HEDIS® 2012 Patient-Level Data File Specifications, File 1 of 2 Files (2011 Measurement Year)

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Introduction

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).

Scope

This document describes the data file layout for File 1 of 2 Files that are required to be submitted for HEDIS 2012 patient-level data for the measurement year 2011. This includes specifications for the "header" record and "detail" records. The instructions for File 2 will be submitted in a separate document.

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@edaptivesys.com.

References

- HEDIS® 2012 Patient-Level Submission Instructions
- HEDIS® 2012 Volume 2: Technical Specifications
- CMS Data Usage Agreement

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.

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

Important Technical Elements Regarding HEDIS 2012 Patient-Level Submissions

Patient-Level and Summary-Level Data Must Match

The patient-level data must match the summary-level data for a particular measure. The patient file should contain all beneficiaries enrolled in the contract at the time that 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.

Inclusion of Contract Number

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

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 (2011). The HIC number is the number assigned by CMS to the member upon applying for Medicare services. For most members, the HIC 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 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.

Use of Logical vs. Quantitative Values in Numerators and Denominators

The *HEDIS 2012 Patient-Level Data File Specifications* require logical values for some measures and quantitative values for others. An example of a logical value is *Breast Cancer Screening*. 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 is *Follow-up after Hospitalization for Mental Illness*, 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 were not collected require 9's to fill the entire field. Do not use stars, asterisks, or any other values that are not acceptable.

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 2011. The MMC does not vary by measure, and does not apply to the Effectiveness of Care measures. The member month pertains only to Use of Services measures. Each member should have a member month value between 0 and 12. A value greater than 12 is not acceptable.

A value of "zero" is valid for the Member Months field in the rare instances in which a member may have incurred plan services early in January 2011 and been included in one or more HEDIS measures, but may have 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.

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.

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 Breast 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.

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 333 characters long.

- Numeric values (e.g., member months, denominators, and numerators) must be right-justified and underline blank filled to the left of the value underline.

- Text fields (e.g., "Organization Name" in the header record and "HIC Number" in the detail records) must be left-justified and underline blank filled to the right of the value underline.

Common Submission Errors

Error	Explanation
Contract numbers in file name and header do not match for file name **Invalid contract number in header for file name**	*The contract number of the file name does not match the header line inside the file.* Please name the file according to the following CMS policies and procedures: Note: file name variables are shown in *lowercase italic letters*, all other file name components should be coded exactly as shown. **Gentran File Name:** *guid*.NONE.HEDIS.Y.*ccccc*.FUTURE.*s* Actual Submission Name Example: UHCDDMV.NONE.HEDIS.Y.H2111.FUTURE.P Test Submission Name Example: UHCDDMV.NONE.HEDIS.Y.H2111.FUTURE.T **Connect:Direct File Name:** *s*#EFT.ON.HEDIS.*ccccc*.DYYMMDD.THHMMSST Actual Submission Name Example: P#EFT.ON.HEDIS.H0524.DYYMMDD.THHMMSST Test Submission Name Example: T#EFT.ON.HEDIS.H0524.DYYMMDD.THHMMSST

[*NAME OF MEASURE*] **Column *[XXX-XXX*] [** ***NAME OF MEASURE*]** **Row [*XXX*] has [1] column(s)** **with errors** **Column [*X] [NAME OF*** ***MEASURE*]**	*There are incorrect characters, the incorrect number of characters, or data for that measure is missing.* Each measure in the **HEDIS 2012 Patient Level HEDIS Submission Specifications** document is explained in the *Detail Record* 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.' 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 ' This error could occur if there are no characters in the submitted field when at least one character is required.
Row data does not contain **correct number of bytes.**	*One or more rows exceed or is shorter than the total character length for a row.* The **HEDIS 2012 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.

HEDIS® 2012 PATIENT-LEVEL FILE SPECIFICATIONS, (2011 MEASUREMENT YEAR)

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 for 2011, please follow the below guidelines:

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 and '_' in column 71 indicating a blank filled space.

Column 72-333: 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 2012.

> **Specifications** -The sum of a field should equal the numerator or denominator for the corresponding measure entered in the HEDIS 2012 Interactive Data Submission System (IDSS) for that measure.

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 characters
> Blank fill with spaces to right of value
> This field is mandatory—do not leave blank!

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).

Column 93: **SNP Enrollee Type**. SNP benefit package at end of measurement year.

> **Specifications** -Enter a:
> '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 CONDITION SNP 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 a:
    '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 a:
    '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 a:
    '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 a:
    '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 a:
    '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 a:
'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 a:
'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 a:
'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 a:
'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 a:
'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 a:
'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 a:
'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 for Cholesterol Management for Patients With Cardiovascular Conditions (CMC)**

Specifications -Enter a:
'1' if this member is in the denominator of the Cholesterol Management for Patients With Cardiovascular Conditions measure
'0' if the member is not in the denominator of this measure
'9' if the information is missing

Column 109:   **Numerator 1 for Cholesterol Management for Patients With Cardiovascular Conditions (CMC): LDL-C screening**

Specifications -Enter a:
'1' if this member is in numerator 1 (LDL-C Screening) of the Cholesterol Management for Patients With Cardiovascular Conditions measure
'0' if the member is not in the numerator or the information is missing

Column 110   **Numerator 2 for Cholesterol Management for Patients With Cardiovascular Conditions (CMC): LDL-C level of <100 mg/dL**

Specifications -Enter a:
"1" if this member is in numerator 2 (LDL-C level of <100) of the Cholesterol Management for Patients With Cardiovascular Conditions measure
'0' if the member is not in the numerator or the information is missing

Column 111:   **Denominator 1 for Comprehensive Diabetes Care (CDC): HbA1c Testing**

Specifications -Enter a:
'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 112:   **Numerator 1 for Comprehensive Diabetes Care (CDC): HbA1c Testing**

Specifications -Enter a:
'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 113:   **Denominator 2 for Comprehensive Diabetes Care (CDC): HbA1c Poor Control >9%**

Specifications -Enter a:
'1' if this member is in denominator 2 (HbA1c Poor Control) 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 114:   **Numerator 2 for Comprehensive Diabetes Care (CDC): HbA1c Poor Control >9%**

Specifications -Enter a:
'1' if this member is in numerator 2 (HbA1c Poor Control) of the Comprehensive Diabetes Care measure
'0' if the member is not in the numerator or the information is missing

Column 115:   **Denominator 3 for Comprehensive Diabetes Care (CDC): HbA1c Control <8%**

Specifications -Enter a:
'1' if this member is in denominator 3 (HbA1c Control) 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 116:   **Numerator 3 for Comprehensive Diabetes Care (CDC): HbA1c Control <8%**

Specifications -Enter a:
'1' if this member is in numerator 3 (HbA1c Control) of the Comprehensive Diabetes Care measure
'0' if the member is not in the numerator or the information is missing

Column 117:   **Denominator 4 for Comprehensive Diabetes Care (CDC): Eye exam (retinal) performed**

Specifications -Enter a:
'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 118:   **Numerator 4 for Comprehensive Diabetes Care (CDC): Eye exam (retinal) performed**

Specifications -Enter a:
'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 119:   **Denominator 5 for Comprehensive Diabetes Care (CDC): LDL-C Screening**

Specifications -Enter a:
'1' if this member is in denominator 5 (LDL-C Screening) 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 120:   **Numerator 5 for Comprehensive Diabetes Care (CDC): LDL-C Screening**

Specifications -Enter a:
'1' if this member is in numerator 5 (LDL-C Screening) of the Comprehensive Diabetes Care measure
'0' if the member is not in the numerator or the information is missing

Column 121:	**Denominator 6 for Comprehensive Diabetes Care (CDC): LDL-C Control <100mg/dL**

Specifications -Enter a:
'1' if this member is in denominator 6 (LDL-C Control < 100mg/dL) 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 122:	**Numerator 6 for Comprehensive Diabetes Care (CDC): LDL-C Control <100mg/dL**

Specifications -Enter a:
'1' if this member is in numerator 6 (LDL-C Control < 100mg/dL) of the Comprehensive Diabetes Care measure
'0' if the member is not in the numerator or the information is missing

Column 123:	**Denominator 7 for Comprehensive Diabetes Care (CDC): Medical Attention for Nephropathy**

Specifications -Enter a:
'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 124:	**Numerator 7 for Comprehensive Diabetes Care (CDC): Medical Attention for Nephropathy**

Specifications -Enter a:
'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 125:	**Denominator 8 for Comprehensive Diabetes Care (CDC): Blood pressure control <140/80 mm Hg**

Specifications -Enter a:
'1' if this member is in denominator 8 (Blood pressure control < 140/80) 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 126: **Numerator 8 for Comprehensive Diabetes Care (CDC): Blood pressure control <140/80 mm Hg**

Specifications -Enter a:
'1' if this member is in numerator 8 (Blood pressure control < 140/80) of the Comprehensive Diabetes Care measure
'0' if the member is not in the numerator or the information is missing

Column 127: **Denominator 9 for Comprehensive Diabetes Care (CDC): Blood pressure control <140/90 mm Hg**

Specifications -Enter a:
'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 128: **Numerator 9 for Comprehensive Diabetes Care (CDC): Blood pressure control <140/90 mm Hg**

Specifications -Enter a:
'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 129: **Denominator for Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)**

Specifications -Enter a:
'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 130: **Numerator for Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)**

Specifications -Enter a:
'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 131-132:   **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 133-134:   **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 135-136:   **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 137-138:   **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 139-140:   **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

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Column 141-142:   **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 143:   **Denominator for Antidepressant Medication Management (AMM)**

      Specifications -Enter a:
      '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 144:   **Numerator 1 for Antidepressant Medication Management (AMM): Effective Acute Phase Treatment**

      Specifications -Enter a:
      '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 145:   **Numerator 2 for Antidepressant Medication Management (AMM): Effective Continuation Phase Treatment**

      Specifications -Enter a:
      '1' if this member is in numerator 2 (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 146:   **Denominator for Glaucoma Screening in Older Adults (GSO)**

      Specifications -Enter a:
      '1' if this member is in the denominator of the Glaucoma Screening in Older Adults measure
      '0' if the member is not in the denominator of this measure
      '9' if the information is missing

Column 147:   **Numerator for Glaucoma Screening in Older Adults (GSO)**

> **Specifications** -Enter a:
> '1' if this member is in the numerator of the Glaucoma Screening in Older Adults measure
> '0' if the member is not in the numerator or the information is missing

Column 148:   **Denominator for Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)**

> **Specifications** -Enter a:
> '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 149:   **Numerator for Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)**

> **Specifications** -Enter a:
> '1' if this member is in the numerator of the Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis measure
> '0' if the member is not in the numerator or the information is missing

Column 150:   **Denominator 1 for Annual Monitoring for Patients on Persistent Medications (MPM): Annual Monitoring for Members on ACE Inhibitors or ARBs**

> **Specifications** -Enter a:
> '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 151:   **Numerator 1 for Annual Monitoring for Patients on Persistent Medications (MPM): Annual Monitoring for Members on ACE Inhibitors or ARBs**

> **Specifications** -Enter a:
> '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 152: **Denominator 2 for Annual Monitoring for Patients on Persistent Medications (MPM): Annual Monitoring for Members on Digoxin**

Specifications -Enter a:
'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 153: **Numerator 2 for Annual Monitoring for Patients on Persistent Medications (MPM): Annual Monitoring for Members on Digoxin**

Specifications -Enter a:
'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 154: **Denominator 3 for Annual Monitoring for Patients on Persistent Medications (MPM): Annual Monitoring for Members on Diuretics**

Specifications -Enter a:
'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 155: **Numerator 3 for Annual Monitoring for Patients on Persistent Medications (MPM): Annual Monitoring for Members on Diuretics**

Specifications -Enter a:
'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 156:   **Denominator 4 for Annual Monitoring for Patients on Persistent Medications (MPM): Annual Monitoring for Members on Anticonvulsants**

Specifications -Enter:
The number of times this member appears in denominator 4 (Annual Monitoring for Members on Anticonvulsants) 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 157:   **Numerator 4 for Annual Monitoring for Patients on Persistent Medications (MPM): Annual Monitoring for Members on Anticonvulsants**

Specifications -Enter:
The number of times this member appears in numerator 4 (Annual Monitoring for Members on Anticonvulsants) 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 158:   **Denominator for Use of High-Risk Medications in the Elderly (DAE)**

Specifications -Enter a:
'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 159:   **Numerator 1 for Use of High-Risk Medications in the Elderly (DAE): At Least One Prescription**

Specifications -Enter a:
'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 160:   **Numerator 2 for Use of High-Risk Medications in the Elderly (DAE): At Least Two Prescriptions**

Specifications -Enter a:
'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 161: **Denominator 1 for Potentially Harmful Drug-Disease Interactions in the Elderly (DDE): History of Falls + Tricyclic Antidepressants, Antipsychotics or Sleep Agents**

Specifications -Enter a:
'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 162: **Numerator 1 for Potentially Harmful Drug-Disease Interactions in the Elderly (DDE): History of Falls + Tricyclic Antidepressants, Antipsychotics or Sleep Agents**

Specifications -Enter a:
'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 163: **Denominator 2 for Potentially Harmful Drug-Disease Interactions in the Elderly (DDE): Dementia + Tricyclic Antidepressants or Anticholineric Agents**

Specifications -Enter a:
'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 164: **Numerator 2 for Potentially Harmful Drug-Disease Interactions in the Elderly (DDE): Dementia + Tricyclic Antidepressants or Anticholineric Agents**

Specifications -Enter a:
'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 165:   **Denominator 3 for Potentially Harmful Drug-Disease Interactions in the Elderly (DDE): Chronic Renal Failure + Nonaspirin NSAIDs or Cox-2 Selective NSAIDs**

Specifications -Enter a:
'1' if this member is in denominator 3 (Chronic Renal Failure) 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 166:   **Numerator 3 for Potentially Harmful Drug-Disease Interactions in the Elderly (DDE): Chronic Renal Failure + Nonaspirin NSAIDs or Cox-2 Selective NSAIDs**

Specifications -Enter a:
'1' if this member is in numerator 3 (Chronic Renal Failure) 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 167:   **Denominator for Adults' Access to Preventive/Ambulatory Health Services (AAP): Ages 20-44**

Specifications -Enter a:
'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 168:   **Numerator for Adults' Access to Preventive/Ambulatory Health Services (AAP): Ages 20-44**

Specifications -Enter a:
'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 169:   **Denominator for Adults' Access to Preventive/Ambulatory Health Services (AAP): Ages 45-64**

Specifications -Enter a:
'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 170:   **Numerator for Adults' Access to Preventive/Ambulatory Health Services (AAP): Ages 45-64**

Specifications -Enter a:
'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 171:   **Denominator for Adults' Access to Preventive/Ambulatory Health Services (AAP): Ages 65+**

Specifications -Enter a:
'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 172:   **Numerator for Adults' Access to Preventive/Ambulatory Health Services (AAP): Ages 65+**

Specifications -Enter a:
'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 173:   **Denominator for Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET): 13-17 years**

Specifications -Enter a:
'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 174:   **Numerator for Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET): Initiation of AOD Treatment—13-17 years**

Specifications -Enter a:
'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 175:   **Numerator for Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET): Engagement of AOD Treatment—13-17 years**

Specifications -Enter a:
'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 176:   **Denominator for Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET): 18+ years**

Specifications -Enter a:
'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 177: **Numerator for Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET): Initiation of AOD Treatment—18+ years**

Specifications -Enter a:
'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 178: **Numerator for Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET): Engagement of AOD Treatment—18+ years**

Specifications -Enter a:
'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 179-181: **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 182-184: **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 185-187: **Numerator for Frequency of Selected Procedures (FSP): PCI**

Specifications -Enter:
The number of times this member appears in the numerator of the Angioplasty (PCI) rate
'0' if the member is not in the numerator of this measure
'999' if the information is missing

Column 188-190: **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 191-193: **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 194-196: **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 197-199: **Numerator for Frequency of Selected Procedures (FSP): Closed Cholecystectomy**

Specifications -Enter:
The number of times this member appears in the numerator of the Closed Cholecystectomy rate
'0' if the member is not in the numerator of this measure
'999' if the information is missing

Column 200-202: **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 203-205: **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 206-208:   **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 209-211:   **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 212-214:   **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 215-217:   **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 218-220:   **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 221-223:   **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 224-226: **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 227-229: **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 230-232: **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 233-235: **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 236-238: **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 239-241:   **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 242-244:   **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 245-247:   **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 248-250:   **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 251-253:   **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 254: **Numerator for Identification of Alcohol and Other Drug Services (IAD): Percentage of Members Receiving Any Service**

> **Specifications** -Enter a:
> '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 255: **Numerator for Identification of Alcohol and Other Drug Services (IAD): Percentage of Members Receiving Inpatient Services**

> **Specifications** -Enter a:
> '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 256: **Numerator for Identification of Alcohol and Other Drug Services (IAD): Percentage of Members Receiving Intensive Outpatient or Partial Hospitalization Services**

> **Specifications** -Enter a:
> '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 257: **Numerator for Identification of Alcohol and Other Drug Services (IAD): Percentage of Members Receiving Outpatient and ED Services**

> **Specifications** -Enter a:
> '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 258: **Numerator for Mental Health Utilization (MPT): Percentage of Members Receiving Any Service**

> **Specifications** -Enter a:
> '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 259:   **Numerator for Mental Health Utilization (MPT): Percentage of Members Receiving Inpatient Services**

> **Specifications** -Enter a:
> '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 260:   **Numerator for Mental Health Utilization (MPT): Percentage of Members Receiving Intensive Outpatient or Partial Hospitalization Services**

> **Specifications** -Enter a:
> '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 261:   **Numerator for Mental Health Utilization (MPT): Percentage of Members Receiving Outpatient and ED Services**

> **Specifications** -Enter a:
> '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 262-265:   **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 266-269:   **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 270-273:   **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 274-277:   **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 278-281:   **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 282-285:   **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 286-289:   **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 290-293:   **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 294-297:   **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 298-301:   **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 302-305:   **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 306-309:   **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 310-313:   **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 314-317:   **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 rate
'0' if the member is not in the numerator of this measure
'9999' if the information is missing

Column 318-321:   **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 322-325:   **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 326-329:   **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 330-333:   **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