### **NATIONAL QUALITY FORUM**

### Measure Submission and Evaluation Worksheet 5.0

This form contains the information submitted by measure developers/stewards, organized according to NQF's measure evaluation criteria and process. The evaluation criteria, evaluation guidance documents, and a blank online submission form are available on the <u>submitting standards web page</u>.

NOE Project, Infectious Disease Project

NOE #1 0204

endorsement:

Other Criteria:

Staff Reviewer Name(s):

NUF #1. 0590 NUF Project. Illiectious Disease Project
(for Endorsement Maintenance Review) Original Endorsement Date: Jul 31, 2008 Most Recent Endorsement Date: Jul 31, 2008 Last Updated Date: Sep 21, 2012
BRIEF MEASURE INFORMATION
De.1 Measure Title: Paired Measure: HCV Genotype Testing Prior to Treatment (paired with 0395)
Co.1.1 Measure Steward: American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI)
De.2 Brief Description of Measure: Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom HCV genotype testing was performed prior to initiation of antiviral treatment
2a1.1 Numerator Statement: Patients for whom HCV genotype testing was performed prior to initiation of antiviral treatment
2a1.4 Denominator Statement: All patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment
2a1.8 Denominator Exclusions: None
1.1 Measure Type: Process 2a1. 25-26 Data Source: Electronic Clinical Data, Electronic Clinical Data: Electronic Health Record, Electronic Clinical Data: Laboratory, Electronic Clinical Data: Registry 2a1.33 Level of Analysis: Clinician: Group/Practice, Clinician: Individual, Clinician: Team
1.2-1.4 Is this measure paired with another measure? Yes 2098:Paired Measure 0395 and 0396
De.3 If included in a composite, please identify the composite measure (title and NQF number if endorsed):
STAFF NOTES (issues or questions regarding any criteria)
Comments on Conditions for Consideration:
Is the measure untested? Yes No If untested, explain how it meets criteria for consideration for time-limited

### 1. IMPACT, OPPORTUITY, EVIDENCE - IMPORTANCE TO MEASURE AND REPORT

1a. Specific national health goal/priority identified by DHHS or NPP addressed by the measure (check De.5):

Importance to Measure and Report is a threshold criterion that must be met in order to recommend a measure for endorsement. All three subcriteria must be met to pass this criterion. See <u>quidance on evidence</u>.

See Guidance for Definitions of Rating Scale: H=High; M=Moderate; L=Low; I=Insufficient; NA=Not Applicable Created on: 09/25/2012 at 10:30 AM

5. Similar/related endorsed or submitted measures (check 5.1):

Measures must be judged to be important to measure and report in order to be evaluated against the remaining criteria. (evaluation criteria)
1a. High Impact: H M L I (The measure directly addresses a specific national health goal/priority identified by DHHS or NPP, or some other high impact aspect of healthcare.)
De.4 Subject/Topic Areas (Check all the areas that apply): Infectious Diseases, Infectious Diseases: Hepatitis De.5 Cross Cutting Areas (Check all the areas that apply):
1a.1 Demonstrated High Impact Aspect of Healthcare: Affects large numbers, A leading cause of morbidity/mortality, Patient/societal consequences of poor quality
1a.2 If "Other," please describe:
1a.3 Summary of Evidence of High Impact ( <i>Provide epidemiologic or resource use data</i> ):  The hepatitis C virus (HCV) is a major public health problem and a leading cause of chronic liver disease.(1) An estimated 180 million people are infected worldwide.(2) In the United States, the prevalence of HCV infection between the years 1999 and 2002 was 1.6%, equating to about 4.1 million persons positive for antibody to hepatitis C (anti-HCV), 80% of whom are estimated to be viremic.(3) Hepatitis C is the principal cause of death from liver disease and the leading indication for liver transplantation in the U.S.(4) Some calculations suggest that mortality related to HCV infection (death from liver failure or hepatocellular carcinoma) will continue to increase over the next two decades.(5)
1a.4 Citations for Evidence of High Impact cited in 1a.3: (1) Williams R. Global challenges in liver disease. HEPATOLOGY 2006;44: 521-526.
(2) www.who.int/immunization/topics/hepatitis_c/en/.
(3) Armstrong GL, Wasley A, Simard EP, McQuillan GM, Kuhnert WL, Alter MJ. The prevalence of hepatitis C virus infection in the United States, 1999 through 2002. Ann Intern Med 2006;144:705-714.
(4) Kim WR. The burden of hepatitis C in the United States. HEPATOLOGY 2002;36(Suppl):S30-S34.
(5) Deuffic-Burban S, Poynard T, Sulkowski MS, Wong JB. Estimating the future health burden of chronic hepatitis C and human immunodeficiency virus infections in the United States. J Viral Hepat 2007;14:107-115.
1b. Opportunity for Improvement: H M L I (There is a demonstrated performance gap - variability or overall less than optimal performance)
1b.1 Briefly explain the benefits (improvements in quality) envisioned by use of this measure:  The rationale for the measure is to guide treatment decisions regarding duration of therapy and likelihood of response. There are 6 HCV genotypes and more than 50 subtypes. These genotypes differ by as much as 31 to 34 percent in their nucleotide sequences, whereas subtypes differ by 20 to 23 percent based on full-length genomic sequence comparisons. Genotype determinations influence treatment decisions. Patients with genotypes 2 or 3 have better response rates to re-treatment than those with genotype 1. (NIH) More recently, treatment of genotype 1b has shown the most favorable outcomes leading to differences in the licensure and use of new therapies by sub-genotype.
1b.2 Summary of Data Demonstrating Performance Gap (Variation or overall less than optimal performance across providers): [For Maintenance – Descriptive statistics for performance results for this measure - distribution of scores for measured entities by quartile/decile, mean, median, SD, min, max, etc.] CMS Physician Quality Reporting Initiative:
This measure was used in the 2008, 2009 and 2010 CMS Physician Quality Reporting Initiative/System. There is a gap in care as shown by this data; 86.56% is the aggregate performance rate in the total patient population and 92.29% is the mean performance

See Guidance for Definitions of Rating Scale: H=High; M=Moderate; L=Low; I=Insufficient; NA=Not Applicable Created on: 09/25/2012 at 10:30 AM

				/						
rate of TIN	I/NPI's.									
25th perce 50th perce 75th perce	entile: 85.7 entile: 100. entile: 100. entile: 100. entile: 100.	.00% .00% .00%								
in 1b.2 ind	1b.3 Citations for Data on Performance Gap: [For <u>Maintenance</u> – Description of the data or sample for measure results reported in 1b.2 including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included Confidential CMS PQRI 2010 Performance Information by Measure. Jan 2009-February 2010 TAP file									
Although treatment, HCV infection the HCV care diagnosed	1b.4 Summary of Data on Disparities by Population Group: [For Maintenance – Descriptive statistics for performance results for this measure by population group]  Although the continued prevalence of HCV is problematic in communities across America, inequalities in disease prevalence, treatment, and outcomes make it a particularly important minority health issue.(1) First, there are disparities in the prevalence of HCV infection, with African Americans being twice as likely to have ever been infected with HCV, and having a higher prevalence of chronic HCV infection compared with non-Hispanic white Americans.(2) Additionally, there are significant disparities in access to HCV care for racial and ethnic minorities.(3) Finally, African American and Hispanic patients with HCV infection, even once properly diagnosed, have less desirable treatment outcomes compared to white patients.(4) These trends are indicative of a growing healthcare crisis with regards to HCV that threatens minority communities for decades to come.(1)									
1b.5 Citations for Data on Disparities Cited in 1b.4: [For <u>Maintenance</u> – Description of the data or sample for measure results reported in 1b.4 including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included]  (1) Bryant Cameron Webb. The "Secret" epidemic: Disparities in Hepatitis C Incidence, Treatment, and Outcomes. Prepared for the Joint Center for Political and Economic Studies. October 2010.										
			inan OV, et al. The prevale licine. 1999:341(8): 556-56	ence of hepatitis C virus infection in the United States, 1988 through 2.						
			RJ, et al. Hepatitis C risk a Gastro 2007:13:1074.	assessment, testing and referral for treatment in urban primary care:						
				tudy group. Peginterferon and ribavirin treatment in African American . Gastroenterology. 2006 Aug; 131(2):470-7.						
	•		health outcome OR meets tcome? Yes No	the criteria for quantity, quality, consistency of the body of evidence.)  If not a health outcome, rate the body of evidence.						
Quantity: H M L I Quality: H M L I Consistency: H M L I										
Quantity	Quality	Consistency	Does the measure pass s	Does the measure pass subcriterion1c?						
M-H	M-H	M-H	Yes							
L	M-H	M	Yes IF additional research unlikely to change conclusion that benefits to patients outweigh harms: otherwise No							
М-Н	L	M-H	Yes IF potential benefits to patients clearly outweigh potential harms: otherwise No							
L-M-H	L-M-H	L	No 🗌							
			s relationship to at least tervention, or service	Does the measure pass subcriterion1c?  Yes IF rationale supports relationship						

1c.1 **Structure-Process-Outcome Relationship** (Briefly state the measure focus, e.g., health outcome, intermediate clinical outcome, process, structure; then identify the appropriate links, e.g., structure-process-health outcome; process- health outcome; intermediate clinical outcome-health outcome):

The process of genotype testing helps to guide treatment decisions regarding duration of therapy and likelihood of response, which should improve outcomes.

1c.2-3 Type of Evidence (Check all that apply):

Clinical Practice Guideline

- 1c.4 Directness of Evidence to the Specified Measure (State the central topic, population, and outcomes addressed in the body of evidence and identify any differences from the measure focus and measure target population):

  According to the guideline, specific recommendations are based on relevant published information. The evidence cited in this guideline is directly related to the genotype testing needed to guide treatment decisions regarding duration of therapy and likelihood of response
- 1c.5 Quantity of Studies in the Body of Evidence (*Total number of studies, not articles*): The guideline developer did not state the quantity of studies used.
- 1c.6 Quality of Body of Evidence (Summarize the certainty or confidence in the estimates of benefits and harms to patients across studies in the body of evidence resulting from study factors. Please address: a) study design/flaws; b) directness/indirectness of the evidence to this measure (e.g., interventions, comparisons, outcomes assessed, population included in the evidence); and c) imprecision/wide confidence intervals due to few patients or events): While the quality of the body of evidence is not addressed, the guideline developer stated: "These recommendations provide a data-supported approach to establishing guidelines. They are based on the following: (1) a formal review and analysis of the recently published world literature on the topic (Medline search up to September 2008); (2) the American College of Physicians' Manual for Assessing Health Practices and Designing Practice Guidelines; (3) guideline policies, including the American Association for the Study of Liver Diseases' (AASLD) Policy on the Development and Use of Practice Guidelines and the American Gastroenterological Association's Policy Statement on the Use ofMedical Practice Guidelines; and (4) the experience of the authors in regard to hepatitis C." (AASLD 2009)

In addition, Class IB and Class IA recommendations reflect Class I-Conditions for which there is evidence and/or general agreement that a given diagnostic evaluation procedure or treatment is beneficial, useful, and effective; and Level A-Data derived from multiple randomized clinical trials or meta-analyses. (AASLD 2009)

- 1c.7 Consistency of Results across Studies (Summarize the consistency of the magnitude and direction of the effect): The consistency of results across studies was not addressed by the guideline.
- 1c.8 **Net Benefit** (*Provide* estimates of effect for benefit/outcome; identify harms addressed and estimates of effect; and net benefit benefit over harms):

The benefit over harms across studies was not addressed by the guideline.

- 1c.9 Grading of Strength/Quality of the Body of Evidence. Has the body of evidence been graded? No
- 1c.10 If body of evidence graded, identify the entity that graded the evidence including balance of representation and any disclosures regarding bias: n/a
- 1c.11 System Used for Grading the Body of Evidence: Other
- 1c.12 If other, identify and describe the grading scale with definitions: n/a

1c.13 Grade Assigned to the Body of Evidence: n/a

1c.14 Summary of Controversy/Contradictory Evidence: A summary of controversy/contradictory evidence was not provided.

1c.15 Citations for Evidence other than Guidelines (Guidelines addressed below): n/a

1c.16 Quote verbatim, the specific quideline recommendation (Including quideline # and/or page #):

HCV genotyping should be performed in all HCV-infected persons prior to interferon-based treatment in order to plan for the dose and duration of

therapy and to estimate the likelihood of response (Class I, Level A).

(AASLD 2009-Recommendation 4)

1c.17 Clinical Practice Guideline Citation: Marc G. Ghany, Doris B. Strader, David L. Thomas, and Leonard B. Seeff. American Association for the Study of Liver Diseases' (AASLD) Practice Guidelines: Diagnosis, Management, and Treatment of Hepatitis C: An Update. Hepatology, April 2009: 1335-1374.

1c.18 National Guideline Clearinghouse or other URL: http://quideline.gov/content.aspx?id=14708

1c.19 Grading of Strength of Guideline Recommendation. Has the recommendation been graded? Yes

1c.20 If guideline recommendation graded, identify the entity that graded the evidence including balance of representation and any disclosures regarding bias: The Practice Guidelines Committee of the AASLD. Potential conflict of interest: Drs. Marc Ghany, Leonard Seeff, and Doris Strader have no financial relationships to declare. Dr. David Thomas was on the Advisory Board of Merck, Sharpe and Dohme at the time of writing but has since resigned from this position.

1c.21 System Used for Grading the Strength of Guideline Recommendation: Other

1c.22 If other, identify and describe the grading scale with definitions: Classification Description

Class I Conditions for which there is evidence and/or general agreement that a given diagnostic evaluation procedure or treatment is beneficial, useful, and effective.

Class II Conditions for which there is conflicting evidence and/or a divergence of opinion about the usefulness/efficacy of a diagnostic evaluation, procedure or treatment.

Class IIa Weight of evidence/opinion is in favor of usefulness/efficacy.
Class IIb Usefulness/efficacy is less well established by evidence/opinion.

Class III Conditions for which there is evidence and/or general agreement that a diagnostic evaluation, procedure/treatment is not useful/effective and in some cases may be harmful.

Level of Evidence Description

Level A Data derived from multiple randomized clinical trials or meta-analyses.

Level B Data derived from a single randomized trial, or nonrandomized studies.

Level C Only consensus opinion of experts, case studies, or standard-of-care.

NOTE: To more fully characterize the quality of evidence supporting recommendations, the Practice Guidelines Committee of the AASLD requires a Class (reflecting benefit versus risk) and Level (assessing strength or certainty) of Evidence to be assigned and reported with each recommendation (Table 1, adapted from the American College of Cardiology and the American Heart association Practice Guidelines).

1c.23 Grade Assigned to the Recommendation: Class I, Level A

1c.24 Rationale for Using this Guideline Over Others: It is the PCPI policy to use guidelines, which are evidence-based, applicable to physicians and other health-care providers, and developed by a national specialty organization or government agency.

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In addition, the PCPI has now expanded what is acceptable as the evidence base for measures to include documented quality improvement (QI) initiatives or implementation projects that have demonstrated improvement in quality of care. Based on the NQF descriptions for rating the evidence, what was the developer's assessment of the quantity, quality, and consistency of the body of evidence? 1c.25 Quantity: Moderate 1c.26 Quality: Moderate1c.27 Consistency: Moderate 1c.28 Attach evidence submission form: 1c.29 Attach appendix for supplemental materials: Was the threshold criterion, Importance to Measure and Report, met? (1a & 1b must be rated moderate or high and 1c yes) Yes No Provide rationale based on specific subcriteria: For a new measure if the Committee votes NO, then STOP. For a measure undergoing endorsement maintenance, if the Committee votes NO because of 1b. (no opportunity for improvement), it may be considered for continued endorsement and all criteria need to be evaluated. 2. RELIABILITY & VALIDITY - SCIENTIFIC ACCEPTABILITY OF MEASURE PROPERTIES Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented. (evaluation criteria) Measure testing must demonstrate adequate reliability and validity in order to be recommended for endorsement. Testing may be conducted for data elements and/or the computed measure score. Testing information and results should be entered in the appropriate field. Supplemental materials may be referenced or attached in item 2.1. See guidance on measure testing. S.1 Measure Web Page (In the future, NQF will require measure stewards to provide a URL link to a web page where current detailed specifications can be obtained). Do you have a web page where current detailed specifications for this measure can be obtained? Yes S.2 If yes, provide web page URL: www.physicianconsortium.org 2a. RELIABILITY. Precise Specifications and Reliability Testing: H M L I 2a1. Precise Measure Specifications. (The measure specifications precise and unambiguous.) 2a1.1 Numerator Statement (Brief, narrative description of the measure focus or what is being measured about the target population, e.g., cases from the target population with the target process, condition, event, or outcome): Patients for whom HCV genotype testing was performed prior to initiation of antiviral treatment 2a1.2 Numerator Time Window (The time period in which the target process, condition, event, or outcome is eligible for inclusion): Once prior to initation of antiviral treament 2a1.3 Numerator Details (All information required to identify and calculate the cases from the target population with the target process, condition, event, or outcome such as definitions, codes with descriptors, and/or specific data collection items/responses: **EHR Specifications:** eSpecifications attached 2a1.4 Denominator Statement (Brief, narrative description of the target population being measured): All patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment 2a1.5 Target Population Category (Check all the populations for which the measure is specified and tested if any): Adult/Elderly Care 2a1.6 **Denominator Time Window** (*The time period in which cases are eligible for inclusion*): 12 consecutive months

2a1.7 **Denominator Details** (All information required to identify and calculate the target population/denominator such as definitions, codes with descriptors, and/or specific data collection items/responses):

**EHR Specifications:** 

eSpecifications attached

- 2a1.8 **Denominator Exclusions** (Brief narrative description of exclusions from the target population): None
- 2a1.9 **Denominator Exclusion Details** (All information required to identify and calculate exclusions from the denominator such as definitions, codes with descriptors, and/or specific data collection items/responses):

  Not applicable
- 2a1.10 **Stratification Details/Variables** (All information required to stratify the measure results including the stratification variables, codes with descriptors, definitions, and/or specific data collection items/responses):

We encourage the results of this measure to be stratified by race, ethnicity, gender, and primary language, and have included these variables as recommended data elements to be collected.

- 2a1.11 Risk Adjustment Type (Select type. Provide specifications for risk stratification in 2a1.10 and for statistical model in 2a1.13): No risk adjustment or risk stratification 2a1.12 If "Other," please describe:
- 2a1.13 **Statistical Risk Model and Variables** (Name the statistical method e.g., logistic regression and list all the risk factor variables. Note risk model development should be addressed in 2b4.):

  None
- 2a1.14-16 **Detailed Risk Model Available at Web page URL** (or attachment). Include coefficients, equations, codes with descriptors, definitions, and/or specific data collection items/responses. Attach documents only if they are not available on a webpage and keep attached file to 5 MB or less. NQF strongly prefers you make documents available at a Web page URL. Please supply login/password if needed:

2a1.17-18. Type of Score: Rate/proportion

- 2a1.19 Interpretation of Score (Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score): Better quality = Higher score
- 2a1.20 Calculation Algorithm/Measure Logic (Describe the calculation of the measure score as an ordered sequence of steps including identifying the target population; exclusions; cases meeting the target process, condition, event, or outcome; aggregating data; risk adjustment; etc.):

To calculate performance rates:

- 1) Find the patients who meet the initial patient population (ie, the general group of patients that a set of performance measures is designed to address).
- 2) From the patients within the initial patient population criteria, find the patients who qualify for the denominator (ie, the specific group of patients for inclusion in a specific performance measure based on defined criteria). Note: in some cases the initial patient population and denominator are identical.
- 3) From the patients within the denominator, find the patients who qualify for the Numerator (ie, the group of patients in the denominator for whom a process or outcome of care occurs). Validate that the number of patients in the numerator is less than or equal to the number of patients in the denominator

If the patient does not meet the numerator, this case represents a quality failure.
Calculation algorithm is included in data dictionary/code table attachment (2a1.30).
2a1.21-23 Calculation Algorithm/Measure Logic Diagram URL or attachment:
2a1.24 Sampling (Survey) Methodology. If measure is based on a sample (or survey), provide instructions for obtaining the sample, conducting the survey and guidance on minimum sample size (response rate):  Not applicable. The measure does not require sampling or a survey.
2a1.25 Data Source (Check all the sources for which the measure is specified and tested). If other, please describe: Electronic Clinical Data, Electronic Clinical Data: Electronic Health Record, Electronic Clinical Data: Laboratory, Electronic Clinical Data: Registry
2a1.26 Data Source/Data Collection Instrument (Identify the specific data source/data collection instrument, e.g. name of database, clinical registry, collection instrument, etc.): Not Applicable
2a1.27-29 Data Source/data Collection Instrument Reference Web Page URL or Attachment:
2a1.30-32 Data Dictionary/Code Table Web Page URL or Attachment:
Attachment AMA-PCPI_0396_Genotype_Test_Prior_to_Treatment_7.11.12.pdf
2a1.33 Level of Analysis (Check the levels of analysis for which the measure is specified and tested): Clinician: Group/Practice, Clinician: Individual, Clinician: Team
2a1.34-35 Care Setting (Check all the settings for which the measure is specified and tested): Ambulatory Care: Clinician Office/Clinic, Ambulatory Care: Urgent Care, Other:Hospital Outpatient Clinic
2a2. Reliability Testing. (Reliability testing was conducted with appropriate method, scope, and adequate demonstration of reliability.)
2a2.1 Data/Sample (Description of the data or sample including number of measured entities; number of patients; dates of data; if
a sample, characteristics of the entities included): Refer to the validity section for a description of the data sample for our EHR testing project.
2a2.2 Analytic Method (Describe method of reliability testing & rationale):
Refer to the validity section for a description of the analytic methods for our EHR testing project.
2a2.3 <b>Testing Results</b> (Reliability statistics, assessment of adequacy in the context of norms for the test conducted): Refer to the validity section for a description of the testing results for our EHR testing project.
2b. VALIDITY. Validity, Testing, including all Threats to Validity: H M L I
2b1.1 Describe how the measure specifications (measure focus, target population, and exclusions) are consistent with the evidence cited in support of the measure focus (criterion 1c) and identify any differences from the evidence: The measure specifications are consistent with the evidence from the guideline.
<b>2b2. Validity Testing.</b> (Validity testing was conducted with appropriate method, scope, and adequate demonstration of validity.)

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2b2.1 Data/Sample (Description of the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included):

**EHR Measure Validity** 

The measure performance was calculated from data collected using two different methods of collection:

- Automated EHR report
- Visual inspection of the medical record by professional data abstractors to capture the data elements to manually construct the performance

The data source was electronic health records in the ambulatory care setting.

The data sample came from 2 sites representing a community health center and a large independent specialty practice, both in the midwest region

The sample consisted of 1144 patient encounters.

Visual inspection of the medical record was performed in 2010.

### **Face Validity**

An expert panel was used to assess face validity of the measure. This panel consists of 22 members, with representation from the following specialties: infectious diseases, gastroenterology, methodology, hepatology, family medicine, OB/GYN, internal medicine, nursing, health plan representation and patient advocacy.

Oluwatoyin Adeyemi, MD (infectious diseases) Cook County Hospital, Rush University Medical Center, Chicago, IL

Maureen L. Borkowski, RN, BSN Information Specialist, American Liver Foundation, Cedar Grove, NJ

Joel V. Brill, MD (gastroenterology) American Gastroenterological Association, Phoenix, AZ

Betty Jo Edwards, MD (OB/GYN) Texas Medical Arts Tower, Houston, TX

Debra Esser, MD, MMM (family medicine) Omaha, NE

Gregory T. Everson, MD (gastroenterology) University of Colorado Denver, Section of Hepatology, Aurora, CO

Troy Fiesinger, MD, FAAFP (family medicine) Memorial Family Medicine Residency, Physicians at Sugar Creek, Sugar Land, TX Michael W. Fried, MD (gastroenterology, hepatology) Professor of Medicine, Director, UNC Liver Center, University of North Carolina @ Chapel Hill, Chapel Hill, NC

Stephen A. Harrison, MD (gastroenterology) Assistant Professor, Division of Gastroenterology, Brooke Army Medical Center, Fort Sam Houston, TX

Ira Jacobson, MD (gastroenterology, hepatology) Chief, Division of GI & Hepatology, Weill Medical College of Cornell, New York, NY

Catherine MacLean, MD, PhD (health plan representative) Medical Director, Programs for Clinical Excellence WellPoint, Inc., Westlake Village, CA

Lynn McElroy American Liver Foundation, Cedar Grove, NJ

Paola Ricci, MD (gastroenterology) VA Medical Center-Gastroenterology, Minneapolis, MN

Sam J. W. Romeo, MD, MBA (family medicine) General Partner, Tower Health & Wellness Center, LP, Turlock, CA

John F. Schneider, MD. PhD (internal medicine) Past President, Illinois State Medical Society, Flossmoor, IL

Leonard B. Seeff, MD (hepatology) Food and Drug Administration, Silver Spring, MD

Kenneth E. Sherman, MD, PhD (hepatology, gastroenterology) Director, Division of Digestive Disease, University of Cincinnati School of Medicine, Cincinnati, OH

Alan D. Tice, MD, FACP (infectious diseases) Infections Limited Hawaii, Honolulu, HI

Monte Troutman, DO, FACOI (gastroenterology) Chairman, Department of Medicine, Chief, Division of Gastroenterology, University of North Texas Health Science Center/ Texas College of Osteopathic Medicine, Fort Worth, TX

John Ward, MD (internal medicine) Director, Division of Viral Hepatitis, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (proposed), Centers for Disease Control and Prevention, Atlanta, GA

Josie R. Williams, MD, MMM (gastroenterology/methodology) Director, Rural & Community Health Institute: QPSI, Asst. Professor of Internal & Family Medicine, Texas A&M University System, College Station, TX

John B. Wong, MD (gastroenterology, hepatology) Tufts New England Medical Center, Clinical Decision Making, Boston, MA

2b2.2 Analytic Method (Describe method of validity testing and rationale; if face validity, describe systematic assessment):

#### **EHR Measure Validity**

Data from a performance report for the measure automatically-generated from the EHR (designed to collect the necessary data elements to identify eligible cases and calculate the performance score) were compared to data elements found and scores calculated manually on visual inspection of the medical record by trained abstractors.

#### Data analysis included:

- Percent agreement at the denominator, numerator
- Kappa statistic to ensure that agreement rates are not a phenomenon of chance

#### **Face Validity**

Face validity of the measure score as an indicator of quality was systematically assessed as follows.

After the measure was fully specified, the expert panel (workgroup membership) was asked to rate their agreement with the following statement:

The scores obtained from the measure as specified will provide an accurate reflection of quality and can be used to distinguish good and poor quality.

Scale 1-5, where 1= Strongly Disagree; 3=Neither Agree nor Disagree; 5= Strongly Agree

2b2.3 Testing Results (Statistical results, assessment of adequacy in the context of norms for the test conducted; if face validity, describe results of systematic assessment):

**EHR Measure Validity** 

This measure demonstrates moderate agreement when comparing EHR automated report to visual inspection of the medical record.

Reliability: N, Kappa (95% CI) Overall: 84, 0.56 (0.091-0.563)

#### **Face Validity**

The results of the expert panel rating of the validity statement were as follows: N = 13; Mean rating = 4.92 and 92.31% of respondents either agree or strongly agree that this measure can accurately distinguish good and poor quality

The results of the expert panel rating of the validity statement were as follows:

Frequency Distribution of Ratings

- 1 0 (Strongly Disagree)
- 2 0
- 3 0 (Neither Disagree nor Agree)
- 4 1
- 5 12 (Strongly Agree

POTENTIAL THREATS TO VALIDITY. (All potential threats to validity were appropriately tested with adequate results.)

- **2b3**. **Measure Exclusions**. (Exclusions were supported by the clinical evidence in 1c or appropriately tested with results demonstrating the need to specify them.)
- 2b3.1 Data/Sample for analysis of exclusions (Description of the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included):

This measure does not have exceptions.

2b3.2 **Analytic Method** (Describe type of analysis and rationale for examining exclusions, including exclusion related to patient preference):

This measure does not have exceptions.

2b3.3 Results (Provide statistical results for analysis of exclusions, e.g., frequency, variability, sensitivity analyses):

This measure does not have exceptions.

**2b4.** Risk Adjustment Strategy. (For outcome measures, adjustment for differences in case mix (severity) across measured entities was appropriately tested with adequate results.)

2b4.1 **Data/Sample** (Description of the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included):

This measure is not risk adjusted.

2b4.2 **Analytic Method** (Describe methods and rationale for development and testing of risk model or risk stratification including selection of factors/variables):

This measure is not risk adjusted.

2b4.3 Testing Results (<u>Statistical risk model</u>: Provide quantitative assessment of relative contribution of model risk factors; risk model performance metrics including cross-validation discrimination and calibration statistics, calibration curve and risk decile plot, and assessment of adequacy in the context of norms for risk models. <u>Risk stratification</u>: Provide quantitative assessment of relationship of risk factors to the outcome and differences in outcomes among the strata):

This measure is not risk adjusted.

2b4.4 If outcome or resource use measure is not risk adjusted, provide rationale and analyses to justify lack of adjustment: As a process measure, no risk adjustment is necessary.

**2b5. Identification of Meaningful Differences in Performance**. (*The performance measure scores were appropriately analyzed and discriminated meaningful differences in quality.*)

2b5.1 **Data/Sample** (Describe the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included):

CMS Physician Quality Reporting Initiative:

4,194 cases were reported on for the 2010 program, the most recent year for which data is available.

The following information is for the 2010 program, the only year for which such data is available.

Clinical Condition and Measure: Hepatitis C: Genotype Testing Prior to Therapy

# Eligible Professionals: 36,071

# Professionals Reporting >=1 Valid QDC: 307

% Professionals Reporting >=1 Valid QDC: 0.85%

# Professionals Satisfactorily Reporting: 149

% Professionals Satisfactorily Reporting: 49.53%

2b5.2 **Analytic Method** (Describe methods and rationale to identify statistically significant and practically/meaningfully differences in performance):

CMS Physician Quality Reporting Initiative:

The inter-quartile range (IQR) was calculated to determine the variability of performance on the measure.

2b5.3 Results (Provide measure performance results/scores, e.g., distribution by quartile, mean, median, SD, etc.; identification of statistically significant and meaningfully differences in performance):

Scores on this measure: N = 662; Mean = 86.56%,

10th percentile: 85.71% 25th percentile: 100.00% 50th percentile: 100.00% 75th percentile: 100.00% 90th percentile: 100.00%

The interquartile range is 0.00 because three quarters of physicians are performing at 100.00%. The bottom 10% of physicians are performing at or below 85.71%.

21, 2012 Source: Confidential CMS PQRI 2010 Performance Information by Measure. Jan 2010- February 2011 TAP file. 2b6. Comparability of Multiple Data Sources/Methods. (If specified for more than one data source, the various approaches result in comparable scores.) 2b6.1 Data/Sample (Describe the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included): Please refer to the EHR Measure Validity section of this form. 2b6.2 Analytic Method (Describe methods and rationale for testing comparability of scores produced by the different data sources specified in the measure): Please refer to the EHR Measure Validity section of this form. 2b6.3 Testing Results (Provide statistical results, e.g., correlation statistics, comparison of rankings; assessment of adequacy in the context of norms for the test conducted): Please refer to the EHR Measure Validity section of this form. 2c. Disparities in Care: H M L I NA (If applicable, the measure specifications allow identification of disparities.) 2c.1 If measure is stratified for disparities, provide stratified results (Scores by stratified categories/cohorts): We encourage the results of this measure to be stratified by race, ethnicity, gender, and primary language, and have included these variables as recommended data elements to be collected. 2c.2 If disparities have been reported/identified (e.g., in 1b), but measure is not specified to detect disparities, please explain: The PCPI advocates that performance measure data should, where possible, be stratified by race, ethnicity, and primary language to assess disparities and initiate subsequent quality improvement activities addressing identified disparities, consistent with recent national efforts to standardize the collection of race and ethnicity data. A 2008 NQF report endorsed 45 practices including stratification by the aforementioned variables. (1) A 2009 IOM report "recommends collection of the existing Office of Management and Budget (OMB) race and Hispanic ethnicity categories as well as more fine-grained categories of ethnicity (referred to as granular ethnicity and based on one's ancestry) and language need (a rating of spoken English language proficiency of less than very well and one's preferred language for health-related encounters)."(2) References: (1) National Quality Forum Issue Brief (No.10). Closing the Disparities Gap in Healthcare Quality with Performance Measurement and Public Reporting. Washington, DC: NQF, August 2008. (2) Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement. March 2010. AHRQ Publication No. 10-0058-EF. Agency for Healthcare Research and Quality, Rockville, MD. Available at: http://www.ahrg.gov/research/iomracereport. Accessed May 25, 2010. 2.1-2.3 Supplemental Testing Methodology Information: Steering Committee: Overall, was the criterion, Scientific Acceptability of Measure Properties, met? (Reliability and Validity must be rated moderate or high) Yes No Provide rationale based on specific subcriteria: If the Committee votes No, STOP

NQF #0396 Paired Measure: HCV Genotype Testing Prior to Treatment (paired with 0395), Last Updated Date: Sep

#### 3. USABILITY

Extent to which intended audiences (e.g., consumers, purchasers, providers, policy makers) can understand the results of the measure and are likely to find them useful for decision making. (evaluation criteria)
C.1 Intended Actual/Planned Use (Check all the planned uses for which the measure is intended): Public Reporting, Quality Improvement (Internal to the specific organization)
3.1 <b>Current Use</b> (Check all that apply; for any that are checked, provide the specific program information in the following questions): Public Reporting, Quality Improvement (Internal to the specific organization)
3a. Usefulness for Public Reporting: H M L I C I C (The measure is meaningful, understandable and useful for public reporting.)
3a.1. Use in Public Reporting - disclosure of performance results to the public at large (If used in a public reporting program, provide name of program(s), locations, Web page URL(s)). If not publicly reported in a national or community program, state the reason AND plans to achieve public reporting, potential reporting programs or commitments, and timeline, e.g., within 3 years of endorsement: [For Maintenance – If not publicly reported, describe progress made toward achieving disclosure of performance results to the public at large and expected date for public reporting; provide rationale why continued endorsement should be considered.]  This measure is currently in use in PQRS and has been since 2008.
The PCPI believes that the reporting of participation information is a beneficial first step on a trajectory toward the public reporting of performance results, which is appropriate since the measure has been tested and the reliability of the performance data has been validated. Continued NQF endorsement will facilitate our ongoing progress toward this public reporting objective.
3a.2.Provide a rationale for why the measure performance results are meaningful, understandable, and useful for public reporting. If usefulness was demonstrated (e.g., focus group, cognitive testing), describe the data, method, and results: The PCPI believes that the reporting of participation information is a beneficial first step on a trajectory toward the public reporting of performance results, which is appropriate since the measure has been tested and the reliability of the performance data has been validated. Continued NQF endorsement will facilitate our ongoing progress toward this public reporting objective.
3.2 Use for other Accountability Functions (payment, certification, accreditation). If used in a public accountability program, provide name of program(s), locations, Web page URL(s): This measure may be used in a Maintenance of Certification program.
3b. Usefulness for Quality Improvement: H M L I (The measure is meaningful, understandable and useful for quality improvement.)
3b.1. Use in QI. If used in quality improvement program, provide name of program(s), locations, Web page URL(s):  [For Maintenance – If not used for QI, indicate the reasons and describe progress toward using performance results for improvement].  All PCPI measures are suitable for use in quality improvement initiatives and are made freely available on the PCPI website and through the implementation efforts of medical specialty societies and other PCPI members. The PCPI strongly encourages the use of its measures in QI initiatives and seeks to provide information on such initiatives to PCPI members.  3b.2. Provide rationale for why the measure performance results are meaningful, understandable, and useful for quality improvement. If usefulness was demonstrated (e.g., QI initiative), describe the data, method and results:  The PCPI believes that the use of PCPI measures in quality improvement initiatives is a beneficial way to gather scientific data with which to improve physician performance. This is appropriate since the measure has been tested and the reliability of the performance data has been validated. NQF endorsement will facilitate our ongoing progress toward this quality improvement objective.
Overall, to what extent was the criterion, <i>Usability</i> , met? H M L I M

4. FEASIBILITY
Extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measurement. (evaluation criteria)
4a. Data Generated as a Byproduct of Care Processes: H M L I
4a.1-2 How are the data elements needed to compute measure scores generated? (Check all that apply).  Data used in the measure are: generated by and used by healthcare personnel during the provision of care, e.g., blood pressure, lab value, medical condition
4b. Electronic Sources: H M L I
4b.1 Are the data elements needed for the measure as specified available electronically (Elements that are needed to compute measure scores are in defined, computer-readable fields): ALL data elements in electronic health records (EHRs)
4b.2 If ALL data elements are not from electronic sources, specify a credible, near-term path to electronic capture, OR provide a rationale for using other than electronic sources:
4c. Susceptibility to Inaccuracies, Errors, or Unintended Consequences: H M L I
4c.1 Identify susceptibility to inaccuracies, errors, or unintended consequences of the measurement identified during testing and/or operational use and strategies to prevent, minimize, or detect. If audited, provide results:  We are not aware of any unintended consequences related to this measurement.
4d. Data Collection Strategy/Implementation: H M L I
A.2 Please check if either of the following apply (regarding proprietary measures): 4d.1 Describe what you have learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data, missing data, timing and frequency of data collection, sampling, patient confidentiality, time and cost of data collection, other feasibility/implementation issues (e.g., fees for use of proprietary measures): This measure was found to be reliable and feasible for implementation.
Overall, to what extent was the criterion, <i>Feasibility</i> , met? H M L I Provide rationale based on specific subcriteria:
OVERALL SUITABILITY FOR ENDORSEMENT
Does the measure meet all the NQF criteria for endorsement? Yes No Rationale:
If the Committee votes No, STOP. If the Committee votes Yes, the final recommendation is contingent on comparison to related and competing measures.
5. COMPARISON TO RELATED AND COMPETING MEASURES
If a measure meets the above criteria and there are endorsed or new related measures (either the same measure focus or the same target population) or competing measures (both the same measure focus and the same target population), the measures are compared to address harmonization and/or selection of the best measure before a final recommendation is made.
5.1 If there are related measures (either same measure focus or target population) or competing measures (both the same measure focus and same target population), list the NQF # and title of all related and/or competing measures:
5a. Harmonization
5a.1 If this measure has EITHER the same measure focus OR the same target population as NQF-endorsed measure(s):

Are the measure specifications completely harmonized?

5a.2 If the measure specifications are not completely harmonized, identify the differences, rationale, and impact on interpretability and data collection burden:

### 5b. Competing Measure(s)

5b.1 If this measure has both the same measure focus and the same target population as NQF-endorsed measure(s): Describe why this measure is superior to competing measures (e.g., a more valid or efficient way to measure quality); OR provide a rationale for the additive value of endorsing an additional measure. (Provide analyses when possible):

#### **CONTACT INFORMATION**

- Co.1 Measure Steward (Intellectual Property Owner): American Medical Association Physician Consortium for Performance Improvement (AMA-PCPI), 515 N. State St., Chicago, Illinois, 60654
- Co.2 Point of Contact: Mark S., Antman, DDS, MBA, Director, Measure Development Operations Performance Improvement, mark.antman@ama-assn.org, 312-464-5056-
- Co.3 Measure Developer if different from Measure Steward: American Medical Association Physician Consortium for Performance Improvement (AMA-PCPI), 515 N. State St., Chicago, Illinois, 60654
- Co.4 Point of Contact: Mark S., Antman, DDS, MBA, Director, Measure Development Operations Performance Improvement, mark.antman@ama-assn.org, 312-464-5056-
- Co.5 Submitter: Katherine, Ast, MSW, LCSW, katherine.ast@ama-assn.org, 312-464-4920-, American Medical Association Physician Consortium for Performance Improvement (AMA-PCPI)
- Co.6 Additional organizations that sponsored/participated in measure development:

American Association for the Study of Liver Diseases, American Gastroenterological Association Institute

**Co.7 Public Contact:** Mark S., Antman, DDS, MBA, Director, Measure Development Operations Performance Improvement, mark.antman@ama-assn.org, 312-464-5056-, American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI)

#### **ADDITIONAL INFORMATION**

Workgroup/Expert Panel involved in measure development

Ad.1 Provide a list of sponsoring organizations and workgroup/panel members' names and organizations. Describe the members' role in measure development.

Co-Chairs:

John B. Wong, MD (gastroenterology, hepatology, methodology)

John W. Ward, MD (internal medicine)

Work Group Members:

Joel V. Brill, MD (gastroenterology)

Roger Chou, MD (internal medicine, guideline experience)

Richard H. Davis, Jr., PA-C (physician assistant)

Yngve Falck-Ytter, MD, AGAF (gastroenterology/liver/hepatologist)

Troy Fiesinger, MD, FAAFP (family medicine)

Marc G. Ghany, MD, MHSc (quideline experience/hepatology)

Arthur Yu-shin Kim, MD (HIV and HCV co-infection)

Barbara H. McGovern, MD (HIV and HCV co-infection)

See Guidance for Definitions of Rating Scale: H=High; M=Moderate; L=Low; I=Insufficient; NA=Not Applicable Created on: 09/25/2012 at 10:30 AM

Daniel B. Raymond (consumer/patient advocacy group)

Paola Ricci, MD (hepatology/gastroenterology)

Saverio Sava, MD (CHC representative/hepatologist)

Lynn Gardiner Seim, MSN, RN (patient advocacy)

Jessica A. Shepherd, MD, MBA (OB/GYN)

Margaret C. Shuhart, MD, MS (hepatology/gastroenterology)

Amy Hirsch Shumaker, PharmD, BCPS (pharmacy, hepatology, infectious disease)

Chris Taylor (patient advocacy/public health)

Glenn Treisman, MD, PhD (HIV and HCV psychiatrist)

Weifeng Weng, PhD (health services researcher/ABIM PIM development)

John Yao, MD, MPH, MBA, MPA, FACP (health plan representative)

PCPI measures are developed through cross-specialty, multi-disciplinary work groups. All medical specialties and other health care professional disciplines participating in patient care for the clinical condition or topic under study are invited to participate as equal contributors to the measure development process. In addition, the PCPI strives to include on its work groups individuals representing the perspectives of patients, consumers, private health plans, and employers. This broad-based approach to measure development ensures buy-in on the measures from all stakeholders and minimizes bias toward any individual specialty or stakeholder group. All work groups have at least two co-chairs who have relevant clinical and/or measure development expertise and who are responsible for ensuring that consensus is achieved and that all perspectives are voiced.

Ad.2 If adapted, provide title of original measure, NQF # if endorsed, and measure steward. Briefly describe the reasons for adapting the original measure and any work with the original measure steward: n/a

Measure Developer/Steward Updates and Ongoing Maintenance

Ad.3 Year the measure was first released: 2006

Ad.4 Month and Year of most recent revision: 06, 2012

Ad.5 What is your frequency for review/update of this measure? See Ad.9.

Ad.6 When is the next scheduled review/update for this measure? 06, 2012

Ad.7 Copyright statement: Physician Performance Measures (Measures) and related data specifications have been developed by the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement<sup>®</sup> (PCPI™).

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### Ad.8 Disclaimers:

Ad.9 Additional Information/Comments: Coding/Specifications updates occur annually. The PCPI has a formal measurement review process that stipulates regular (usually on a three-year cycle, when feasible) review of the measures. The process can also be activated if there is a major change in scientific evidence, results from testing or other issues are noted that materially affect the integrity of the measure.

Date of Submission (MM/DD/YY): 07/02/2012

### **Text Description for PCPI eSpecification**

Clinical Topic	Hepatitis C
Measure Title	HCV Genotype Testing Prior to Treatment
Measure #	PCPI # HEPC-3 / NQF # 0396 / PQRS # 85
Measure Description	Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom HCV genotype testing was performed prior to initiation of antiviral treatment
Measurement Period	Twelve consecutive months
Initial Patient Population	Patient Age: Patients aged 18 years and older before the start of the measurement period  Diagnosis Active: Chronic hepatitis C starts before or during encounter during measurement period  Encounter: At least two visits with a physician, physician's assistant, or nurse practitioner during the measurement period
Denominator Statement	All patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment
Numerator Statement	Patients for whom HCV genotype testing was performed prior to initiation of antiviral treatment
Denominator Exceptions	There are no valid denominator exceptions

# Hepatitis C Data Elements for PCPI eSpecification Measure #3 : HCV Genotype Testing Prior to Treatment

QDM* Standard Category	QDM* Data Type	Standard Terminology	Constraints	Value Set Name	Value of Data Element	Data Source	Comments/Rationale
Measure Timing	N/A	N/A	TBD by measure implementer	Measurement Start Date			
Measure Timing	N/A	N/A	TBD by measure implementer	Measurement End Date			
Individual Characteristic	Patient Characteristic	HL7	during measurement period	Gender		Electronic Administrative Claims     Electronic Health Record (EHR)	This data element is collected for the purpose of stratifying results in an effort to highlight disparities.
Individual Characteristic	Patient Characteristic	CDC	during measurement period	Race		Electronic Health Record (EHR)	This data element is collected for the purpose of stratifying results in an effort to highlight disparities.
Individual Characteristic	Patient Characteristic	CDC	during measurement period	Ethnicity		Electronic Health Record (EHR)	This data element is collected for the purpose of stratifying results in an effort to highlight disparities.
Individual Characteristic	Patient Characteristic	CDC	during measurement period	Preferred Language		Electronic Health Record (EHR)	This data element is collected for the purpose of stratifying results in an effort to highlight disparities.
Individual Characteristic	Patient Characteristic	Source of Payment Typology	during measurement period	Payer		Electronic Health Record (EHR)	This data element is collected for the purpose of stratifying results in an effort to highlight disparities.
Individual Characteristic	Patient Characteristic	LN	starts before the start of measurement period	Date of Birth		Electronic Administrative Claims     Electronic Health Record (EHR)	
Individual Characteristic	Patient Characteristic	Calculated	before the start of measurement period	Age	≥ 18	Electronic Administrative Claims     Electronic Health Record (EHR)	Measurement start date minus Date of Birth must be greater than or equal to 18 years.
Condition / Diagnosis / Problem	Diagnosis, Active	19, I10, SNM	starts before or during encounter during measurement period	Hepatitis C, Chronic		Electronic Administrative Claims     Electronic Health Record (EHR)	
Encounter	Encounter, Performed	СРТ	during measurement period	Encounter - Office & Outpatient Consult	count ≥ 2	Electronic Administrative Claims     Electronic Health Record (EHR)	
Medication	Medication, Active	RxNorm	during measurement period	Peginterferon		Electronic Health Record (EHR)	Patient must be actively taking this medication during the measurement period to be included in the denominator population. A date/timestamp of first order or first appearance in active medication list should be recorded.
Medication	Medication, Active	RxNorm	during measurement period	Ribavirin		Electronic Health Record (EHR)	Patient must be actively taking this medication during the measurement period to be included in the denominator population. A date/timestamp of first order or first appearance in active medication list should be recorded.
Laboratory Test	Laboratory Test, Performed	LN	during measurement period starts before the start of first (ever) peginterferon or ribavirin order	HCV Genotype Test		Electronic Health Record (EHR)	

No Valid Denominator Exceptions

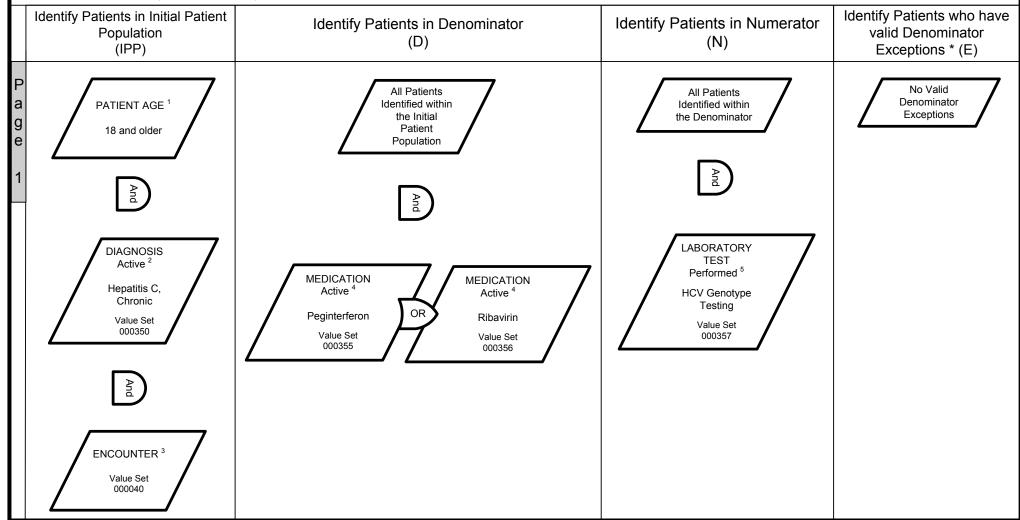
<sup>\*</sup>The Quality Data Model (QDM), Version 2.1, was developed by National Quality Forum (NQF).

### **PCPI eSpecification**

### Measure Logic for Hepatitis C : HCV Genotype Testing Prior to Treatment

**Measure Description:** Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom HCV genotype testing was performed prior to initiation of antiviral treatment

Measurement Period: 12 Consecutive Months
PCPI # HEPC-3 / NQF # 0396 / PQRS # 85



PARAMETER SPECIFICATIONS (Value Sets are found in the Coding Appendices):

IPP: ¹ Patient Age: measurement start date minus birth date (value set 000307) ≥ 18 years before the start of measurement period; ² Diagnosis, Active: starts before or during encounter during measurement period; ³ Encounter: ≥ 2 office visits or outpatient consults during measurement period;

D: 4 Medication, Active: during measurement period;

N: 5 Laboratory Test, Performed: during measurement period - starts before the start of first (ever) order of peginterferon or ribavirin;

<sup>\*</sup>Coded examples are NOT intended to be an exhaustive list. Exceptions will vary for each patient and situation.

### **PCPI eSpecification**

Measure Description HCV genotype testing Measurement Period:	Hepatitis C: HCV Genotype Testing Prior to Treatment  1: Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom g was performed prior to initiation of antiviral treatment  1: 12 Consecutive Months  QF # 0396 / PQRS # 85
	Supplemental Data Elements (SDE)
P a g e	PATIENT CHARACTERISTIC  Gender 2.16.840.1.113883.1.11.1
2	Race 2.16.840.1.114222.4.11.836
	PATIENT CHARACTERISTIC  Ethnicity 2.16.840.1.114222.4.11.837
	PATIENT CHARACTERISTIC  Preferred Language 2.16.840.1.114222.4.11.831
	PATIENT CHARACTERISTIC  Payer 2.16.840.1.113883.221.5

See Data Requirements Table for timing constraints and relationship between data elements.

The Supplemental Data Elements (SDE) are collected for the purpose of stratifying results in an effort to highlight disparities.

### **HEPC-3**: **HCV** Genotype Testing Prior to Treatment

Value Set ID	Clinical Topic	Topic Indicator	Measure Component	Standard Concept	Standard Category	Taxonomy	Code	Code Descriptor
000307	HEPC	3	IPP	Birth Date	Individual Characteristic	LN	21112-8	Birth date: TmStp:Pt:^Patient:Qn:
000350	HEPC	3	IPP	Hepatitis C, Chronic	Condition / Diagnosis / Problem	19	070.54	Chronic hepatitis C without hepatic coma
000350	HEPC	3	IPP	Hepatitis C, Chronic	Condition / Diagnosis / Problem	I10	B18.2	Chronic viral hepatitis C
000350	HEPC	3	IPP	Hepatitis C, Chronic	Condition / Diagnosis / Problem	SNM	128302006	Chronic hepatitis C
000040	HEPC	3	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99201	
000040	HEPC	3	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99202	
000040	HEPC	3	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99203	
000040	HEPC	3	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99204	
000040	HEPC	3	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99205	
000040	HEPC	3	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99212	
000040	HEPC	3	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99213	
000040	HEPC	3	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99214	
000040	HEPC	3	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99215	
000040	HEPC	3	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99241	
000040	HEPC	3	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99242	
000040	HEPC	3	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99243	
000040	HEPC	3	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99244	
000040	HEPC	3	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99245	
000355	HEPC	3	D	Peginterferon	Medication	RxNorm	284192	peginterferon alfa-2b 0.1 MG/ML Injectable Solution
000355	HEPC	3	D	Peginterferon	Medication	RxNorm	284193	peginterferon alfa-2b 0.16 MG/ML Injectable Solution
000355	HEPC	3	D	Peginterferon	Medication	Medication RxNorm 284194 peginterferon alfa-2b 0.24 MG/ML Inju		peginterferon alfa-2b 0.24 MG/ML Injectable Solution
000355	HEPC	3	D	Peginterferon	Medication	RxNorm	284195	peginterferon alfa-2b 0.3 MG/ML Injectable Solution
000355	HEPC	3	D	Peginterferon	Medication	RxNorm	387036	peginterferon alfa-2b 0.2 MG/ML Injectable Solution
000355	HEPC	3	D	Peginterferon	Medication	RxNorm	393253	peginterferon alfa-2b 0.01 MG/ML Injectable Solution
000355	HEPC	3	D	Peginterferon	Medication	RxNorm	731326	peginterferon alfa-2a 0.18 MG per 0.5 ML Prefilled Syringe
000355	HEPC	3	D	Peginterferon	Medication	RxNorm	731330	peginterferon alfa-2a 135 MCG per 0.5 ML Prefilled Syringe
000355	HEPC	3	D	Peginterferon	Medication	RxNorm	731333	0.5 ML peginterferon alfa-2b 0.24 MG/ML Prefilled Syringe
000355	HEPC	3	D	Peginterferon	Medication	RxNorm	731345	0.5 ML peginterferon alfa-2b 0.1 MG/ML Prefilled Syringe
000355	HEPC	3	D	Peginterferon	Medication	RxNorm	731348	0.5 ML peginterferon alfa-2b 0.16 MG/ML Prefilled Syringe
000355	HEPC	3	D	Peginterferon	Medication	RxNorm	1099048	peginterferon alfa-2b 0.6 MG/ML Injectable Solution
000355	HEPC	3	D	Peginterferon	Medication	RxNorm	1099054	peginterferon alfa-2b 1.2 MG/ML Injectable Solution
000355	HEPC	3	D	Peginterferon	Medication	RxNorm	1099058	peginterferon alfa-2b 0.4 MG/ML Injectable Solution
000356	HEPC	3	D	Ribavirin	Medication	RxNorm	108766	Ribavirin 100 MG Oral Capsule
000356	HEPC	3	D	Ribavirin	Medication	RxNorm	248109	Ribavirin 200 MG Oral Tablet
000356	HEPC	3	D	Ribavirin	Medication	RxNorm	248112	Ribavirin 40 MG/ML Oral Solution
000356	HEPC	3	D	Ribavirin	Medication	RxNorm	312817	Ribavirin 200 MG Oral Capsule
000356	HEPC	3	D	Ribavirin	Medication	RxNorm	312818	Ribavirin 20 MG/ML Inhalant Solution
000356	HEPC	3	D	Ribavirin	Medication	RxNorm	597718	Ribavirin 400 MG Oral Tablet

### **HEPC-3**: HCV Genotype Testing Prior to Treatment

Value Set ID			Measure Component	Standard Concept	Standard Category	Taxonomy	Code	Code Descriptor
000356	HEPC	3	D	Ribavirin	Medication	RxNorm	597722	Ribavirin 600 MG Oral Tablet
000356	HEPC	3	D	Ribavirin	Medication	RxNorm	790286	Ribavirin 500 MG Oral Tablet
000357	HEPC	3	N	HCV Genotype Test	Laboratory Test	LN	32286-7	HCV Gentyp SerPI PCR
000357	HEPC	3	N	HCV Genotype Test	Laboratory Test	LN	48574-8	HCV Gentyp Bld PCR
000357	HEPC	3	N	HCV Genotype Test	Laboratory Test	LN	48575-5	HCV Gentyp XXX PCR
000357	HEPC	3	N	HCV Genotype Test	Laboratory Test	LN	49607-5	HCV Gentyp Tiss PCR

Value Set Developer	Value Set OID	Value Set Name	QDM Category	Code System	Code System Version C		Descriptor
						Code	
HL7	2.16.840.1.113883.1.11.1	Gender		HL7 (2.16.840.1.113883.5.1)	1062-20101110 F		Female
HL7	2.16.840.1.113883.1.11.1	Gender	Individual Characteristic	HL7 (2.16.840.1.113883.5.1)		M	Male
HL7	2.16.840.1.113883.1.11.1	Gender	Individual Characteristic	HL7 (2.16.840.1.113883.5.1)	1062-20101110 L	UN	Undifferentiated
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	1	MEDICARE
PHDSC	2.16.840.1.113883.221.5	Payer		Source of Payment Typology	4.0	2	MEDICAID
PHDSC	2.16.840.1.113883.221.5			Source of Payment Typology	4.0	2	
		Payer				<u>,                                      </u>	OTHER GOVERNMENT (Federal/State/Local) (excluding Department of Corrections)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	4	DEPARTMENTS OF CORRECTIONS
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	5	PRIVATE HEALTH INSURANCE
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	6	BLUE CROSS/BLUE SHIELD
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0 7	7	MANAGED CARE, UNSPECIFIED(to be used only if one can't distinguish public from private)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	R	NO PAYMENT from an Organization/Agency/Program/Private Payer Listed
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	<u> </u>	MISCELLANEOUS/OTHER
						4.4	
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology		11	Medicare (Managed Care)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology		12	Medicare (Non-managed Care)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	19	Medicare Other
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	21	Medicaid (Managed Care)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic		4.0	22	Medicaid (Non-managed Care Plan)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology		23	Medicaid/SCHIP
PHDSC	2.16.840.1.113883.221.5	Payer		Source of Payment Typology		24	Medicaid Applicant
PHDSC	2.16.840.1.113883.221.5	Payer		Source of Payment Typology		25	Medicaid - Out of State
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology		29	Medicaid Other
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	31	Department of Defense
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	32	Department of Veterans Affairs
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology		33	Indian Health Service or Tribe
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic			34	HRSA Program
PHDSC	2.16.840.1.113883.221.5	Payer		Source of Payment Typology		35	Black Lung
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	36	State Government
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	37	Local Government
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	38	Other Government (Federal, State, Local not specified)
PHDSC	2.16.840.1.113883.221.5	Payer		Source of Payment Typology		39	Other Federal
						41	
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology			Corrections Federal
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology		42	Corrections State
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	43	Corrections Local
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	44	Corrections Unknown Level
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0 5	51	Managed Care (Private)
PHDSC	2.16.840.1.113883.221.5	Payer		Source of Payment Typology		52	Private Health Insurance - Indemnity
PHDSC	2.16.840.1.113883.221.5		Individual Characteristic			53	Managed Care (private) or private health insurance (indemnity), not otherwise specified
		Payer		, ,, ,,			
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology		54	Organized Delivery System
PHDSC	2.16.840.1.113883.221.5	Payer		Source of Payment Typology		55	Small Employer Purchasing Group
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	59	Other Private Insurance
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	61	BC Managed Care
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic			62	BC Indemnity
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	<u> </u>	63	BC (Indemnity or Managed Care) - Out of State
						64	
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology			BC (Indemnity or Managed Care) - Unspecified
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic			69	BC (Indemnity or Managed Care) - Other
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	71	HMO
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	72	PPO
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	73	POS
PHDSC	2.16.840.1.113883.221.5	Payer		Source of Payment Typology		79	Other Managed Care, Unknown if public or private
						81	
PHDSC	2.16.840.1.113883.221.5	Payer		Source of Payment Typology		_	Self-pay
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology		82	No Charge
PHDSC	2.16.840.1.113883.221.5	Payer		Source of Payment Typology		83	Refusal to Pay/Bad Debt
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	84	Hill Burton Free Care
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	85	Research/Donor
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic			89	No Payment, Other
PHDSC	2.16.840.1.113883.221.5		Individual Characteristic	Source of Payment Typology	<u> </u>	91	Foreign National
		Payer					
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology		92	Other (Non-government)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology		93	Disability Insurance
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	94	Long-term Care Insurance
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic		4.0	95	Worker's Compensation
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic			96	Auto Insurance (no fault)
PHDSC	2.16.840.1.113883.221.5	Payer		Source of Payment Typology		98	Other specified (includes Hospice - Unspecified plan)
PHDSC							
	2.16.840.1.113883.221.5	Payer	muviduai Characteristic	Source of Payment Typology	4.0	99	No Typology Code available for payment source

Value Set Developer	Value Set OID	Value Set Name	QDM Category	Code System	Code System Version   Code	Descriptor
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology		Medicare HMO
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology		Medicare PPO
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0 113	Medicare POS
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0 119	Medicare Managed Care Other
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0 121	Medicare FFS
PHDSC	2.16.840.1.113883.221.5	Payer		Source of Payment Typology	4.0 122	Drug Benefit
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0 123	Medicare Medical Savings Account (MSA)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic		4.0 129	Medicare Non-managed Care Other
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	71 - 37		Medicaid HMO
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0 212	Medicaid PPO
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0 213	Medicaid PCCM (Primary Care Case Management)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic		4.0 219	Medicaid Managed Care Other
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0 311	TRICARE (CHAMPUS)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0 312	Military Treatment Facility
PHDSC	2.16.840.1.113883.221.5	Payer			4.0 313	DentalStand Alone
PHDSC	2.16.840.1.113883.221.5	Payer			4.0 321	Veteran careCare provided to Veterans
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic		4.0 322	Non-veteran care
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic		4.0 331	Indian Health Service - Regular
PHDSC	2.16.840.1.113883.221.5	Payer			4.0 332	Indian Health Service - Contract
PHDSC	2.16.840.1.113883.221.5	Payer			4.0 333	Indian Health Service - Managed Care
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic		4.0 334	Indian Tribe - Sponsored Coverage
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0 341	Title V (MCH Block Grant)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0 342	Migrant Health Program
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic		4.0 343	Ryan White Act
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic		4.0 349	Other
PHDSC	2.16.840.1.113883.221.5	Payer			4.0 361	State SCHIP program (codes for individual states)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0 362	Specific state programs (list/ local code)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic		4.0 369	State, not otherwise specified (other state)
PHDSC	2.16.840.1.113883.221.5	Payer		, ,, 0,	4.0 371	Local - Managed care
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0 372	FFS/Indemnity
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0 379	Local, not otherwise specified (other local, county)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0 381	Federal, State, Local not specified managed care
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic		4.0 382	Federal, State, Local not specified - FFS
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0 389	Federal, State, Local not specified - Other
PHDSC	2.16.840.1.113883.221.5	Payer			4.0 511	Commercial Managed Care - HMO
PHDSC	2.16.840.1.113883.221.5	Payer				Commercial Managed Care - PPO
			Individual Characteristic		4.0 513	
PHDSC	2.16.840.1.113883.221.5	Payer				Commercial Managed Care - POS
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic		4.0 514	Exclusive Provider Organization
PHDSC	2.16.840.1.113883.221.5	Payer			4.0 515	Gatekeeper PPO (GPPO)
PHDSC	2.16.840.1.113883.221.5	Payer			4.0 519	Managed Care, Other (non HMO)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0 521	Commercial Indemnity
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0 522	Self-insured (ERISA) Administrative Services Only (ASO) plan
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0 523	Medicare supplemental policy (as second payer)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0 529	Private health insurance—other commercial Indemnity
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic		4.0 611	BC Managed Care - HMO
PHDSC	2.16.840.1.113883.221.5	Payer		Source of Payment Typology	4.0 612	BC Managed Care - PPO
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic		4.0 613	BC Managed Care - POS
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic		4.0 619	BC Managed Care - Other
PHDSC	2.16.840.1.113883.221.5	Payer		, ,, 0,	4.0 821	Charity
PHDSC	2.16.840.1.113883.221.5	Payer			4.0 822	Professional Courtesy
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0 823	Hispanic or Latino
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0 951	Worker's Comp HMO
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0 953	Worker's Comp Fee-for-Service
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic		4.0 954	Worker's Comp Other Managed Care
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic			Worker's Comp, Other unspecified
PHDSC	2.16.840.1.113883.221.5		Individual Characteristic		4.0 3111	TRICARE PrimeHMO
		Payer				
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic		4.0 3112	TRICARE ExtraPPO
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	, ,, 0,	4.0 3113	TRICARE Standard - Fee For Service
PHDSC	2.16.840.1.113883.221.5	Payer		, ,, 0,	4.0 3114	TRICARE For LifeMedicare Supplement
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0 3115	TRICARE Reserve Select
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0 3116	Uniformed Services Family Health Plan (USFHP) HMO
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology		Department of Defense - (other)
PHDSC	2.16.840.1.113883.221.5	Payer		Source of Payment Typology		Enrolled PrimeHMO
<u></u>		1,		, pology	0121	1

	lv			Supplemental Data Lie			
Value Set Developer		Value Set Name	QDM Category		Code System Version		
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology		3122	Non-enrolled Space Available
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic		4.0	3123	TRICARE For Life (TFL)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	3211	Direct CareCare provided in VA facilities
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic		4.0	3212	Indirect CareCare provided outside VA facilities
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	3221	Civilian Health and Medical Program for the VA (CHAMPVA)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	3222	Spina Bifida Health Care Program (SB)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	3223	Children of Women Vietnam Veterans (CWVV)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic		4.0	3229	Other non-veteran care
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic		4.0	3711	HMO
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic		4.0	3712	PPO
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic		4.0	3713	POS
PHDSC	2.16.840.1.113883.221.5	Payer			4.0	3811	Federal, State, Local not specified - HMO
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic		4.0	3812	Federal, State, Local not specified - PPO
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic		4.0	3813	Federal, State, Local not specified - POS
PHDSC			Individual Characteristic		4.0	3819	
	2.16.840.1.113883.221.5	Payer					Federal, State, Local not specified - not specified managed care
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	9999	Unavailable / Unknown
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	32121	Fee Basis
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic		4.0	32122	Foreign Fee/Foreign Medical Program(FMP)
PHDSC	2.16.840.1.113883.221.5	Payer			4.0	32123	Contract Nursing Home/Community Nursing Home
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic		4.0	32124	
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	, ,, ,,	4.0	32125	Sharing Agreements
PHDSC	2.16.840.1.113883.221.5	Payer		Source of Payment Typology	4.0		Other Federal Agency
CDC NCHS		Race	Individual Characteristic		1.0		American Indian or Alaska Native
CDC NCHS	2.16.840.1.114222.4.11.836	Race	Individual Characteristic	CDC	1.0	2028-9	Asian
CDC NCHS	2.16.840.1.114222.4.11.836	Race	Individual Characteristic	CDC	1.0	2054-5	Black or African American
CDC NCHS	2.16.840.1.114222.4.11.836	Race	Individual Characteristic	CDC	1.0	2076-8	Native Hawaiian or Other Pacific Islander
CDC NCHS	2.16.840.1.114222.4.11.836	Race	Individual Characteristic	CDC	1.0	2106-3	White
CDC NCHS		Race		CDC	1.0		Other Race
CDC NCHS	2.16.840.1.114222.4.11.837	Ethnicity	Individual Characteristic		1.0		Hispanic or Latino
CDC NCHS		Ethnicity	Individual Characteristic		1.0		Not Hispanic or Latino
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	abk	Abkhazian
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	ace	Achinese
CDC	2.16.840.1.114222.4.11.831	Preferred Language		CDC	20080708	ach	Acoli
CDC	2.16.840.1.114222.4.11.831	Preferred Language		CDC	20080708	ada	Adangme
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	ady	Adyghe; Adygei
CDC	2.16.840.1.114222.4.11.831	Preferred Language		CDC	20080708	aar	Afar
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708	afh	Afrihili
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	afr	Afrikaans
CDC		Preferred Language	Individual Characteristic		20080708	afa	Afro-Asiatic (Other)
CDC	2.16.840.1.114222.4.11.831	Preferred Language		CDC	20080708	ain	Ainu
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708	aka	Akan
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708	akk	Akkadian
CDC		Preferred Language	Individual Characteristic		20080708	alb	Albanian
CDC	2.16.840.1.114222.4.11.831	Preferred Language		CDC	20080708	ale	Aleut
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	alg	Algonquian languages
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	tut	
CDC	2.16.840.1.114222.4.11.831		Individual Characteristic	CDC	20080708	amh	Altaic (Other) Amharic
		Preferred Language					
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	anp	Angika
CDC	2.16.840.1.114222.4.11.831	Preferred Language		CDC	20080708	apa	Apache languages
CDC	2.16.840.1.114222.4.11.831	Preferred Language		CDC	20080708	ara	Arabic
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	arg	Aragonese
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	arp	Arapaho
CDC		Preferred Language	Individual Characteristic		20080708	arw	Arawak
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708	arm	Armenian
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	rup	Aromanian; Arumanian; Macedo-Romanian
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	art	Artificial (Other)
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	asm	Assamese
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	ast	Asturian; Bable; Leonese; Asturleonese
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	ath	Athapascan languages
CDC			Individual Characteristic		20080708	aus	Australian languages
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708	map	Austronesian (Other)
CDC			Individual Characteristic		20080708	ava	Avaric
CDC	2.16.840.1.114222.4.11.831				20080708	ave	Avestan
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CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	awa	Awadhi
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	aym	Aymara
CDC		Individual Characteristic	CDC	20080708	aze	Azerbaijani
CDC	ÜÜ					Balinese
		Individual Characteristic	CDC	20080708	ban	
CDC		Individual Characteristic	CDC	20080708	bat	Baltic (Other)
CDC		Individual Characteristic	CDC	20080708	bal	Baluchi
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	bam	Bambara
CDC		Individual Characteristic	CDC	20080708	bai	Bamileke languages
CDC		Individual Characteristic	CDC	20080708	bad	Banda languages
CDC		Individual Characteristic	CDC	20080708	bad	Bantu (Other)
CDC						
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	bas	Basa
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	bak	Bashkir
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	baq	Basque
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	btk	Batak languages
CDC		Individual Characteristic	CDC	20080708	bej	Beja; Bedawiyet
		Individual Characteristic	CDC	20080708	bel	Belarusian
CDC						
CDC		Individual Characteristic	CDC	20080708	bem	Bemba
CDC		Individual Characteristic	CDC	20080708	ben	Bengali
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	ber	Berber (Other)
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	bho	Bhojpuri
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	bih	Bihari
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	bik	Bikol
CDC	ÜÜ	Individual Characteristic	CDC	20080708	bin	Bini; Edo
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	bis	Bislama
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	byn	Blin; Bilin
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	zbl	Blissymbols; Blissymbolics; Bliss
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	nob	Bokmål, Norwegian; Norwegian Bokmål
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	bos	Bosnian Bosnian
CDC		Individual Characteristic	CDC	20080708	bra	Braj
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	bre	Breton
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	bug	Buginese
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	bul	Bulgarian
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	bua	Buriat
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	bur	Burmese
CDC		Individual Characteristic	CDC	20080708	cad	Caddo
CDC		Individual Characteristic	CDC	20080708	cat	Catalan; Valencian
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	cau	Caucasian (Other)
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	ceb	Cebuano
CDC		Individual Characteristic	CDC	20080708	cel	Celtic (Other)
CDC		Individual Characteristic	CDC	20080708	cai	Central American Indian (Other)
CDC		Individual Characteristic	CDC	20080708	khm	Central Khmer
CDC		Individual Characteristic	CDC	20080708	chg	Chagatai
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	cmc	Chamic languages
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	cha	Chamorro
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	che	Chechen
CDC		Individual Characteristic	CDC	20080708	chr	Cherokee
CDC		Individual Characteristic	CDC	20080708		
					chy	Cheyenne
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	chb	Chibcha
CDC		Individual Characteristic	CDC	20080708	nya	Chichewa; Chewa; Nyanja
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	chi	Chinese
CDC		Individual Characteristic	CDC	20080708	chn	Chinook jargon
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	chp	Chipewyan; Dene Suline
					cho	Choctaw
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	CHO	
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	chu	Church Slavic; Old Slavonic; Church Slavonic; Old Bulgarian; Old Church Slavonic
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	chk	Chuukese
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	chv	Chuvash
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	nwc	Classical Newari; Old Newari; Classical Nepal Bhasa
000						
CDC		Individual Characteristic	CDC	20080708	syc	Classical Syriac
CDC		Individual Characteristic	CDC	20080708	cop	Coptic
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	cor	Cornish
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	cos	Corsican
		Individual Characteristic	CDC	20080708	cre	Cree
CDC CDC		Individual Characteristic	CDC CDC	20080708 20080708	cre mus	Cree Creek

CDC	2.16.840.1.114222.4.11.831   Preferred Language   Individual Characteristic   CI	DC :	20080708	orn	Creoles and pidgins (Other)
CDC					
CDC			20080708	cpe	Creoles and pidgins, English based (Other)
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic CI	DC :	20080708	cpf	Creoles and pidgins, French-based (Other)
CDC			20080708		Creoles and pidgins, Portuguese-based (Other)
CDC			20080708	crh	Crimean Tatar; Crimean Turkish
					,
CDC	Ü		20080708		Croatian
CDC	2.16.840.1.114222.4.11.831   Preferred Language   Individual Characteristic   CE	DC :	20080708	cus	Cushitic (Other)
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic CE	DC :	20080708	cze	Czech
CDC			20080708		Dakota
CDC			20080708	dan	Danish
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic CI	DC 2	20080708	dar	Dargwa
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic CI	DC :	20080708	del	Delaware
CDC			20080708		Dinka
CDC			20080708		Divehi; Dhivehi; Maldivian
CDC			20080708		Dogri
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic CE	DC :	20080708	dgr	Dogrib
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic CE	DC :	20080708	dra	Dravidian (Other)
CDC			20080708	dua	Duala
CDC			20080708		Dutch, Middle (ca.1050-1350)
CDC			20080708	dut	Dutch; Flemish
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic CE	DC :	20080708	dyu	Dyula
CDC	Ü		20080708		Dzongkha
CDC			20080708		
					Eastern Frisian
CDC			20080708		Efik
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic CI	DC :	20080708	egy	Egyptian (Ancient)
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic CD	DC :	20080708	eka	Ekajuk
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic CE	DC :	20080708	elx	Elamite
CDC			20080708		English
CDC			20080708		English, Middle (1100-1500)
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic CE	DC :	20080708	ang	English, Old (ca.450-1100)
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic CI	DC :	20080708	myv	Erzya
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic CE	DC :	20080708	еро	Esperanto
CDC	Ü	DC :	20080708	est	Estonian
CDC			20080708	ewe	Ewe
CDC			20080708		Ewondo
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic CI	DC :	20080708	fan	Fang
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic CE	DC :	20080708	fat	Fanti
CDC			20080708	fao	Faroese
CDC			20080708	fii	Fijian
CDC					
CDC			20080708		Filipino; Pilipino
CDC			20080708		Finnish
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic CI	DC :	20080708	fiu	Finno-Ugrian (Other)
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic CI	DC :	20080708	fon	Fon
CDC			20080708		French
CDC			20080708		French, Middle (ca.1400-1600)
				frm	
CDC			20080708	fro	French, Old (842-ca.1400)
CDC			20080708	fur	Friulian
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic CI	DC :	20080708	ful	Fulah
CDC			20080708		Ga
CDC			20080708	gla	Gaelic; Scottish Gaelic
CDC	Ü		20080708		Galibi Carib
CDC	Ü		20080708	glg	Galician
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic CI	DC :	20080708	lug	Ganda
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic CE	DC :	20080708	gay	Gayo
CDC			20080708		Gbaya
CDC			20080708		Geez
				gez	
CDC			20080708	_	Georgian
CDC			20080708	ger	German
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic CI	DC :	20080708	gmh	German, Middle High (ca.1050-1500)
CDC			20080708	goh	German, Old High (ca.750-1050)
CDC		DC 2	20080708		Germanic (Other)
CDC			20080708		Gilbertese
CDC			20080708	gon	Gondi
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic CI	DC :	20080708	gor	Gorontalo
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CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	grb	Grebo
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic		20080708		Greek, Ancient (to 1453)
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CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic		20080708	gre	Greek, Modern (1453-)
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	grn	Guarani
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	qui	Gujarati
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic		20080708	,	Gwich'in
				gwi	
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic		20080708	hai	Haida
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	hat	Haitian; Haitian Creole
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic		20080708	hau	Hausa
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic		20080708	haw	Hawaiian
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	heb	Hebrew
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	her	Herero
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic		20080708		Hiligaynon
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic		20080708		Himachali
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	hin	Hindi
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	hmo	Hiri Motu
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic		20080708		Hittite
CDC					
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic		20080708	hmn	Hmong
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	hun	Hungarian
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic		20080708	hup	Hupa
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic		20080708	iba	Iban
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	ice	Icelandic
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	ido	Ido
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic		20080708	ibo	Igbo
CDC					
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic		20080708	ijo	ljo languages
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	ilo	lloko
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	smn	Inari Sami
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic		20080708	inc	Indic (Other)
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	ine	Indo-European (Other)
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	ind	Indonesian
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	inh	Ingush
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CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	ina	Interlingua (International Auxiliary Language Association)
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristii 2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristii	CDC	20080708 20080708	ina ile	Interlingua (International Auxiliary Language Association) Interlingue; Occidental
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristii 2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristii	CDC	20080708 20080708	ina ile	Interlingua (International Auxiliary Language Association)
CDC CDC	2.16.840.1.114222.4.11.831     Preferred Language     Individual Characteristi       2.16.840.1.114222.4.11.831     Preferred Language     Individual Characteristi       2.16.840.1.114222.4.11.831     Preferred Language     Individual Characteristi	CDC CDC	20080708 20080708 20080708	ina ile iku	Interlingua (International Auxiliary Language Association) Interlingue; Occidental Inuktitut
CDC CDC CDC	2.16.840.1.114222.4.11.831     Preferred Language     Individual Characteristi	CDC CDC CDC CDC	20080708 20080708 20080708 20080708	ina ile iku ipk	Interlingua (International Auxiliary Language Association) Interlingue; Occidental Inuktitut Inupiaq
CDC CDC CDC	2.16.840.1.114222.4.11.831     Preferred Language     Individual Characteristie	CDC CDC CDC CDC CDC	20080708 20080708 20080708 20080708 20080708	ina ile iku ipk ira	Interlingua (International Auxiliary Language Association) Interlingue; Occidental Inuktitut Inupiag Iranian (Other)
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CDC CDC CDC CDC CDC	2.16.840.1.114222.4.11.831     Preferred Language     Individual Characteristic	CDC CDC CDC CDC CDC CDC CDC	20080708 20080708 20080708 20080708 20080708 20080708	ina ile iku ipk ira gle	Interlingua (International Auxiliary Language Association) Interlingue; Occidental Inuktitut Inupiaq Iranian (Other)
CDC CDC CDC CDC CDC CDC CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic 2.16.840.1.114222.4.11.831 Pre	CDC CDC CDC CDC CDC CDC CDC CDC CDC	20080708 20080708 20080708 20080708 20080708 20080708 20080708	ina ile iku ipk ira gle mga	Interlingua (International Auxiliary Language Association) Interlingue; Occidental Inuktitut Inupiaq Iranian (Other) Irish, Middle (900-1200)
CDC CDC CDC CDC CDC CDC CDC CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic Language Language Individual Characteristic Language	CDC	20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708	ina ile iku ipk ira gle mga sga	Interlingua (International Auxiliary Language Association) Interlingue; Occidental Inuktitut Inupiaq Irranian (Other) Irish, Middle (900-1200) Irish, Old (to 900)
CDC CDC CDC CDC CDC CDC CDC CDC CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic Life. Aug. 1.114222.4.11.831 Preferred Language Individual Characteristic Life. Aug. 1.114222.4.114.831 Preferred Language Individual Characteristic Life. Aug. 1.114222.4.114.831 Preferred Language Individual Characteristic Life. Aug. 1.114222.4.114.831 Preferred Language	CDC	20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708	ina ile iku ipk ira gle mga sga iro	Interlingua (International Auxiliary Language Association) Interlingue; Occidental Inuktitut Inupiaq Iranian (Other) Irish Irish, Middle (900-1200) Irish, Old (to 900) Iroquoian languages
CDC CDC CDC CDC CDC CDC CDC CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic Language Language Individual Characteristic Language	CDC	20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708	ina ile iku ipk ira gle mga sga	Interlingua (International Auxiliary Language Association) Interlingue; Occidental Inuktitut Inupiaq Irranian (Other) Irish, Middle (900-1200) Irish, Old (to 900)
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic Language Language Individual Characteristic Language L	CDC	20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708	ina ile iku ipk ira gle mga sga iro ita	Interlingua (International Auxiliary Language Association) Interlingue; Occidental Inuktitut Inupiaq Iranian (Other) Irish Irish, Middle (900-1200) Irish, Old (to 900) Iroquoian languages Italian
CDC	2.16.840.1.114222.4.11.831     Preferred Language     Individual Characteristic	CDC	20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708	ina ile iku ipk ira gle mga sga iro ita jpn	Interlingua (International Auxiliary Language Association) Interlingue; Occidental Inuktitut Inupiaq Iranian (Other) Irish, Middle (900-1200) Irish, Old (to 900) Iroquoian languages Italian Japanese
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic 2.16.840.1.114222.4.11.831 Pre	CDC	20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708	ina ile iku ipk ira gle mga sga iro ita jpn jav	Interlingua (International Auxiliary Language Association) Interlingue; Occidental Inuktitut Inupiaq Iranian (Other) Irish Irish, Middle (900-1200) Irish, Old (to 900) Iroquoian languages IItalian Japanese Javanese
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic 2.16.840.1.114222.4.11.831 Pre	CDC	20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708	ina ile iku ipk ira gle mga sga iro ita jpn jav	Interlingua (International Auxiliary Language Association) Interlingue; Occidental Inuktitut Inupiaq Iranian (Other) Irish Irish, Middle (900-1200) Irish, Old (to 900) Iroquoian languages Italian Japanese Javanese Judeo-Arabic
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic 2.16.840.1.114222.4.11.831 Pre	CDC	20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708	ina ile iku ipk ira gle mga sga iro ita jpn jav	Interlingua (International Auxiliary Language Association) Interlingue; Occidental Inuktitut Inupiaq Iranian (Other) Irish Irish, Middle (900-1200) Irish, Old (to 900) Iroquoian languages IItalian Japanese Javanese
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic Life. 840.1.114222.4.11.831 Preferred Language Individual Characteristic Lif	CDC	20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708	ina ile iku ipk ira gle mga sga iro ita jpn jav jrb	Interlingua (International Auxiliary Language Association) Interlingue; Occidental Inuktitut Inupiaq Iranian (Other) Irish Irish, Middle (900-1200) Irish, Old (to 900) Iroquoian languages Italian Japanese Judeo-Arabic Judeo-Persian
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic Life.840.1.114222.4.11.831 Pre	CDC	20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708	ina ile iku ipk ira gle mga sga iro ita jpn jav jrb jpr kbd	Interlingua (International Auxiliary Language Association) Interlingue; Occidental Inuktitut Inupiaq Iranian (Other) Irish Irish, Middle (900-1200) Irish, Old (to 900) Iroquoian languages Italian Japanese Javanese Javanese Judeo-Persian Kabardian
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CDC	2.16.840.1.114222.4.11.831 Preferred Language In	dividual Characteristic CDC	20	0080708	srd :	Sardinian
CDC		dividual Characteristic CDC				Sasak
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CDC	2.16.840.1.114222.4.11.831 Preferred Language In	dividual Characteristic CDC	20	0080708	sel :	Selkup
CDC	2.16.840.1.114222.4.11.831 Preferred Language In	dividual Characteristic CDC	20	0080708 s	sem \$	Semitic (Other)
CDC						Serbian
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CDC	2.16.840.1.114222.4.11.831 Preferred Language In	dividual Characteristic CDC	20	0080708	srr	Serer
CDC	2.16.840.1.114222.4.11.831 Preferred Language In	dividual Characteristic CDC	20	0080708	shn :	Shan
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CDC	ÜÜ	dividual Characteristic CDC				Sichuan Yi; Nuosu
CDC	2.16.840.1.114222.4.11.831 Preferred Language In	dividual Characteristic CDC	20	0080708	scn :	Sicilian
CDC	2.16.840.1.114222.4.11.831 Preferred Language In	dividual Characteristic CDC	20	0080708	sid 3	Sidamo
CDC		dividual Characteristic CDC				Sign Languages
CDC	2.16.840.1.114222.4.11.831 Preferred Language In	dividual Characteristic CDC	20	0080708	bla	Siksika
CDC	2.16.840.1.114222.4.11.831 Preferred Language In	dividual Characteristic CDC	20	0080708	snd \$	Sindhi
CDC		dividual Characteristic CDC				Sinhala; Sinhalese
CDC						
CDC		dividual Characteristic CDC	20	0080708	sit \$	Sino-Tibetan (Other)
CDC	2.16.840.1.114222.4.11.831 Preferred Language In	dividual Characteristic CDC	20	0080708	sio 3	Siouan languages
CDC		dividual Characteristic CDC	20	0080708 s	sms :	Skolt Sami
CDC		dividual Characteristic CDC				Slave (Athapascan)
CDC	2.16.840.1.114222.4.11.831 Preferred Language In	dividual Characteristic CDC		0080708	sla :	Slavic (Other)
CDC	2.16.840.1.114222.4.11.831 Preferred Language In	dividual Characteristic CDC	20	0000000		
CDC				0080708	slo 3	Slovak
	12 16 840 1 114222 4 11 831 IPreferred Language III					Slovak
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CDC	2.16.840.1.114222.4.11.831 Preferred Language In	dividual Characteristic CDC dividual Characteristic CDC	20	0080708 s	slv ;	Slovak Slovenian Sogdian
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CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	tgl	Tagalog
CDC			CDC	20080708	tah	Tahitian
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CDC			CDC	20080708	tai	Tai (Other)
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	tgk	Tajik
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	tmh	Tamashek
CDC	5 5	Individual Characteristic	CDC	20080708	tam	Tamil
CDC		Individual Characteristic	CDC	20080708	tat	Tatar
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	tel	Telugu
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	ter	Tereno
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CDC		Individual Characteristic	CDC	20080708	tha	Thai
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	tib	Tibetan
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	tig	Tigre
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CDC			CDC	20080708	tog	Tonga (Nyasa)
CDC		Individual Characteristic	CDC	20080708	ton	Tonga (Tonga Islands)
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	tsi	Tsimshian
CDC		Individual Characteristic	CDC	20080708	tso	Tsonga
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CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	tup	Tupi languages
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	tur	Turkish
CDC			CDC	20080708	ota	Turkish, Ottoman (1500-1928)
CDC			CDC	20080708	tuk	Turkmen
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	tvl	Tuvalu
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	tyv	Tuvinian
CDC		Individual Characteristic	CDC	20080708	twi	Twi
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CDC		Individual Characteristic	CDC	20080708	uga	Ugaritic
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	uig	Uighur; Uyghur
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	ukr	Ukrainian
CDC			CDC	20080708		Umbundu
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CDC		Individual Characteristic	CDC	20080708	mis	Uncoded languages
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	und	Undetermined
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	hsb	Upper Sorbian
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708	urd	Urdu
CDC			CDC	20080708		Uzbek
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CDC	2.16.840.1.114222.4.11.831       Preferred Language	Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic	CDC	20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708	ven vie vol vot wak wal wln war	Vai Venda Vietnamese Volapük Votic Wakashan languages Walamo Walloon Waray
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CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708	ven vie vol vot wak wal wln war was wel fry wol	Vai Venda Vietnamese Volapük Votic Wakashan languages Walamo Walloon Waray Washo Welsh Western Frisian Wolof
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CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708	ven vie vol vot wak wal wln war was wel fry wol xho sah yao	Vai Venda Vietnamese Volapük Votic Wakashan languages Walamo Walloon Waray Warsh Western Frisian Wolof Xhosa Yakut Yao
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708	ven vie vol vot wak wal wln war was wel fry wol xho sah yao	Vai Venda Vietnamese Volapük Votic Wakashan languages Walamo Walloon Waray Washo Welsh Western Frisian Wolof Xhosa Yapese
CDC	2.16.840.1.114222.4.11.831 Preferred Language	Individual Characteristic	CDC	20080708 20080708	ven vie vol vot wak wal wln war was wel fry wol xho sah yao yid	Vai Venda Vietnamese Volapük Votic Wakashan languages Walamo Walloon Waray Washo Weish Western Frisian Wolof Xhosa Yakut Yao Yapese Yiddish
CDC	2.16.840.1.114222.4.11.831 Preferred Language 2.16.840.1.114222.4.11	Individual Characteristic	CDC	20080708 20080708	ven vie vol vot wak wal wln war was wel fry wol xho sah yao yap yid yor	Vai Venda Vietnamese Volapük Votic Wakashan languages Walamo Walloon Waray Washo Welsh Western Frisian Wolof Xhosa Yakut Yao Yapese Yiddish Yoruba
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CDC	2.16.840.1.114222.4.11.831 Preferred Language 2.16.840.1.114222.4.11	Individual Characteristic	CDC	20080708 20080708	ven vie vol vot wak wal wln war was wel fry wol xho sah yao yap yid yor	Vai           Venda           Vietnamese           Volapük           Votic           Wakashan languages           Walloon           Waray           Washo           Welsh           Western Frisian           Wolof           Xhosa           Yakut           Yao           Yapese           Yiddish           Yoruba

CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	zap	Zapotec
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	zza	Zaza; Dimili; Dimli; Kirdki; Kirmanjki; Zazaki
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	zen	Zenaga
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	zha	Zhuang; Chuang
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	zul	Zulu
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	zun	Zuni