

HEDIS® 2015 Patient-Level Data File Specifications, File 1 of 2 Files (2014 Measurement Year)

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1. Introduction

1.1. Purpose

This document describes the file layout for File 1 of 2 files that support the Centers for Medicare & Medicaid (CMS) annual collection of Healthcare Effectiveness Data and Information Set (HEDIS®)¹ patient-level quality of care measures received from Medicare Advantage Organizations (MAOs).

1.2. Scope

This document describes the data file layout for File 1 of 2 files that are required to be submitted for HEDIS 2015 patient-level data for the measurement year 2014. This includes specifications for the “header” record and “detail” records. The instructions for File 2 are detailed under separate documentation.

1.3. Technical Support

For technical support regarding this document, contact TEAM EDAPTIVE by phone at 1-877-996-1333 or by email at ma_patient_data@hcdi.com.

1.4. References

- HEDIS® 2015 Patient-Level Submission Instructions
- HEDIS® 2015 Volume 2: Technical Specifications for Health Plans
- CMS Data Usage Agreement

1.5. Document Structure

Excluding this introductory section, the remainder of this document provides a column-by-column description of the Header Record and Detail Record layouts, including the valid ranges or values allowed for each column.

¹HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

2. Important Technical Elements Regarding HEDIS 2015 Patient-Level Submissions

2.1. Patient-Level and Summary-Level Data Must Match

The patient-level data must match the summary-level data for each particular measure. The patient file should contain all beneficiaries enrolled in the contract at the time the summary measures are calculated. The patient file should be calculated following the same measure specifications as the summary-level data. To ensure an exact match, make a copy or “freeze” the database when the measures are calculated. If the measure was calculated using the hybrid method, the patient-level data should be reported on the minimum required sample size, including additional records if an “over-sample” method was used, or the total denominator population, if the sample was smaller than the minimum required sample size.

2.2. Inclusion of Contract Number

There should be no embedded spaces between the “H” or “R” and the four digits of the contract number.

2.3. Inclusion of Health Insurance Claim (HIC) Number

Include the Health Insurance Claim (HIC) number for every contract member enrolled at any point during the measurement year (2014). The HIC number is the number assigned by CMS to the member upon applying for Medicare services. For most members, the HIC number consists of a nine-digit Social Security number followed by one or two alphanumeric characters (e.g., 111223333A, 123456789C1). Only members entitled to Medicare under the Railroad Retirement Board will have a different HIC number format. Typically, the format for these members starts with one or two alpha characters (e.g., WA123456). The HIC number must be a continuous string, with no hyphens or embedded spaces. The HIC number allows CMS to match HEDIS data to other patient-level data for special projects of national interest and research. As this is the key field for linking to other CMS databases, it is critical that the HIC number be present and in the proper format, without spaces or other random characters. Although the nine digits in the HIC number are often the same as a member’s Social Security number, this may not always be the case, so it is important NOT to use a member’s Social Security number in lieu of the HIC number.

2.4. Use of Logical vs. Quantitative Values in Numerators and Denominators

The ***HEDIS 2015 Patient-Level Data File Specifications*** require logical values for some measures and quantitative values for others. An example of a logical value is found in the *Breast Cancer Screening* measure. Values of “1” or “0” indicate that the member was either included, or not included, in the numerator or denominator of the measure. An example of a quantitative value can be found in the *Follow-Up After Hospitalization for Mental Illness* measure, where the submission will show a numerical value that indicates the number of times the member was included in the numerator or denominator of a measure. Please pay special attention to the description of each measure in these instructions to derive a valid, acceptable value. Do not use a

quantitative value of “2” in columns where only logical values of “1,” “0,” and “9” are accepted. Missing values or fields in which data was not collected require 9’s to fill the entire field. Please do not use stars, asterisks, or any other values as they are not acceptable.

2.5. Member Months Values and Value of Zero (0) in Member Months Field

The member month contribution (MMC) is the number of months each Medicare member was enrolled in the contract in 2014. The MMC does not vary by measure, and does not apply to the *Effectiveness of Care* or *Plan All-Cause Readmissions* measures. The MMC pertains only to *Utilization* measures. Each member should have a member month contribution value between 0 and 12. Values greater than 12 are not acceptable.

A value of “0” is valid for the member months field in the rare instances in which a member may have incurred plan services early in January 2014, and been included in one or more HEDIS measures, but perhaps dis-enrolled prior to the point at which they met the definition for incurring a member month as defined by the plan.

Some members may have “aged” into the Medicare product from the plan’s commercial product or have dual eligibility with Medicare and Medicaid during the year. In these instances, the contribution to the MMC calculation of a non-Medicare product should not be counted.

2.6. How to Report Rates of “NR,” “NB” and “NA” in Patient-Level Submissions

Reported rates of “NR” should be recorded in the patient-level file as a “0.” Each member would show a “0” in the numerator and denominator field for all measures receiving an “NR.” In those *Effectiveness of Care* measures having multiple numerators (e.g., *Comprehensive Diabetes Care*) in which some numerators have been designated as “NR” and some “R,” plans should report “0” in the numerator field for each member in each measure designated as “NR,” and record a “0” or “1” as appropriate for each numerator assigned an “R.” For such a measure, if at least one of the numerators receives an “R,” then members who were included in the eligible population for the purpose of calculating the HEDIS rate should also show a “1” in the associated denominator column.

If the measure rate is “NB” because the plan does not offer a benefit required for the measure (e.g., pharmacy benefit for *Antidepressant Medication Management*), each member should receive a “0” for both the denominator and numerator(s) of the measure.

If the measure rate is “NA” because of an insufficient number of members in the eligible population, those members who were in the eligible population of the measure, and those who received the event or service in question, should be counted in the denominator and numerator, respectively. For example, if a plan has 29 members in the eligible population for the *Breast Cancer Screening* and 20 members who qualified for inclusion in the numerator, the plan’s IDSS submission will show “NA” as the reported rate. In its patient-level data file, the plan should show a “1” in Column 100 for each of

the 29 eligible members, and a “1” in Column 101 for each of the 20 members who received the screening.

2.7. How to Report Data When Using the Hybrid Data Collection Method

When using the hybrid method, record a “1” in the specific measure denominator field for the final set of sampled members and a “1” in the specific measure numerator field for the final set of sampled members who recorded a numerator “hit” when the HEDIS measure was calculated. For example, in a sample of 411 members drawn from eligible population for *Colorectal Cancer Screening*, 275 members may have been identified as receiving the procedure through administrative data and another 50 through medical record review. Therefore, all of the 325 members identified through either method should show a “1” in the numerator, with the 411 sampled members from the eligible population having a “1” in the denominator column.

2.8. File Validation Rules

Each record in the data set will be validated against the following validation rules:

- Each row will be validated to ensure that it is exactly 322 characters long.
- Numeric values (e.g., member months, denominators, and numerators) must be right-justified and blank filled to the left of the value.
- Text fields (e.g., “Organization Name” in the header record and “HIC Number” in the detail records) must be left-justified and blank filled to the right of the value.

2.9. Common Submission Errors

Error		Explanation
<p>Contract numbers in file name and header do not match for file name</p> <p>Invalid contract number in header for file name</p>		<p><i>The contract number of the file name does not match the header line inside the file.</i></p> <p>Please name the file according to the following CMS policies and procedures:</p> <p>Note: file name variables are shown in <i>lowercase italic letters</i>, all other file name components should be coded <u>exactly</u> as shown.</p> <p><u>Gentran File Name:</u> <i>guid.NONE.HEDIS.Y.ccccc.DYYMMDD.THHMMSST.s</i></p> <p><u>Actual Submission Name</u> <i>Example: UHCDDMV.NONE.HEDIS.Y.H2111.DYYMMDD.THHMMSST.P</i></p> <p><u>Test Submission Name</u> <i>Example: UHCDDMV.NONE.HEDIS.Y.H2111.DYYMMDD.THHMMSST.T</i></p> <p><u>MFT Internet Server:</u> <i>guid.NONE.HEDIS.Y.ccccc.DYYMMDD.THHMMSST.s</i></p>

Error		Explanation
		<p><u>Actual Submission Name:</u> Example: AAAAAAA.NONE.HEDIS.Y.H2111. DYYMMDD.THHMSST.P NOTE: "AAAAAAA" = System ID</p> <p><u>Test Submission Name</u> Example: AAAAAAA.NONE.HEDIS.Y.H2111. DYYMMDD.THHMSST .T NOTE: "AAAAAAA" = System ID</p> <p><u>Connect:Direct File</u> <u>Name:</u> s#EFT.ON.HEDIS.ccccc.DYYMMDD.THHMSST <u>Actual Submission Name Example:</u> P#EFT.ON.HEDIS.H0524.DYYMMDD.THHMSST <u>Test Submission Name Example:</u> T#EFT.ON.HEDIS.H0524.DYYMMDD.THHMSST</p>
<p>[NAME OF MEASURE] Column [XXX-XXX] [NAME OF MEASURE]</p> <p>Row [XXX] has [1] column(s) with errors Column [X] [NAME OF MEASURE]</p>		<p><i>There are incorrect characters, the incorrect number of characters, or data for that measure is missing.</i></p> <p>Each measure in the HEDIS 2015 Patient Level HEDIS Submission Specifications document is explained in the <i>Detail Record</i> section. For each measure there is a criterion listed for the accepted values. This error could occur when the value submitted does not fit the criteria. For example, if the allowed values are '0', '1,' or '9' but the value submitted is '7.'</p> <p>Numeric values (e.g., member months, denominators, and numerators) must be right-justified and blank filled to the left of the value. For example, ' 9' not '9 '</p> <p>This error could occur if there are no characters in the submitted field when at least one character is required.</p>
<p>Row data does not contain correct number of bytes.</p>		<p><i>One or more rows exceed or is shorter than the total character length for a row.</i></p> <p>The HEDIS 2015 Patient Level HEDIS Submission Specifications document details the number of characters for each row. If the number of characters exceeds the accepted limit, the file will not be accepted.</p>

3. HEDIS® 2015 PATIENT-LEVEL FILE SPECIFICATIONS, (2014 MEASUREMENT YEAR)

3.1. Header Record

Note: Include one header row per file as the first record

- Column 1: **Record Identifier**—use the tilde (~) character to start the line.
- Column 2-6: **CMS Contract Number**—only one contract number per submission (e.g., H1205, R1234).
- Column 7-66: **Organization Name**—as reported to NCQA for summary-level data submission.
- Column 67-71: ****Submission ID**—the unique identifier assigned by NCQA to the CMS contract for summary-level data submission.

****NOTE: Due to the addition of 5 digit submission ID's, please follow the guidelines below:**

Submission ID's must be left justified and 4 digit submission ID's should blank fill column 71.

For Example: In columns 67 – 71, a 5 digit ID would be entered as (12345)

A 4 digit ID would be entered starting at column 67 as (1234) with '1' being in column 67 leaving column 71 blank.

Column 72-322: Blank fill with spaces.

Specifications- Reporting of patient-level data should encompass only those members included and timeframes employed in summary measures submitted by your plan, i.e., HEDIS specifications regarding timeframes should be strictly followed for each measure, but should in no instance include experience from 2015.

Specifications-The sum of a field should equal the numerator or denominator for the corresponding measure entered in the HEDIS 2015 Interactive Data Submission System (IDSS) for that measure.

3.2. Detail Record

Note: Include one row for each member

- Column 1-12: **HIC Number.** A beneficiary’s individual health insurance claim number. For most beneficiaries, the HIC consists of a nine-digit Social Security Number followed by one or two alphanumeric characters (e.g., 111223333A, 123456789C1). Only beneficiaries entitled to Medicare under the Railroad Retirement Board will have a different format, usually starting with one or two alpha characters (e.g., WA123456).
- Specifications-The HIC number must be a continuous string, with no hyphens or embedded spaces.**
Blank fill with spaces to right of value
This field is mandatory—do not leave blank!
- Column 13-36: **Last Name.** A beneficiary’s individual Last Name.
- Specifications-The Last Name must be filled by no more than 24 characters.**
Blank fill with spaces to right of value
This field is mandatory—do not leave blank!
- Column 37-51: **First Name.** A beneficiary’s individual First Name.
- Specifications-The First Name must be filled by no more than 15 characters.**
Blank fill with spaces to right of value
This field is mandatory—do not leave blank!
- Column 52-73: **City.** A beneficiary’s individual City of residence.
- Specifications-The City must be filled by no more than 22 characters.**
Blank fill with spaces to right of value
This field is mandatory—do not leave blank!
- Column 74-75: **State.** A beneficiary’s individual State of residence.
- Specifications-The State must be filled with the postal code (ex. Maryland would be MD).**
Blank fill with spaces to right of value
This field is mandatory—do not leave blank!

- Column 76-80: **Zip Code.** A beneficiary's individual Zip Code.
**Specifications-The Zip Code must be filled with 5 digits
This field is mandatory—do not leave blank!**
- NOTE: This field is to be submitted as a 5 digit character field to avoid dropping leading zeroes. However, only numbers (0-9) may be used as each digit.**
- Column 81: **Gender.** A beneficiary's individual Gender.
**Specifications-Enter a:
'f' if this member is a Female
'm' if this member is a Male
No other characters are allowed
This field is mandatory—do not leave blank!**
- Column 82-89: **Birth Date.** A beneficiary's individual Birth Date.
**Specifications-The Birth Date must contain 8 digits with Month, Day, Year in the Format MMDDYYYY (ex. May 3, 1970 would be 05031970).
No characters other than numbers are allowed
This field is mandatory—do not leave blank!**
- Column 90-92: **Plan ID Number.** The 3 digit number assigned to the specific plan benefit package that the beneficiary is enrolled in under the contract number identified in the Header record (e.g., 001, 045, 134).
NOTE: This field is to be submitted as a 3 digit character field to avoid dropping leading zeroes. However, only numbers (0-9) may be used as each digit.
- Column 93: **SNP Enrollee Type.** SNP benefit package at end of measurement year.
**Specifications-Enter
'0' if this member is NOT enrolled in an SNP plan benefit package
'1' if this member is enrolled in a DUAL ELIGIBLE SNP benefit package
'2' if this member is enrolled in an INSTITUTIONAL SNP benefit package
'3' if this member is enrolled in a CHRONIC CONDITIONSNP benefit package.**

Column 94-95: **Member Months.** The member month contribution (MMC) this member adds to the denominator. Each Medicare enrollee in a given contract should be listed in the text file. The MMC is simply the number of months each Medicare member was enrolled in the contract in the measurement year. The MMC pertains only to the Use of Services measures; it does not apply to the Effectiveness of Care or Readmission measures, and does not vary by measure.

Specifications-Each member should have an MMC value between 0 and 12.

Column 96: **Denominator for Adult BMI Assessment (ABA)**

Specifications-Enter:

'1' if this member is in the denominator of the Adult BMI Assessment measure

'0' if the member is not in the denominator of this measure

'9' if the information is missing

Column 97: **Numerator for Adult BMI Assessment (ABA)**

Specifications-Enter:

'1' if this member is in the numerator of the Adult BMI Assessment measure

'0' if the member is not in the numerator or the information is missing

Column 98: **Denominator for Colorectal Cancer Screening (COL)**

Specifications- Enter:

'1' if this member is in the denominator of the Colorectal Cancer Screening measure

'0' if the member is not in the denominator of this measure

'9' if the information is missing

Column 99: **Numerator for Colorectal Cancer Screening (COL)**

Specifications-Enter:

'1' if this member is in the numerator of the Colorectal Cancer Screening measure

'0' if the member is not in the numerator or the information is missing

- Column 100: **Denominator for Breast Cancer Screening (BCS)**
Specifications-Enter:
‘1’ if this member is in the denominator of the Breast Cancer Screening measure
‘0’ if the member is not in the denominator of this measure
‘9’ if the information is missing
- Column 101: **Numerator for Breast Cancer Screening (BCS)**
Specifications-Enter:
‘1’ if this member is in the numerator of the Breast Cancer Screening measure
‘0’ if the member is not in the numerator or the information is missing
- Column 102: **Denominator for Osteoporosis Management in Women Who Had a Fracture (OMW)**
Specifications-Enter:
‘1’ if this member is in the denominator of the Osteoporosis Management in Women Who Had a Fracture measure
‘0’ if the member is not in the denominator of this measure
‘9’ if the information is missing
- Column 103: **Numerator for Osteoporosis Management in Women Who Had a Fracture (OMW)**
Specifications-Enter:
‘1’ if this member is in the numerator of the Osteoporosis Management in Women Who Had a Fracture measure
‘0’ if the member is not in the numerator or the information is missing
- Column 104: **Denominator for Controlling High Blood Pressure (CBP)**
Specifications-Enter:
‘1’ if this member is in the denominator of the Controlling High Blood Pressure measure
‘0’ if the member is not in the denominator of this measure
‘9’ if the information is missing
- Column 105: **Numerator for Controlling High Blood Pressure (CBP)**
Specifications-Enter:
‘1’ if this member is in the numerator of the Controlling High Blood Pressure measure
‘0’ if the member is not in the numerator or the information is missing

- Column 106: **Denominator for Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)**
Specifications-Enter:
'1' if this member is in the denominator of the Persistence of Beta-Blocker Treatment After a Heart Attack measure
'0' if the member is not in the denominator of this measure
'9' if the information is missing
- Column 107: **Numerator for Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)**
Specifications-Enter:
'1' if this member is in the numerator of the Persistence of Beta-Blocker Treatment After a Heart Attack measure
'0' if the member is not in the numerator or the information is missing
- Column 108: **Denominator 1 for Comprehensive Diabetes Care (CDC): HbA1c Testing**
Specifications-Enter:
'1' if this member is in denominator 1 (HbA1c Testing) of the Comprehensive Diabetes Care measure
'0' if the member is not in the denominator of this measure
'9' if the information is missing
- Column 109: **Numerator 1 for Comprehensive Diabetes Care (CDC): HbA1c Testing**
Specifications- Enter:
'1' if this member is in numerator 1 (HbA1c Testing) of the Comprehensive Diabetes Care measure
'0' if the member is not in the numerator or the information is missing
- Column 110: **Denominator 2 for Comprehensive Diabetes Care (CDC): HbA1c Poor Control >9%**
Specifications-Enter:
'1' if this member is in denominator 2 (HbA1c Poor Control >9%) of the Comprehensive Diabetes Care measure
'0' if the member is not in the denominator of this measure
'9' if the information is missing

- Column 111: **Numerator 2 for Comprehensive Diabetes Care (CDC): HbA1c Poor Control >9%**
Specifications-Enter:
'1' if this member is in numerator 2 (HbA1c Poor Control >9%) of the Comprehensive Diabetes Care measure
'0' if the member is not in the numerator or the information is missing
- Column 112: **Denominator 3 for Comprehensive Diabetes Care (CDC): HbA1c Control <8%**
Specifications-Enter:
'1' if this member is in denominator 3 (HbA1c Control <8%) of the Comprehensive Diabetes Care measure
'0' if the member is not in the denominator of this measure
'9' if the information is missing
- Column 113: **Numerator 3 for Comprehensive Diabetes Care (CDC): HbA1c Control <8%**
Specifications-Enter:
'1' if this member is in numerator 3 (HbA1c Control <8%) of the Comprehensive Diabetes Care measure
'0' if the member is not in the numerator or the information is missing

- Column 114: **Denominator 4 for Comprehensive Diabetes Care (CDC): Eye exam (retinal) performed**
Specifications-Enter:
'1' if this member is in denominator 4 (Eye exam) of the Comprehensive Diabetes Care measure
'0' if the member is not in the denominator of this measure
'9' if the information is missing
- Column 115: **Numerator 4 for Comprehensive Diabetes Care (CDC): Eye exam (retinal) performed**
Specifications-Enter:
'1' if this member is in numerator 4 (Eye exam) of the Comprehensive Diabetes Care measure
'0' if the member is not in the numerator or the information is missing
- Column 116: **Denominator 7 for Comprehensive Diabetes Care (CDC): Medical Attention for Nephropathy**
Specifications-Enter:
'1' if this member is in denominator 7 (Medical Attention for Nephropathy) of the Comprehensive Diabetes Care measure
'0' if the member is not in the denominator of this measure
'9' if the information is missing
- Column 117: **Numerator 7 for Comprehensive Diabetes Care (CDC): Medical Attention for Nephropathy**
Specifications-Enter:
'1' if this member is in numerator 7 (Medical Attention for Nephropathy) of the Comprehensive Diabetes Care measure
'0' if the member is not in the numerator or the information is missing

- Column 118: **Denominator 9 for Comprehensive Diabetes Care (CDC): Blood pressure control <140/90 mm Hg**
Specifications-Enter:
'1' if this member is in denominator 9 (Blood pressure control < 140/90) of the Comprehensive Diabetes Care measure
'0' if the member is not in the denominator of this measure
'9' if the information is missing
- Column 119: **Numerator 9 for Comprehensive Diabetes Care (CDC): Blood pressure control <140/90 mm Hg**
Specifications-Enter:
'1' if this member is in numerator 9 (Blood pressure control < 140/90) of the Comprehensive Diabetes Care measure
'0' if the member is not in the numerator or the information is missing
- Column 120: **Denominator for Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)**
Specifications-Enter:
'1' if this member is in the denominator of the Use of Spirometry Testing in the Assessment and Diagnosis of COPD measure
'0' if the member is not in the denominator of this measure
'9' if the information is missing
- Column 121: **Numerator for Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)**
Specifications-Enter:
'1' if this member is in the numerator of the Use of Spirometry Testing in the Assessment and Diagnosis of COPD measure
'0' if the member is not in the numerator or the information is missing
- Column 122-123: **Denominator for Pharmacotherapy Management of COPD Exacerbation (PCE)**
Specifications-Enter:
The number of times this member is in the denominator of the Pharmacotherapy Management of COPD Exacerbation measure
'0' if the member is not in the denominator of this measure
'99' if the information is missing

- Column 124-125: **Numerator 1 for Pharmacotherapy Management of COPD Exacerbation (PCE): Systemic Corticosteroid**
Specifications-Enter:
The number of times this member is in numerator 1 (Systemic Corticosteroid) of the Pharmacotherapy Management of COPD Exacerbation measure
'0' if the member is not in the numerator or the information is missing
- Column 126-127: **Numerator 2 for Pharmacotherapy Management of COPD Exacerbation (PCE): Bronchodilator**
Specifications-Enter:
The number of times this member is in numerator 2 (Bronchodilator) of the Pharmacotherapy Management of COPD Exacerbation measure
'0' if the member is not in the numerator or the information is missing
- Column 128-129: **Denominator for Follow-Up After Hospitalization for Mental Illness (FUH)**
Specifications-Enter:
The number of times this member is in denominator of the Follow-Up After Hospitalization for Mental Illness measure
'0' if the member is not in the denominator of this measure
'99' if the information is missing
- Column 130-131: **Numerator 1 for Follow-Up After Hospitalization for Mental Illness (FUH): 30-day follow-up**
Specifications-Enter:
The number of times this member is in numerator 1 (30-day follow-up) of the Follow-Up After Hospitalization for Mental Illness measure
'0' if the member is not in the numerator or the information is missing
- Column 132-133: **Numerator 2 for Follow-Up After Hospitalization for Mental Illness (FUH): 7-day follow-up**
Specifications-Enter:
The number of times this member is in numerator 2 (7-day follow-up) of the Follow-Up After Hospitalization for Mental Illness measure
'0' if the member is not in the numerator or the information is missing

- Column 134: **Denominator for Antidepressant Medication Management (AMM)**
Specifications-Enter:
'1' if this member is in the denominator of the Antidepressant Medication Management measure
'0' if the member is not in the denominator of this measure
'9' if the information is missing
- Column 135: **Numerator 1 for Antidepressant Medication Management (AMM): Effective Acute Phase Treatment**
Specifications-Enter:
'1' if this member is in numerator 1 (Effective Acute Phase Treatment) of the Antidepressant Medication Management measure
'0' if the member is not in the numerator or the information is missing
- Column 136: **Numerator 2 for Antidepressant Medication Management (AMM): Effective Continuation Phase Treatment**
Specifications-Enter:
'1' if this member is in numerator 2 (Effective Continuation Phase Treatment) of the Antidepressant Medication Management Effective measure
'0' if the member is not in the numerator or the information is missing
- Column 137: **Denominator for Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)**
Specifications-Enter:
'1' if this member is in the denominator of the Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis measure
'0' if the member is not in the denominator of this measure
'9' if the information is missing

- Column 138: **Numerator for Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)**
Specifications-Enter:
'1' if this member is in the numerator of the Disease -odifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis measure
'0' if the member is not in the numerator or the information is missing
- Column 139: **Denominator 1 for Annual Monitoring for Patients on Persistent Medications (MPM): Annual Monitoring for Members on ACE Inhibitors or ARBs**
Specifications-Enter:
'1' if this member is in denominator 1 (Annual Monitoring for Members on ACE Inhibitors or ARBs) of the Annual Monitoring for Patients on Persistent Medications measure
'0' if the member is not in the denominator of this measure
'9' if the information is missing
- Column 140: **Numerator 1 for Annual Monitoring for Patients on Persistent Medications (MPM): Annual Monitoring for Members on ACE Inhibitors or ARBs**
Specifications-Enter:
'1' if this member is in numerator 1 (Annual Monitoring for Members on ACE Inhibitors or ARBs) of the Annual Monitoring for Patients on Persistent Medications measure
'0' if the member is not in the numerator or the information is missing
- Column 141: **Denominator 2 for Annual Monitoring for Patients on Persistent Medications (MPM): Annual Monitoring for Members on Digoxin**
Specifications-Enter:
'1' if this member is in denominator 2 (Annual Monitoring for Members on Digoxin) of the Annual Monitoring for Patients on Persistent Medications measure
'0' if the member is not in the denominator of this measure
'9' if the information is missing

- Column 142: **Numerator 2 for Annual Monitoring for Patients on Persistent Medications (MPM): Annual Monitoring for Members on Digoxin**
Specifications-Enter:
'1' if this member is in numerator 2 (Annual Monitoring for Members on Digoxin) of the Annual Monitoring for Patients on Persistent Medications measure
'0' if the member is not in the numerator or the information is missing
- Column 143: **Denominator 3 for Annual Monitoring for Patients on Persistent Medications (MPM): Annual Monitoring for Members on Diuretics**
Specifications- Enter:
'1' if this member is in denominator 3 (Annual Monitoring for Members on Diuretics) of the Annual Monitoring for Patients on Persistent Medications measure
'0' if the member is not in the denominator of this measure
'9' if the information is missing
- Column 144: **Numerator 3 for Annual Monitoring for Patients on Persistent Medications (MPM): Annual Monitoring for Members on Diuretics**
Specifications-Enter:
'1' if this member is in numerator 3 (Annual Monitoring for Members on Diuretics) of the Annual Monitoring for Patients on Persistent Medications measure
'0' if the member is not in the numerator or the information is missing
- Column 145: **Denominator for Use of High-Risk Medications in the Elderly (DAE)**
Specifications-Enter:
'1' if this member is in the denominator of the Use of High-Risk Medications in the Elderly measure
'0' if the member is not in the denominator of this measure
'9' if the information is missing

- Column 146: **Numerator 1 for Use of High-Risk Medications in the Elderly (DAE): At Least One Prescription**
Specifications-Enter:
‘1’ if this member is in numerator 1 (At Least One Prescription) of the Use of High-Risk Medications in the Elderly measure
‘0’ if the member is not in the numerator or the information is missing
- Column 147: **Numerator 2 for Use of High-Risk Medications in the Elderly (DAE): At Least Two Prescriptions**
Specifications-Enter:
‘1’ if this member is in numerator 2 (At Least Two Prescriptions) of the Use of High-Risk Medications in the Elderly measure
‘0’ if the member is not in the numerator or the information is missing
- Column 148: **Denominator 1 for Potentially Harmful Drug-Disease Interactions in the Elderly (DDE): History of Falls + Tricyclic Antidepressants, Antipsychotics or Sleep Agents**
Specifications-Enter:
‘1’ if this member is in denominator 1 (History of Falls) of the Potentially Harmful Drug-Disease Interactions in the Elderly measure
‘0’ if the member is not in the denominator of this measure
‘9’ if the information is missing
- Column 149: **Numerator 1 for Potentially Harmful Drug-Disease Interactions in the Elderly (DDE): History of Falls + Tricyclic Antidepressants, Antipsychotics or Sleep Agents**
Specifications-Enter:
‘1’ if this member is in numerator 1 (History of Falls) of the Potentially Harmful Drug-Disease Interactions in the Elderly measure
‘0’ if the member is not in the numerator or the information is missing
- Column 150: **Denominator 2 for Potentially Harmful Drug-Disease Interactions in the Elderly (DDE): Dementia + Tricyclic Antidepressants or Anticholinergic Agents**
Specifications-Enter:
‘1’ if this member is in denominator 2 (Dementia) of the Potentially Harmful Drug-Disease Interactions in the Elderly measure
‘0’ if the member is not in the denominator of this measure ‘9’ if the information is missing

- Column 151: **Numerator 2 for Potentially Harmful Drug-Disease Interactions in the Elderly (DDE): Dementia + Tricyclic Antidepressants or Anticholinergic Agents**
Specifications-Enter:
'1' if this member is in numerator 2 (Dementia) of the Potentially Harmful Drug-Disease Interactions in the Elderly measure
'0' if the member is not in the numerator or the information is missing
- Column 152: **Denominator 3 for Potentially Harmful Drug-Disease Interactions in the Elderly (DDE): Chronic Kidney Disease + Nonaspirin NSAIDs or Cox-2 Selective NSAIDs**
Specifications-Enter:
'1' if this member is in denominator 3 (Chronic Kidney Disease) of the Potentially Harmful Drug-Disease Interactions in the Elderly measure
'0' if the member is not in the denominator of this measure
'9' if the information is missing
- Column 153: **Numerator 3 for Potentially Harmful Drug-Disease Interactions in the Elderly (DDE): Chronic Kidney Disease + Nonaspirin NSAIDs or Cox-2 Selective NSAIDs**
Specifications-Enter:
'1' if this member is in numerator 3 (Chronic Kidney Disease) of the Potentially Harmful Drug-Disease Interactions in the Elderly measure
'0' if the member is not in the numerator or the information is missing
- Column 154: **Denominator for Adults' Access to Preventive/Ambulatory Health Services (AAP): Ages 20-44**
Specifications-Enter:
'1' if this member is in the denominator of the Adults' Access to Preventive/Ambulatory Health Services, Ages 20-44 measure
'0' if the member is not in the denominator of this measure
'9' if the information is missing

- Column 155: **Numerator for Adults' Access to Preventive/Ambulatory Health Services (AAP): Ages 20-44**
Specifications-Enter:
'1' if this member is in the numerator of the Adults' Access to Preventive/Ambulatory Health Services, Ages 20-44 measure
'0' if the member is not in the numerator or the information is missing
- Column 156: **Denominator for Adults' Access to Preventive/Ambulatory Health Services (AAP): Ages 45-64**
Specifications-Enter:
'1' if this member is in the denominator of the Adults' Access to Preventive/Ambulatory Health Services, Ages 45-64 measure
'0' if the member is not in the denominator of this measure
'9' if the information is missing
- Column 157: **Numerator for Adults' Access to Preventive/Ambulatory Health Services (AAP): Ages 45-64**
Specifications-Enter:
'1' if this member is in the numerator of the Adults' Access to Preventive/Ambulatory Health Services, Ages 45-64 measure
'0' if the member is not in the numerator or the information is missing
- Column 158: **Denominator for Adults' Access to Preventive/Ambulatory Health Services (AAP): Ages 65+**
Specifications-Enter:
'1' if this member is in the denominator of the Adults' Access to Preventive/Ambulatory Health Services, Ages 65+ measure
'0' if the member is not in the denominator of this measure
'9' if the information is missing
- Column 159: **Numerator for Adults' Access to Preventive/Ambulatory Health Services (AAP): Ages 65+**
Specifications-Enter:
'1' if this member is in the numerator of the Adults' Access to Preventive/Ambulatory Health Services, Ages 65+ measure
'0' if the member is not in the numerator or the information is missing

- Column 160: **Denominator for Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET): 13-17 years**
Specifications-Enter:
'1' if this member is in the denominator of the Initiation and Engagement of AOD Treatment, 13-17 years measure
'0' if the member is not in the denominator of this measure
'9' if the information is missing
- Column 161: **Numerator for Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET): Initiation of AOD Treatment—13-17 years**
Specifications-Enter:
'1' if this member is in the numerator of the Initiation and Engagement of AOD Treatment—Initiation of AOD Treatment, 13-17 years measure
'0' if the member is not in the numerator or the information is missing
- Column 162: **Numerator for Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET): Engagement of AOD Treatment—13-17 years**
Specifications- Enter:
'1' if this member is in the numerator of the Initiation and Engagement of AOD Treatment—Engagement of AOD Treatment, 13-17 years measure
'0' if the member is not in the numerator or the information is missing
- Column 163: **Denominator for Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET): 18+ years**
Specifications-Enter:
'1' if this member is in the denominator of the Initiation and Engagement of AOD Treatment, 18+ years measure
'0' if the member is not in the denominator of this measure
'9' if the information is missing

- Column 164: **Numerator for Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET): Initiation of AOD Treatment—18+ years**
Specifications-Enter:
 '1' if this member is in the numerator of the Initiation and Engagement of AOD Treatment—Initiation of AOD Treatment, 18+ years measure
 '0' if the member is not in the numerator or the information is missing
- Column 165: **Numerator for Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET): Engagement of AOD Treatment—18+ years**
Specifications-Enter:
 '1' if this member is in the numerator of the Initiation and Engagement of AOD Treatment—Engagement of AOD Treatment, 18+ years measure
 '0' if the member is not in the numerator or the information is missing
- Column 166-168: **Numerator for Frequency of Selected Procedures (FSP): Bariatric Weight Loss Surgery**
Specifications-Enter:
 The number of times this member appears in the numerator of the Bariatric Weight Loss Surgery rate
 '0' if the member is not in the numerator of this measure
 '999' if the information is missing
- Column 169-171: **Numerator for Frequency of Selected Procedures (FSP): CABG**
Specifications-Enter:
 The number of times this member appears in the numerator of the CABG (Coronary Artery Bypass Graft) measure
 '0' if the member is not in the numerator of this measure
 '999' if the information is missing
- Column 172-174: **Numerator for Frequency of Selected Procedures (FSP): PCI**
Specifications-Enter:
 The number of times this member appears in the numerator of the (PCI) rate
 '0' if the member is not in the numerator of this measure
 '999' if the information is missing

- Column 175-177: **Numerator for Frequency of Selected Procedures (FSP): Cardiac Catheterization**
Specifications-Enter:
The number of times this member appears in the numerator of the Cardiac Catheterization rate
'0' if the member is not in the numerator of this measure
'999' if the information is missing
- Column 178-180: **Numerator for Frequency of Selected Procedures (FSP): Carotid Endarterectomy**
Specifications-Enter:
The number of times this member appears in the numerator of the Carotid Endarterectomy rate
'0' if the member is not in the numerator of this measure
'999' if the information is missing
- Column 181-183: **Numerator for Frequency of Selected Procedures (FSP): Open Cholecystectomy**
Specifications-Enter:
The number of times this member appears in the numerator of the Open Cholecystectomy rate
'0' if the member is not in the numerator of this measure
'999' if the information is missing
- Column 184-186: **Numerator for Frequency of Selected Procedures (FSP): Laparoscopic Cholecystectomy 86**
Specifications-Enter:
The number of times this member appears in the numerator of the Laparoscopic Cholecystectomy rate
'0' if the member is not in the numerator of this measure
'999' if the information is missing
- Column 187-189: **Numerator for Frequency of Selected Procedures (FSP): Back Surgery**
Specifications-Enter:
The number of times this member appears in the numerator of the Back Surgery rate
'0' if the member is not in the numerator of this measure
'999' if the information is missing

- Column 190-192: **Numerator for Frequency of Selected Procedures (FSP): Abdominal Hysterectomy**
Specifications-Enter:
The number of times this member appears in the numerator of the Abdominal Hysterectomy rate
'0' if the member is not in the numerator of this measure
'999' if the information is missing
- Column 193-195: **Numerator for Frequency of Selected Procedures (FSP): Vaginal Hysterectomy**
Specifications-Enter:
The number of times this member appears in the numerator of the Vaginal Hysterectomy rate
'0' if the member is not in the numerator of this measure
'999' if the information is missing
- Column 196-198: **Numerator for Frequency of Selected Procedures (FSP): Prostatectomy**
Specifications-Enter:
The number of times this member appears in the numerator of the Prostatectomy rate
'0' if the member is not in the numerator of this measure
'999' if the information is missing
- Column 199-201: **Numerator for Frequency of Selected Procedures (FSP): Total Hip Replacement**
Specifications-Enter:
The number of times this member appears in the numerator of the Total Hip Replacement rate
'0' if the member is not in the numerator of this measure
'999' if the information is missing
- Column 202-204: **Numerator for Frequency of Selected Procedures (FSP): Total Knee Replacement**
Specifications-Enter:
The number of times this member appears in the numerator of the Total Knee Replacement rate
'0' if the member is not in the numerator of this measure
'999' if the information is missing

- Column 205-207: **Numerator for Frequency of Selected Procedures (FSP): Mastectomy**
Specifications-Enter:
The number of times this member appears in the numerator of the Mastectomy rate
'0' if the member is not in the numerator of this measure
'999' if the information is missing
- Column 208-210: **Numerator for Frequency of Selected Procedures (FSP): Lumpectomy**
Specifications-Enter:
The number of times this member appears in the numerator of the Lumpectomy rate
'0' if the member is not in the numerator of this measure
'999' if the information is missing
- Column 211-213: **Numerator for Inpatient Utilization—General Hospital/Acute Care (IPU): Total Inpatient Discharges**
Specifications-Enter:
The total General Hospital/Acute Care discharges for this member
'0' if the member did not have any General Hospital/Acute Care discharges
'999' if the information is missing
- Column 214-216: **Numerator for Inpatient Utilization—General Hospital/Acute Care (IPU): Total Inpatient Days**
Specifications-Enter:
The total number of days for all General Hospital/Acute Care stays for this member
'0' if the member did not have any General Hospital/Acute Care stays
'999' if the information is missing
- Column 217-219: **Numerator for Inpatient Utilization—General Hospital/Acute Care (IPU): Medicine Discharges**
Specifications-Enter:
The total General Hospital/Acute Care—Medicine discharges for this member
'0' if the member did not have any General Hospital/Acute Care—Medicine discharges
'999' if the information is missing

- Column 220-222: **Numerator for Inpatient Utilization—General Hospital/Acute Care (IPU): Medicine Days**
Specifications-Enter:
The total number of days for all General Hospital/Acute Care—Medicine stays for this member
'0' if the member did not have any General Hospital/Acute Care—Medicine stays
'999' if the information is missing
- Column 223-225: **Numerator for Inpatient Utilization—General Hospital/Acute Care (IPU): Surgery Discharges**
Specifications-Enter:
The total General Hospital/Acute Care—Surgery discharges for this member
'0' if the member did not have any General Hospital/Acute Care—Surgery discharges
'999' if the information is missing
- Column 226-228: **Numerator for Inpatient Utilization—General Hospital/Acute Care (IPU): Surgery Days**
Specifications-Enter:
The total number of days for all General Hospital/Acute Care—Surgery stays for this member
'0' if the member did not have any General Hospital/Acute Care—Surgery stays
'999' if the information is missing
- Column 229-231: **Numerator for Inpatient Utilization—General Hospital/Acute Care (IPU): Maternity Discharges**
Specifications-Enter:
The total General Hospital/Acute Care—Maternity discharges for this member
'0' if the member did not have any General Hospital/Acute Care—Maternity discharges
'999' if the information is missing
- Column 232-234: **Numerator for Inpatient Utilization—General Hospital/Acute Care (IPU): Maternity Days**
Specifications-Enter:
The total number of days for all General Hospital/Acute Care—Maternity stays for this member
'0' if the member did not have any General Hospital/Acute Care—Maternity stays
'999' if the information is missing

- Column 235-237: **Numerator for Ambulatory Care (AMB): Outpatient Visits**
Specifications-Enter:
The total number of Ambulatory Care—Outpatient visits for this member
'0' if the member did not have any Ambulatory Care—Outpatient visits
'999' if the information is missing
- Column 238-240: **Numerator for Ambulatory Care (AMB): ED Visits**
Specifications-Enter:
The total number of Ambulatory Care—ED visits for this member
'0' if the member did not have any Ambulatory Care—ED visits
'999' if the information is missing
- Column 241: **Numerator for Identification of Alcohol and Other Drug Services (IAD): Percentage of Members Receiving Any Service**
Specifications-Enter:
'1' if this member is in the numerator of the Identification of Alcohol and Other Drug Services—Percentage of Members Receiving Any Service measure
'0' if the member is not in the numerator or the information is missing
- Column 242: **Numerator for Identification of Alcohol and Other Drug Services (IAD): Percentage of Members Receiving Inpatient Services**
Specifications-Enter:
'1' if this member is in the numerator of the Identification of Alcohol and Other Drug Services—Percentage of Members Receiving Inpatient Services measure
'0' if the member is not in the numerator or the information is missing
- Column 243: **Numerator for Identification of Alcohol and Other Drug Services (IAD): Percentage of Members Receiving Intensive Outpatient or Partial Hospitalization Services**
Specifications-Enter:
'1' if this member is in the numerator of the Identification of Alcohol and Other Drug Services—Percentage of Members Receiving Intensive Outpatient or Partial Hospitalization Services measure
'0' if the member is not in the numerator or the information is missing

- Column 244: **Numerator for Identification of Alcohol and Other Drug Services (IAD): Percentage of Members Receiving Outpatient and ED Services**
Specifications-Enter:
'1' if this member is in the numerator of the Identification of Alcohol and Other Drug Services—Percentage of Members Receiving Outpatient and ED Services measure
'0' if the member is not in the numerator or the information is missing
- Column 245: **Numerator for Mental Health Utilization (MPT): Percentage of Members Receiving Any Service**
Specifications-Enter:
'1' if this member is in the numerator of the Mental Health Utilization—Percentage of Members Receiving Any Services measure
'0' if the member is not in the numerator or the information is missing
- Column 246: **Numerator for Mental Health Utilization (MPT): Percentage of Members Receiving Inpatient Services**
Specifications-Enter:
'1' if this member is in the numerator of the Mental Health Utilization—Percentage of Members Receiving Inpatient Services measure
'0' if the member is not in the numerator or the information is missing
- Column 247: **Numerator for Mental Health Utilization (MPT): Percentage of Members Receiving Intensive Outpatient or Partial Hospitalization Services**
Specifications- Enter:
'1' if this member is in the numerator of the Mental Health Utilization—Percentage of Members Receiving Intensive Outpatient or Partial Hospitalization Services measure
'0' if the member is not in the numerator or the information is missing

- Column 248: **Numerator for Mental Health Utilization (MPT): Percentage of Members Receiving Outpatient and ED Services**
Specifications-Enter:
 '1' if this member is in the numerator of the Mental Health Utilization—Percentage of Members Receiving Outpatient and ED Services measure
 '0' if the member is not in the numerator or the information is missing
- Column 249-252: **Numerator for Antibiotic Utilization (ABX): Total Number of Antibiotic Prescriptions**
Specifications-Enter:
 The total number of times the member appears in the Antibiotic Utilization—Total Number of Antibiotic Prescriptions rate
 '0' if the member is not in the numerator of this measure
 '9999' if the information is missing
- Column 253-256: **Numerator for Antibiotic Utilization (ABX): Total days supplied for all antibiotic prescriptions**
Specifications-Enter:
 The total number of days the member appears in the Antibiotic Utilization—Total days supplied for all antibiotic prescriptions rate
 '0' if the member is not in the numerator of this measure
 '9999' if the information is missing
- Column 257-260: **Numerator for Antibiotic Utilization (ABX): Total number of prescriptions for antibiotics of concern**
Specifications-Enter:
 The total number of times the member appears in the Antibiotic Utilization—Total number of prescriptions for antibiotics of concern rate
 '0' if the member is not in the numerator of this measure
 '9999' if the information is missing

- Column 261-264: **Numerator for Antibiotic Utilization (ABX): Antibiotics of Concern—Quinolones**
Specifications-Enter:
The total number of times the member appears in the Antibiotics of Concern—Quinolones rate
'0' if the member is not in the numerator of this measure
'9999' if the information is missing
- Column 265-268: **Numerator for Antibiotic Utilization (ABX): Antibiotics of Concern—Cephalosporins 2nd- 4th Generation**
Specifications-Enter:
The total number of times the member appears in the Antibiotics of Concern—Cephalosporins 2nd- 4th Generation rate
'0' if the member is not in the numerator of this measure
'9999' if the information is missing
- Column 269-272: **Numerator for Antibiotic Utilization (ABX): Antibiotics of Concern—Azithromycin and Clarithromycin**
Specifications-Enter:
The total number of times the member appears in the Antibiotics of Concern—Azithromycin and Clarithromycin rate
'0' if the member is not in the numerator of this measure
'9999' if the information is missing
- Column 273-276: **Numerator for Antibiotic Utilization (ABX): Antibiotics of Concern—Amoxicillin/Clavulanate**
Specifications-Enter:
The total number of times the member appears in the Antibiotics of Concern—Amoxicillin/Clavulanate rate
'0' if the member is not in the numerator of this measure
'9999' if the information is missing

- Column 277-280: **Numerator for Antibiotic Utilization (ABX): Antibiotics of Concern—Ketolides**
Specifications-Enter:
The total number of times the member appears in the Antibiotics of Concern—Ketolides rate
'0' if the member is not in the numerator of this measure
'9999' if the information is missing
- Column 281-284: **Numerator for Antibiotic Utilization (ABX): Antibiotics of Concern—Clindamycin**
Specifications-Enter:
The total number of times the member appears in the Antibiotics of Concern—Clindamycin rate
'0' if the member is not in the numerator of this measure
'9999' if the information is missing
- Column 285-288: **Numerator for Antibiotic Utilization (ABX): Miscellaneous Antibiotics of Concern**
Specifications-Enter:
The total number of times the member appears in the Miscellaneous Antibiotics of Concern rate
'0' if the member is not in the numerator of this measure
'9999' if the information is missing
- Column 289-292: **Numerator for Antibiotic Utilization (ABX): All Other Antibiotics—Absorbable Sulfonamides**
Specifications-Enter:
The total number of times the member appears in the All Other Antibiotics—Absorbable Sulfonamides rate
'0' if the member is not in the numerator of this measure
'9999' if the information is missing
- Column 293-296: **Numerator for Antibiotic Utilization (ABX): All Other Antibiotics—Aminoglycosides**
Specifications-Enter:
The total number of times the member appears in the All Other Antibiotics—Aminoglycosides rate
'0' if the member is not in the numerator of this measure
'9999' if the information is missing

- Column 297-300: **Numerator for Antibiotic Utilization (ABX): All Other Antibiotics—First Generation Cephalosporins**
Specifications-Enter:
The total number of times the member appears in the All Other Antibiotics—First Generation Cephalosporins rate
'0' if the member is not in the numerator of this measure
'9999' if the information is missing
- Column 301-304: **Numerator for Antibiotic Utilization (ABX): All Other Antibiotics—Lincosamides (other than Clindamycin)**
Specifications-Enter:
The total number of times the member appears in the All Other Antibiotics—Lincosamides (other than Clindamycin) rate
'0' if the member is not in the numerator of this measure
'9999' if the information is missing
- Column 305-308: **Numerator for Antibiotic Utilization (ABX): All Other Antibiotics—Macrolides (other than Azithromycin and Clarithromycin)**
Specifications-Enter:
The total number of times the member appears in the All Other Antibiotics—Macrolides (other than Azithromycin and Clarithromycin) rate
'0' if the member is not in the numerator of this measure
'9999' if the information is missing
- Column 309-312: **Numerator for Antibiotic Utilization (ABX): All Other Antibiotics—Penicillins**
Specifications-Enter:
The total number of times the member appears in the All Other Antibiotics—Penicillins rate
'0' if the member is not in the numerator of this measure
'9999' if the information is missing

- Column 313-316: **Numerator for Antibiotic Utilization (ABX): All Other Antibiotics—Tetracyclines**
Specifications-Enter:
The total number of times the member appears in the All Other Antibiotics—Tetracyclines rate
'0' if the member is not in the numerator of this measure
'9999' if the information is missing
- Column 317-320: **Numerator for Antibiotic Utilization (ABX): All Other Antibiotics—Miscellaneous Antibiotics**
Specifications-Enter:
The total number of times the member appears in the All Other Antibiotics—Miscellaneous Antibiotics rate
'0' if the member is not in the numerator of this measure
'9999' if the information is missing
- Column 321: **Denominator for Non-Recommended PSA-Based Screening in Older Men (PSA):**
Specifications– Enter:
'1' if this member is in the denominator of the Non-Recommended PSA-Based Screening in Older Men measure
'0' if the member is not in the denominator of this measure
'9' if the information is missing
- Column 322: **Numerator for Non-Recommended PSA-Based Screening in Older Men (PSA):**
Specifications-Enter:
'1' if this member is in the numerator of the Non-Recommended PSA-Based Screening in Older Men measure
'0' if the member is not in the numerator or the information is missing