



2013 Quality Assurance Reporting Requirements

Technical Specifications Manual (2013 QARR/ HEDIS® 2013)



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(2013 QARR/ HEDIS® 2013)

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I. Submission Requirements

2013 QARR consists of measures from the National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) and New York State-specific measures. 2013 QARR incorporates measures from HEDIS® 2013. The major areas of performance included in the 2013 QARR are:

- 1) Effectiveness of Care
- 2) Access to/Availability of Care
- 3) Satisfaction with the Experience of Care
- 4) Use of Services
- 5) Health Plan Descriptive Information
- 6) NYS-specific measures (HIV/AIDS Comprehensive Care, Appropriate Asthma Medications 3 or more controllers, and Prenatal Care measures from the Live Birth file)

Organizations Required to Report

- Article 44 licenses**
- All managed care organizations certified by the New York State Department of Health (NYS DOH) prior to 2012 must report all applicable QARR measures for which there are enrollees meeting the continuous enrollment criteria.
 - Plans certified during 2012 are required to submit Enrollment by Product Line and any other measures where members meet HEDIS eligibility criteria.
 - Medicaid HIV Special Needs Plans certified prior to 2012 must report all applicable QARR measures for which there are enrollees meeting the continuous enrollment criteria.
 - Managed Long Term Care – Medicaid Advantage and Medicaid Advantage Plus plans (MA/MAPs) certified prior to 2012 should refer to the MA/MAPs QARR specification manual for measure requirements and other reporting instructions. Details for MA/MAP reporting are not contained in this manual.
- Article 32, Article 43, and Article 47 licenses**
- All Preferred Provider Organizations/Exclusive Provider Organizations (PPO/EPO) licensed by the New York State Department of Insurance (DOI) prior to 2012 must report all QARR measures if there are more than 30,000 members residing in New York State in PPO/EPO products as of December 31, 2012. Members with dental-only, vision-only, and student coverage-only products are excluded when determining eligible membership for QARR.

Reporting Requirement Guidelines

- Table 1 lists, by product, the NYS-specific and HEDIS® 2013 measures required for submission. This manual describes in detail only the NYS-specific 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 for NYS-specific measures. All submitted data must be audited by certified auditors from NCQA Licensed Organizations. Plans required to provide CAHPS data must use a NCQA-certified CAHPS vendor.
- All clarifications to the 2013 QARR will be distributed electronically to plan representatives and be 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 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

I. Submission Requirements

NYS DOH, the result will be invalidated by NYS DOH even if the auditor determined the result to be reportable.

- Only data for New York State residents should be included in QARR and CAHPS measures. Members living outside of New York State should be removed from all QARR and CAHPS calculations, including Enrollment by Product. If commercial organizations are unable to remove out-of-state residents due to inclusion of contractual groups in their QARR process, the out-of-state members may be included in the calculations. However, commercial plans should limit this to contracts originating in New York State. NYS DOH calculates CAHPS results for commercial PPO and Commercial HMO plans and all responses from out-of-state residents are removed. Therefore NYS DOH calculations may be different than results from plans' CAHPS vendors or NCQA.

Specific Instructions for Product Lines:

Commercial PPO (CPPO):

- PPO/EPO product data should be reported separately for all licensed organizations with sufficient enrollment unless there is agreement from NCQA authorizing the combining of PPO and HMO/POS data.
- If plans are submitting combined PPO and HMO data, the NCQA agreement needs to be submitted electronically to NYS DOH by March 1, 2013. NYSDOH incorporates combined PPO/HMO submissions with HMO data tables.
- Members who have any of the 'medical' benefit, as defined by HEDIS®, should be included in the required measures. If the member has either outpatient or inpatient benefit coverage, the member is considered to have a 'medical' benefit and is included in applicable measures.
- Commercial specifications should be followed for all required measures. If a required measure has only Medicaid specifications, commercial organizations should continue to use the commercial instructions for calculating the continuous enrollment portion of the measure.
- PPO plans must use a certified CAHPS vendor and have their CAHPS sample frame reviewed by their auditor.

Commercial HMO/POS (CHMO):

- HMO/POS product data should be reported separately for all licensed organizations with sufficient enrollment unless there is agreement from NCQA authorizing the combining of PPO and HMO/POS data.
- If plans are submitting combined PPO and HMO data, the NCQA agreement needs to be submitted electronically to NYS DOH by March 1, 2013. NYSDOH incorporates combined PPO/HMO submissions with HMO data tables.
- If plans are including their POS members with their HMO, plans must state on the 2013 QARR New York State Data Submission System that POS is included in their commercial HMO rates. Follow HEDIS® 2013 instructions regarding commercial point-of-service products.
- Commercial specifications should be followed for all required measures. If a required measure has only Medicaid specifications, commercial organizations should continue to use the commercial instructions for calculating the continuous enrollment portion of the measure.
- HMO/POS plans must use a certified CAHPS vendor and have their CAHPS sample frame reviewed by their auditor.

Family Health Plus Employer Buy-In (FHP EBI):

- FHP EBI should include all eligible members in the Employer Buy-In programs whose premiums are paid or subsidized by their employer or organization (non-government subsidized). FHP members that are government subsidized are reported with Medicaid managed care membership (see below).
- Plans should follow commercial specifications in HEDIS® 2013 and QARR 2013 NYS-specific measures for the required measures. If a required measure has only Medicaid specifications, commercial organizations should continue to use the commercial instructions for calculating the continuous enrollment portion of the measure.

I. Submission Requirements

Child Health Plus (CHP):

- CHP plans should follow the Medicaid specifications in HEDIS® 2013 and QARR 2013 NYS-specific measures.
- Member-level files are required. The fee-for-service (FFS) enhancement files are optional.

Medicaid HMO/PHSP (MA):

- Plans should include government subsidized Family Health Plus enrollees in their Medicaid product line reporting. Family Health Plus members should also be included in all related Medicaid file submissions.
- Member-level files are required. The fee-for-service (FFS) enhancement files are optional.
- Plans should follow Medicaid specifications in HEDIS® 2013 and QARR 2013 NYS specific measures for the required measures. If a required measure has only commercial specifications, Medicaid organizations should continue to use the Medicaid instructions for calculating continuous enrollment.

Medicaid HIV Special Needs Plans (HIVSNP):

- Member-level files are required. The fee-for-service (FFS) enhancement files are optional.
- Plans should follow Medicaid specifications in HEDIS® 2013 and QARR 2013 NYS-specific measures. If a required measure has only commercial specifications, Medicaid organizations should continue to use the Medicaid instructions for calculating continuous enrollment.

Medicare: Plans should **NOT** submit Medicare information. For information on requirement for MA/MAPs, please refer to the MA/MAPs QARR specifications manual.

Measure Rotation

The following QARR measures will be rotated for the 2013 measurement year, largely following the HEDIS® 2013 rotation schedule with a few modifications from New York State. Plans are not required to submit these measures. For publication purposes, the previous year's rates will be used for rotated measures if available.

- Adolescent Preventive Care – NYS specific
- Childhood Immunization Status
- Cholesterol Management for Patients with Cardiovascular Conditions
- Colorectal Cancer Screening
- Comprehensive Diabetes Care
- Lead Screening in Children
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
- Relative Resource Use measures (all five conditions)

Please Note: The rotation schedule for HEDIS® 2013 includes Adult BMI Assessment for all products and the three well care visit measures for children for MA, CHP and HIVSNP. NYS DOH is not rotating these measures for 2013 QARR; Adult BMI is required for 2013 QARR (CPPO, CHMO, MA and HIVSNP) and all three well care visit measures are required for 2013 QARR for MA, CHP and HIVSNP using administrative methodology.

New Measure Requirements

There are six new measures required for 2013 QARR: (indicates product lines)

- Adherence to Antipsychotic Medications for People with Schizophrenia (MA, HIVSNP)
 - Asthma Medication Ratio (CPPO, CHMO, FHP EBI, CHP, MA, HIVSNP)
 - Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (MA, HIVSNP)
 - Diabetes Monitoring for People with Diabetes and Schizophrenia (MA, HIVSNP)
 - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications (MA, HIVSNP)
 - HPV Vaccine for Female Adolescents (CPPO, CHMO, CHP, MA, HIVSNP)
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I. Submission Requirements

Use of Supplemental Databases

What are they?

Supplemental databases are sources of information designated by HEDIS® 2013 (General Guideline 39, Volume 2, HEDIS® 2013) which may be used like administrative data in the calculation of measures. Supplemental data is intended to allow for additional information relevant to the HEDIS® measures to be gathered that is not captured in the transaction systems of administrative data.

The types of files, data sources and transformation processes dictate how the data must be collected, managed and audited in order to incorporate information from the database into HEDIS®/QARR reporting. NYS DOH is not adding or changing any of the HEDIS® guidelines regarding the use of supplemental databases. NYS DOH requires plans that use supplemental databases to include additional information about the supplemental data (see NYS DOH Reporting Requirements below).

How are supplemental databases used by health plans?

According to HEDIS® guidelines, health plans are permitted to use supplemental databases to capture information on services and events used for: 1) numerator compliance; 2) optional exclusions; and 3) eligible population required exclusions not related to the timing of the denominator event or diagnosis.

The information captured from data sources must comply with HEDIS® 2013 guidelines for timing, file type, data elements, transformation processes and procedures for maintaining systems and data integrity. All supplemental databases must be approved by the organization's auditor for inclusion in rate calculation. Plans are encouraged to contact auditors and seek approval of processes and tools as early as possible to ensure information is allowed for HEDIS® /QARR reporting.

NYS DOH Reporting Requirements

- Data transformation is the process where information, such as clinical documentation, is converted to the equivalent data element required by a measure. Data transformation processes require documentation of mapping of codes or details of crosswalks containing relevant codes, descriptions and clinical information. Auditors must review the transformation processes and crosswalks to verify clinical appropriateness of the transformation and approve the transformation. All transformation documents must be submitted with the Final Audit Report from the plan. For example, if the plan is using documentation in medical records to gather information about co-morbid conditions, the crosswalk of codes with clinical documentation descriptions used for the transformation must be submitted with the Final Audit Report.
- Primary source verification for each data source of non-standard files used in the supplemental database will be conducted by the organization's auditor. External Standard files do not require primary source verification. Auditor results of the primary source verification for non-standard files will be required and need to be submitted with the Final Audit Report.

All NYS plans that use supplemental databases are responsible for submitting information with the Final Audit Report. The information for each supplemental database includes:

1. Name of the supplemental database;
2. All measures that used information from the supplemental database;
3. The data sources;
4. The primary source verification result for each data source if applicable.
5. If the data source involves code mapping or data transformation, the procedure used to map codes or transform data; and
6. If documentation from medical records (either paper records or EMRs) is being transformed into codes, the crosswalk of relevant codes, descriptions and clinical information and all related tools (such as abstraction tools or provider attestation forms).

All Medicaid managed care plans that use supplemental databases for any QARR measure must submit this information in order for their results to be used in the Quality Incentive for Medicaid managed care.

I. Submission Requirements

How to Submit QARR

All plans must submit QARR data on the New York State Data Submission System (DSS), which will be sent directly to plans by our External Quality Review Organization, IPRO. Estimated completion date for the 2013 DSS is March 2013. It will be sent to all reporting organizations shortly thereafter.

Where to Submit QARR

- All files will be sent electronically. No materials will be mailed.
 - Any plan which 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. For Medicaid plans, the compliance portion of the Quality Incentive will be affected by these statements of deficiency.
 - The completed and locked QARR DSS files and commercial CAHPS files must be received by NYS DOH no later than 5:00 p.m. ET on June 17, 2013. All files should be emailed to NYS DOH at nysqarr@health.state.ny.us.
 - The Medicaid optional enhancement files, Medicaid and CHP member-level files, and the Live Birth files (all due no later than 5:00 p.m. ET on June 17, 2013) 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.
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What to Send for QARR Submission

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

- QARR 2013 DSS database file for CPPO, CHMO, FHPEBI, CHP, MA, and HIVSNP (email to NYS DOH at nysqarr@health.state.ny.us). DSS files must be locked by auditor.
 - CAHPS member-specific file for CPPO and CHMO (via secure transfer site or via password-protected file to NYS DOH at nysqarr@health.state.ny.us with the password sent in a separate email)
 - Member level file for MA, HIVSNP, and CHP (to IPRO via FTP)
 - Optional enhancement files for MA, HIVSNP and CHP (to IPRO via FTP)
 - Prenatal Care Live Birth files for CPPO, CHMO, FHPEBI, CHP, MA and HIVSNP (to IPRO via FTP)
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Questions concerning the 2013 submission should be directed to the following individuals:

- Data Submission System (DSS): Lisa Balistreri (ebalistreri@ipro.org) of IPRO at (516) 326-7767 ext. 357.
- 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 nysqarr@health.state.ny.us or (518) 486-9012.

II. Reporting Requirements

✓: Required measure

Table 1: 2013 QARR/HEDIS®2013 - Table of Required Measures

NR: Not required

Method	Measure	Flag	Product Lines						Specifications To Use	Member Level File Required		
			Commercial		FHP EBI	Child Health Plus	Medicaid/FHP			MMC	HIV	CHP
			PPO	HMO/POS			HMO/PHSP	HIV SNP				
Effectiveness of Care												
A	Adherence to Antipsychotic Medications for People with Schizophrenia		NR	NR	NR	NR	✓	✓	HEDIS 2013	●	●	
H	Adolescent Preventive Care Measures	1,3	NR	NR	NR	NR	NR	NR	NYS Specific			
H	Adult BMI Assessment	5	✓	✓	NR	NR	✓	✓	HEDIS 2013	●	●	
A	Annual Monitoring for Patients on Persistent Medications		✓	✓	✓	NR	✓	✓	HEDIS 2013	●	●	
A	Antidepressant Medication Management		✓	✓	✓	NR	✓	✓	HEDIS 2013	●	●	
A	Appropriate Asthma Medications 3 or more controller dispensing events		✓	✓	✓ (19-64)	✓ (5-18)	✓	✓	NYS Specific	●	●	●
A	Appropriate Testing for Children with Pharyngitis		✓	✓	NR	✓	✓	✓	HEDIS 2013	●	●	●
A	Appropriate Treatment for Children with Upper Respiratory Infection		✓	✓	NR	✓	✓	✓	HEDIS 2013	●	●	●
S	Aspirin Discussion and Use		✓	✓	NR	NR	NR	NR	CAHPS 4.0H			
A	Asthma Medication Ratio		✓	✓	✓ (19-64)	✓ (5-18)	✓	✓	HEDIS 2013	●	●	●
A	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis		✓	✓	✓	NR	✓	NR	HEDIS 2013	●		
A	Breast Cancer Screening		✓	✓	✓	NR	✓	✓	HEDIS 2013	●	●	
A	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia		NR	NR	NR	NR	✓	✓	HEDIS 2013	●	●	
A	Cervical Cancer Screening	2,6	✓	✓	✓	NR	✓	✓	HEDIS 2013	●	●	
H	Childhood Immunization Status	3	NR	NR	NR	NR	NR	NR	HEDIS 2013			
A	Chlamydia Screening in Women	2	✓	✓	✓	✓ (16-20)	✓	✓	HEDIS 2013	●	●	●

<p>Method A – admin, H – hybrid, S - survey</p> <p>Product lines PPO – Preferred Provider Organization HMO/POS – Health Maintenance Organization/Point of Service FHP EBI – Family Health Plus Employer Buy-In PHSP – Prepaid Health Services Plan HIV SNP – HIV Special Needs Plan</p>	<p>Flag 1 = Use members in WCC for 12-17 stratum. 2 = Enhanced for Medicaid; file may be needed. 3 = Rotated for 2013 per HEDIS or DOH. 4 = DOH conducting Medicaid CAHPS. 5 = Collected for 2013 per DOH. 6 = Administrative method only for QARR.</p>	<p>7 = Medicaid follow commercial specifications. 8 = Commercial plans follow Medicaid specs.</p> <p>Member Level File MMC = Medicaid/FHP HMO/PHSP HIV = Medicaid/FHP HIV SNP CHP = Child Health Plus</p> <p>Shading – Blue – Not required Orange – New</p>
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II. Reporting Requirements

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Table 1: 2013 QARR/HEDIS®2013 - Table of Required Measures

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			Commercial		FHP EBI	Child Health Plus	Medicaid/FHP			MMC	HIV	CHP
			PPO	HMO/POS			HMO/PHSP	HIV SNP				
H	Cholesterol Management for Patients with Cardiovascular Conditions	3	NR	NR	NR	NR	NR	NR	HEDIS 2013			
H	Colorectal Cancer Screening	3	NR	NR	NR	NR	NR	NR	HEDIS 2013			
H	Comprehensive Diabetes Care	3	NR	NR	NR	NR	NR	NR	HEDIS 2013			
H	Controlling High Blood Pressure		✓	✓	NR	NR	✓	✓	HEDIS 2013	●	●	
A	Diabetes Monitoring for People with Diabetes and Schizophrenia		NR	NR	NR	NR	✓	✓	HEDIS 2013	●	●	
A	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications		NR	NR	NR	NR	✓	✓	HEDIS 2013	●	●	
A	Disease-Modifying Anti-Rheumatic Drugs for RA		✓	✓	✓	NR	✓	NR	HEDIS 2013	●		
S	Flu Shots for Adults Ages 50 - 64		✓	✓	NR	NR	NR	NR	CAHPS 4.0H			
A	Follow-Up After Hospitalization for Mental Illness	2	✓	✓	✓	✓ (6-18)	✓	✓	HEDIS 2013	●	●	●
A	Follow-Up Care for Children Prescribed ADHD Medication	2	✓	✓	NR	✓	✓	✓	HEDIS 2013	●	●	●
A	HIV/AIDS Comprehensive Care		NR	NR	NR	NR	✓	✓	NYS Specific	●	●	
H	HPV Vaccine for Female Adolescents		✓	✓	NR	✓	✓	✓	HEDIS 2013	●	●	●
H	Immunizations for Adolescents		✓	✓	NR	✓	✓	✓	HEDIS 2013	●	●	●
H	Lead Screening in Children	3,8	NR	NR	NR	NR	NR	NR	HEDIS 2013			
S	Medical Assistance with Smoking Cessation		✓	✓	NR	NR	NR	NR	CAHPS 4.0H			
A	Medication Management for People with Asthma		✓	✓	✓ (19-64)	✓ (5-18)	✓	✓	HEDIS 2013	●	●	●
A	Persistence of Beta-Blocker Treatment After a Heart Attack		✓	✓	✓	NR	✓	✓	HEDIS 2013	●	●	

<p>Method A – admin, H – hybrid, S - survey</p> <p>Product lines</p> <p>PPO – Preferred Provider Organization</p> <p>HMO/POS – Health Maintenance Organization/Point of Service</p> <p>FHP EBI – Family Health Plus Employer Buy-In</p> <p>PHSP – Prepaid Health Services Plan</p> <p>HIV SNP – HIV Special Needs Plan</p>	<p>Flag</p> <p>1 = Use members in WCC for 12-17 stratum.</p> <p>2 = Enhanced for Medicaid; file may be needed.</p> <p>3 = Rotated for 2013 per HEDIS or DOH.</p> <p>4 = DOH conducting Medicaid CAHPS.</p> <p>5 = Collected for 2013 per DOH.</p> <p>6 = Administrative method only for QARR.</p>	<p>7 = Medicaid follow commercial specifications.</p> <p>8 = Commercial plans follow Medicaid specs.</p> <p>Member Level File</p> <p>MMC = Medicaid/FHP HMO/PHSP</p> <p>HIV = Medicaid/FHP HIV SNP</p> <p>CHP = Child Health Plus</p> <p>Shading – Blue – Not required Orange – New</p>
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Method	Measure	Flag	Product Lines						Specifications To Use	Member Level File Required		
			Commercial		FHP EBI	Child Health Plus	Medicaid/FHP			MMC	HIV	CHP
			PPO	HMO/POS			HMO/PHSP	HIV SNP				
A	Pharmacotherapy Management of COPD Exacerbation		✓	✓	✓	NR	✓	✓	HEDIS 2013	●	●	
A	Use of Appropriate Medications for People with Asthma		✓	✓	✓ (19-64)	✓ (5-18)	✓	✓	HEDIS 2013	●	●	●
A	Use of Imaging Studies for Low Back Pain		✓	✓	✓	NR	✓	✓	HEDIS 2013	●	●	
A	Use of Spirometry Testing in The Assessment and Diagnosis of COPD		✓	✓	✓	NR	✓	✓	HEDIS 2013	●	●	
H	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	3	NR	NR	NR	NR	NR	NR	HEDIS 2013			
Access / Availability of Care												
A	Adult Access to Preventive/Ambulatory Care		✓	✓	✓	NR	✓	✓	HEDIS 2013			
A	Annual Dental Visit		NR	NR	NR	✓	✓	NR	HEDIS 2013	●		●
A	Children's Access to PCPs		✓	✓	NR	✓	✓	✓	HEDIS 2013			
A	Initiation and Engagement of Alcohol & Other Drug Dependence Treatment		✓	✓	✓ (18+)	NR	NR	NR	HEDIS 2013			
H	Prenatal and Postpartum Care		✓	✓	NR	NR	✓	✓	HEDIS 2013	●	●	
Health Plan Descriptive Information												
	Board Certification		✓	✓	✓	✓	✓	✓	HEDIS 2013			
	Enrollment by Product Line		✓	✓	✓	✓ (ENP-1a)	✓ (ENP-1a)	✓ (ENP-1a)	HEDIS 2013			
Cost of Care												
	Relative Resource Use for People with Asthma	3	NR	NR	NR	NR	NR	NR	HEDIS 2013			
	Relative Resource Use for People with Cardiovascular Conditions	3	NR	NR	NR	NR	NR	NR	HEDIS 2013			
	Relative Resource Use for People with COPD	3	NR	NR	NR	NR	NR	NR	HEDIS 2013			

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II. Reporting Requirements

✓: Required measure

Table 1: 2013 QARR/HEDIS®2013 - Table of Required Measures

NR: Not required

Method	Measure	Flag	Product Lines						Specifications To Use	Member Level File Required		
			Commercial		FHP EBI	Child Health Plus	Medicaid/FHP			MMC	HIV	CHP
			PPO	HMO/POS			HMO/PHSP	HIV SNP				
	Relative Resource Use for People with Diabetes	3	NR	NR	NR	NR	NR	NR	HEDIS 2013			
	Relative Resource Use for People with Hypertension	3	NR	NR	NR	NR	NR	NR	HEDIS 2013			
Use of Services												
A	Well-Child Visits in the First 15 Months of Life	5,6	✓	✓	NR	✓	✓	✓	HEDIS 2013	●	●	●
A	Well-Child Visits in the 3rd, 4th, 5th & 6th Year	5,6	✓	✓	NR	✓	✓	✓	HEDIS 2013	●	●	●
A	Adolescent Well-Care Visits	5,6	✓	✓	NR	✓	✓	✓	HEDIS 2013	●	●	●
A	Ambulatory Care		✓	✓	✓	✓	✓	✓	HEDIS 2013			
H	Frequency of Ongoing Prenatal Care		NR	NR	NR	NR	✓	✓	HEDIS 2013	●	●	
Frequency of Selected Procedures												
	Bariatric Weight Loss Surgery		✓	✓	✓	✓	✓	✓	HEDIS 2013			
	Tonsillectomy		✓	✓	NR	✓	✓	✓	HEDIS 2013			
	Hysterectomy, vaginal & abdominal		✓	✓	✓	NR	✓	✓	HEDIS 2013			
	Cholecystectomy, open & laparoscopic		✓	✓	✓	NR	✓	✓	HEDIS 2013			
	Back Surgery		✓	✓	✓	NR	✓	✓	HEDIS 2013			
	Percutaneous Coronary Intervention (PCI)	7	✓	✓	✓	NR	✓	✓	HEDIS 2013			
	Cardiac Catheterization	7	✓	✓	✓	NR	✓	✓	HEDIS 2013			
	Coronary Artery Bypass Graft (CABG)	7	✓	✓	✓	NR	✓	✓	HEDIS 2013			
	Prostatectomy	7	✓	✓	✓	NR	✓	✓	HEDIS 2013			
	Mastectomy		✓	✓	✓	NR	✓	✓	HEDIS 2013			
	Lumpectomy		✓	✓	✓	NR	✓	✓	HEDIS 2013			
	Identification of Alcohol and Other Drug Services		✓	✓	(18+)	NR	NR	NR	HEDIS 2013			

<p>Method A – admin, H – hybrid, S - survey Product lines PPO – Preferred Provider Organization HMO/POS – Health Maintenance Organization/Point of Service FHP EBI – Family Health Plus Employer Buy-In PHSP – Prepaid Health Services Plan HIV SNP – HIV Special Needs Plan</p>	<p>Flag 1 = Use members in WCC for 12-17 stratum. 2 = Enhanced for Medicaid; file may be needed. 3 = Rotated for 2013 per HEDIS or DOH. 4 = DOH conducting Medicaid CAHPS. 5 = Collected for 2013 per DOH. 6 = Administrative method only for QARR.</p>	<p>7 = Medicaid follow commercial specifications. 8 = Commercial plans follow Medicaid specs. Member Level File MMC = Medicaid/FHP HMO/PHSP HIV = Medicaid/FHP HIV SNP CHP = Child Health Plus Shading – Blue – Not required Orange – New</p>
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II. Reporting Requirements

✓: Required measure

Table 1: 2013 QARR/HEDIS®2013 - Table of Required Measures

NR: Not required

Method	Measure	Flag	Product Lines					Specifications To Use	Member Level File Required			
			Commercial		FHP EBI	Child Health Plus	Medicaid/FHP		MMC	HIV	CHP	
			PPO	HMO/POS			HMO/PHSP					HIV SNP
	All Cause Readmission		✓	✓	✓	NR	NR	NR	HEDIS 2013			
	Inpatient Utilization (General Hospital-Acute Care)		✓	✓	✓	✓	✓	✓	HEDIS 2013			
	Mental Health Utilization		✓	✓	✓	✓ (0-17)	✓	✓	HEDIS 2013			
	Antibiotic Utilization		✓	✓	✓	✓	✓	✓	HEDIS 2013			
Satisfaction with the Experience of Care												
	Satisfaction Survey		✓	✓	NR	NR	NR	NR	CAHPS 4.0H	De-identified member file		
NYS-Specific Prenatal Care Measures												
	Risk-Adjusted Low Birth Weight	These prenatal care measures will be calculated by the Office of Quality and Patient Safety using the birth data submitted by plans and the Department's Vital Statistics Birth File. Commercial PPO, HMO/POS, FHP EBI, Child Health Plus, Medicaid HMO/PHSP and Medicaid HIV SNP are required to submit live birth files.										
	Prenatal Care in the First Trimester											
	Risk-Adjusted Primary Cesarean Section											
	Vaginal Births after Cesarean Section											

<p>Method A – admin, H – hybrid, S - survey</p> <p>Product lines</p> <p>PPO – Preferred Provider Organization</p> <p>HMO/POS – Health Maintenance Organization/Point of Service</p> <p>FHP EBI – Family Health Plus Employer Buy-In</p> <p>PHSP – Prepaid Health Services Plan</p> <p>HIV SNP – HIV Special Needs Plan</p>	<p>Flag</p> <p>1 = Use members in WCC for 12-17 stratum.</p> <p>2 = Enhanced for Medicaid; file may be needed.</p> <p>3 = Rotated for 2013 per HEDIS or DOH.</p> <p>4 = DOH conducting Medicaid CAHPS.</p> <p>5 = Collected for 2013 per DOH.</p> <p>6 = Administrative method only for QARR.</p>	<p>7 = Medicaid follow commercial specifications.</p> <p>8 = Commercial plans follow Medicaid specs.</p> <p>Member Level File</p> <p>MMC = Medicaid/FHP HMO/PHSP</p> <p>HIV = Medicaid/FHP HIV SNP</p> <p>CHP = Child Health Plus</p> <p>Shading – Blue – Not required Orange – New</p>
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III. Audit Requirements

- All organizations must contract with an NCQA-licensed audit organization for an audit of their commercial PPO, commercial HMO, FHP EBI, Child Health Plus, Medicaid HMO QARR data, as applicable.
 - The Prepaid Health Services Plans (PHSPs) will be participating in a NYS DOH-sponsored audit conducted by our External Quality Review Organization, IPRO. When applicable, the NYS DOH-sponsored audit of the PHSPs will include CHP. HIVSNPs will be participating in a NYS DOH-sponsored audit.
 - All organizations must send a copy of the written agreement with an NCQA-licensed audit organization by March 1, 2013. PHSPs and HIVSNPs participating in the NYS DOH-sponsored audit do not have to submit this agreement. The copy can be sent via email to:
Quality Measurement Unit
Office of Quality and Patient Safety
Email: nysqarr@health.state.ny.us
 - Commercial PPO and Commercial HMO must use a certified CAHPS vendor for the CAHPS survey and have the sample frame reviewed and approved by their auditor.
 - It is recommended that health plans provide a draft version of the DSS to their auditor along with the Medicaid enhancement files, Medicaid member-level files, and live birth 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 DSS reconcile.
 - All NYS plans will be submitting information about supplemental databases with the Final Audit Report. The information for each supplemental database includes:
 1. Name of the supplemental database;
 2. All measures that used information from the supplemental database;
 3. The data sources;
 4. The primary source verification result for each data source if applicable.
 5. If the data source involves code mapping or data transformation, the procedure used to map codes or transform data; and
 6. If documentation from medical records (either paper records or EMRs) is being transformed into codes, the crosswalk of relevant codes, descriptions and clinical information and all related tools (such as abstraction tools or provider attestation forms).
- All Medicaid managed care plans will need to have this information submitted in order for their data to be used in the Quality Incentive for Medicaid managed care.
- 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. Plans must also send all data transformation documents utilized for data collection in supplemental databases with the FAR.
 - 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		
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"> • PPO • HMO/POS • FHPEBI • CHP • HMO/PHSP
QARR Submission		
Data Submission System (DSS) file of the access database It is encouraged that plans send a version of the DSS to their auditor two weeks prior to the submission deadline. This review may pick up issues that can be corrected prior to submission and will help plans make the submission deadline.	Due: June 17, 2013 by 5:00 p.m. ET To: NYS DOH via email nysqarr@health.state.ny.us	<ul style="list-style-type: none"> • PPO • HMO/POS • FHPEBI • CHP • HMO/PHSP • HIVSNP
Additional File Submission		
<ol style="list-style-type: none"> 1. Live Birth File (required for Commercial PPO, Commercial HMO/POS, FHPEBI, Child Health Plus, Medicaid HMO/PHSP, and Medicaid HIVSNP) 2. Member-level file (required for Child Health Plus, Medicaid HMO/PHSP and HIVSNP) 3. Enhancement files (optional for Child Health Plus, Medicaid HMO/PHSP and HIVSNP) <p>It is encouraged that plans send a version of the files to their auditor two weeks prior to the submission deadline. This review may pick up issues that can be corrected prior to submission and will help plans make the submission deadline.</p>	Due: June 17, 2013 by 5:00 p.m. ET To: IPRO via FTP site	<ul style="list-style-type: none"> • PPO • HMO/POS • FHPEBI • CHP • HMO/PHSP • HIVSNP
CAHPS Files		
Commercial Adult Survey – de-identified member-level files of CAHPS responses are required. Follow NCQA CAHPS file layout for file submission. CAHPS sample frames must be reviewed by auditor prior to CAHPS administration.	Due: June 17, 2013 by 5:00 p.m. ET To: NYS DOH with password-protected email nysqarr@health.state.ny.us	<ul style="list-style-type: none"> • PPO • HMO/POS
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"> • PPO • HMO/POS • FHPEBI • CHP • HMO/PHSP • HIVSNP

NYS DOH requires all reporting entities to submit the NYS Data Submission System database 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.

NYS DOH email: Quality Measurement Unit nysqarr@health.state.ny.us
IPRO FTP site: Paul Henfield phenfield@ipro.org

V. Measures Specific to New York State Reporting

ADOLESCENT PREVENTIVE CARE MEASURES

Commercial PPO, Commercial HMO/POS, Child Health Plus, Medicaid HMO/PHSP and HIVSNP

Changes to the measure:

None. Measure is not required for 2013 QARR reporting.

Description

The percentage of adolescents ages 12 to 17 who had at least one outpatient visit with a PCP or OB/GYN practitioner during the measurement year, and received the following four components of care during the measurement year:

1. Assessment or counseling or education on risk behaviors and preventive actions associated with sexual activity,
2. Assessment or counseling or education for depression,
3. Assessment or counseling or education about the risks of tobacco usage, and
4. Assessment or counseling or education about the risks of substance use (including alcohol and excluding tobacco).

Note:

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

Eligible Population

Product lines: Commercial PPO, Commercial HMO/POS, Child Health Plus, Medicaid HMO/PHSP and HIV SNP

The eligible population for these measures will be derived from the systematic sample generated for Weight Assessment and Counseling for Nutrition and Physical Activity (WCC) denominator from HEDIS® 2013, using the hybrid method. Adolescents in the denominator of the 12 to 17 year old cohort of the WCC measure become the denominator for the NYS-specific Adolescent Preventive Care (APC) measures.

- For plans using the hybrid method with a systematic sample for the WCC measure, the WCC denominator of the 12 – 17 age stratum will be used for the eligible population the APC measures.
- For plans using an administrative method to collect the WCC measure, the eligible population for the APC measures will need to be generated using the WCC eligible population for ages 3 to 17 and creating a systematic sample using the HEDIS guidelines for sampling (including the index number to generate the sample). The WCC denominator of the 12-17 age stratum for the sample will then be used as the eligible population for the APC measures. The sample for WCC should be generated from the entire eligible population of 3 to 17 years. It should not be limited to the 12 to 17 age group. For example, if 212 members are in the 3 - 11 age group and 199 members are in the 12 - 17 age group of the systematic sample, the eligible population for the APC measures are the 199 members in the 12 - 17 age group. Plans using an administrative method for WCC should not be generating a full sample (411) for the Adolescent Preventive Care measures. (see table below)

Identifying the Eligible Population for Adolescent Preventive Care Measures
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V. Measures Specific to New York State Reporting

Specifications	Administrative Method for WCC Measure	Hybrid Method for WCC Measure
HEDIS- WCC	1. Determine eligible population for WCC per HEDIS specification for ages 3 to 17.	1. Determine eligible population for WCC per HEDIS specification for ages 3 to 17.
HEDIS- WCC	2. If applying optional exclusion for WCC, remove members meeting exclusion criteria.	2. Generate systematic sample of 411, with oversample as necessary, using the HEDIS index number.
HEDIS- WCC	3. Generate systematic sample of 411 from the eligible population (minus exclusions if applicable) using the HEDIS index number.	3. If applying optional exclusion, remove members meeting exclusion criteria.
HEDIS- WCC	4. Determine members in the sample who are in the 12 to 17 year old age group.	4. Determine members in the sample who are in the 12 to 17 year old age group.
QARR-APC	5. The members in the WCC sample in the 12-17 year old age group become the denominator for the Adolescent Preventive Care measures.	5. The members in the WCC sample for the 12-17 year old age group become the denominator for the Adolescent Preventive Care measures. If members are excluded from WCC, they should be excluded from the Adolescent Preventive Care denominator. The members in the WCC denominator for the 12-17 age stratum should be the same as the members in the APC denominator.

COLLECTION METHOD

All plans must use hybrid method for collection of these measures for all numerator non-compliant members.

- Administrative codes have been included in the respective numerator sections where available. If administrative data includes a qualifying code for a numerator, the member is numerator compliant based on the administrative code alone; no additional medical record information is needed for that numerator. If a member is not numerator compliant for all four numerators based on administrative data alone, then medical records should be used to complete the compliance determination. Administrative codes are not comprehensive for all qualifying numerator criteria and therefore plans must utilize the medical record collection for all numerator non-compliant members in the sample. For example, administrative codes regarding abstinence counseling do not exist. Therefore plans may not limit collection to administrative data only for numerator non-compliant members. The inclusion of administrative codes is to facilitate comprehensive collection of data.
- Results calculated with administrative collection only for these numerators will be invalidated by NYS DOH if they are determined to be under-reported by NYS DOH even if the auditor determined the result to be reportable.

MEDICAL RECORD SPECIFICATIONS

Use of Questionnaires and Acronyms/Other Terms

- Notation that a particular tool was used without noting which areas were assessed, counseled or discussed, does not count as a positive numerator finding. If a checklist is used and included in the medical record or if there is reference to the areas covered, the notations will be counted as positive numerator findings for the respective areas. For example, a notation that states AMA GAPS was done will not be acceptable. If the notation states the tool was used and sexual activity, depression, tobacco and substance use were reviewed; these will be considered positive numerator findings for the four topic areas.

V. Measures Specific to New York State Reporting

- The use of acronyms to document topics covered during a visit may be allowed if the acronym is widely used and if there is a statement from the provider about what the acronym references. For example, HEADSS may be noted in a record, and may count as evidence of addressing topics if the provider indicates that the acronym stands for **H**ome environment, **E**ducation and employment, **E**ating, peer-related **A**ctivities, **D**rugs, **S**exuality, **S**uicide/depression, and **S**afety from injury and violence AND that all topics are covered when the acronym is used in the records. In literature regarding HEADSS, the drugs topic includes tobacco. For this example, providers who use HEADSS as a notation with the statement that this indicates all topics were covered would be numerator-compliant for all four numerators. A notation of HEADSS alone, without indication from the provider that all topics are covered, should not be counted for the four numerators. Acronyms and terms that are not commonly used or are developed by a provider or practice are not accepted as notation unless there is a statement from the provider that the acronym or term indicates a particular topic each time the provider uses the acronym or term.

Numerator 1: Assessment or Counseling or Education on Risk Behaviors and Preventive Actions Associated with Sexual Activity

Description	
Assessment or counseling or education on risk behaviors and preventive actions associated with sexual activity during the measurement year. Risk behaviors and preventive actions for sexual activity include: abstinence, current behaviors, family planning, condom use, contraceptives, HIV, STIs, pregnancy prevention, and safe sex.	
Administrative Specifications	
Codes for Counseling Related to Sexual Activity	
Description	ICD-9-CM Diagnosis
Counseling for HIV	V65.44
Counseling for Other STIs	V65.45
Counseling of Oral and Other Contraceptives	V25.0, V25.01, V25.02, V25.03, V25.04, V25.09,
NOTE: Administrative Codes are not available for all types of assessment or counseling that would be considered a positive finding for this numerator. Medical records should be used in conjunction with administrative codes to accurately calculate this numerator.	
Medical Record Specifications	
The following are positive findings:	
<ul style="list-style-type: none"> Notations of assessment of current behaviors (e.g. abstinent, sexually active) Use of a checklist indicating any of the above noted topics were discussed Notation of assessment for HIV, STIs, or pregnancy Notation of counseling for HIV, STIs, or pregnancy Notation of referral for HIV, STIs, or pregnancy Notation of a prescription or dispensing for contraceptives with any of the above mentioned documentation, including assessment Notation of discussion on “sex”, “safe dating” Distribution of educational materials to the member, specifically geared towards risk behaviors and preventive actions 	
The following are NOT positive findings:	
<ul style="list-style-type: none"> No evidence of assessment or counseling or education on risk behaviors and preventive actions associated with sexual activity Assessment or counseling or education prior to or after the measurement year A pregnancy test, an STI test or HIV test alone, without any of the above mentioned documentation, including assessment Notation of a prescription or dispensing for contraceptives, without any of the above mentioned documentation, including assessment Notation of “health education” or “anticipatory guidance” without any mention of specifics indicating that sexual activity topics were addressed 	

V. Measures Specific to New York State Reporting

Numerator 2: Assessment or Counseling or Education on Depression

Description	
<p>Assessment or counseling or education on depression during the measurement year. Depression has an <u>affective</u> component (mood, interest, and enjoyment) and a <u>physical</u> component (changes in appetite, sleep pattern and concentration). Use of assessment tool or provider interview have been determined to be more effective methods for identification of depression than relying on patient self-report.</p>	
Administrative Specifications	
Codes for Depression Screening	
Description	ICD-9-CM Diagnosis
Depression screening	V79.0
<p>NOTE: Administrative Codes are not available for all types of assessment or counseling that would be considered a positive finding for this numerator. Medical records should be used in conjunction with administrative codes to accurately calculate this numerator.</p>	
Medical Record Specifications	
<p>The following are positive findings:</p> <ul style="list-style-type: none"> • Use of a standardized depression questionnaire (such as Beck's Depression Inventory, Patient Health Questionnaire, Reynolds Adolescent Depression Screen, Mood and Feelings Questionnaire) • Use of a checklist indicating that depression or affective and physical symptoms of depression were addressed (sad, down, hopeless or suicidal ideation, loss of interest, poor appetite, change in sleep pattern and difficulty concentrating) • Notation of the presence or absence of adolescent's depressive symptoms(both affective and physical as listed above) during the measurement year • Notation of findings from assessment of depression (e.g. "denies symptoms of depression", "depression symptoms– none or risks noted", "depression-yes or no") • Notation of counseling or referral for treatment of depression • Diagnosis of depression during the measurement year • Notation of treatment for depression in the measurement year • Prescription of antidepressant medications or discussion of antidepressants for depression (not for off label uses such as smoking cessation) • Notation of counseling on symptoms of depression or where to get help • Notation of education on symptoms, treatment or strategies to deal with depression • Distribution of educational material which may include symptoms of depression, treatment alternatives, red flag warnings and where to get help <p>The following are NOT positive findings:</p> <ul style="list-style-type: none"> • No assessment or counseling or education on depression • Mental health treatment for other conditions (e.g. ADHD) • Assessment or counseling or education on depression prior to or after the measurement year • Use of 'psychiatric' or 'mental health' check boxes or global statements of 'normal' without indication that depression screening specifically included • Use of a checklist indicating mental health was addressed, without specific reference to depression • Notation of assessment or counseling or education of a single symptom, such as sleep patterns, without any other reference to screening for other symptoms related to depression • Prescription of antidepressant medications for smoking cessation 	

V. Measures Specific to New York State Reporting

Numerator 3: Assessment or Counseling or Education About the Risks of Tobacco Usage

Description		
Assessment or counseling or education about the risks of tobacco use during the measurement year. Tobacco use includes, but is not limited to, cigarettes, cigars, chew, or other forms of smokeless tobacco.		
Administrative Specifications		
Codes for Tobacco Cessation Counseling or Services		
Description	CPT	HCPCS
Tobacco Cessation Counseling	99406, 99407	
Smoking Cessation Classes		S9453
<p>NOTE: Administrative Codes are not available for all types of assessment or counseling that would be considered a positive finding for this numerator. Medical records should be used in conjunction with administrative codes to accurately calculate this numerator.</p>		
Medical Record Specifications		
<p>The following are positive findings:</p> <ul style="list-style-type: none"> • Notations about current or past behavior regarding tobacco use • Use of a checklist indicating topic was addressed • Notation of counseling or treatment referral • Notation of prescription for smoking cessation medication • Distribution of educational materials to the member, pertaining to tobacco use • Notation of “anticipatory guidance” for tobacco use • Notation of discussion of exposure to secondhand smoke <p>The following are NOT positive findings:</p> <ul style="list-style-type: none"> • No assessment or counseling or education about the risks of tobacco usage • Assessment or counseling or education prior to or after the measurement year • Prescription or dispensing of medications that have uses beyond cessation (such as antidepressants) without any of the above documentation. • Notation of “health education” or “anticipatory guidance” without any mention of specifics indicating that tobacco use was addressed 		

V. Measures Specific to New York State Reporting

Numerator 4: Assessment or Counseling or Education About the Risks of Substance Use (Including Alcohol and Excluding Tobacco Use)

Description			
Assessment or counseling or education about the risks of substance use during the measurement year. Substance use includes, but is not limited to, alcohol, street drugs, non-prescription drugs, prescription drugs misuse, and inhalant use.			
Administrative Specifications			
Codes for Alcohol and Substance Use Counseling or Services			
Description	CPT	ICD-9-CM Diagnosis or Procedure	HCPCS
Alcohol and/or drug assessment or screening	99408, 99409	V79.1	G0396, G0397, H0001, H0028, H0049
Alcohol and or Drug Use Counseling Services		V65.42	H0005, H0047, H0050
<p>NOTE: Administrative Codes are not available for all types of assessment or counseling that would be considered a positive finding for this numerator. Medical records should be used in conjunction with administrative codes to accurately calculate this numerator.</p>			
Medical Record Specifications			
<p>The following are positive findings:</p> <ul style="list-style-type: none"> • Notations about current or past behavior regarding substance use or alcohol use. • Use of a checklist indicating topic was addressed • Notation of counseling or treatment referral • Distribution of educational materials to the member pertaining to substance or alcohol use (not tobacco) • Notation of “anticipatory guidance” for substance use or alcohol use • Only one topic is needed for a positive numerator finding. For example, assessments do not need to include both alcohol and marijuana to count. <p>The following are NOT positive findings:</p> <ul style="list-style-type: none"> • Assessment or counseling or education about proper use of prescription drug(s) intended for the adolescent • No assessment or counseling or education about the risks of substance use • Assessment or counseling or education about tobacco use only • Assessment or counseling or education prior to or after the measurement year • Notation of “health education” or “anticipatory guidance” without any mention of specifics indicating that substance use was addressed 			

V. Measures Specific to New York State Reporting

HIV/AIDS Comprehensive Care Medicaid HMO/PHSP and Medicaid HIVSNP

Changes to the measure:

- Clarified that members, who are excluded from one measure due to the optional exclusion, must be excluded from all three measures.
- Tables with codes were updated (Rate codes were deleted from the tables HIV-A and HIV-C. HIV-D NDC codes were updated; table available in two formats. HIV-F added LOINC 70241-5. HIV-G added LOINC 68502-4 and 71793-4.)

Description:

The percentage of members who qualified through at least one method as living with HIV/AIDS during the year prior to the measurement year, and received the following three components of care during the measurement year:

1. Two outpatient visits for primary care or HIV related care during the measurement year with at least one visit in the first half of the measurement year and at least one visit in the second half of the measurement year.
2. Two viral load tests conducted during the measurement year with at least one viral load test in the first half of the measurement year and at least one viral load test in the second half of the measurement year.
3. One syphilis test conducted during the measurement year.

Eligible Population:

Product Line: Medicaid HMO/PHSP, Medicaid HIVSNP

Ages: See specific measures

Continuous Enrollment: 12 months continuous enrollment for the measurement year. The allowable gap is no more than one month during the measurement year.

Anchor Date: December 31 of the measurement year.

Index Episode Event: Identify members as having HIV or AIDS who met at least one of the following criteria during the year prior to the measurement year with at least one of the 4 methods listed below:

Method 1 One inpatient stay with HIV/AIDS as the DRG or a primary or secondary diagnosis from the facility during an inpatient stay defined by the diagnosis WITH a qualifying CPT code OR revenue code during the year prior to the measurement year (Table HIV-A);

Table HIV-A: Inpatient DRG and ICD-9-CM Codes for HIV and AIDS

Description	NYS APRDRG Codes		MS DRG Codes
Inpatient DRG	890, 892, 893, 894 (all severity levels included)		969-970, 974-977
Description	ICD-9-CM		Codes
Diagnosis Codes with CPT	042, V08, 079.53	<u>WITH</u>	99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291
Diagnosis Codes with Revenue	042, V08, 079.53	<u>WITH</u>	010x, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016x, 020x, 021x, 072x, 080x, 0987

V. Measures Specific to New York State Reporting

Method 2 Two outpatient visits (Table HIV-C) WITH primary or secondary diagnosis (Table HIV-B) AND two antiretroviral (ARV) dispensing events (Table HIV-D) during the year prior to the measurement year. A dispensing event is one prescription of an amount lasting 30 days or less. To convert dispensing events for prescriptions longer than 30 days, divide the days supply by 30 and round down. For example, one ARV prescription dispensed with a 60 day supply would count as 2 dispensing events;

Table HIV-B: ICD-9-CM Diagnosis Codes for HIV and AIDS

Description	ICD-9-CM Diagnosis
HIV/AIDS	042, V08, 079.53

Table HIV-C: Codes to Identify Outpatient Visits

Description	CPT	UB Revenue	ICD-9-CM Diagnosis
Outpatient Visit	99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99354-99355, 99382-99387, 99392-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456	051x, 0520-0523, 0526-0529, 082x-085x, 088x, 0982, 0983	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

Method 3 Three encounters in any outpatient setting (Table HIV-C) with a primary or secondary diagnosis code indicating HIV/AIDS (Table HIV-B) on different dates of services during the year prior to the measurement year;

Method 4 Four dispensing events for ARV medications (Table HIV-D) during the year prior to the measurement year AND without a primary or secondary diagnosis of Hepatitis B or HTLV-1 (Table HIV-E) in any setting (Table HIV-A and Table HIV-C). A dispensing event is one prescription of an amount lasting 30 days or less. To convert dispensing events for prescriptions longer than 30 days, divide the days supply by 30 and round down. For example, a prescription with a 84 day supply would be 2.8 and round down to count as 2 dispensing events;

Table HIV-D: NDC Codes to Identify Antiretroviral Medications

NDC Codes
00003196401, 00003196501, 00003196601, 00003196701, 00003196801, 00003362312, 00003362412, 00003363112, 00004022001, 00004022101, 00004024515, 00004024648, 00004038039, 00006057062, 00006057143, 00006057318, 00006057142, 00006057342, 00006057354, 00006057362, 00006057340, 00006057465, 00009376103, 00056047030, 00009757601, 00056047492, 00056051030, 00074194063, 00074395646, 00054390558, 00054464721, 00054464725, 00054864725, 00056047330, 00087663241, 00087663341, 00069080760, 00069080860, 00074395977, 00074663322, 00074949202, 00087667117, 00087667217, 00087667317, 00087667417, 00074949254, 00081010793, 00081010855, 00081010856, 00081011318, 00087661443, 00087661543, 00087661643, 00087661743, 00087662443, 00087662643, 00173066200, 00173066300, 00087662743, 00087662843, 00087665001, 00087665101, 00087665201, 00087665301, 00087666515, 00597004660, 00093553006, 00597004724, 49999006206, 49999011906, 52959050712, 52959050718, 52959050724, 52959050802, 52959050804, 52959050806, 52959050808, 52959050814, 52959050815, 52959050860, 52959050906, 52959050912, 52959050918, 52959050920, 52959050924, 52959050928, 52959050930, 52959054602, 52959054603, 52959054604, 52959054606, 52959054608, 52959054628, 54348061809, 54348061902, 00173010793, 00173010855, 00173010856, 00173011318, 00173047001, 00173047100, 00173050100, 54569405400, 00173059500, 54569422100, 00173059502, 00173066100, 00173066101, 00173066400, 00173067200, 00173067900, 00173068700, 54569433300, 00173069100, 00173069120, 00173071400, 54569452400, 00173072100, 00173072700, 54569452403, 00173074200, 00597004601, 00597004661, 35356006406, 54569454303, 35356010906, 35356010930, 35356011301, 54569456100, 35356011330, 49702021418, 49702021518, 49702021618, 54569461100, 50962045010, 52959013418, 52959038706, 54569488300, 54569177200, 54569177203, 54569177204, 54569177205, 54569519100, 54569533400, 54569537400, 54569387700, 54569539000, 54569387701, 54569405300, 54569548000, 54569550100, 54569550400, 54569552100, 54569552500, 54569862000, 54569405401, 54868197400, 54868197402, 54868197403, 54569422101, 54569422102, 54569424201, 54569424202, 54569424203, 54868335200, 54868335201, 54868335300, 54868336000, 54868344800, 54868369300, 54868369900, 54868369901, 54868369902, 54569431300, 54569431301, 54569433400, 54868378203, 54868384400, 54868384401, 54868394700,

V. Measures Specific to New York State Reporting

54569433501, 54569451400, 54569452401, 54569452402, 54868452000, 54868452200, 54569453800, 54868466600, 54569454300, 54868485300, 54569454301, 54868485700, 54569454302, 54569454304, 55289038906, 55289038920, 55289039203, 54569454305, 55289047727, 58016069018, 54569454306, 54569456101, 54569456200, 60760001018, 60760001063, 60760059504, 60760059514, 61958040101, 61958060101, 54569456300, 54569456301, 54569461300, 63010001030, 54569479200, 54569481300, 54569490500, 54569512200, 54569553000, 54569553200, 54569514200, 54569517600, 54569538700, 54569541200, 54569547900, 54569560200, 54569581400, 54569862001, 54868249901, 54868250001, 54868250002, 54868250200, 54868250401, 54868378200, 54868378201, 54868378202, 54868411000, 54868411300, 54868411400, 54868411406, 54569555000, 54868452400, 54868466900, 54868485400, 58016069900, 58016069930, 58016069960, 58016069990, 54868495400, 54868506100, 52959050730, 52959054610, 52959054614, 52959028930, 54868563100, 58016068900, 58016068930, 58016068960, 58016068990, 58016079500, 58016079530, 58016079560, 58016079590, 58016069000, 58016069030, 58016069060, 58016069090, 55045220701, 55289038904, 55289039263, 55289093118, 58016069800, 58016069830, 58016069860, 58016069890, 63010002770, 55887023030, 49999038618, 61958070101, 49999043103, 55887023060, 49999006210, 54868514100, 54569558800, 55887023090, 54569559400, 54569557300, 00555058801, 00555058901, 00555059001, 54569564200, 54569564300, 00074663330, 00004024451, 55887023130, 54569565600, 55887023160, 55887023190, 58016086400, 58016086430, 58016086460, 58016086490, 54569566400, 58864046230, 00597000302, 00054005221, 58864046260, 63304092060, 65862002460, 65862004824, 00074679922, 61958060201, 54569575200, 58864046293, 59676056001, 59762365001, 62584004611, 62584004621, 62584004811, 62584004821, 62682101606, 16590006418, 16590006430, 16590006460, 16590006490, 16590006106, 58016045500, 58016045502, 58016045530, 58016045560, 58016045590, 54569578100, 54868556600, 55045348201, 55045348103, 62682101802, 62682101809, 54868559500, 54868466800, 54868560000, 55289094712, 65862010701, 62682104801, 15584010101, 54569580500, 55045354901, 13411019102, 13411019103, 13411019106, 13411019109, 13411019110, 13411019202, 13411019203, 13411019206, 13411019209, 13411019210, 13411019302, 13411019303, 13411019306, 13411019309, 13411019310, 63010001027, 00003362212, 00490702600, 00490702630, 00490702660, 00490702690, 00490702800, 00490702802, 00490702830, 00490702860, 00490702890, 54569586400, 55289038914, 63010001190, 23490708706, 49999006260, 63010002036, 54868452201, 54868369302, 63010002118, 67253010910, 00006022761, 54868541600, 00074052260, 67253076120, 54569603400, 35356006860, 35356006760, 00006057301, 35356007560, 35356006530, 35356006624, 35356007460, 35356007330, 35356006990, 35356007160, 35356007224, 35356007030, 35356006430, 54868564300, 54868580900, 54868583800, 54868546400, 59676057001, 16590006110, 35356011006, 35356011406, 67253096124, 35356011701, 35356007306, 35356011506, 68030605901, 35356007006, 35356011160, 35356011201, 35356011606, 68030606001, 54868011700, 59676056201, 35356006806, 35356006706, 35356013960, 35356013830, 35356007506, 35356011230, 68030606401, 54868011700, 59676056201, 35356020860, 35356020960, 35356020660, 35356011060, 35356020760, 68030606501, 35356020530, 35356011530, 68030728401, 35356011660, 31722050960, 35356011430, 35356013918, 35356025930, 52959054615, 35356028460, 35356028560, 66267050906, 49999011960, 68115009006, 68115036006, 00597000201, 68258900301, 68258902001, 59676056101, 54569610200, 52959054620, 55045285606, 65862031030, 65862031130, 65862031230, 65862031330, 54868596900, 00378504091, 31722051560, 00378504191, 31722051660, 00378504291, 31722051760, 00378504391, 31722051860, 68258902101, 59676056301, 35356018630, 51129299902, 65862011160, 65862011260, 65862004660, 65862004760, 52959096903, 52959096812, 68258910701, 66267051418, 66267051463, 59676056401, 21695036618, 21695036706, 21695036918, 21695084606, 21695036212, 54569608600, 54569612300, 00378610691, 59762119001, 59762119101, 59762119201, 59762119301, 54569614300, 54569612200, 68258910801, 54569615900, 00074333330, 54569617000, 54569617100, 66336056306, 00378888693, 00378888793, 00378888893, 00378888993, 66336003203, 68084043111, 68084043121, 68084043211, 68084043221, 52959028906, 54569619900, 49702020613, 49702020718, 49702020318, 49702020218, 49702020413, 49702020548, 68084046011, 68084046021, 68084046111, 68084046121, 68084046211, 68084046221, 49702022118, 54569620600, 59676057101, 16590006130, 49702021718, 49702020924, 49702021248, 49702020229, 49702021305, 49702022248, 00597004646, 68258912601, 68258914201, 16590006120, 68258915801, 54569621400, 54569571900, 49702022144, 00597012330, 59676027801, 49702021017, 54569617001, 54569623000, 54569623600, 49702022418, 61958110101, 49702021120, 49702020853, 49702022318, 54569627000, 60505325106, 65862055260, 60505325203, 65862055330, 00093538506, 61958040401, 61958040501, 61958040601, 61958040301, 60760038514, 00004038140, 43063034606, 66336199460, 68084057811, 68084057821, 66336056303, 68258199306, 60429035360, 60429035430, 42799011301, 66267051306, 42799040401, 66336062412, 42799040301, 68258198106, 68258198406, 68258198503, 68258198606, 68258198006, 68258198703, 68258197903, 59676057201, 68258198206, 68258197803, 68258198803, 68258198303, 68258197706, 68258199003, 68258198903, 21695099602, 68258197001, 68258197103, 65862059760, 68180028407, 68258197201, 00054045921, 00378405091, 13925050060, 31722050560, 51991033106, 60505378806, 65862002760, 00054045058, 68258199406, 00378410591, 54569558802, 54569575201, 54569558803, 76519100506, 51079020401, 51079020406, 68071090806, 68071074812, 61958120101, 00006047361, 00006047761, 54569575202, 54569635200, 54569635100

Table HIV-D is available in Word or Excel formats. To request file, email nysqarr@health.state.ny.us.

Table HIV-E: ICD-9-CM Diagnosis Codes for Hepatitis B or HTLV 1

Description	ICD-9-CM Diagnosis Codes
Hepatitis B	070.20, 070.21, 070.22, 070.23, 070.30, 070.31, 070.32, 070.33, V02.61
HTLV 1	079.51

V. Measures Specific to New York State Reporting

Required Exclusion: Remove all members from the denominator who are Medicare and Medicaid dual eligible as of December 31 of the measurement year.

Optional Exclusion: Any member found to be HIV negative during the measurement year or the year prior. Members who are excluded must be removed from all three measures regardless of numerator compliance.

- Evidence for determining HIV negative status include: negative HIV or PCR test result, documentation in the medical record of HIV negative status, or provider attestation of HIV negative status for the member.
- Evidence must be dated for the measurement year or the year prior but must be dated after the event associated with identification of HIV status. For example, a member identified with an ICD-9 code during an inpatient stay from January 7 through January 10 of the year prior to the measurement year would need an attestation stating HIV status negative dated between January 11 of the year prior to the measurement year and December 31 of the measurement year.
- Attestations may be obtained from providers after the measurement year as long as the document specifies the measurement year or the year prior. Attestations from providers must be from all providers associated with the qualifying events in determining the eligible population. For example, if two providers are involved in method 2 (two visits and 2 ARV prescriptions), then both providers would need to complete attestations. Obtaining attestations from all involved providers is necessary to ensure that the appropriate providers associated with the diagnosis are the ones attesting to the HIV negative status.

Engaged in Care

The percentage of members from the eligible population who had at least one outpatient visit for physician services of primary care or HIV related care occurring during each half of the measurement year. Any member with at least one visit occurring on or between January 1 and June 30 and at least one visit occurring on or between July 1 and December 31 of the measurement year would be numerator compliant for this measure.

The intent of this indicator is to measure the percentage of members who are receiving ongoing primary care for their HIV and preventive health care needs. Plans may include practitioners who are primarily responsible for a member's HIV related care. In this measure, all primary care providers should be included (family practice, internal medicine, pediatricians and OB/GYN), as well as infectious disease providers. Do not count visits with specialists that may provide a service related to HIV, but are not the primary provider for HIV care (such as cardiologist, dermatologist, etc.). In addition, services that do not involve physician services should not be counted (such as laboratory and transportation services).

ADMINISTRATIVE SPECIFICATIONS

Denominator: All members of the eligible population ages 2 and older as of December 31, 2012.

Numerator: Outpatient Visits are defined by Tables HIV-C. For numerator compliance, each member will have at least one visit meeting criteria for Table HIV-C with practitioners managing the HIV and preventive care needs, occurring on or between January 1 and June 30 and at least one qualifying visit occurring on or between July 1 and December 31 of the measurement year.

V. Measures Specific to New York State Reporting

Viral Load Monitoring

The percentage of members from the eligible population who had a viral load test performed during each half of the measurement year. Any member with at least one viral load test conducted on or between January 1 and June 30 and at least one viral load test conducted on or between July 1 and December 31 of the measurement year would be numerator compliant for this measure.

ADMINISTRATIVE SPECIFICATIONS

Denominator: All members of the eligible population ages 2 and older as of December 31, 2012.

Numerator: At least one viral load test (Table HIV-F) conducted on or between January 1 and June 30 and at least one viral load test conducted on or between July 1 and December 31 of the measurement year.

Table HIV-F: Codes to Identify a Viral Load Test:

Description	CPT Codes	LOINC
Viral Load Test	87534-87536, 87537-87539	10351-5, 20447-9, 21008-8, 21333-0, 23876-6, 25836-8, 29539-4, 29541-0, 41513-3, 41514-1, 41515-8, 41516-6, 48510-2, 48511-0, 48551-6, 48552-4, 49890-7, 51780-5, 59419-2, 62469-2, 70241-5

Syphilis Screening Rate

The percentage of members from the eligible population who have had one syphilis screen performed within the measurement year.

ADMINISTRATIVE SPECIFICATIONS

Denominator: All members of the eligible population ages 19 and older as of December 31, 2012.

Numerator: One syphilis screening test performed in the measurement year (Table HIV-G).

Table HIV-G: Codes to Identify a Syphilis Screen:

Description	CPT Codes	LOINC
Syphilis Test	86592-86593, 86780	11084-1, 11597-2, 13288-6, 17723-8, 17724-6, 17725-3, 17726-1, 17727-9, 17728-7, 17729-5, 20507-0, 20508-8, 22461-8, 22462-6, 22585-4, 22587-0, 22590-4, 22592-0, 22594-6, 24110-9, 24312-1, 26009-1, 29310-0, 31147-2, 34147-9, 34382-2, 34954-8, 40679-3, 40680-1, 47236-5, 47237-3, 47238-1, 50690-7, 51838-1, 51839-9, 5291-0, 5292-8, 53605-2, 5392-6, 5393-4, 5394-2, 57032-5, 63464-2, 6561-5, 6562-3, 68502-4, 71793-4, 8041-6

V. Measures Specific to New York State Reporting

Appropriate Asthma Medication Three or More Controller Dispensing Events

Commercial PPO, Commercial HMO/POS, Child Health Plus, FHPEBI, Medicaid HMO/PHSP and HIVSNP

Changes to the measure: None.

Description:

This measure reflects the percentage of individuals with persistent moderate to severe asthma who had 3 or more dispensing events of qualifying controller medications during the measurement year. This NYS-specific measure uses the HEDIS® 2013 Use of Appropriate Medications for People with Asthma for ages 5 – 64 to establish the denominator. HEDIS® 2013 NDC codes for controller medications will also be used. Numerator-compliant members will have three or more dispensing events. The results for ages 5 – 11, 12 – 18, 19 – 50, 51 – 64 and overall will be reported as five rates.

Product lines:

Commercial PPO, Commercial HMO, and Medicaid HMO/PHSP and HIVSNP for ages 5-64
Child Health Plus for ages 5 –18
FHPEBI for ages 19 – 64

Eligible Population and Denominator: Follow HEDIS® 2013 specifications for Use of Appropriate Medications for People with Asthma (ASM) (Volume 2). The results will be reported as five rates, if applicable. Results for ages 5 to 11, 12 to 18, 19 to 50, 51 to 64 and for ages 5 to 64 will be reported separately. If the product line does not require reporting for the all age groups, the required age groups and the overall result should be reported. HEDIS® 2013 specifications for Use of Appropriate Medications for People with Asthma (ASM) include required exclusions and therefore the denominator for HEDIS and for 3 or more Controllers will be the same. In the past, the HEDIS measure had optional exclusions which may have created differences in the denominators for the two measures. The denominators will now be the same.

	HEDIS ASM (1 controller)	QARR NYS Asthma (3 or more controllers)
Eligible Population	HEDIS p122 Step 1 and 2	
Required Exclusion Definition	Step 3 Members with emphysema, COPD, cystic fibrosis and acute respiratory failure will be removed from the eligible population.	
Denominator	Eligible Population minus HEDIS exclusions	
Numerator Events	HEDIS numerator compliant	QARR numerator compliant
Measure Rate	HEDIS rate	QARR rate

Administrative Specification

Numerator: For each person, determine three dispensing events for preferred therapy during the measurement year (refer to Table ASM-D, HEDIS® 2013, Volume 2). Dispensing events used for the HEDIS measure may be included in dispensing events for this measure.

- Use the HEDIS® 2013 definitions to determine dispensing events (Volume 2, page 123).
 - Plans that have members in different product lines throughout the measurement year should use pharmacy data from each product to determine numerator compliance.
-

Enrollment By Product Line

Commercial PPO, Commercial HMO/POS, Child Health Plus, FHPEBI, Medicaid HMO/PHSP and HIVSNP

Changes to the measure: No longer a NYS-specific measure. Plans should use HEDIS® 2013 specifications. Medicaid, CHP and HIV SNP products should submit Table ENP 1A.

V. Measures Specific to New York State Reporting

PRENATAL CARE MEASURES/BIRTH FILE

Commercial PPO, Commercial HMO/POS, FHPEBI, Child Health Plus, Medicaid HMO/PHSP and HIVSNP

The following prenatal care performance measures will be calculated by the Office of Quality and Patient Safety using the birth data submitted by plans and from the Department's Vital Records Birth File.

- **Risk-Adjusted Low Birthweight Rate**
The adjusted rate for live infants weighing less than 2500 grams among all deliveries by women continuously enrolled in a plan for 10 or more months.
- **Prenatal Care in the First Trimester**
The rate of continuously enrolled (ten months or more) women with a live birth who had their first prenatal care visit in the first trimester, defined as a prenatal care visit within 90 days of the date of last normal menses. For this analysis, the first prenatal care visit is defined as the date of the first physical and pelvic examinations performed by a physician, nurse practitioner, physician's assistant and/or certified nurse midwife at which time pregnancy is confirmed and a prenatal care treatment regimen is initiated.
- **Risk-Adjusted Primary C-section**
The adjusted rate of live infants born by cesarean delivery to women, continuously enrolled for 10 or more months, who had no prior cesarean deliveries.
- **Vaginal Birth After C-section**
The percentage of women continuously enrolled for 10 or more months who delivered a live birth vaginally after having had a prior cesarean delivery.

Calculation of the Measures

Upon receipt of the list of mothers who gave birth during the measurement year (January 1, 2012 through December 31, 2012) DOH staff will employ a multistage matching algorithm to link information provided by plans to the Vital Records Birth File. Risk-adjustment models will also be used to calculate low birthweight rates. Using the data submitted by the plans, and from the Department's Vital Statistics Birth File, risk factors or confounding factors such as race, age, plurality, education level and complications of labor and delivery will be used to construct a predictive model. Risk-adjusted rates are more comparable across plans because the methodology takes into account that these risk factors are beyond the plans' control.

The Vital Records File provides information on the first prenatal care visit, the number of visits, birthweight, type of delivery, age, race, level of education and maternal risk factors associated with labor and delivery. Matching plan data to the birth certificate data improves the data reporting by allowing for: 1) the calculation of performance measures using the same DOH data source, and, 2) the risk adjustment of the measures when applicable.

Reporting Requirements

Plans are to report all live births that occurred during the period of January 1, 2012 to December 31, 2012 to the Office of Quality and Patient Safety. Information provided will be used to link to the Vital Records Birth File. The following information is required:

- Mother's Last Name: (List mother more than once in cases of multiple births.)
- Mother's First Name
- Mother's Date of Birth
- Mother's Resident Zip Code at Time of Delivery

V. Measures Specific to New York State Reporting

- Date of Delivery. (The date of delivery is a critical field for matching to the Department's Vital Records Birth File. The mother's admission date is not on the Vital Records Birth File, nor is it necessarily the same as the date of delivery. However, if the date of delivery is truly unavailable, the Office of Quality and Patient Safety will use the mother's admission date to obtain the highest match rate possible.)
- Hospital of Delivery (PFI). (A list of current hospital PFI codes appears on the Health Commerce System (HCS). To access the listing, go to the HCS Main Page, under the Applications tab select Managed Care Provider Network Data System, in the File Downloads section, select Operating Facility File downloads, Hospitals. Valid birth center PFI codes can be found in the Diagnostic & Treatment Centers (clinics) file, also under the Operating Facility File download page.)
- Mother's Date of Admission
- Number of Enrollment Days Prior to Delivery
- Most Recent Enrollment Date
- Most Recent Disenrollment Date
- Mother's Client ID Number
- Baby's Client ID Number

The plan's data will be formatted in a file as described in the following reporting Specifications:

Format: Standard ASCII file with all entries left justified unless otherwise indicated.

Separate files for each product line.

Commercial PPO: Submit one file containing commercial PPO members/mothers who had a live birth during the reporting year. The file should contain information in positions 1-89.

Commercial HMO/POS: Submit one file containing commercial HMO/POS members/mothers who had a live birth during the reporting year. The file should contain information in positions 1-89.

FHPEBI: Submit one file containing FHPEBI members/mothers who had a live birth during the reporting year. The file should contain information in positions 1-89.

Child Health Plus: Submit one file containing CHP members/mothers who had a live birth during the reporting year. The file should contain information in positions 1-105.

Medicaid HMO/PHSP: Submit one file containing Medicaid members/mothers who had a live birth during the reporting year. The file should contain information in positions 1-105.

Medicaid HIVSNP: Submit one file containing HIVSNP members/mothers who had a live birth during the reporting year. The file should contain information in positions 1-105.

Eligible Group

The eligible group will include all deliveries resulting in live births, to New York State residents occurring during the period of January 1, 2012 to December 31, 2012. Identify the women who had at least one live birth during the measurement period for whom the plan is the primary payer. Please follow HEDIS® 2013 specifications for the Access/Availability of Care: Prenatal and Postpartum Care for identification of the eligible group. Mothers with more than one birth during the measurement year or with multiple live births will be listed in the file more than once.

Record Format for all Product lines

Element Name	Location	Coding	Notes
Mother's Last Name	1-20	Left Justified	No numeric entries. List mother more than once in the case of multiple births.

V. Measures Specific to New York State Reporting

Element Name	Location	Coding	Notes
Mother's First Name	21-35	Left Justified	Do not include middle initial or punctuation
Mother's Date of Birth	36-43	DDMMYYYY	Year must include four digits (e.g., 1985)
Mother's Resident Zip Code at Time of Delivery	44-48	Right Justified	No blanks, use 99999 if unknown
Date of Delivery	49-56	DDMMYYYY	Year must include four digits (e.g., 2012)
Hospital of Delivery	57-61	Left Justified	Please use 88888 for 'out of state': 99999 for 'unknown hospital'; and 11111 for 'not in hospital' birth. <i>PFI numbers for birth centers are now available, see note below for coding these facilities. If using a four digit PFI*, it must be LEFT justified. Do not add a leading zero.</i>
Mother's Date of Admission	62-69	DDMMYYYY	Year must include four digits (e.g., 2012)
Number of Enrollment Days Prior to Delivery	70-73	Right Justified	Number of days that the mother was enrolled in the plan during the 12 month period immediately prior to delivery. Cannot be a negative number.
Most Recent Enrollment Date	74-81	DDMMYYYY	Most recent enrollment date prior to delivery. Do not count the annual renewal date as the Most Recent Enrollment Date if already enrolled.
Most Recent Disenrollment Date	82-89	DDMMYYYY	Most recent disenrollment date prior to delivery. If there is no disenrollment date, enter 99999999. Enrollment and Disenrollment Dates are requested to indicate any break in prenatal care while in the managed care plan.
Mother's Client ID Number (CIN)	90-97	For Medicaid: AA#####A For CHP: 0#####	Omit for commercial; it is not applicable. (Medicaid and CHP only)
Baby's Client ID Number* (CIN)	98-105	For Medicaid: AA#####A For CHP: 0#####	Omit for commercial; it is not applicable. (Medicaid and CHP only)

***REMINDER: Failure to adequately report the Baby's Medicaid ID number could result in a penalty in the Medicaid Quality Incentive.**

Important Note: A list of current hospital PFI codes appears on the Health Commerce System (HCS). To access the listing, go to the HCS Main Page, select Managed Care Provider Network Data System under My applications, in the File Downloads section, select Operating Facility File downloads, Hospitals. Valid birth center PFI codes can be found in the Diagnostic & Treatment Centers (clinics) file, also under the Operating Facility File download page.

V. Measures Specific to New York State Reporting

Header Record: To be submitted in standard ASCII format as the first record on the file.

HEADER FORMAT:

Element	Location	Coding
Plan Name	1-20	First 20 characters of plan name including blanks - Left justified
Product Line	21-38	Commercial PPO, Commercial HMO/POS, FHPEBI, Child Health Plus, Medicaid HMO/PHSP, or HIVSNP
Number of deliveries on file	39-43	Right justified
Date file written	44-51	DDMMYYYY

Technical Assistance: If you need clarification of prenatal data requirements and/or assistance creating a flat ASCII file, please contact Raina Josberger at (518) 486-9012.

VI. Medicaid HMO/PHSP, HIVSNP and CHP File Submission

Member-level File and Optional Enhancements File Submissions

The Office of Quality and Patient Safety (OQPS) will be evaluating measures using the Medicaid Encounter Data and member-level data. Additionally, applicable measures will be evaluated using fee-for-service data to determine whether out-of-plan services were used by enrollees and would possibly impact plan rates. For specific file formats, refer to the specifications for the member-level file and the enhancement files that follow.

Required Member-level File

Plans are required to submit these member-level files for all applicable product lines (Medicaid HMO/PHSP, Medicaid HIVSNP and/or CHP). For the measures listed in the table with the symbol present, submit a file listing all the members included in the denominator according to the file layout.

Rotated Measures and Member-level File

The file layout includes columns for rotated measures to reduce programming for the files year-to-year. Columns for rotated measures will be maintained. New measures are added to the end of the file. For measures that are not required for a product or that are rotated for 2013 QARR, the columns will be zero filled. Plans should not submit data if they recalculate a measure on a rotated measure. Any data submitted in the columns for the rotated measures will not be used in QARR reporting.

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

Measure	Required Member-level File			Optional Enhancements
	Medicaid	HIV SNP	CHP	
Adolescent Preventive Care Measures				
Adult BMI Assessment	●	●		
Annual Monitoring for Patients on Persistent Medications	●	●		
Antidepressant Medication Management	●	●		
Appropriate Asthma Medications 3 or More Controller Dispensing Events	●	●	●	
Appropriate Testing for Children with Pharyngitis	●	●	●	
Appropriate Treatment for Children with Upper Respiratory Infection	●	●	●	
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	●			
Breast Cancer Screening	●	●		
Cervical Cancer Screening	●	●		Member level file
Childhood Immunization Status				
Chlamydia Screening in Women	●	●	●	Member level file
Cholesterol Management for Patients with Cardiovascular Conditions				
Comprehensive Diabetes Care				
Controlling High Blood Pressure	●	●		
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis	●			
Follow Up after Hospitalization for Mental Illness	●	●	●	Enhancement file
Follow Up Care for Children Prescribed Attention-Deficit/Hyperactivity disorder (ADHD) Medication	●	●	●	Enhancement file
HIV Comprehensive Care	●	●		
Immunizations for Adolescents	●	●	●	

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Measure	Required Member-level File			Optional Enhancements
	Medicaid	HIV SNP	CHP	
Lead Screening in Children				
Pharmacotherapy Management of COPD Exacerbation	●	●		
Use of Appropriate Medications for People with Asthma	●	●	●	
Use of Imaging Studies for Low Back Pain	●	●		
Use of Spirometry Testing in Assessment and Diagnosis of COPD	●	●		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
Annual Dental Visit	●		●	
Prenatal and Postpartum Care	●	●		
Well Child Visits in the First 15 months of life	●	●	●	
Well Child Visits in the 3 rd , 4 th , 5 th & 6 th year	●	●	●	
Adolescent Well Care Visits 12-21 years	●	●	●	
Frequency of Ongoing Prenatal Care	●	●		
Colorectal Cancer Screening				
HPV Vaccine for Female Adolescents	●	●	●	
Medication Management for People with Asthma	●	●	●	
Persistence of Beta-Blocker Treatment after a Heart Attack	●	●		
Adherence to Antipsychotic Medications for People with Schizophrenia	●	●		
Asthma Medication Ratio	●	●	●	
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	●	●		
Diabetes Monitoring for People with Diabetes and Schizophrenia	●	●		
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications	●	●		

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2013 QARR 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 Member.txt.

Member-Level File Notes:

- Reporting of member-level data should encompass only those members included and timeframes employed in the 2013 QARR and HEDIS® 2013 specifications.
- The sum of the field should equal the numerator or denominator for the corresponding measure entered in the NYS Data Submission System (DSS) for that measure and product. The exceptions to this are Childhood Immunization Status and HPV for Female Adolescents.
- The Client Identification Number (CIN) for CHP is seven characters in length and is numeric, while Medicaid CIN is eight characters in length and a mix of alpha and numeric. For CHP CINs, Column 9 should be filled with '0'. The values in columns 9 through 16 will be treated as text.
- Include one row for each member for each product. If a member is in at least one measure for more than one product, the member should have more than one row. For example, if a member is in URI for CHP and in Pharyngitis for MMC, the member would be in two rows:
 Row 1 with Member in CHP (first 16 columns) – 1234567301111111
 Row 2 with Member in MMC (first 16 columns) – 12345671AA11111A
- Measures that are not applicable to the member or are rotated should be zero-filled.

Column Placement	Name	Direction	Allowed Values	Rotation
Column 1-7	Plan ID	Enter the Plan's numeric or alpha-numeric seven-digit ID.	#####	
Column 8	Product line	A member's product line. The field should be filled in with the code for the product line the member is in for the associated measures. If a member is in two different products for different measures the member should appear in two rows.	1 = Medicaid 2 = HIV SNP 3 = CHP	
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. For CHP CINs, column 9 should be '0' and then followed by the seven digits of the CIN. 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. If the CIN is invalid, the member will not be eligible for enhancement, if applicable.	For Medicaid - AA#####A For CHP – 0#####	
Column 17	Denominator for Adolescent Preventive Care	Enter a '1' if this member is in the denominator of the Adolescent Preventive Care measures, '0' if the member is not in the denominator of this measure or if the information is missing.	1 = Yes 0 = No	Rotated for 2013 QARR.

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Column Placement	Name	Direction	Allowed Values	Rotation
Column 18	Numerator 1 for Adolescent Preventive Care – Sexual Activity	Enter a '1' if this member is in the numerator of the APC Sexual Activity measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	Rotated for 2013 QARR.
Column 19	Numerator 2 for Adolescent Preventive Care – Depression	Enter a '1' if this member is in the numerator of the APC Depression measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	Rotated for 2013 QARR.
Column 20	Numerator 3 for Adolescent Preventive Care – Tobacco Use	Enter a '1' if this member is in the numerator of the APC Tobacco Use measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	Rotated for 2013 QARR.
Column 21	Numerator 4 for Adolescent Preventive Care – Substance Use	Enter a '1' if this member is in the numerator of the APC Substance Use measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	Rotated for 2013 QARR.
Column 22	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 of this measure.	1 = Yes 0 = No	
Column 23	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 24	Denominator for Annual Monitoring of Persistent Medications – ACE Inhibitors or ARBs	Enter a '1' if this member is in the denominator of the Annual Monitoring of Persistent Medications – ACE Inhibitors or ARBs measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 25	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	
Column 26	Denominator for Annual Monitoring of Persistent Medications – Digoxin	Enter a '1' if this member is in the denominator of the Annual Monitoring of Persistent Medications – Digoxin measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 27	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 28	Denominator for Annual Monitoring of Persistent Medications – Diuretics	Enter a '1' if this member is in the denominator of the Annual Monitoring of Persistent Medications – Diuretics measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	

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Column Placement	Name	Direction	Allowed Values	Rotation
Column 29	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 30	Denominator for Annual Monitoring of Persistent Medications – Anticonvulsants	Enter the number of times this member appears in the denominator of the Annual Monitoring of Persistent Medications – Anticonvulsants measure, '0' if the member is not in the denominator of this measure.	0 - 9	
Column 31	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 32	Denominator for Antidepressant Medication Management	Enter a '1' if this member is in the denominator of the Antidepressant Medication Management measures, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 33	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 34	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 35	Denominator 1 for Appropriate Asthma Medications 3 or more controller dispensing events (Ages 5 – 11)	Enter a '1' if this member is in the denominator of the Appropriate Asthma Medications 3 or more controller dispensing events measure (ages 5-11), '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 36	Numerator 1 for Appropriate Asthma Medications 3 or more controller dispensing events (Ages 5 – 11)	Enter a '1' if this member is in the numerator of the Appropriate Asthma Medications 3 or more controller dispensing events measure (ages 5-11), '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	

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Column Placement	Name	Direction	Allowed Values	Rotation
Column 37	Denominator 2 for Appropriate Asthma Medications 3 or more controller dispensing events (Ages 12 – 18)	Enter a '1' if this member is in the denominator of the Appropriate Asthma Medications 3 or more controller dispensing events measure (ages 12-18), '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 38	Numerator 2 for Appropriate Asthma Medications 3 or more controller dispensing events (Ages 12 – 18)	Enter a '1' if this member is in the numerator of the Appropriate Asthma Medications 3 or more controller dispensing events measure (ages 12-18), '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 39	Denominator 3 for Appropriate Asthma Medications 3 or more controller dispensing events (Ages 19 – 50)	Enter a '1' if this member is in the denominator of the Appropriate Asthma Medications 3 or more controller dispensing events measure (ages 19-50), '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 40	Numerator 3 for Appropriate Asthma Medications 3 or more controller dispensing events (Ages 19 – 50)	Enter a '1' if this member is in the numerator of the Appropriate Asthma Medications 3 or more controller dispensing events measure (ages 19-50), '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 41	Denominator 4 for Appropriate Asthma Medications 3 or more controller dispensing events (Ages 51 – 64)	Enter a '1' if this member is in the denominator of the Appropriate Asthma Medications 3 or more controller dispensing events measure (ages 51-64), '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 42	Numerator 4 for Appropriate Asthma Medications 3 or more controller dispensing events (Ages 51 – 64)	Enter a '1' if this member is in the numerator of the Appropriate Asthma Medications 3 or more controller dispensing events measure (ages 51-64), '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 43	Denominator for Appropriate Testing of Children with Pharyngitis	Enter a '1' if this member is in the denominator of the Appropriate Testing of Children with Pharyngitis measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 44	Numerator for Appropriate Testing of Children with Pharyngitis	Enter a '1' if this member is in the numerator of the Appropriate Testing of Children with Pharyngitis measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	

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Column Placement	Name	Direction	Allowed Values	Rotation
Column 45	Denominator for Appropriate Treatment of Children with URI	Enter a '1' if this member is in the denominator of the Appropriate Treatment of Children with URI measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 46	Numerator for Appropriate Treatment of Children with URI	Enter a '1' if this member is in the numerator of the Appropriate Treatment of Children with URI measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 47	Denominator for Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	Enter a '1' if this member is in the denominator of the Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 48	Numerator for Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	Enter a '1' if this member is in the numerator of the Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 49	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 of this measure.	1 = Yes 0 = No	
Column 50	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 51	Denominator for Cervical Cancer Screening	Enter a '1' if this member is in the denominator of the Cervical Cancer Screening measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 52	Numerator for Cervical Cancer Screening	Enter a '1' if this member is in the numerator of the Cervical Cancer Screening measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 53	Denominator for Childhood Immunization (CIS)	Enter a '1' if this member is in the denominator of the CIS measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	Rotated for 2013 QARR.
Column 54	Numerator 1 for CIS – Four DTaP	Enter the number of times this member has a vaccination meeting HEDIS specifications for DTaP in numerator of the CIS– Four DTaP measure. Enter '0' if this member did not receive any DTaP vaccinations meeting HEDIS specifications.	0-9	Rotated for 2013 QARR.
Column 55	Numerator 2 for CIS – Three IPV	Enter the number of times this member has a vaccination meeting HEDIS specifications for IPV in numerator of the CIS – Three IPV measure. Enter '0' if this member did not receive any IPV vaccinations meeting HEDIS specifications.	0-9	Rotated for 2013 QARR.

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Column Placement	Name	Direction	Allowed Values	Rotation
Column 56	Numerator 3 for CIS – One MMR	Enter the number of times this member has a vaccination meeting HEDIS specifications for MMR in numerator of the CIS– One MMR measure. Enter ‘0’ if this member did not receive any MMR vaccinations meeting HEDIS specifications. Enter ‘1’ if the member has a history of illness or seropositive result.	0-9	Rotated for 2013 QARR.
Column 57	Numerator 4 for CIS – Three HiB	Enter the number of times this member has a vaccination meeting HEDIS specifications for HiB in numerator of the CIS – Three HiB measure. Enter ‘0’ if this member did not receive any HiB vaccinations meeting HEDIS specifications.	0-9	Rotated for 2013 QARR.
Column 58	Numerator 5 for CIS – Three Hepatitis B	Enter the number of times this member has a vaccination meeting HEDIS specifications for Hepatitis B in numerator of the CIS – Three Hepatitis B measure. Enter ‘0’ if this member did not receive any Hepatitis B vaccinations meeting HEDIS specifications. Enter ‘3’ if the member has a history of illness or seropositive result.	0-9	Rotated for 2013 QARR.
Column 59	Numerator 6 for CIS – One VZV	Enter the number of times this member has a vaccination meeting HEDIS specifications for VZV in numerator of the CIS – One VZV measure. Enter ‘0’ if this member did not receive any VZV vaccinations meeting HEDIS specifications. Enter ‘1’ if the member has a history of illness or seropositive result.	0-9	Rotated for 2013 QARR.
Column 60	Numerator 7 for CIS – Four Pneumococcal Conjugate	Enter the number of times this member has a vaccination meeting HEDIS specifications for Pneumococcal Conjugate in numerator of the CIS - Four Pneumococcal Conjugate measure. Enter ‘0’ if this member did not receive any Pneumococcal Conjugate vaccinations meeting HEDIS specifications.	0-9	Rotated for 2013 QARR.
Column 61	Numerator 8 for CIS – Two Hepatitis A	Enter the number of times this member has a vaccination meeting HEDIS specifications for Hepatitis A in numerator of the CIS – Two Hepatitis A measure. Enter ‘0’ if this member did not receive any Hepatitis A vaccinations meeting HEDIS specifications. Enter ‘2’ if the member has a history of illness or seropositive result.	0-9	Rotated for 2013 QARR.
Column 62	Flag for CIS – Rotavirus Vaccine Two Dose Schedule	Enter ‘1’ if the member is reported using the type of Rotavirus vaccine with the two dose schedule (CPT 90681) for the Rotavirus in numerator of the CIS – Two or Three Rotavirus measure. Enter ‘0’ if the member is reported using the three dose version or a combination of the two versions of the Rotavirus vaccine.	1 = Yes 0 = No	Rotated for 2013 QARR.

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Column Placement	Name	Direction	Allowed Values	Rotation
Column 63	Numerator 9 for CIS – Two or Three Rotavirus	Enter the number of times this member has a vaccination meeting HEDIS specifications for Rotavirus in numerator of the CIS – Two or Three Rotavirus measure. Enter '0' if this member did not receive any Rotavirus vaccinations meeting HEDIS specifications.	0-9	Rotated for 2013 QARR.
Column 64	Numerator 10 for CIS – Two Influenza	Enter the number of times this member has a vaccination meeting HEDIS specifications for Influenza in numerator of the CIS – Two Influenza measure. Enter '0' if this member did not receive any Influenza vaccinations meeting HEDIS specifications.	0-9	Rotated for 2013 QARR.
Column 65	Denominator for Chlamydia Screening in Women (16 – 20 Years)	Enter a '1' if this member is in the denominator of the Chlamydia Screening in Women (16 – 20 Years) measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 66	Numerator for Chlamydia Screening in Women (16 – 20 Years)	Enter a '1' if this member is in the numerator of the Chlamydia Screening in Women (16 – 20 Years) measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 67	Denominator for Chlamydia Screening in Women (21 – 24 Years)	Enter a '1' if this member is in the denominator of the Chlamydia Screening in Women (21-24 Years) measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 68	Numerator for Chlamydia Screening in Women (21 – 24 Years)	Enter a '1' if this member is in the numerator of the Chlamydia Screening in Women (21-24 Years) measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 69	Denominator for Cholesterol Management for Cardiovascular Conditions (CMC)	Enter a '1' if this member is in the denominator of the CMC measures, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	Rotated for 2013 QARR.
Column 70	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	Rotated for 2013 QARR.
Column 71	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	Rotated for 2013 QARR.
Column 72	Denominator for Comprehensive Diabetes Care (CDC)	Enter a '1' if this member is in the denominator of the CDC measures, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	Rotated for 2013 QARR.
Column 73	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	Rotated for 2013 QARR.

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Column Placement	Name	Direction	Allowed Values	Rotation
Column 74	Numerator 2 for CDC – HbA1c Poor Control (>9%)	Enter a '1' if this member is in the numerator of the CDC HbA1c Poor Control measure (which includes no test performed and test result missing from the record), '0' if the member is not in the numerator or if the member's information is missing for all numerators of CDC (such as the member's record could not be located).	1 = Yes 0 = No	Rotated for 2013 QARR.
Column 75	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	Rotated for 2013 QARR.
Column 76	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	Rotated for 2013 QARR.
Column 77	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	Rotated for 2013 QARR.
Column 78	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	Rotated for 2013 QARR.
Column 79	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	Rotated for 2013 QARR.
Column 80	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	Rotated for 2013 QARR.
Column 81	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	Rotated for 2013 QARR.
Column 82	Denominator for CDC - HbA1c Control for Selected Population (<7.0%)	Enter a '1' if this member is in the denominator of the CDC HbA1c Control for Selected Population measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	Rotated for 2013 QARR.
Column 83	Numerator for CDC - HbA1c Control for Selected Population (<7.0%)	Enter a '1' if this member is in the numerator of the CDC HbA1c Control for Selected Population (<7.0%) measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	Rotated for 2013 QARR.
Column 84	Denominator for Controlling High Blood Pressure (CBP)	Enter a '1' if this member is in the denominator of the CBP measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	

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Column Placement	Name	Direction	Allowed Values	Rotation
Column 85	Numerator for Controlling High Blood Pressure (CBP)	Enter a '1' if this member is in the numerator of the CBP measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 86	Denominator for Disease Modifying Anti-Rheumatic Drug Therapy (DMARD)	Enter a '1' if this member is in the denominator of the DMARD measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 87	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 88-89	Denominator for Follow-Up After Hospitalization for Mental Illness	Enter the number of times this member appears in the denominator of the Follow-Up After Hospitalization for Mental Illness; '0' if the member is not in the denominator of this measure.	0-98	
Column 90-91	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 92-93	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 94	Denominator 1 for ADHD Medication Follow-Up – Initiation Phase	Enter a '1' if this member is in the denominator of the ADHD Medication Follow-Up - Initiation Phase measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 95	Numerator 1 for ADHD Medication Follow-Up – Initiation Phase	Enter a '1' if this member is in the numerator of the ADHD Medication Follow-Up - Initiation Phase measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 96	Denominator 2 for ADHD Medication Follow-Up – Continuation Phase	Enter a '1' if this member is in the denominator of the ADHD Medication Follow-Up - Continuation Phase measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 97	Numerator 2 for ADHD Medication Follow-Up – Continuation Phase	Enter a '1' if this member is in the numerator of the ADHD Medication Follow-Up - Continuation Phase measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 98	Denominator for HIV/AIDS Comprehensive Care – Engaged in Care	Enter a '1' if this member is in the denominator of the HIV/AIDS Comprehensive Care – Engaged in Care measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 99	Numerator for HIV/AIDS Comprehensive Care – Engaged in Care	Enter a '1' if this member is in the numerator of the HIV/AIDS Comprehensive Care – Engaged in Care measure, '0' if the member is not in the numerator of this measure or the information is missing.	1 = Yes 0 = No	

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Column Placement	Name	Direction	Allowed Values	Rotation
Column 100	Denominator for HIV/AIDS Comprehensive Care – Viral Load Monitoring	Enter a '1' if this member is in the denominator of the HIV/AIDS Comprehensive Care – Viral Load Monitoring measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 101	Numerator for HIV/AIDS Comprehensive Care – Viral Load Monitoring	Enter a '1' if this member is in the numerator of the HIV/AIDS Comprehensive Care – Viral Load Monitoring measure, '0' if the member is not in the numerator of this measure or the information is missing.	1 = Yes 0 = No	
Column 102	Denominator for HIV/AIDS Comprehensive Care – Syphilis Screening	Enter a '1' if this member is in the denominator of the HIV/AIDS Comprehensive Care – Syphilis Screening measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 103	Numerator for HIV/AIDS Comprehensive Care – Syphilis Screening	Enter a '1' if this member is in the numerator of the HIV/AIDS Comprehensive Care – Syphilis Screening measure, '0' if the member is not in the numerator of this measure or the information is missing.	1 = Yes 0 = No	
Column 104	Denominator for Immunizations for Adolescents (IMA)	Enter a '1' if this member is in the denominator of the Immunizations for Adolescents measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 105	Numerator 1 for IMA – Meningococcal	Enter a '1' if this member is in the numerator for Meningococcal in the IMA – Meningococcal measure. Enter '0' if this member is not in the numerator of this measure or if the information is missing.	1 = Yes 0 = No	
Column 106	Numerator 2 for IMA – Tdap/Td	Enter a '1' if this member is in the numerator for Tdap/Td in the IMA – Tdap/Td measure. Enter '0' if this member is not in the numerator of this measure or if the information is missing.	1 = Yes 0 = No	
Column 107	Denominator for Lead Screening in Children	Enter a '1' if this member is in the denominator of the Lead Screening in Children measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	Rotated for 2013 QARR.
Column 108	Numerator for Lead Screening in Children	Enter a '1' if this member is in the numerator of the Lead Screening in Children measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	Rotated for 2013 QARR.
Column 109-110	Denominator for Pharmacotherapy Management of COPD Exacerbation	Enter the number of times this member appears in the denominator of the Pharmacotherapy Management of COPD Exacerbation; '0' if the member is not in the denominator of this measure.	0-98	
Column 111-112	Numerator 1 for Pharmacotherapy Mgmt of COPD Exacerbation, Corticosteroid	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	

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Column Placement	Name	Direction	Allowed Values	Rotation
Column 113-114	Numerator 2 for Pharmacotherapy Mgmt of COPD Exacerbation, Bronchodilator	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	
Column 115	Denominator 1 for Use of Appropriate Medications for People with Asthma (5-11 years)	Enter a '1' if this member is in the denominator of the Use of Appropriate Medications for People with Asthma (5-11 years) measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 116	Numerator 1 for Use of Appropriate Medications for People with Asthma (5-11 years)	Enter a '1' if this member is in the numerator of the Use of Appropriate Medications for People with Asthma (5-11 years) measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 117	Denominator 2 for Use of Appropriate Medications for People with Asthma (12-18 years)	Enter a '1' if this member is in the denominator of the Use of Appropriate Medications for People with Asthma (12-18 years) measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 118	Numerator 2 for Use of Appropriate Medications for People with Asthma (12-18 years)	Enter a '1' if this member is in the numerator of the Use of Appropriate Medications for People with Asthma (12-18 years) measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 119	Denominator 3 for Use of Appropriate Medications for People with Asthma (19-50 years)	Enter a '1' if this member is in the denominator of the Use of Appropriate Medications for People with Asthma (19-50 years) measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 120	Numerator 3 for Use of Appropriate Medications for People with Asthma (19-50 years)	Enter a '1' if this member is in the numerator of the Use of Appropriate Medications for People with Asthma (19-50 years) measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 121	Denominator 4 for Use of Appropriate Medications for People with Asthma (51-64 years)	Enter a '1' if this member is in the denominator of the Use of Appropriate Medications for People with Asthma (51-64 years) measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 122	Numerator 4 for Use of Appropriate Medications for People with Asthma (51-64 years)	Enter a '1' if this member is in the numerator of the Use of Appropriate Medications for People with Asthma (51-64 years) measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	

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Column Placement	Name	Direction	Allowed Values	Rotation
Column 123	Denominator for Use of Imaging Studies for Low Back Pain	Enter a '1' if this member is in the denominator of the Use of Imaging Studies for Low Back Pain measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 124	Numerator for Use of Imaging Studies for Low Back Pain	Enter a '1' if this member is in the numerator of the Use of Imaging Studies for Low Back Pain measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 125	Denominator for Use of Spirometry Testing in Assessment and Diagnosis of COPD	Enter a '1' if this member is in the denominator of the Use of Spirometry Testing in Assessment and Diagnosis of COPD measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 126	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 127	Denominator 1 for Weight Assessment & Counseling for Nutrition and Physical Activity for Children (WCC) (3 – 11 Years)	Enter a '1' if this member is in the denominator of the Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) (3 – 11 Years) measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	Rotated for 2013 QARR.
Column 128	Numerator 1A for WCC – BMI Percentile (3 – 11 Years)	Enter a '1' if this member is in the numerator of the WCC – BMI Percentile (3 – 11 Years) measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	Rotated for 2013 QARR.
Column 129	Numerator 1B for WCC – Counseling for Nutrition (3 – 11 Years)	Enter a '1' if this member is in the numerator of the WCC – Counseling for Nutrition (3 – 11 Years) measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	Rotated for 2013 QARR.
Column 130	Numerator 1C for WCC – Counseling for Physical Activity (3 – 11 Years)	Enter a '1' if this member is in the numerator of the WCC – Counseling for Physical Activity (3 – 11 Years) measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	Rotated for 2013 QARR.
Column 131	Denominator 2 for Weight Assessment & Counseling for Nutrition and Physical Activity for Adolescents (WCC) (12 – 17 Years)	Enter a '1' if this member is in the denominator of the Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) (12 – 17 Years) measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	Rotated for 2013 QARR.
Column 132	Numerator 2A for WCC – BMI Percentile (12 – 17 Years)	Enter a '1' if this member is in the numerator of the WCC – BMI Percentile (12 – 17 Years) measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	Rotated for 2013 QARR.

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Column Placement	Name	Direction	Allowed Values	Rotation
Column 133	Numerator 2B for WCC – Counseling for Nutrition (12 – 17 Years)	Enter a '1' if this member is in the numerator of the WCC – Counseling for Nutrition (12 – 17 Years) measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	Rotated for 2013 QARR.
Column 134	Numerator 2C for WCC – Counseling for Physical Activity (12 – 17 Years)	Enter a '1' if this member is in the numerator of the WCC – Counseling for Physical Activity (12 – 17 Years) measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	Rotated for 2013 QARR.
Column 135	Denominator 1 for Annual Dental Visits (2-3 years)	Enter a '1' if this member is in the denominator of the Annual Dental Visits (2-3 years) measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 136	Numerator 1 for Annual Dental Visits (2-3 years)	Enter a '1' if this member is in the numerator of the Annual Dental Visits (2-3 years) measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 137	Denominator 2 for Annual Dental Visits (4-6 years)	Enter a '1' if this member is in the denominator of the Annual Dental Visits (4-6 years) measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 138	Numerator 2 for Annual Dental Visits (4-6 years)	Enter a '1' if this member is in the numerator of the Annual Dental Visits (4-6 years) measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 139	Denominator 3 for Annual Dental Visits (7-10 years)	Enter a '1' if this member is in the denominator of the Annual Dental Visits (7-10 years) measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 140	Numerator 3 for Annual Dental Visits (7-10 years)	Enter a '1' if this member is in the numerator of the Annual Dental Visits (7-10 years) measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 141	Denominator 4 for Annual Dental Visits (11-14 years)	Enter a '1' if this member is in the denominator of the Annual Dental Visits (11-14 years) measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 142	Numerator 4 for Annual Dental Visits (11-14 years)	Enter a '1' if this member is in the numerator of the Annual Dental Visits (11-14 years) measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 143	Denominator 5 for Annual Dental Visits (15-18 years)	Enter a '1' if this member is in the denominator of the Annual Dental Visits (15-18 years) measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 144	Numerator 5 for Annual Dental Visits (15-18 years)	Enter a '1' if this member is in the numerator of the Annual Dental Visits (15-18 years) measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	

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Column Placement	Name	Direction	Allowed Values	Rotation
Column 145	Denominator 6 for Annual Dental Visits (19-21 years)	Enter a '1' if this member is in the denominator of the Annual Dental Visits (19-21 years) measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 146	Numerator 6 for Annual Dental Visits (19-21 years)	Enter a '1' if this member is in the numerator of the Annual Dental Visits (19-21 years) measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 147	Denominator for Prenatal and Postpartum Care (PPC)	Enter the number of times this member is in the denominator of the Prenatal and Postpartum Care measures, '0' if the member is not in the denominator of this measure.	0 - 2	
Column 148	Numerator 1 for PPC – Timeliness of Prenatal Care	Enter the number of times this member is in numerator of PPC – Timeliness of Prenatal Care measure, '0' if the member is not in the numerator or the information is missing.	0 - 2	
Column 149	Numerator 2 for PPC – Postpartum Care	Enter the number of times this member is in the numerator of PPC – Postpartum Care measure, '0' if the member is not in the numerator or the information is missing.	0 - 2	
Column 150	Denominator for Well Care Visits in the First 15 Months of Life	Enter a '1' if this member is in the denominator of the Well Care Visits in the First 15 Months of Life measures, '0' if the member is not in the denominator of this measure. <u>Each member in the denominator will have only one of the 7 numerators selected</u>	1 = Yes 0 = No	
Column 151	Numerator 1 for Well Care Visits in the First 15 Months of Life – 0 Visits	Enter a '1' if this member is in the numerator of the Well Care Visits in the First 15 Months of Life – 0 visits measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 152	Numerator 2 for Well Care Visits in the First 15 Months of Life – 1 Visit	Enter a '1' if this member is in the numerator of the Well Care Visits in the First 15 Months of Life – 1 visit measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 153	Numerator 3 for Well Care Visits in the First 15 Months of Life – 2 Visits	Enter a '1' if this member is in the numerator of the Well Care Visits in the First 15 Months of Life – 2 visits measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 154	Numerator 4 for Well Care Visits in the First 15 Months of Life – 3 Visits	Enter a '1' if this member is in the numerator of the Well Care Visits in the First 15 Months of Life – 3 visits measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 155	Numerator 5 for Well Care Visits in the First 15 Months of Life – 4 Visits	Enter a '1' if this member is in the numerator of the Well Care Visits in the First 15 Months of Life – 4 visit measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 156	Numerator 6 for Well Care Visits in the First 15 Months of Life - 5 Visits	Enter a '1' if this member is in the numerator of the Well Care Visits in the First 15 Months of Life – 5 visits measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	

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Column Placement	Name	Direction	Allowed Values	Rotation
Column 157	Numerator 7 for Well Care Visits in the First 15 Months of Life – 6 Visits	Enter a '1' if this member is in the numerator of the Well Care Visits in the First 15 Months of Life – 6 visits measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 158	Denominator for Well Child Visits 3rd, 4th, 5th, and 6th years	Enter a '1' if this member is in the denominator of the Well Child Visits 3rd, 4th, 5th, and 6th years measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 159	Numerator for Well Child Visits 3rd, 4th, 5th, and 6th years	Enter a '1' if this member is in the numerator of the Well Child Visits 3rd, 4th, 5th, and 6th years measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 160	Denominator for Adolescent Well Care Visits	Enter a '1' if this member is in the denominator of the Adolescent Well Care Visits measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 161	Numerator for Adolescent Well Care Visits	Enter a '1' if this member is in the numerator of the Adolescent Well Care Visits measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 162	Denominator for Frequency of Ongoing Prenatal Care (FPC)	Enter the number of times this member is in the denominator of the Frequency of Ongoing Prenatal Care measure, '0' if the member is not in the denominator of this measure.	0 - 2	
Column 163	Numerator 1 for FPC (<21%)	Enter the number of times this member is in the numerator of the Frequency of Ongoing Prenatal Care <21% measure, '0' if the member is not in the numerator or the information is missing.	0 - 2	
Column 164	Numerator 2 for FPC (21% to 40%)	Enter the number of times this member is in the numerator of the Frequency of Ongoing Prenatal Care 21% to 40% measure, '0' if the member is not in the numerator or the information is missing.	0 - 2	
Column 165	Numerator 3 FPC (41% to 60%)	Enter the number of times this member is in the numerator of the Frequency of Ongoing Prenatal Care 41% to 60% measure, '0' if the member is not in the numerator or the information is missing.	0 - 2	
Column 166	Numerator 4 for FPC (61% to 80%)	Enter the number of times this member is in the numerator of the Frequency of Ongoing Prenatal Care 61% to 80% measure, '0' if the member is not in the numerator or the information is missing.	0 - 2	
Column 167	Numerator 5 for FPC (81% or more)	Enter the number of times this member is in the numerator of the Frequency of Ongoing Prenatal Care 81% or more measure, '0' if the member is not in the numerator or the information is missing.	0 - 2	
Column 168	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 of this measure.	1 = Yes 0 = No	Rotated for 2013 QARR.

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Column Placement	Name	Direction	Allowed Values	Rotation
Column 169	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 or the information is missing.	1 = Yes 0 = No	Rotated for 2013 QARR.
Column 170	Denominator for HPV Vaccine for Female Adolescents	Enter a '1' if this member is in the denominator of the HPV Vaccine for Female Adolescents measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 171	Numerator for HPV Vaccine for Female Adolescents	Enter the number of times this member has a vaccination meeting HEDIS specifications for HPV in numerator of the HPV Vaccine for Female Adolescents measure. Enter '0' if this member did not receive any HPV vaccinations meeting HEDIS specifications.	0 - 9	
Column 172	Denominator 1 for Medication Management for People with Asthma (5-11 years)	Enter a '1' if this member is in the denominator of the Medication Management for People with Asthma (5-11 years) measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 173	Numerator 1A for Medication Management for People with Asthma (5-11 years)	Enter a '1' if this member is in the numerator of $\geq 50\%$ medication compliance of the Medication Management for People with Asthma (5-11 years) measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 174	Numerator 1B for Medication Management for People with Asthma (5-11 years)	Enter a '1' if this member is in the numerator of $\geq 75\%$ medication compliance of the Medication Management for People with Asthma (5-11 years) measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 175	Denominator 2 for Medication Management for People with Asthma (12-18 years)	Enter a '1' if this member is in the denominator of the Medication Management for People with Asthma (12-18 years) measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 176	Numerator 2A for Medication Management for People with Asthma (12-18 years)	Enter a '1' if this member is in the numerator of $\geq 50\%$ medication compliance of the Medication Management for People with Asthma (12-18 years) measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 177	Numerator 2B for Medication Management for People with Asthma (12-18 years)	Enter a '1' if this member is in the numerator of $\geq 75\%$ medication compliance of the Medication Management for People with Asthma (12-18 years) measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	

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Column Placement	Name	Direction	Allowed Values	Rotation
Column 178	Denominator 3 for Medication Management for People with Asthma (19-50 years)	Enter a '1' if this member is in the denominator of the Medication Management for People with Asthma (19-50 years) measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 179	Numerator 3A for Medication Management for People with Asthma (19-50 years)	Enter a '1' if this member is in the numerator of $\geq 50\%$ medication compliance of the Medication Management for People with Asthma (19-50 years) measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 180	Numerator 3B for Medication Management for People with Asthma (19-50 years)	Enter a '1' if this member is in the numerator of $\geq 75\%$ medication compliance of the Medication Management for People with Asthma (19-50 years) measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 181	Denominator 4 for Medication Management for People with Asthma (51-64 years)	Enter a '1' if this member is in the denominator of the Medication Management for People with Asthma (51-64 years) measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 182	Numerator 4A for Medication Management for People with Asthma (51-64 years)	Enter a '1' if this member is in the numerator of $\geq 50\%$ medication compliance of the Medication Management for People with Asthma (51-64 years) measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 183	Numerator 4B for Medication Management for People with Asthma (51-64 years)	Enter a '1' if this member is in the numerator of $\geq 75\%$ medication compliance of the Medication Management for People with Asthma (51-64 years) measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 184	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 of this measure.	1 = Yes 0 = No	
Column 185	Numerator for Persistence of Beta-Blocker Treatment after a Heart Attack	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.	1 = Yes 0 = No	
Column 186	Denominator for Adherence to Antipsychotic Medications for People with Schizophrenia	Enter a '1' if this member is in the denominator of the Adherence to Antipsychotic Medications for People with Schizophrenia measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	

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Column Placement	Name	Direction	Allowed Values	Rotation
Column 187	Numerator for Adherence to Antipsychotic Medications for People with Schizophrenia	Enter a '1' if this member is in the numerator of the Adherence to Antipsychotic Medications for People with Schizophrenia measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 188	Denominator 1 for Asthma Medication Ratio (5-11 years)	Enter a '1' if this member is in the denominator of the Asthma Medication Ratio (5-11 years) measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 189	Numerator 1 for Asthma Medication Ratio (5-11 years)	Enter a '1' if this member is in the numerator of the Asthma Medication Ratio (5-11 years) measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 190	Denominator 2 for Asthma Medication Ratio (12-18 years)	Enter a '1' if this member is in the denominator of the Asthma Medication Ratio (12-18 years) measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 191	Numerator 2 for Asthma Medication Ratio (12-18 years)	Enter a '1' if this member is in the numerator of the Asthma Medication Ratio (12-18 years) measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 192	Denominator 3 for Asthma Medication Ratio (19-50 years)	Enter a '1' if this member is in the denominator of the Asthma Medication Ratio (19-50 years) measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 193	Numerator 3 for Asthma Medication Ratio (19-50 years)	Enter a '1' if this member is in the numerator of the Asthma Medication Ratio (19-50 years) measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 194	Denominator 4 for Asthma Medication Ratio (51-64 years)	Enter a '1' if this member is in the denominator of the Asthma Medication Ratio (51-64 years) measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 195	Numerator 4 for Asthma Medication Ratio (51-64 years)	Enter a '1' if this member is in the numerator of the Asthma Medication Ratio (51-64 years) measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 196	Denominator for Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	Enter a '1' if this member is in the denominator of the Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	

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Column Placement	Name	Direction	Allowed Values	Rotation
Column 197	Numerator for Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	Enter a '1' if this member is in the numerator of the Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 198	Denominator for Diabetes Monitoring for People with Diabetes and Schizophrenia	Enter a '1' if this member is in the denominator of the Diabetes Monitoring for People with Diabetes and Schizophrenia measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 199	Numerator for Diabetes Monitoring for People with Diabetes and Schizophrenia	Enter a '1' if this member is in the numerator of the Diabetes Monitoring for People with Diabetes and Schizophrenia measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	
Column 200	Denominator for Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications	Enter a '1' if this member is in the denominator of the Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications measure, '0' if the member is not in the denominator of this measure.	1 = Yes 0 = No	
Column 201	Numerator for Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications	Enter a '1' if this member is in the numerator of the Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications measure, '0' if the member is not in the numerator or the information is missing.	1 = Yes 0 = No	

VI. Medicaid HMO/PHSP, HIVSNP and CHP File Submission

Enhancements (Optional) for Medicaid HMO/PHSP, HIVSNP and Child Health Plus

The Office of Quality and Patient Safety will enhance results for several measures for this reporting year (Cervical Cancer Screening, Chlamydia Screening, Follow Up after Hospitalization for Mental Illness, and Follow Up Care for Children Prescribed ADHD Medication). Enhancement files for two of the four measures should be submitted for the all members from the denominator for plans wishing to have applicable measures screened for out-of-plan services. The submission of these enhancement files is optional. Plans will be notified of their updated rates subsequent to the incorporation of out-of-plan numerator events. Plans with more than one product should submit one enhancement file for each measure as applicable.

PLEASE NOTE: Only valid CINs will be included in the enhancement process. Plans should be using the CINs relevant to the measurement year. For example, if a member has a previous CIN and a CIN from the measurement year, the CIN from the measurement year should be the one on the file.

- Cervical Cancer Screening:** The Office of Quality and Patient Safety will use the member-level file to evaluate Medicaid fee-for-service (FFS) data to determine whether out-of-plan services were received by members noted to be numerator non-compliant for the measure. No additional data elements are needed for this enhancement process.
- Chlamydia Screening:** The Office of Quality and Patient Safety will use the member-level file to evaluate Medicaid fee-for-service (FFS) data to determine whether out-of-plan services were received by members noted to be numerator non-compliant for the measure. No additional data elements are needed for this enhancement process.
- Follow-Up After Hospitalization for Mental Illness:** There are two time periods in which a follow-up visit must have taken place in order to be considered a numerator “hit”; up to seven days after hospital discharge, and up to 30 days after discharge. The Office of Quality and Patient Safety will use Medicaid FFS data to determine whether out-of-plan services were used, for either of these components of the measure. The optional files should include the CIN and the discharge date for each qualifying index event for every event in the denominator; the count of records in the file should match the denominator in the DSS. The files require elements in addition to the CIN. The files will include: the discharge date, the date of any qualifying visit within 7 days, and the date of any qualifying visit within 30 days. If there is a 7-day follow-up visit, but no visit between 8 and 30 days after discharge, please duplicate the date of the 7-day visit for the 30-day visit. If no visits were found for a CIN, enter zeros for both visit date fields.

Measure	Data Elements	Fields	File Name
Follow-Up After Hospitalization for Mental Illness: 1) 7-Day and 2) 30 Day	OMC Plan ID (Refer to DSS)	1-7	Followup.txt
	Product Line (1 = Medicaid 2 = HIV SNP 3 = CHP)	8	
	CIN	9-16 For Medicaid – AA#####A For CHP – 0#####	
	Discharge Date (YYYYMMDD)	17-24	

VI. Medicaid HMO/PHSP, HIVSNP and CHP File Submission

Measure	Data Elements	Fields	File Name
	7-Day Follow-up Visit Date (YYYYMMDD)	25-32	
	30-Day Follow-up Visit Date (YYYYMMDD)	33-40	

- Follow-Up Care for Children Prescribed ADHD Medication:** The Office of Quality and Patient Safety will use Medicaid FFS data to determine whether out-of-plan services were used for the two numerators of the measure. Members not meeting the numerator criteria for Initiation Phase or Continuation and Maintenance Phase will be eligible for enhancement in the FFS data. The optional files should include the CIN and the index episode start date for each member in the denominator; the count of records in the file should match the denominator in the DSS. Please note that, per HEDIS® 2013 specifications, the initiation phase visit must be with a prescribing practitioner to count as a numerator “hit”. If members have more than three visits in the specified time period, please select the visits that allowed the member to qualify. For example, if a member had two visits in the first 30 days, and the second visit is with a prescribing practitioner, the plan would include the 2nd visit date for the initiation numerator. Members indicated as not being compliant for the two numerators will be reviewed with FFS data to determine if visits occurred and which facilities were used for the visits. Any missing or not applicable dates should be submitted as zeros in the YYYYMMDD format (00000000).

Measure	Data Elements	Fields	File Name
Follow-Up Care for Children Prescribed ADHD Medication: 1.) Initiation Phase 2.) Continuation and Maintenance Phase	OMC Plan ID (Refer to DSS)	1-7	Add.txt
	Product Line (1 = Medicaid 2 = HIV SNP 3 = CHP)	8	
	CIN (‘0’ fill the first position of this for CHP CINs)	9-16 For Medicaid – AA#####A For CHP – 0#####	
	Included in Denominator 1? (1=Yes; 0=No)	17	
	Index Episode Start Date (YYYYMMDD)	18-25	
	Subsequent Visit Date1 (YYYYMMDD)	26-33	
	Indicator of Prescribing Provider for Visit Date1 (1=Yes; 0=No)	34	
	Indicator of Numerator Compliance for Initiation measure (1=Yes; 0=No)	35	
	Included in Denominator 2? (1=Yes; 0=No)	36	
	Subsequent Visit Date2 (YYYYMMDD)	37-44	
	Subsequent Visit Date3 (YYYYMMDD)	45-52	
	Indicator of Numerator Compliance for Continuation and Maintenance measure (1=Yes; 0=No)	53	

Technical Assistance: If you need clarification on these files, please contact the Quality Measurement Unit at (518) 486-9012.

VII. DRG Crosswalk

2013 QARR / HEDIS® 2013 Crosswalk of MS-DRG and NYS APRDRG

Measure	Description	MS-DRG	NYS-APRDRG
Frequency of Selected Procedures	Back Surgery	FSP-A: 453-460	FSP-A: 023, 303, 304, 310
	PCI	FSP-A: 246-251	FSP-A: 174, 175
	Cardiac Catheterization	FSP-A: 216-218, 222-225, 286, 287	FSP-A: 162, 191, 192
	CABG	FSP-A: 231-236	FSP-A: 165, 166
	Mastectomy	FSP-A: N/A	FSP-A: 362
	Lumpectomy	FSP-A: 584, 585	FSP-A: 363
	Prostatectomy	FSP-A: 665-667	FSP-A: 482
Inpatient Utilization: General Hospital/Acute Care	Total Inpatient	IPU-A: 001-008, 010-013, 020-042, 052-103, 113-117, 121-125, 129-139, 146-159, 163-168, 175-208, 215-264, 280-316, 326-358, 368-395, 405-425, 432-446, 453-517, 533-566, 573-585, 592-607, 614-630, 637-645, 652-675, 682-700, 707-718, 722-730, 734-750, 754-761, 765-770, 774-782, 789-795, 799-804, 808-816, 820-830, 834-849, 853-858, 862-872, 901-909, 913-923, 927-929, 933-935, 939-941, 947-951, 955-959, 963-965, 969-970, 974-977, 981-989, 998, 999	IPU-A: 001-006, 020-024, 026, 040-058, 070, 073, 080, 082, 089-093, 095, 097-098, 110-111, 113-115, 120-121, 130-144, 160-163, 165-167, 169-171, 173-177, 180, 190-194, 196-201, 203-207, 220-229, 240-249, 251-254, 260-264, 279-284, 301-305, 308-310, 312-317, 320-321, 340-344, 346-347, 349, 351, 361-364, 380-385, 401, 403-405, 420-425, 440-447, 460-463, 465-466, 468, 480-484, 500-501, 510-514, 517-519, 530-532, 540-542, 544-546, 560-561, 563-566, 580-581, 583, 588-589, 591, 593, 602-603, 607-609, 611-614, 621-623, 625-626, 630-631, 633-634, 636, 639-640, 650-651, 660-663, 680-681, 690-694, 710-711, 720-724, 791, 811-813, 815-816, 841-844, 850, 861-863, 890, 892-894, 910-912, 930, 950-952
	Maternity	IPU-B: 765-770, 774-782	IPU-B: 540-542, 544-546, 560-561, 563-566
	Surgery	IPU-B: 001-008, 010-013, 020-042, 113-117, 129-139, 163-168, 215-264, 326-358, 405-425, 453-517, 573-585, 614-630, 652-675, 707-718, 734-750, 799-804, 820-830, 853-858, 901-909, 927-929, 939-941, 955-959, 969-970, 981-989	IPU-B: 001-006, 020-024, 026, 070, 073, 089-093, 095, 097-098, 120-121, 160-163, 165-167, 169-171, 173-177, 180, 191-192, 220-229, 260-264, 301-305, 308-310, 312-317, 320-321, 361-364, 401, 403-405, 440-447, 480-484, 510-514, 517-519, 588, 609, 630-631, 650-651, 680-681, 710-711, 791, 841-842, 850, 910-912, 950-952
	Medicine	IPU-B: 052-103, 121-125, 146-159, 175-208, 280-316, 368-395, 432-446, 533-566, 592-607, 637-645, 682-700, 722-730, 754-761, 789-795, 808-816, 834-849, 862-872, 913-923, 933-935, 947-951, 963-965, 974-977	IPU-B: 040-058, 080, 082, 110-111, 113-115, 130-144, 190, 193-194, 196-201, 203-207, 240-249, 251-254, 279-284, 340-344, 346-347, 349, 351, 380-385, 420-425, 460-463, 465-466, 468, 500-501, 530-532, 580-581, 583, 589, 591, 593, 602-603, 607-608, 611-614, 621-623, 625-626, 633-634, 636, 639-640, 660-663, 690-694, 720-724, 811-813, 815-816, 843-844, 861-863, 890, 892-894, 930
Mental Health Utilization	MH Inpatient Services	MPT-B: 876, 880-887; exclude discharges with ICD-9-CM principal diagnosis of 317-319	MPT-B: 740, 750-760