2012

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>.

NQF #: 0398 NQF Project: Infectious 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: Hepatitis C: HCV RNA Testing at No Greater Than Week 12 of Treatment

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 quantitative HCV RNA testing was performed at no greater than 12 weeks from initiation of antiviral treatment

2a1.1 Numerator Statement: Patients for whom quantitative HCV RNA testing was performed at no greater than 12 weeks from the 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: Documentation of medical reason(s) for not performing quantitative HCV RNA testing at no greater than 12 weeks from the initiation of antiviral treatment

Documentation of patient reason(s) for not performing quantitative HCV RNA testing at no greater than 12 weeks from the initiation of antiviral treatment

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? No

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 me	ets criteria fo	consideration for time-limited
endorsement:				

1a. Specific national health goal/priority identified by DHHS or NPP addressed by the measure (*check De.5*):
5. Similar/related <u>endorsed</u> or submitted measures (*check 5.1*):
Other Criteria:

Staff Reviewer Name(s):

1. IMPACT, OPPORTUITY, EVIDENCE - IMPORTANCE TO MEASURE AND REPORT 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 guidance on evidence. 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: (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 (Provide epidemiologic or resource use data): 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: Monitoring effectiveness of antiviral therapy is essential to effective treatment. An early virologic response (EVR), during the first 12 weeks of therapy, is a valuable clinical milestone. Patients should be monitored during therapy to assess the response to treatment and for the occurrence of side effects. A reasonable schedule would be monthly visits during the first 12 weeks of treatment followed by visits at 8 to 12 week intervals thereafter until the end of therapy. At each visit the patient should be guestioned regarding the presence of side effects and depression. They should also be queried about adherence to treatment. Laboratory monitoring should include measurement of the complete blood count, serum creatinine and ALT levels, and HCV RNA by a sensitive assay at weeks 4, 12, 24, 4 to 12 week intervals thereafter, the end of treatment, and 24 weeks after stopping treatment. (AASLD 2009)

1b.2 Summary of Data Demonstrating Performance Gap (Variation or overall less than optimal performance across providers): [For <u>Maintenance</u> – Descriptive statistics for performance results <u>for this measure</u> - 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; 89.92% is the aggregate perormance rate in the total patient population and 91.63% is the mean performance rate of TIN/NPI's.

 10th percentile:
 75.00%

 25th percentile:
 100.00%

 50th percentile:
 100.00%

 75th percentile:
 100.00%

 90th percentile:
 100.00%

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 2010-February 2011 TAP file

1b.4 Summary of Data on Disparities by Population Group: [For <u>Maintenance</u> – Descriptive statistics for performance results <u>for this measure</u> 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.

(2) Alter MJ, Kruszon-Moran D, Nainan OV, et al. The prevalence of hepatitis C virus infection in the United States, 1988 through 1994. New England Journal of Medicine. 1999:341(8): 556-562.

(3) Trooskin SB, Navarro VJ, Winn RJ, et al. Hepatitis C risk assessment, testing and referral for treatment in urban primary care: Role of race and ethnicity. World J Gastro 2007:13:1074.

(4) Conjeevaram HS, Fried MW, Jeffers LJ, et al. Virahep-C study group. Peginterferon and ribavirin treatment in African American and Caucasian American patients with hepatitis C genotype 1. Gastroenterology. 2006 Aug; 131(2):470-7.

1c. Evidence (*Measure focus is a health outcome OR meets the criteria for quantity, quality, consistency of the body of evidence.*) Is the measure focus a health outcome? Yes No <u>If not a health outcome</u>, rate the body of evidence.

Quantity:	H M		Quality: H M L I Consistency: H M L I I			
Quantity	Quantity Quality Consistency Does the measure pass subcriterion1c?					
M-H	M-H	M-H	Yes			

L	M-H	М	Yes IF additional research unlikely to change conclusion that benefits to patients outweigh harms: otherwise No					
M-H	L	M-H	Yes IF potential benefit	ts 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):

Monitoring effectiveness of antiviral therapy is essential to effective treatment. An early virologic response (EVR), during the first 12 weeks of therapy, is a valuable clinical milestone. Since different treatment options exist, it is critical to patient outcomes that response to treatment be measured and therapy modified if necessary.

Patients should be monitored during therapy to assess the response to treatment and for the occurrence of side effects. A reasonable schedule would be monthly visits during the first 12 weeks of treatment followed by visits at 8 to 12 week intervals thereafter until the end of therapy. At each visit the patient should be questioned regarding the presence of side effects and depression. They should also be queried about adherence to treatment. Laboratory monitoring should include measurement of the complete blood count, serum creatinine and ALT levels, and HCV RNA by a sensitive assay at weeks 4, 12, 24, 4 to 12 week intervals thereafter, the end of treatment, and 24 weeks after stopping treatment. (AASLD 2009)

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 HCV RNA testing needed at no greater than 12 weeks to monitor effectiveness of antiviral therapy.

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 [& June 2011 for updated guideline]); (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 of Medical Practice Guidelines; and (4) the experience of the authors in regard to hepatitis C. (AASLD 2009)

In addition, 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.

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, <u>the specific guideline recommendation</u> (Including guideline # and/or page #): HCV RNA should be tested by a highly sensitive quantitative assay at the initiation of or shortly before treatment and at week 12 of therapy. (Class I, Level A) (AASLD 2009-Recommendation 12)

Patients [with genotype 1] without cirrhosis treated with boceprevir, peginterferon, and ribavirin, preceded by 4 weeks of lead-in peginterferon and ribavirin, whose HCV RNA level at weeks 8 and 24 is undetectable, may be considered for a shortened duration of treatment of 28 weeks in total (4 weeks lead-in with peginterferon and ribavirin followed by 24 weeks of triple therapy). (Class 2a, Level B) (AASLD 2011-Recommendation 5)

Patients [with genotype 1] without cirrhosis treated with telaprevir, peginterferon, and ribavirin, whose HCV RNA level at weeks 4 and 12 is undetectable should be considered for a shortened duration of therapy of 24 weeks. (Class 2a, Level A) (AASLD 2011-Recommendation 7)

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://guideline.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

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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. Weight of evidence/opinion is in favor of usefulness/efficacy. Class IIa 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 IA, Class 2aB and Class 2aA 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. 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 quantitative HCV RNA testing was performed at no greater than 12 weeks from the 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 within 4-12 weeks after initiation of antiviral treatment

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: Definition:

12 Weeks from Initiation – Patients for whom testing was performed between 4-12 weeks from the initiation of antiviral treatment will meet the numerator for this measure (depending upon the specific antiviral therapy used).

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): Documentation of medical reason(s) for not performing quantitative HCV RNA testing at no greater than 12 weeks from the initiation of antiviral treatment

Documentation of patient reason(s) for not performing quantitative HCV RNA testing at no greater than 12 weeks from the initiation of antiviral treatment

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):

The PCPI exception methodology uses three categories of reasons for which a patient may be removed from the denominator of an individual measure. These measure exception categories are not uniformly relevant across all measures; for each measure, there must be a clear rationale to permit an exception for a medical, patient, or system reason. Examples are provided in the measure exception language of instances that may constitute an exception and are intended to serve as a guide to clinicians. For this measure, exceptions may include medical reason(s) and patient reason(s) for not performing quantitative HCV RNA testing at no greater than 12 weeks from the initiation of antiviral treatment. Where examples of exceptions are included in the measure language, value sets for these examples are developed and included in the eSpecifications. Although this methodology does not require the external reporting of more detailed exception data, the PCPI recommends that physicians document the specific reasons for exception in patients' medical records for purposes of optimal patient management and audit-readiness. The PCPI also advocates the systematic review and analysis of each physician's exceptions data to identify practice patterns and opportunities for quality improvement. Additional details by data source are as follows:

EHR Specifications: eSpecifications attached

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

4) From the patients who did not meet the numerator criteria, determine if the physician has documented that the patient meets any criteria for denominator when exceptions have been specified [for this measure: medical reason(s) or patient reason(s)]. If the patient meets any exception criteria, they should be removed from the denominator for performance calculation. --Although the exception cases are removed from the denominator population for the performance calculation, the exception rate (ie, percentage with valid exceptions) should be calculated and reported along with performance rates to track variations in care and highlight possible areas of focus for QI.

If the patient does not meet the numerator and a valid exception is not present, this case represents a quality failure.

Calculation algorithm is included in data dictionary/code table attachment 2a1.30.

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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_0398_Testing_Week_12_7.11.12.pdf
2a1.33 Level of Analysis (<i>Check the levels of analysis for which the measure is specified and tested</i>): Clinician : Group/Practice, Clinician : Individual, Clinician : Team 2a1.34-35 Care Setting (<i>Check all the settings for which the measure is specified and tested</i>): 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 Testing Results (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.
The language of "no greater than" 12 weeks in this measure acknowledges that there may be different recommended follow-up testing based on the specific antiviral therapy used to treat a particular patient.
2b2. Validity Testing. (Validity testing was conducted with appropriate method, scope, and adequate demonstration of validity.)

NQF #0398 Hepatitis C: HCV RNA Testing at No Greater Than Week 12 of Treatment, Last Updated Date: Sep 21, 2012 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% Cl) Overall: 83, 0.53 (0.430- 0.806)

Face Validity

The results of the expert panel rating of the validity statement were as follows: N = 13; Mean rating = 4.77 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 - 1 (Neither Disagree nor Agree)

4 - 1

5 - 11 (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):

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.

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

EHR Measure Validity

• An automated report of performance was created.

- Manual abstractors reviewed each patient who did not meet the measure according to the automated report.
- Exceptions were documented even for performance measures that did not allow for exceptions in the specifications in an attempt to see whether some measures should include denominator exceptions to more accurately reflect quality.

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

The automated report was unable to capture exceptions for this measure, as there was no discrete field for allowable exception. The percentage of false negatives due to exception (the number of patients who appeared to fail the measure on automated calculation but were found to not meet the numerator and have a valid exception on the manual review) was 17.4% (8/46 patients) for the measure.

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.

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

This measure is not risk adjusted.

2b4.3 Testing Results (*Statistical risk model*: 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:

2,167 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: RNA Testing at Week 12 of Therapy

Eligible Professionals: 36,071

Professionals Reporting >=1 Valid QDC: 172

% Professionals Reporting >=1 Valid QDC: 0.48%

Professionals Satisfactorily Reporting: 83

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% Professionals Satisfactorily Reporting: 48.26%

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 =119; 89.92% is the aggregate performance rate in the total patient population and 91.63% is the mean performance rate of TIN/NPI's

10th percentile: 75.00% 25th percentile: 100.00% 50th percentile: 100.00% 75th percentile: 100.00% 90th percentile: 100.00%

The inter-quartile range (IQR) provides a measure of the dispersion of performance. The IQR is 0.00. A quarter of reporting physicians have performance of 75.00% or less.

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.ahrq.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

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 Current Use (Check all that apply; for any that are checked, provide the specific program information in the following questions):

3a. Usefulness for Public Reporting: H M L I (*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)*). <u>If not publicly reported in a national or community program</u>, state the reason AND plans to achieve public reporting, potential reporting programs or commitments, and timeline, e.g., within 3 years of endorsement: [*For <u>Maintenance</u> – 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.

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3b. Usefulness for Quality Improvement: H M L I

3b.1. Use in QI. If used in quality improvement program, provide name of program(s), locations, Web page URL(s): [*For <u>Maintenance</u>* – 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., Ql 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, *Usability*, met? H M L I Provide rationale based on specific subcriteria:

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

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

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, *Feasibility*, 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 <u>NQF-endorsed measure(s)</u>: 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:

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.

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:

Measure Developer/Steward Updates and Ongoing Maintenance

Ad.3 Year the measure was first released:

Ad.4 Month and Year of most recent revision:

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

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

Ad.7 Copyright statement:

Ad.8 Disclaimers:

Ad.9 Additional Information/Comments:

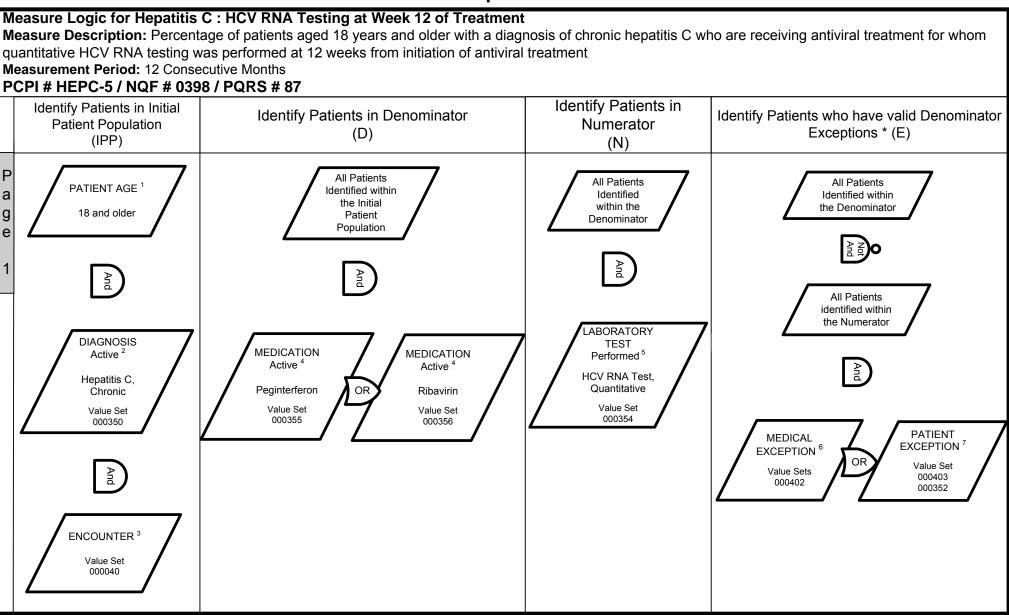
Date of Submission (*MM/DD/YY*): 07/02/2012

Clinical Topic	Hepatitis C
Measure Title	HCV RNA Testing at Week 12 of Treatment
Measure #	PCPI # HEPC-5 / NQF # 0398 / PQRS # 87
Measure Description	Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom quantitative HCV RNA testing was performed at no greater than 12 weeks from 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 quantitative HCV RNA testing was performed at no greater than 12 weeks from the initiation of antiviral treatment Definition: 12 Weeks from Initiation – Patients for whom testing was performed between <u>4-12</u> weeks from the initiation of antiviral treatment will meet the numerator for this measure (depending upon the specific antiviral therapy used).
Denominator Exceptions	Documentation of medical reason(s) for not performing quantitative HCV RNA testing at no greater than 12 weeks from the initiation of antiviral treatment Documentation of patient reason(s) for not performing quantitative HCV RNA testing at no greater than 12 weeks from the initiation of antiviral treatment

Hepatitis C Data Elements for PCPI eSpecification Measure #5 : HCV RNA Testing at Week 12 of 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 ClaimsElectronic 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, 110, SNM	starts before or during encounter during measurement period	Hepatitis C, Chronic		Electronic Administrative Claims Electronic Health Record (EHR)	
Encounter	Encounter, Performed	CPT	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	starts after start of first (ever) medication, active ≥ 28 days and ≤ 84 days			Electronic Health Record (EHR)	
Laboratory Test	Laboratory Test, Not Done	SNM	during measurement period	Medical Reason(s)		Electronic Health Record (EHR)	
Laboratory Test	Laboratory Test, Not Done	SNM	during measurement period	Patient Reason(s)		Electronic Health Record (EHR)	

PCPI eSpecification



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 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: starts after the start of FIRST (ever) medication active (value set 000355 or 000356) ≥ 28 days and ≤ 84 days (between 4-12 weeks after initiation of antiviral treatment).

E: ⁶ Medical Exception: during measurement period; ⁷ Patient Exception: during measurement period;

PCPI eSpecification

Measure Des quantitative H Measurement	gic for Hepatitis C : HCV RNA Testing at Week 12 of Treatment scription: Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom HCV RNA testing was performed at 12 weeks from initiation of antiviral treatment t Period: 12 Consecutive Months PC-5 / NQF # 0398 / PQRS # 87
	Supplemental Data Elements (SDE)
P a g e	PATIENT CHARACTERISTIC Gender 2.16.840.1.113883.1.11.1
2	PATIENT CHARACTERISTIC 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.

PCPI eSpecification HEPATITIS C HEPC-5 : HCV RNA Testing at Week 12 of Treatment

Value Set ID	Clinical Topic	Topic Indicator	Measure Component	Standard Concept	Standard Category	Taxonomy	Code	Code Descriptor
000307	HEPC	5	IPP	Birth Date	Individual Characteristic	LN	21112-8	Birth date: TmStp:Pt:^Patient:Qn:
000350	HEPC	5	IPP	Hepatitis C, Chronic	Condition / Diagnosis / Problem	19	070.54	Chronic hepatitis C without hepatic coma
000350	HEPC	5	IPP	Hepatitis C, Chronic	Condition / Diagnosis / Problem	l10	B18.2	Chronic viral hepatitis C
000350	HEPC	5	IPP	Hepatitis C, Chronic	Condition / Diagnosis / Problem	SNM	128302006	Chronic hepatitis C
000040	HEPC	5	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99201	
000040	HEPC	5	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99202	
000040	HEPC	5	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99203	
000040	HEPC	5	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99204	
000040	HEPC	5	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99205	
000040	HEPC	5	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99212	
000040	HEPC	5	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99213	
000040	HEPC	5	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99214	
000040	HEPC	5	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99215	
000040	HEPC	5	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99241	
000040	HEPC	5	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99242	
000040	HEPC	5	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99243	
000040	HEPC	5	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99244	
000040	HEPC	5	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99245	
000355	HEPC	5	D	Peginterferon	Medication	RxNorm	731326	0.5 ML peginterferon alfa-2a 0.36 MG/ML Prefilled Syringe
000355	HEPC	5	D	Peginterferon	Medication	RxNorm	731330	0.5 ML peginterferon alfa-2a 0.27 MG/ML Prefilled Syringe
000355	HEPC	5	D	Peginterferon	Medication	RxNorm	731333	0.5 ML peginterferon alfa-2b 0.24 MG/ML Prefilled Syringe
000355	HEPC	5	D	Peginterferon	Medication	RxNorm	731334	0.5 ML peginterferon alfa-2b 0.3 MG/ML Prefilled Syringe
000355	HEPC	5	D	Peginterferon	Medication	RxNorm	731345	0.5 ML peginterferon alfa-2b 0.1 MG/ML Prefilled Syringe
000355	HEPC	5	D	Peginterferon	Medication	RxNorm	731348	0.5 ML peginterferon alfa-2b 0.16 MG/ML Prefilled Syringe
000355	HEPC	5	D	Peginterferon	Medication	RxNorm	1099048	peginterferon alfa-2b 0.6 MG/ML Injectable Solution
000355	HEPC	5	D	Peginterferon	Medication	RxNorm	1099054	peginterferon alfa-2b 1.2 MG/ML Injectable Solution
000355	HEPC	5	D	Peginterferon	Medication	RxNorm	1099058	peginterferon alfa-2b 0.4 MG/ML Injectable Solution
000356	HEPC	5	D	Ribavirin	Medication	RxNorm	108766	Ribavirin 100 MG Oral Capsule
000356	HEPC	5	D	Ribavirin	Medication	RxNorm	248109	Ribavirin 200 MG Oral Tablet
000356	HEPC	5	D	Ribavirin	Medication	RxNorm	248112	Ribavirin 40 MG/ML Oral Solution
000356	HEPC	5	D	Ribavirin	Medication	RxNorm	312817	Ribavirin 200 MG Oral Capsule
000356	HEPC	5	D	Ribavirin	Medication	RxNorm	312818	Ribavirin 20 MG/ML Inhalant Solution
000356	HEPC	5	D	Ribavirin	Medication	RxNorm	597718	Ribavirin 400 MG Oral Tablet
000356	HEPC	5	D	Ribavirin	Medication	RxNorm	597722	Ribavirin 600 MG Oral Tablet
000356	HEPC	5	D	Ribavirin	Medication	RxNorm	790286	Ribavirin 500 MG Oral Tablet
000354	HEPC	5	Ν	HCV RNA test, Quantitative	Laboratory Test	LN	10676-5	HCV RNA SerPI Amp Prb-aCnc
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	11011-4	HCV RNA SerPI PCR-aCnc

PCPI eSpecification HEPATITIS C HEPC-5 : HCV RNA Testing at Week 12 of Treatment

Value Set ID	Clinical Topic	Topic Indicator	Measure Component	Standard Concept	Standard Category	Taxonomy	Code	Code Descriptor
000354	HEPC	5	Ν	HCV RNA test, Quantitative	Laboratory Test	LN	20416-4	HCV RNA # SerPI PCR
000354	HEPC	5	Ν	HCV RNA test, Quantitative	Laboratory Test	LN	20571-6	HCV RNA # SerPI bDNA
000354	HEPC	5	Ν	HCV RNA test, Quantitative	Laboratory Test	LN	29609-5	HCV RNA SerPI bDNA-aCnc
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	34703-9	HCV RNA SerPI PCR DL=500-aCnc
000354	HEPC	5	Ν	HCV RNA test, Quantitative	Laboratory Test	LN	34704-7	HCV RNA SerPI PCR DL=50-aCnc
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	38180-6	HCV RNA SerPI PCR-Log IU
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	42617-1	HCV RNA SerPI bDNA-Log IU
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	49369-2	HCV RNA # CSF PCR
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	49370-0	HCV RNA # Mar PCR
000354	HEPC	5	N	HCV RNA test, Quantitative	•	LN	49370-0	HCV RNA # Tiss PCR
				,	Laboratory Test	-		
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	49376-7	HCV RNA XXX PCR-aCnc
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	49377-5	HCV RNA CSF PCR-aCnc
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	49378-3	HCV RNA Mar PCR-aCnc
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	49379-1	HCV RNA Tiss PCR-aCnc
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	49380-9	HCV RNA # XXX PCR
000354	HEPC	5	Ν	HCV RNA test, Quantitative	Laboratory Test	LN	49603-4	HCV RNA CSF PCR-Log IU
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	49604-2	HCV RNA Mar PCR-Log IU
000354	HEPC	5	Ν	HCV RNA test, Quantitative	Laboratory Test	LN	49605-9	HCV RNA XXX PCR-Log IU
000354	HEPC	5	Ν	HCV RNA test, Quantitative	Laboratory Test	LN	49608-3	HCV RNA Tiss PCR-Log IU
000354	HEPC	5	Ν	HCV RNA test, Quantitative	Laboratory Test	LN	49758-6	HCV RNA SerPI PCR DL=5-aCnc
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	50023-1	HCV RNA Pnl SerPl PCR
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	49372-6	HCV RNA XXX PCR-Log#
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	49373-4	HCV RNA CSF PCR-Log#
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	49374-2	HCV RNA Mar PCR-Log#
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	49375-9	HCV RNA Tiss PCR-Log#
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	47252-2	HCV RNA SerPI PCR-Log#
000352	HEPC	5	E	Patient Exception - Lab Test Refused	Laboratory Test, Not Done	SNM	165342003	Patient refused laboratory test (situation)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	31438003	drug resistance (disorder)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	35688006	complication of medical care (disorder)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	59037007	drug intolerance (disorder)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	62014003	adverse reaction to drug (disorder)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	79899007	drug interaction (finding)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	161590003	history of - drug allergy (situation)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	183932001	procedure contraindicated (situation)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	183964008	treatment not indicated (situation)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	183966005	drug treatment not indicated (situation)
000402	HEPC HEPC	5 5	E	Medical Reason Medical Reason	Laboratory Test, Not Done Laboratory Test, Not Done	SNM SNM	266721009 269191009	absent response to treatment (situation) late effect of medical and surgical care complication (disorder)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	274512008	drug therapy discontinued (situation)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	371133007	treatment modification (procedure)

PCPI eSpecification HEPATITIS C HEPC-5 : HCV RNA Testing at Week 12 of Treatment

Value Set ID	Clinical Topic	Topic Indicator	Measure Component	Standard Concept	Standard Category	Taxonomy	Code	Code Descriptor
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	397745006	medical contraindication (finding)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	407563006	treatment not tolerated (situation)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	410534003	not indicated (qualifier value)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	410536001	contraindicated (qualifier value)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	416098002	drug allergy (disorder)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	416406003	procedure discontinued (situation)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	428119001	procedure not indicated (situation)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	445528004	treatment changed (situation)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	216952002	failure in dosage (event)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	30164005	patient discharge, signed out against medical advice (procedure)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	105480006	refusal of treatment by patient (situation)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	182890002	patient requests alternative treatment (finding)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	182895007	drug declined by patient (situation)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	182897004	drug declined by patient - side effects (situation)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	182900006	drug declined by patient - patient beliefs (situation)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	183944003	procedure refused (situation)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	183945002	procedure refused for religious reason (situation)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	184081006	patient has moved away (finding)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	185479006	patient dissatisfied with result (finding)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	185481008	dissatisfied with doctor (finding)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	225928004	patient self-discharge against medical advice (procedure)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	258147002	stopped by patient (situation)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	266710000	drugs not taken/completed (situation)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	266966009	family illness (situation)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	275694009	patient defaulted from follow-up (finding)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	275936005	patient noncompliance - general (situation)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	281399006	did not attend (finding)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	310343007	further opinion sought (finding)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	373787003	treatment delay - patient choice (finding)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	385648002	rejected by recipient (qualifier value)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	406149000	medication refused (situation)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	408367005	patient forgets to take medication (finding)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	413310006	patient non-compliant - refused access to services (situation)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	413311005	patient non-compliant - refused intervention / support (situation)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	413312003	patient non-compliant - refused service (situation)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	416432009	procedure not wanted (situation)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	443390004	refused (qualifier value)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	182902003	drug declined by patient - cannot pay script (situation)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	5015009	economic problem (finding)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	423656007	income insufficient to buy necessities (finding)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	424739004	income sufficient to buy only necessities (finding)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	160932005	financial problem (finding)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	160934006	financial circumstances change (finding)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	224187001	variable income (finding)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	107724000	patient transfer (procedure)

	Supplemental Data Elements (SDE) Value Sets								
Value Set Developer	Value Set OID	Value Set Name	QDM Category	Code System	Code System Version	Code	Descriptor		
HL7	2.16.840.1.113883.1.11.1	Gender	Individual Characteristic	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)	1062-20101110	М	Male		
HL7	2.16.840.1.113883.1.11.1	Gender	Individual Characteristic	HL7 (2.16.840.1.113883.5.1)	1062-20101110	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	Individual Characteristic	Source of Payment Typology	4.0	2	MEDICAID		
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	3	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	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	8	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	9	MISCELLANEOUS/OTHER		
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	11	Medicare (Managed Care)		
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	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	Source of Payment Typology	4.0	22	Medicaid (Non-managed Care Plan)		
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	23	Medicaid/SCHIP		
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	24	Medicaid Applicant		
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	25	Medicaid - Out of State		
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	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	4.0	33	Indian Health Service or Tribe		
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	34	HRSA Program		
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	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	Individual Characteristic	Source of Payment Typology	4.0	39	Other Federal		
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	41	Corrections Federal		
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	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	51	Managed Care (Private)		
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	52	Private Health Insurance - Indemnity		
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	53	Managed Care (private) or private health insurance (indemnity), not otherwise specified		
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	54	Organized Delivery System		
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	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	Source of Payment Typology	4.0	62	BC Indemnity		
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	63	BC (Indemnity or Managed Care) - Out of State		
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	64	BC (Indemnity or Managed Care) - Unspecified		
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	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	Individual Characteristic	Source of Payment Typology	4.0	79	Other Managed Care, Unknown if public or private		
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	81	Self-pay		
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	82	No Charge		
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	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	Source of Payment Typology	4.0	89	No Payment, Other		
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	91	Foreign National		
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	92	Other (Non-government)		
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	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	Source of Payment Typology	4.0	95	Worker's Compensation		
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	96	Auto Insurance (no fault)		
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	98	Other specified (includes Hospice - Unspecified plan)		
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	99	No Typology Code available for payment source		
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PR050 210.04.01.11380.21.0 Page Indexident Biococcoccoccoccoccoccoccoccoccoccoccocco	PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	123	Medicare Medical Savings Account (MSA)
PHOSE 218.86.111883.213 Payer Poloda Processor	PHDSC	2.16.840.1.113883.221.5	Paver	Individual Characteristic		4.0	129	
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PHOSE 218.86.111383.213 Payer Inobiad Obsaches Source of Priment Trocks 213 Medical Monitory Care Case Management] PHOSE 114.84.0111383.213 Payer Inobiad Obsaches Source of Payment Trocks 1 Header Managed Care Orber PHOSE 114.84.0111383.213 Payer Inobiad Obsaches Source of Payment Trocks 1 Header Managed Care Orber PHOSE 114.84.0111383.214 Payer Inobiad Obsaches Source of Payment Trocks 1 Header Managed Care Payer PHOSE 114.84.0111388.214 Payer Inobiad Obsaches Source of Payment Trocks 1 Header Managed Care Payment Trocks 1 Header Managed Care Payment Trocks 1 Header Managed Care Payer 1 Header Managed Care 1								
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PHDSC 2.16.840.1.113883.221.5 Payer Individual Characteristic Source of Payment Typology 4.0 3112 TRICARE ExtraPPO PHDSC 2.16.840.1.113883.221.5 Payer Individual Characteristic Source of Payment Typology 4.0 3113 TRICARE ExtraPPO PHDSC 2.16.840.1.113883.221.5 Payer Individual Characteristic Source of Payment Typology 4.0 3114 TRICARE For LifeMedicare Supplement PHDSC 2.16.840.1.113883.221.5 Payer Individual Characteristic Source of Payment Typology 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 4.0 3116 Uniformed Services Family Health Plan (USFHP) HMO PHDSC 2.16.840.1.113883.221.5 Payer Individual Characteristic								
PHDSC 2.16.840.1.113883.221.5 Payer Individual Characteristic Source of Payment Typology 4.0 3113 TRICARE Standard - Fee For Service PHDSC 2.16.840.1.113883.221.5 Payer Individual Characteristic Source of Payment Typology 4.0 3114 TRICARE Standard - Fee For Service 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 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 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 4.0 3119 Department of Defense - (other)								
PHDSC 2.16.840.1.113883.221.5 Payer Individual Characteristic Source of Payment Typology 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 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 4.0 3119 Department of Defense - (other)								
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 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 4.0 3119 Department of Defense - (other)								
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 4.0 3116 Uniformed Services Family Health Plan (USFHP) HMO			Payer	Individual Characteristic	Source of Payment Typology		3114	
PHDSC 2.16.840.1.113883.221.5 Payer Individual Characteristic Source of Payment Typology 4.0 3119 Department of Defense - (other)	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 3119 Department of Defense - (other)	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
		2.13.040.1.110000.221.0			esalos or raymont rypology		5121	

	-	-		Supplemental Data Ele			
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	4.0	3122	Non-enrolled Space Available
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	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 Care Care provided in VA facilities
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	3212	Indirect CareCare provided outside VA facilities
PHDSC	2.16.840.1.113883.221.5	Payer		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		Source of Payment Typology	4.0	3222	Spina Bifida Health Care Program (SB)
PHDSC	2.16.840.1.113883.221.5	Payer		Source of Payment Typology	4.0	3223	Children of Women Vietnam Veterans (CWVV)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	3229	Other non-veteran care
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	3711	HMO
PHDSC	2.16.840.1.113883.221.5	Payer		Source of Payment Typology	4.0	3712	PPO
PHDSC	2.16.840.1.113883.221.5	Payer		Source of Payment Typology	4.0	3712	POS
PHDSC	2.16.840.1.113883.221.5		Individual Characteristic		4.0	3811	FOS Federal, State, Local not specified - HMO
		Payer		Source of Payment Typology	4.0		
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology		3812	Federal, State, Local not specified - PPO
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	3813	Federal, State, Local not specified - POS
PHDSC	2.16.840.1.113883.221.5	Payer		Source of Payment Typology	4.0	3819	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		Fee Basis
PHDSC	2.16.840.1.113883.221.5	Payer		Source of Payment Typology	4.0		Foreign Fee/Foreign Medical Program(FMP)
PHDSC	2.16.840.1.113883.221.5	Payer		Source of Payment Typology	4.0		Contract Nursing Home/Community Nursing Home
PHDSC	2.16.840.1.113883.221.5	Payer		Source of Payment Typology	4.0		State Veterans Home
PHDSC	2.16.840.1.113883.221.5	Payer		Source of Payment Typology	4.0		Sharing Agreements
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	32126	Other Federal Agency
CDC NCHS	2.16.840.1.114222.4.11.836	Race	Individual Characteristic	CDC	1.0	1002-5	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		
CDC NCHS	2.16.840.1.114222.4.11.836	Race	Individual Characteristic	CDC	1.0		
CDC NCHS	2.16.840.1.114222.4.11.837	Ethnicity	Individual Characteristic	CDC	1.0		
CDC NCHS	2.16.840.1.114222.4.11.837	Ethnicity	Individual Characteristic	CDC	1.0		Not Hispanic or Latino
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708		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	Individual Characteristic	CDC	20080708	ada	Adangme
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	ada	Adyghe; Adygei
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708		Afar
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	afh	Afrihili
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	afr	Afrikaans
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708		Afro-Asiatic (Other)
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	aia	Ainu
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	aka	Akan
CDC	2.16.840.1.114222.4.11.831	Preferred Language		CDC	20080708	akk	Akkadian
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	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		CDC	20080708	ale	Algonquian languages
		00				v	
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	tut	Altaic (Other)
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	amh	Amharic
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	Individual Characteristic	CDC	20080708	apa	Apache languages
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	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	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	arw	Arawak
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	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		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	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	aus	Australian languages
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	map	Austronesian (Other)
CDC	2.16.840.1.114222.4.11.831	Preferred Language		CDC	20080708	ava	Avaric
CDC				CDC	20080708	ave	Avestan
-				-			

			Supplemental Data Ele		010	
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	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic	CDC		aze	Azerbaijani
CDC		Preferred Language Individual Characteristic	CDC		ban	Balinese
CDC		Preferred Language Individual Characteristic	CDC		bat	Baltic (Other)
CDC		Preferred Language Individual Characteristic	CDC	20080708	bal	Baluchi
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic	CDC	20080708	bam	Bambara
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic	CDC	20080708	bai	Bamileke languages
CDC	2.16.840.1.114222.4.11.831		CDC		bad	Banda languages
CDC		Preferred Language Individual Characteristic	CDC		bau	Bantu (Other)
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic	CDC		bas	Basa
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic	CDC		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	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic	CDC	20080708	bej	Beja; Bedawiyet
CDC		Preferred Language Individual Characteristic	CDC		bel	Belarusian
CDC						
	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic	CDC		bem	Bemba
CDC		Preferred Language Individual Characteristic			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		Preferred Language Individual Characteristic	CDC	20080708	bih	Bihari
CDC		Preferred Language Individual Characteristic	CDC	20080708	bik	Bikol
CDC			CDC	20080708	bin	Bini; Edo
					-	
CDC		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		bos	Bosnian
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic	CDC		bra	Braj
CDC		Preferred Language Individual Characteristic	CDC		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		Preferred Language Individual Characteristic	CDC		bur	Burmese
CDC						Caddo
		Preferred Language Individual Characteristic	CDC		cad	
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic	CDC		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	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic	CDC	20080708	cel	Celtic (Other)
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic	CDC	20080708	cai	Central American Indian (Other)
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic	CDC		khm	Central Khmer
CDC		Preferred Language Individual Characteristic	CDC		chg	Chagatai
CDC		Preferred Language Individual Characteristic	CDC		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		Preferred Language Individual Characteristic	CDC	20080708	chr	Cherokee
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic	CDC		chy	Cheyenne
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic	CDC		chb	Chibcha
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic	CDC		nya	Chichewa; Chewa; Nyanja
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic	CDC	20080708	chi	Chinese
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic	CDC	20080708	chn	Chinook jargon
CDC		Preferred Language Individual Characteristic	CDC		chp	Chipewyan; Dene Suline
CDC		Preferred Language Individual Characteristic	CDC		cho	Choctaw
	2.10.040.1.114222.4.11.831		000	20000700	UIU	
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		chv	Chuvash
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic	CDC		nwc	Classical Newari; Old Newari; Classical Nepal Bhasa
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic	CDC		syc	Classical Syriac
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic	CDC	20080708	сор	Coptic
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic	CDC	20080708	cor	Cornish
CDC		Preferred Language Individual Characteristic	CDC		COS	Corsican
CDC		Preferred Language Individual Characteristic	CDC		cre	Cree
CDC						
	2.10.040.1.114222.4.11.831	Preferred Language Individual Characteristic	CDC	20080708	mus	Creek

		Supplemental Data Ele	ements (SDE) value 3	els	
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	crp	Creoles and pidgins (Other)
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	cpe	Creoles and pidgins, English based (Other)
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	cpf	Creoles and pidgins, French-based (Other)
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	cpp	Creoles and pidgins, Portuguese-based (Other)
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	crh	Crimean Tatar; Crimean Turkish
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	hrv	Croatian
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	cus	Cushitic (Other)
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708		Czech
		CDC		cze	Dakota
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic		20080708	dak	
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	dan	Danish
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	dar	Dargwa
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	del	Delaware
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	din	Dinka
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	div	Divehi; Dhivehi; Maldivian
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	doi	Dogri
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	dgr	Dogrib
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	dra	Dravidian (Other)
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	dua	Duala
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	dum	Dutch, Middle (ca.1050-1350)
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	dut	Dutch; Flemish
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	dyu	Dyula
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	dzo	Dzongkha
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	frs	Eastern Frisian
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	efi	Edstern Filsian
CDC		CDC	20080708		
				egy	Egyptian (Ancient)
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	eka	Ekajuk
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	elx	Elamite
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	eng	English
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	enm	English, Middle (1100-1500)
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	ang	English, Old (ca.450-1100)
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	myv	Erzya
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	еро	Esperanto
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	est	Estonian
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	ewe	Ewe
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	ewo	Ewondo
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	fan	Fang
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	fat	Fanti
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	fao	Faroese
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	fii	Fijian
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	fil	Filipino; Pilipino
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	fin	Finnish
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	fiu	Finno-Ugrian (Other)
CDC CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	fon	Fon
	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	fre	French
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	frm	French, Middle (ca.1400-1600)
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	fro	French, Old (842-ca.1400)
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	fur	Friulian
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	ful	Fulah
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	gaa	Ga
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	gla	Gaelic; Scottish Gaelic
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	car	Galibi Carib
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	glg	Galician
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	lug	Ganda
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	gay	Gayo
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	gba	Gbaya
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	gez	Geez
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	geo	Georgian
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	geo	German
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	amh	German, Middle High (ca.1050-1500)
CDC		CDC	20080708	gnn goh	German, Old High (ca.750-1050)
				0	
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	gem	Germanic (Other)
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	gil	Gilbertese
CDC			20080708	gon	Gondi
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	gor	Gorontalo

				Supplemental Data Ele		bets	
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	got	Gothic
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)
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708		Greek, Modern (1453-)
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708	0	Guarani
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708		Gujarati
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708		Gwich'in
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708		Haida
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708		Haitian; Haitian Creole
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708		Hausa
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708		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	CDC	20080708	hil	Hiligaynon
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	him	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		20080708		Hiri Motu
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708		Hittite
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708		Hmong
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708		
							Hungarian
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708		Hupa
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708		Iban
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708	ice	Icelandic
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708		Ido
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	ibo	Igbo
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	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		Indic (Other)
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708		Indo-European (Other)
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708		Indonesian
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708	inh	Ingush
CDC							
	2.16.840.1.114222.4.11.831		Individual Characteristic		20080708		Interlingua (International Auxiliary Language Association)
CDC	2.16.840.1.114222.4.11.831		Individual Characteristic		20080708	ile	Interlingue; Occidental
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708	-	Inuktitut
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708		Inupiaq
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708		Iranian (Other)
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708		Irish
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	mga	Irish, Middle (900-1200)
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	sga	Irish, Old (to 900)
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708		Iroquoian languages
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708	ita	Italian
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708	jpn	Japanese
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708	jav	Javanese
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708	jav jrb	Judeo-Arabic
CDC	2.16.840.1.114222.4.11.831				20080708		
		Preferred Language	Individual Characteristic			jpr	Judeo-Persian
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708		Kabardian
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708		Kabyle
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic		20080708		Kachin; Jingpho
CDC			H F 1 I OL I I C	CDC	20080708	kal	Kalaallisut: Greenlandic
	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic				
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC	20080708	xal	Kalmyk; Oirat
CDC CDC				CDC		xal	
CDC	2.16.840.1.114222.4.11.831	Preferred Language	Individual Characteristic	CDC CDC	20080708	xal	Kalmyk; Oirat
CDC CDC CDC	2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831	Preferred Language Preferred Language Preferred Language	Individual Characteristic Individual Characteristic Individual Characteristic	CDC CDC CDC	20080708 20080708 20080708	xal kam kan	Kalmyk; Oirat Kamba
CDC CDC CDC CDC	2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831	Preferred Language Preferred Language Preferred Language Preferred Language	Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic	CDC CDC CDC CDC CDC	20080708 20080708 20080708 20080708	xal kam kan kau	Kalmyk; Oirat Kamba Kannada Kanuri
CDC CDC CDC CDC CDC CDC	2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831	Preferred Language Preferred Language Preferred Language Preferred Language Preferred Language	Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic	CDC CDC CDC CDC CDC CDC	20080708 20080708 20080708 20080708 20080708 20080708	xal kam kan kau krc	Kalmyk; Oirat Kamba Kannada Kanuri Karachay-Balkar
CDC CDC CDC CDC CDC CDC CDC CDC	2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831	Preferred Language Preferred Language Preferred Language Preferred Language Preferred Language Preferred Language	Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic	CDC CDC CDC CDC CDC CDC CDC CDC	20080708 20080708 20080708 20080708 20080708 20080708 20080708	xal kam kan kau krc kaa	Kalmyk; Oirat Kamba Kannada Kanuri Karachay-Balkar Kara-Kalpak
CDC CDC CDC CDC CDC CDC CDC CDC CDC	2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831	Preferred Language Preferred Language Preferred Language Preferred Language Preferred Language Preferred Language Preferred Language	Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic	CDC CDC CDC CDC CDC CDC CDC CDC CDC CDC	20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708	xal kam kau kau krc kaa krl	Kalmyk; Oirat Kamba Kannada Kanuri Karachay-Balkar Kara-Kalpak Karelian
CDC CDC CDC CDC CDC CDC CDC CDC CDC CDC	2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831	Preferred Language Preferred Language Preferred Language Preferred Language Preferred Language Preferred Language Preferred Language	Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic	CDC CDC CDC CDC CDC CDC CDC CDC CDC CDC	20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708	xal kam kau krc kaa krl kar	Kalmyk; Öirat Kamba Kannada Kanuri Karachay-Balkar Kara-Kalpak Karelian Karen languages
CDC CDC CDC CDC CDC CDC CDC CDC CDC CDC	2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831	Preferred Language Preferred Language Preferred Language Preferred Language Preferred Language Preferred Language Preferred Language Preferred Language	Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic	CDC CDC CDC CDC CDC CDC CDC CDC CDC CDC	20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708	xal kam kau krc kaa krl kar kas	Kalmyk; Öirat Kamba Kannada Kanuri Karachay-Balkar Kara-Kalpak Karelian Karen languages Kashmiri
CDC CDC CDC CDC CDC CDC CDC CDC CDC CDC	2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831	Preferred Language Preferred Language Preferred Language Preferred Language Preferred Language Preferred Language Preferred Language Preferred Language Preferred Language	Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic Individual Characteristic	CDC CDC CDC CDC CDC CDC CDC CDC CDC CDC	20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708	xal kam kau krc kaa krl kar kas csb	Kalmyk; Öirat Kamba Kannada Kanuri Karachay-Balkar Kara-Kalpak Kareilan Karen languages Kashmiri Kashubian
CDC CDC CDC CDC CDC CDC CDC CDC CDC CDC	2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831	Preferred Language Preferred Language Preferred Language Preferred Language Preferred Language Preferred Language Preferred Language Preferred Language Preferred Language Preferred Language	Individual Characteristic Individual Characteristic	CDC CDC CDC CDC CDC CDC CDC CDC CDC CDC	20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708	xal kam kau krc kaa krl kar kas csb kaw	Kalmyk; Öirat Kamba Kannada Kanuri Karachay-Balkar Kara-Kalpak Karelian Karen languages Kashmiri Kashubian Kashubian
CDC CDC CDC CDC CDC CDC CDC CDC CDC CDC	2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831	Preferred Language Preferred Language	Individual Characteristic Individual Characteristic	CDC CDC CDC CDC CDC CDC CDC CDC CDC CDC	20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708	xal kam kau krc kaa krl kar kas csb kaw kaz	Kalmyk; Öirat Kamba Kannada Kanuri Karachay-Balkar Kara-Kalpak Karelian Karen languages Kashmiri Kashubian Kawi Kashubian
CDC CDC CDC CDC CDC CDC CDC CDC CDC CDC	2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831	Preferred Language Preferred Language	Individual Characteristic Individual Characteristic	CDC CDC CDC CDC CDC CDC CDC CDC	20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708	xal kam kau krc kaa krl kar kas csb kaw kaz kha	Kalmyk; Öirat Kamba Kannada Kanuri Karachay-Balkar Kara-Kalpak Karelian Karen languages Kashmiri Kashubian Kashubian Kashubian Kaxikh
CDC CDC CDC CDC CDC CDC CDC CDC CDC CDC	2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831 2.16.840.1.114222.4.11.831	Preferred Language Preferred Language	Individual Characteristic Individual Characteristic	CDC CDC CDC CDC CDC CDC CDC CDC	20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708 20080708	xal kam kau krc kaa krl kar kas csb kaw kaz kha	Kalmyk; Oirat Kamba Kannada Kanuri Karachay-Balkar Kara-Kalpak Karelian Karen languages Kashmiri Kashubian Kawi Kashubian

		Supplemental Data Ele			
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	-	Khotanese
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic		20080708	kik	Kikuyu; Gikuyu
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	kmb	Kimbundu
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	kin	Kinyarwanda
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	kir	Kirghiz; Kyrgyz
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	tlh	Klingon; tlhIngan-Hol
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	kom	Komi
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	kon	Kongo
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	kok	Konkani
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	kor	Korean
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	kos	Kosraean
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	kpe	Kpelle
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	kro	Kru languages
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	kua	Kuanyama; Kwanyama
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	kum	Kumyk
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	kur	Kurdish
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	kru	Kurukh
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	kut	Kutenai
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	lad	Ladino
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	lah	Lahnda
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic		20080708	lam	Lamba
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	day	Land Dayak languages
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	lao	Land Dayak languages
CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	lat	Latin
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CDC	2.16.840.1.114222.4.11.831 Preferred Language Individual Characteristic	CDC	20080708	nds	Low German; Low Saxon; German, Low; Saxon, Low
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			ata Elements (SDE) Valu	ie Sels	
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	syr	Syriac
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	tql	Tagalog
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	tah	Tahitian
CDC		Preferred Language Individual Characteristic CDC	20080708	tai	Tai (Other)
CDC			20080708		Tajik
	2.16.840.1.114222.4.11.831			tgk	
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	tmh	Tamashek
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	tam	Tamil
CDC	2.16.840.1.114222.4.11.831	Preferred Language 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
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	tet	Tetum
CDC		Preferred Language 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
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	tir	Tigrinya
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	tem	Timne
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	tiv	Tiv
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	tli	Tlingit
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	tpi	Tok Pisin
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	tkl	Tokelau
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	tog	Tonga (Nyasa)
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	ton	Tonga (Tonga Islands)
CDC		Preferred Language Individual Characteristic CDC	20080708	tsi	Tsimshian
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	tso	Tsonga
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	tsn	Tswana
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	tum	Tumbuka
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	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	ota	Turkish, Ottoman (1500-1928)
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic 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	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	twi	Twi
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	udm	Udmurt
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708		Ugaritic
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708		Uighur; Uyghur
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708		Ukrainian
CDC		Preferred Language Individual Characteristic CDC	20080708		Umbundu
CDC	2.16.840.1.114222.4.11.831	Preferred Language 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		Urdu
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708		Uzbek
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708		Vai
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	ven	Venda
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	vie	Vietnamese
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	vol	Volapük
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	vot	Votic
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	wak	Wakashan languages
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	wal	Walamo
CDC		Preferred Language Individual Characteristic CDC	20080708	win	Walloon
CDC	2.16.840.1.114222.4.11.831		20080708	war	Waray
CDC		Preferred Language Individual Characteristic CDC	20080708	was	Washo
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	wel	Welsh
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	fry	Western Frisian
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	wol	Wolof
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	xho	Xhosa
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	sah	Yakut
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	yao	Yao
			20080708		
CDC		Preferred Language Individual Characteristic CDC		yap	Yapese
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	yid	Yiddish
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	yor	Yoruba
CDC		Preferred Language Individual Characteristic CDC	20080708	ypk	Yupik languages
CDC	2.16.840.1.114222.4.11.831	Preferred Language Individual Characteristic CDC	20080708	znd	Zande languages

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