



2013 Quality Assurance Reporting Requirements for Medicaid Advantage and Medicaid Advantage Plus Plans

Technical Specifications Manual (2013 MA/MAPs QARR/HEDIS® 2013)



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Technical Specifications Manual
(2013 QARR/ HEDIS® 2013)

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I. Submission Requirements

2013 Medicaid Advantage/ Medicaid Advantage Plus Quality Assurance Reporting Requirements (MA/MAP QARR herein) consists of measures from the National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®). 2013 MA/MAPs QARR incorporates measures from HEDIS® 2013. The major areas of performance included in the 2013 MA/MAPs QARR are:

- 1) Effectiveness of Care
 - 2) Access to/Availability of Care
 - 3) Utilization
 - 4) Health Plan Descriptive Information
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Organizations Required to Report

Article 44 licenses All Medicaid Advantage and Medicaid Advantage Plus plans certified by the New York State Department of Health (NYS DOH) prior to 2012 must report all applicable HEDIS measures for which there are enrollees meeting the continuous enrollment criteria.

Reporting Requirement Guidelines

- **Table 1 lists, by product, HEDIS® 2013 measures required for submission.** This list of measures matches the Center for Medicare and Medicaid Services (CMS) required reporting for Medicare Advantage plans and Special Needs Plans. ***Note that a previous version of Table 1 included a New York State specific measure (Enrollment by Product Line), which has been removed from the final reporting requirements.*** None of the required measures are NYS-specific; all measures are HEDIS® 2013 measures. Plans must purchase the HEDIS® 2013 Technical Specifications for descriptions of the required HEDIS® measures. Plans should always follow HEDIS® 2013 guidelines for each applicable product line when calculating continuous enrollment periods. CMS requires that all submitted data be audited by an NCQA Licensed Audit Organization. **All data submitted to NYS DOH will be identical to data submitted to CMS, and therefore, an additional audit is not necessary.**
- Any future **clarifications** to the 2013 MA/MAPs QARR will be distributed electronically to plan representatives and made available on our web site (www.health.ny.gov/health_care/managed_care/plans/index.htm) under the 'Health Plan Guidelines' section. All clarifications will be incorporated into the 2013 MA/MAPs QARR specifications.
- Plans must report required measures **for which there is an eligible population.** Plans **may not** elect to suppress reporting or designate a measure as 'NR –plan chose not to report'.
- If a plan **collects data using an administrative method** for any measure that has both administrative and hybrid collection options **and the result from this method is determined to be under-reported** by NYS DOH, **the result will be invalidated** by NYS DOH even if the plan's HEDIS® auditor determined the result to be reportable.

Specific Instructions for Product Lines:

Medicaid Advantage (MA):

- MA plans should submit summary-level data where required, as well as member-level data for individuals dually enrolled in Medicare Advantage and Medicaid Advantage (MA) where required. Do not submit member-level data for those enrolled only in Medicare Advantage. The QARR list of required measures for MA plans matches CMS' required measures for Medicare Advantage plans.

Medicaid Advantage Plus (MAP):

- MAP plans should submit summary-level data where required. MAPs will not be asked for member-level data on any measure. The QARR list of required measures for MAP plans matches CMS' required measures for Special Needs Plans.

I. Submission Requirements

How to Extract Data from the IDSS

Steps for extraction:

1. Access the IDSS with this link: <https://idss.ncqa.org>
2. You will then be on the system log in screen. Enter the user name and password. Click "Submit"
3. You will then be brought to a License Agreement Acknowledgement screen. Click "I agree". Then Click "Submit".
4. From the next screen, click on "List of Organizations." You will then be brought to a screen listing the health plan(s). Click on the Org ID pertaining to your plan.
5. You will then be brought to a Submission List for the health plan, with Sub IDs for various product lines. Click on the appropriate Sub ID.
6. Then, from the selected submission, click on "View/Edit" within the "DST" component
7. You should then see Data Collection/ Viewer Tool.
8. Click on Downloadables.
9. You will then be brought to a screen with Import Template Downloads (XML) and Excel Workbook Downloads. Within Excel Workbook Downloads, click on "**Comma Separated Values (CSV) Workbook (Export)**". This is the CSV file.
10. The file name should read as follows:
"Workbook-submission ID number.csv"

When saving the CSV file, it is recommended that it be saved with the plan name and the product line (e.g. Medicaid).

How to Submit MA/MAPs QARR

All plans must submit HEDIS® data on the Interactive Data Submission System (IDSS) at <https://idss.ncqa.org>. Submitted HEDIS® data can then be extracted, as described above, as a Comma Separated Value (CSV) file and sent to our External Quality Review Organization, IPRO.

Where to Submit MA/MAPs QARR

All files will be sent electronically. No materials will be mailed.

Any plan that fails to submit the files by 5:00 p.m. ET on the date due will receive a Statement of Deficiency for failure to comply with quality program requirements. Once the Managed Long Term Care Quality Incentive is initiated, the compliance portion of the Quality Incentive may be affected by these statements of deficiency.

The completed and locked MA/MAPs QARR CSV files generated by the IDSS must be received by IPRO no later than 5:00 p.m. ET on June 17, 2013. All files should be submitted electronically to IPRO via an FTP site. FTP site arrangements can be made with Paul Henfield of IPRO. Mr. Henfield can be reached at phenfield@ipro.org.

What to Send for MA/MAPs QARR Submission

All must be received electronically by 5:00 p.m. ET on June 17, 2013 by the designated party.

- MA/MAPs QARR 2013 IDSS CSV file for MA and MAP plans (submitted to IPRO, via an FTP site).
 - Member level file for individuals eligible for Medicare and Medicaid enrolled in MA plans only (submitted to IPRO via secure FTP).
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I. Submission Requirements

Questions concerning the 2013 submission should be directed to the following individuals:

- **Interactive Data Submission System (IDSS):** Tom LoGalbo (tlogalbo@ipro.org) of IPRO at (516) 326 - 7767 x349.
- **FTP sites:** Paul Henfield (phenfield@ipro.org) of IPRO at (516) 326-7767 ext. 670.
- **HEDIS® 2013 measures:** Updates can be found on NCQA's web site: www.ncqa.org. Questions can be submitted to policysupport@ncqa.org. NYS DOH is not responsible for the interpretation of HEDIS® specifications or updating HEDIS information. Plans should always refer to HEDIS® specifications when calculating HEDIS® measures as part of QARR.
- **All other questions:** Quality Measurement Unit of NYS DOH at nysgarr@health.state.ny.us or (518) 486-9012.

III. Reporting Requirements
Table 1: 2013 QARR/HEDIS®2013
Table of Required Measures

✓: Required measure
 NR: Not required

HEDIS® Measure Abbrev.	Measure	Collection Method Hybrid (H) or Administrative (A)	Medicaid Advantage	Medicaid Advantage Member-level File Required	Medicaid Advantage Plus
Effectiveness of Care					
ABA	Adult BMI Assessment	H	✓	✓	NR
BCS	Breast Cancer Screening	A	✓	✓	NR
COL	Colorectal Cancer Screening	H	✓	✓	✓
GSO	Glaucoma Screening in Older Adults	A	✓	✓	✓
COA	Care for Older Adults (SNP-only measure)	H	NR	NR	✓
SPR	Use of Spirometry Testing in the Assessment and Diagnosis of Chronic Obstructive Pulmonary Disease	A	✓	✓	✓
PCE	Pharmacotherapy Management of COPD Exacerbation	A	✓	✓	✓
CMC	Cholesterol Management for Patients With Cardiovascular Conditions	H	✓	✓	NR
CBP	Controlling High Blood Pressure	H	✓	✓	✓
PBH	Persistence of Beta-Blocker Treatment After a Heart Attack	A	✓	✓	✓
CDC	Comprehensive Diabetes Care	H	✓	✓	NR
ART	Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis	A	✓	✓	NR
OMW	Osteoporosis Management in Women Who Had a Fracture	A	✓	✓	✓
AMM	Antidepressant Medication Management	A	✓	✓	✓

III. Reporting Requirements
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HEDIS® Measure Abbrev.	Measure	Collection Method Hybrid (H) or Administrative (A)	Medicaid Advantage	Medicaid Advantage Member-level File Required	Medicaid Advantage Plus
FUH	Follow-up After Hospitalization for Mental Illness	A	✓	✓	✓
MPM	Annual Monitoring for Patients on Persistent Medications	A	✓	✓	✓
DDE	Potentially Harmful Drug-Disease Interactions in the Elderly	A	✓	✓	✓
DAE	Use of High-Risk Medications in the Elderly	A	✓	✓	✓
MRP	Medication Reconciliation Post-Discharge (SNP-only measure)	H	NR	NR	✓
Access/Availability of Care					
AAP	Adults' Access to Preventive/Ambulatory Health Services	A	✓	NR	NR
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	A	✓	NR	NR
Utilization					
FSP	Frequency of Selected Procedures	A	✓	NR	NR
IPU	Inpatient Utilization - General Hospital/Acute Care	A	✓	NR	NR
AMB	Ambulatory Care	A	✓	NR	NR
MPT	Mental Health Utilization	A	✓	NR	NR
IAD	Identification of Alcohol and Other Drug Services	A	✓	NR	NR
ABX	Antibiotic Utilization	A	✓	NR	NR
Health Plan Descriptive Information					
BCR	Board Certification	A	✓	NR	✓

Note: ENP (Enrollment by Product Line) has been removed from the final reporting requirements.

III. Audit Requirements

- CMS requires that all submitted data be audited by a NCQA Licensed Audit Organization. Because the NYS DOH is requiring the same reporting as CMS, the audit performed for data submitted to CMS will suffice as an audit for data submitted to NYS DOH.
- All organizations must send a copy of the written agreement with an NCQA-licensed audit organization by **March 1, 2013**. **The copy can be sent via email to:**
 - Quality Measurement Unit
 - Office of Quality and Patient Safety
 - Email: nysqarr@health.state.ny.us
- Consistent with the recommendations of NCQA, it is recommended that health plans provide a draft version of the IDSS to their auditor along with the Medicaid member-level files prior to the June 17 deadline (recommended by June 3, 2013). Auditors should check for accuracy and that the specified variables in these files and the IDSS reconcile.
- A copy of the Final Audit Report (FAR), including identified problems, corrective actions and measure-specific results, must be submitted to the Office of Quality and Patient Safety upon receipt from your auditor (due to the Office of Quality and Patient Safety by **July 31, 2013** via email to nysqarr@health.state.ny.us). The FAR must contain audit validation signatures.
- NYS DOH requires plans to submit data for all measures for which there is an eligible population. Plans may not designate a measure as 'NR--plan chose not to report this measure'.

IV. Reporting Schedule

The following table includes the dates when various components are due and to whom the submission should be sent.

	Due Date and Destination	Organizations
NCQA Licensed Audit Organization		
A copy of written agreement with a NCQA licensed organization that indicates all products included in the audit.	Due: March 1, 2013 To: NYS DOH via email nysqarr@health.state.ny.us	<ul style="list-style-type: none"> • MA • MAP
QARR Submission		
Extracts of Interactive Data Submission System (IDSS)	Due: June 17, 2013 by 5:00 p.m. ET To: IPRO via FTP	<ul style="list-style-type: none"> • MA • MAP
Additional File Submission		
Member-level file (required for Dual Eligible enrollees in MA, Medicare Only excluded)	Due: June 17, 2013 by 5:00 p.m. ET To: IPRO via FTP	<ul style="list-style-type: none"> • MA
Final Audit Reports		
A copy of the Final Audit Report, including findings, corrective actions and measure-specific results with signatures is required. Final Audit Report submissions are required to include the specified information for all supplemental database use.	Due: July 31, 2013 To: NYS DOH via email nysqarr@health.state.ny.us	<ul style="list-style-type: none"> • MA • MAP

NYS DOH requires all reporting entities to submit the NYS Data Submission System on June 17, 2013 before close of business (5:00 p.m. ET). Organizations who do not submit the database by this deadline will be given a Statement of Deficiency for failure to meet program requirements for performance data reporting. Plans unable to meet the deadline submission may request an extension for submission **prior** to June 17, 2013. Sufficient reasons for the extension request must be provided with the request and only those requests that have been approved will be acknowledged.

V. Medicaid Advantage Member-Level File

Member-level File Submission (Required)

The Office of Quality and Patient Safety will be evaluating measures using the Medicaid Encounter Data System (MEDS II) and member-level data. For specific file formats, refer to the specifications for the member-level file that follow.

For the measures listed below, please submit a file for your **dual eligible population** (exclude Medicare only enrollees) from your Medicaid Advantage product line, listing all the members included in the denominator according to the following layout. Plans are required to submit a member-level file for their Medicaid Advantage product line.

Measures included in the Member-level File for 2013 QARR:

Measures	Medicaid Advantage
Adult BMI Assessment	●
Breast Cancer Screening	●
Colorectal Cancer Screening	●
Glaucoma Screening in Older Adults	●
Use of Spirometry Testing in the Assessment and Diagnosis of Chronic Obstructive Pulmonary Disease	●
Pharmacotherapy Management of COPD Exacerbation	●
Cholesterol Management for Patients With Cardiovascular Conditions	●
Controlling High Blood Pressure	●
Persistence of Beta-Blocker Treatment After a Heart Attack	●
Comprehensive Diabetes Care	●
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis	●
Osteoporosis Management in Women Who Had a Fracture	●
Antidepressant Medication Management	●
Follow-up After Hospitalization for Mental Illness	●
Annual Monitoring for Patients on Persistent Medications	●
Potentially Harmful Drug-Disease Interactions in the Elderly	●
Use of High-Risk Medications in the Elderly	●

V. Medicaid Advantage Member-Level File

QARR 2013 Member-Level File Specifications

Prepare a fixed width text file in the following format. Include one row for every member who was enrolled in the product and who meets criteria for one or more of the specified QARR measures for 2012 measurement year. Numeric values should be right justified and blank filled to the left of the value; text fields should be left-justified and blank filled to the right of the value. All member-level files are due on June 17, 2013. The file should be named MemberMA.txt.

Member-Level File Notes:

1. Reporting of member-level data should encompass only those members included and timeframes employed in the QARR 2013 and HEDIS® 2013 specifications.
2. The sum of the field **will not** equal the numerator or denominator for the corresponding measure entered in the IDSS for that measure and product because of the **exclusion of Medicare Only** enrollees.
3. The Medicaid CIN is eight characters in length and a mix of alpha and numeric.
4. Measures that are not applicable to the member, the product or are rotated should be zero-filled.

Column Placement	Name	Direction	Allowed Values
Column 1-8	Plan ID	Enter the Plan's numeric eight-digit ID.	#####
Column 9–16	CIN	A member's client identification number. The field should be continuous without any spaces or hyphens. The field is alpha-numeric and should be treated as a text field. This field is mandatory – do not leave it blank! The CIN entered in this field should be for the CIN for the measurement period. For example, CINs for 2012 should be used.	For Medicaid Advantage – AA#####A Duals eligibles only
Column 17	Denominator for Adult BMI Assessment	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.	1 = Yes 0 = No
Column 18	Numerator for Adult BMI Assessment	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	1 = Yes 0 = No
Column 19	Denominator for Breast Cancer Screening	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.	1 = Yes 0 = No
Column 20	Numerator for Breast Cancer Screening	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.	1 = Yes 0 = No
Column 21	Denominator for Colorectal Cancer Screening	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.	1 = Yes 0 = No

V. Medicaid Advantage Member-Level File

Column Placement	Name	Direction	Allowed Values
Column 22	Numerator for Colorectal Cancer Screening	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 of this measure.	1 = Yes 0 = No
Column 23	Denominator for Glaucoma Screening in Older Adults	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.	1 = Yes 0 = No
Column 24	Numerator for Glaucoma Screening in Older Adults	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.	1 = Yes 0 = No
Column 25	Denominator for Use of Spirometry Testing in Assessment and Diagnosis of COPD	Enter a '1' if this member is in the denominator of the Use of Spirometry Testing in Assessment and Diagnosis of COPD measure, '0' if the member is not in the denominator.	1 = Yes 0 = No
Column 26	Numerator for Use of Spirometry Testing in Assessment and Diagnosis of COPD	Enter a '1' if this member is in the numerator of the Use of Spirometry Testing in Assessment and Diagnosis of COPD measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 27-28	Denominator for Pharmacotherapy Management of COPD Exacerbation	Enter the number of times this member appears in the denominator of the Pharmacotherapy Management of COPD measure, '0' if the member is not in the denominator.	0-98
Column 29-30	Numerator 1 for Pharmacotherapy Management of COPD Exacerbation, Corticosteroid Dispensed	Enter the number of times this member appears in numerator 1 of the Pharmacotherapy Management of COPD Exacerbation, Corticosteroid dispensed; '0' if the member is not in the numerator of this measure or the information is missing.	0-98
Column 31-32	Numerator 2 for Pharmacotherapy Management of COPD Exacerbation, Bronchodilator Dispensed	Enter the number of times this member appears in numerator 2 of the Pharmacotherapy Management of COPD Exacerbation, Bronchodilator dispensed; '0' if the member is not in the numerator of this measure or the information is missing.	0-98

V. Medicaid Advantage Member-Level File

Column Placement	Name	Direction	Allowed Values
Column 33	Denominator for Cholesterol Management for Patients with Cardiovascular Conditions (CMC)	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.	1 = Yes 0 = No
Column 34	Numerator 1 for CMC – LDL-C Screen	Enter a '1' if this member is in the numerator of the CMC LDL-C Screen measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 35	Numerator 2 for CMC – LDL-C Control (<100 mg/dL)	Enter a '1' if this member is in the numerator of the CMC LDL-C Control measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 36	Denominator for Controlling High Blood Pressure	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.	1 = Yes 0 = No
Column 37	Numerator for Controlling High Blood Pressure	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.	1 = Yes 0 = No
Column 38	Denominator for Persistence of Beta-Blocker Treatment After a Heart Attack	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.	1 = Yes 0 = No
Column 39	Numerator for Persistence of Beta-Blocker Treatment After a Heart Attack	Enter a '1' if this member is in the numerator of Persistence of Beta-Blocker Treatment After a Heart Attack measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 40	Denominator for Comprehensive Diabetes Care (CDC)	Enter a '1' if this member is in the denominator of the CDC measures, '0' if the member is not in the denominator.	1 = Yes 0 = No
Column 41	Numerator 1 for CDC – HbA1c Test	Enter a '1' if this member is in the numerator of the CDC HbA1c Test measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 42	Numerator 2 for CDC – HbA1c Poor Control (>9%)	Enter a '1' if this member is in the numerator of the CDC HbA1c Poor Control measure (which includes no test performed, test result missing from the record or if the member's information is missing for all numerators of CDC, such as the member's record could not be located), '0' if the member is not in the numerator.	1 = Yes 0 = No

V. Medicaid Advantage Member-Level File

Column Placement	Name	Direction	Allowed Values
Column 43	Numerator 3 for CDC – HbA1c Control (<8.0%)	Enter a '1' if this member is in the numerator of the CDC HbA1c Control (<8.0%) measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 44	Numerator 4 for CDC – Eye Exam	Enter a '1' if this member is in the numerator of the CDC Eye Exam measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 45	Numerator 5 for CDC – LDL-C Screen	Enter a '1' if this member is in the numerator of the CDC LDL-C Screen measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 46	Numerator 6 for CDC – LDL-C Control (<100 mg/dL)	Enter a '1' if this member is in the numerator of the CDC LDL-C Control measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 47	Numerator 7 for CDC – Nephropathy Monitor	Enter a '1' if this member is in the numerator of the CDC Nephropathy Monitor measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 48	Numerator 8 for CDC – BP below 140/90	Enter a '1' if this member is in the numerator of the CDC BP below 140/90 measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 49	Numerator 9 for CDC – BP below 140/80	Enter a '1' if this member is in the numerator of the CDC BP below 140/80 measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 50	Denominator for Disease Modifying Anti-Rheumatic Drug Therapy (DMARD)	Enter a '1' if this member is in the denominator of the DMARD measure, '0' if the member is not in the denominator.	1 = Yes 0 = No
Column 51	Numerator for Disease Modifying Anti-Rheumatic Drug Therapy (DMARD)	Enter a '1' if this member is in the numerator of the DMARD measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 52	Denominator for Osteoporosis Management in Women Who had a Fracture (OTO)	Enter a '1' if this member is in the denominator of the OTO measure, '0' if the member is not in the denominator.	1 = Yes 0 = No
Column 53	Numerator for Osteoporosis Management in Women	Enter a '1' if this member is in the numerator of the OTO measure, '0' if the member is not in the numerator of this measure.	1 = Yes 0 = No

V. Medicaid Advantage Member-Level File

Column Placement	Name	Direction	Allowed Values
	Who had a Fracture (OTO)		
Column 54	Denominator for Antidepressant Medication Management	Enter a '1' if this member is in the denominator of the Antidepressant Medication Management measures, '0' if the member is not in the denominator.	1 = Yes 0 = No
Column 55	Numerator for Antidepressant Medication Management – Effective Acute Phase Treatment	Enter a '1' if this member is in the numerator of the Antidepressant Medication Management – Effective Acute Phase Treatment measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 56	Numerator for Antidepressant Medication Management– Effective Continuation Phase Treatment	Enter a '1' if this member is in the numerator of the Antidepressant Medication Management – Effective Continuation Phase Treatment measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 57-58	Denominator for Follow-Up After Hospitalization for Mental Illness	Enter the number of times this member appears in the denominator of the Follow-Up After Hospitalization for Mental Illness; '0' if the member is not in the denominator.	0-98
Column 59-60	Numerator 1 for Follow-Up After Hospitalization for Mental Illness, 7 days after discharge	Enter the number of times this member appears in numerator 1 of the Follow-Up After Hospitalization for Mental Illness, 7 days after discharge. '0' if the member is not in the numerator or the information is missing.	0-98
Column 61-62	Numerator 2 for Follow-Up After Hospitalization for Mental Illness, 30 days after discharge	Enter the number of times this member appears in numerator 2 of the Follow-Up After Hospitalization for Mental Illness, 30 days after discharge. '0' if the member is not in the numerator or the information is missing.	0-98
Column 63	Denominator for Annual Monitoring of Persistent Medications – ACE Inhibitors or ARBs	Enter a '1' if this member is in the denominator of the Annual Monitoring of Persistent Medications – ACE Inhibitors or ARBs measure, '0' if the member is not in the denominator.	1 = Yes 0 = No
Column 64	Numerator for Annual Monitoring of Persistent Medications – ACE Inhibitors or ARBs	Enter a '1' if this member is in the numerator of the Annual Monitoring of Persistent Medications – ACE Inhibitors or ARBs measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No

V. Medicaid Advantage Member-Level File

Column Placement	Name	Direction	Allowed Values
Column 65	Denominator for Annual Monitoring of Persistent Medications – Digoxin	Enter a '1' if this member is in the denominator of the Annual Monitoring of Persistent Medications – Digoxin measure, '0' if the member is not in the denominator.	1 = Yes 0 = No
Column 66	Numerator for Annual Monitoring of Persistent Medications – Digoxin	Enter a '1' if this member is in the numerator of the Annual Monitoring of Persistent Medications – Digoxin measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 67	Denominator for Annual Monitoring of Persistent Medications – Diuretics	Enter a '1' if this member is in the denominator of the Annual Monitoring of Persistent Medications – Diuretics measure, '0' if the member is not in the denominator.	1 = Yes 0 = No
Column 68	Numerator for Annual Monitoring of Persistent Medications – Diuretics	Enter a '1' if this member is in the numerator of the Annual Monitoring of Persistent Medications – Diuretics measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 69	Denominator for Annual Monitoring of Persistent Medications – Anticonvulsants	Enter the number of times this member appears in the denominator of the Annual Monitoring of Persistent Medications – Anticonvulsants measure, '0' if the member is not in the denominator.	0 - 9
Column 70	Numerator for Annual Monitoring of Persistent Medications – Anticonvulsants	Enter the number of times this member is in the numerator of the Annual Monitoring of Persistent Medications – Anticonvulsants measure, '0' if the member is not in the numerator or the information is missing.	0 – 9
Column 71	Denominator for Potentially Harmful Drug-Disease Interactions in the Elderly (DDE)	Enter a '1' if this member is in the denominator of the DDE measure, '0' if the member is not in the denominator.	1 = Yes 0 = No
Column 72	Numerator for Potentially Harmful Drug-Disease Interactions in the Elderly (DDE)	Enter a '1' if this member is in the numerator of the DDE measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 73	Denominator for Use of High-Risk Medications in the Elderly (DAE)	Enter a '1' if this member is in the denominator of the DAE measure, '0' if the member is not in the denominator.	1 = Yes 0 = No
Column 74	Numerator for Use of High-Risk Medications in the Elderly (DAE)	Enter a '1' if this member is in the numerator of the DAE measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No