Indication of data suppression status. No statistics provided for report levels with fewer than 11 observations.	0 = No suppression 1 = 0 patients in denominator 2 = Fewer than 11 patients in denominator
PBH_Numerator	Persistence of Beta-Blocker Treatment after a Heart Attack numerator count	
PBH_Denominator	Persistence of Beta-Blocker Treatment after a Heart Attack denominator count	
PBH_Rate	Persistence of Beta-Blocker Treatment after a Heart Attack rate	
PBH_Footnote	Persistence of Beta-Blocker Treatment after a Heart Attack footnote. Indication of data suppression status. No statistics provided for medical group practices with fewer than 11 observations.	0 = No suppression 1 = 0 patients in denominator 2 = Fewer than 11 patients in denominator
MPM_Numerator	Annual Monitoring for Patients on Persistent Medications total numerator count	

Column	Description	Notes, Valid Values
MPM_Denominator	Annual Monitoring for Patients on Persistent Medications total denominator count	
MPM_Rate	Annual Monitoring for Patients on Persistent Medications total rate	
MPM_Footnote	Annual Monitoring for Patients on Persistent Medications footnote. Indication of data suppression status. No statistics provided for medical group practices with fewer than 11 observations.	0 = No suppression 1 = 0 patients in denominator 2 = Fewer than 11 patients in denominator
MPMACE_Numerator	Annual Monitoring For Patients on Angiotensin Converting Enzyme (ACE) Inhibitors or Angiotensin Receptor Blockers (ARB) numerator count	
MPMACE_Denominator	Annual Monitoring for Patients on ACE/ARB denominator count	
MPMACE_Rate	Annual Monitoring for Patients on ACE/ARB rate	
MPMACE_Footnote	Annual Monitoring for Patients on ACE/ARB footnote. Indication of data suppression status. No statistics provided for medical group practices with fewer than 11 observations.	0 = No suppression 1 = 0 patients in denominator 2 = Fewer than 11 patients in denominator
MPMDIG_Numerator	Annual Monitoring for Patients on Digoxin numerator count	
MPMDIG_Denominator	Annual Monitoring for Patients on Digoxin denominator count	
MPMDIG_Rate	Annual Monitoring for Patients on Digoxin rate	
MPMDIG_Footnote	Annual Monitoring for Patients on Digoxin footnote. Indication of data suppression status. No statistics provided for medical group practices with fewer than 11 observations.	0 = No suppression 1 = 0 patients in denominator 2 = Fewer than 11 patients in denominator
MPMDIUR_Numerator	Annual Monitoring for Patients on Diuretics numerator count	
MPMDIUR_Denominator	Annual Monitoring for Patients on Diuretics denominator count	
MPMDIUR_Rate	Annual Monitoring for Patients on Diuretics rate	

Column	Description	Notes, Valid Values
MPMDIUR_Footnote	Annual Monitoring for Patients on Diuretics footnote. Indication of data suppression status. No statistics provided for medical group practices with fewer than 11 observations.	0 = No suppression 1 = 0 patients in denominator 2 = Fewer than 11 patients in denominator
MPMANTI_Numerator	Annual Monitoring for Patients on Anticonvulsants numerator count	
MPMANTI_Denominator	Annual Monitoring for Patients on Anticonvulsants denominator count	
MPMANTI_Rate	Annual Monitoring for Patients on Anticonvulsants rate	
MPMANTI_Footnote	Annual Monitoring for Patients on Anticonvulsants footnote. Indication of data suppression status. No statistics provided for medical group practices with fewer than 11 observations.	0 = No suppression 1 = 0 patients in denominator 2 = Fewer than 11 patients in denominator
AMM_Numerator	Antidepressant Medication Management numerator count	
AMM_Denominator	Antidepressant Medication Management denominator count	
AMM_Rate	Antidepressant Medication Management rate	
AMM_Footnote	Antidepressant Medication Management footnote. Indication of data suppression status. No statistics provided for medical group practices with fewer than 11 observations.	0 = No suppression 1 = 0 patients in denominator 2 = Fewer than 11 patients in denominator
BBH_Numerator	Beta Blocker Treatment after a Heart Attack numerator count	
BBH_Denominator	Beta Blocker Treatment after a Heart Attack denominator count	
BBH_Rate	Beta Blocker Treatment after a Heart Attack rate	
BBH_Footnote	Beta Blocker Treatment after a Heart Attack footnote. Indication of data suppression status. No statistics provided for medical group practices with fewer than 11 observations.	0 = No suppression 1 = 0 patients in denominator 2 = Fewer than 11 patients in denominator
ART_Numerator	Disease-Modifying Anti-Rheumatic Drug Therapy numerator count	

Column	Description	Notes, Valid Values
ART_Denominator	Disease-Modifying Anti-Rheumatic Drug Therapy numerator count	
ART_Rate	Disease-Modifying Anti-Rheumatic Drug Therapy rate	
ART_Footnote	Disease-Modifying Anti-Rheumatic Drug Therapy footnote. Indication of data suppression status. No statistics provided for medical group practices with fewer than 11 observations.	0 = No suppression 1 = 0 patients in denominator 2 = Fewer than 11 patients in denominator
COL_Numerator	Colorectal Cancer Screening numerator count	
COL_Denominator	Colorectal Cancer Screening denominator count	
COL_Rate	Colorectal Cancer Screening rate.	
COL_Footnote	Colorectal Cancer Screening footnote. Indication of data suppression status. No statistics provided for medical group practices with fewer than 11 observations.	0 = No suppression 1 = 0 patients in denominator 2 = Fewer than 11 patients in denominator
CDC_NEPHRO_Numerator	Medical Attention for Nephropathy for Diabetics numerator count	
CDC_NEPHRO_Denominator	Medical Attention for Nephropathy for Diabetics denominator count	
CDC_NEPHRO_Rate	Medical Attention for Nephropathy for Diabetics rate	
CDC_NEPHRO_Footnote	Medical Attention for Nephropathy for Diabetics footnote. Indication of data suppression status. No statistics provided for medical group practices with fewer than 11 observations.	0 = No suppression 1 = 0 patients in denominator 2 = Fewer than 11 patients in denominator

Appendix III. Medical Group Practice Specialty Codes and Labels

Group Specialty Code	Specialty Code Label
02	General surgery
03	Allergy/immunology
04	Otolaryngology
05	Anesthesiology
06	Cardiology
07	Dermatology
09	Interventional pain management
10	Gastroenterology
12	Osteopathic manipulative therapy
13	Neurology
14	Neurosurgery
18	Ophthalmology
20	Orthopedic surgery
22	Pathology
24	Plastic and reconstructive surgery
25	Physical medicine and rehabilitation
28	Colorectal surgery
29	Pulmonary disease
30	Diagnostic radiology
33	Thoracic surgery
34	Urology
36	Nuclear medicine
39	Nephrology
40	Hand surgery
44	Infectious disease
46	Endocrinology
66	Rheumatology
70	Multi-specialty clinic or group practice
72	Pain management
76	Peripheral vascular disease
77	Vascular surgery
78	Cardiac surgery
79	Addiction medicine
81	Critical care (intensivists)

82	Hematology
83	Hematology/oncology
85	Maxillofacial surgery
90	Medical oncology
91	Surgical oncology
92	Radiation oncology
93	Emergency medicine
94	Interventional radiology
98	Gynecologist/oncologist
PC	Primary Care (including General practice, Family practice, Internal medicine, Obstetrics/gynecology, Pediatric medicine, Geriatric medicine, and Preventive medicine)
PS	Psychiatry (including Psychiatry and Neuropsychiatry)
