

Chapter 3: Detailed Quality Measure Crosswalk

Purpose

To provide detailed comparisons of measure definitions, sampling methodology, and data sources for each measure across the multiple measurement systems.

Overview of Content

- Reporting period
- Measure description, definition, and look back period
- Sampling methodology
- Evidence and data sources
- Related benchmarks

Suggested Uses for This Material

- Use for training new quality improvement staff
- Use to assist in identifying quality improvement targets and priorities
- Inform the development of queries or quality reports
- Reference when answering questions for staff or providers about the differences in quality measure definitions between two measurement sets (e.g. UDS and QIP)

This final section of the toolkit includes in-depth information on each UDS clinical measure, which are contained in a spreadsheet attached as an appendix file to this toolkit. The spreadsheet organizes measures in separate tabs by category as described below.

Primary Prevention

- Cervical Cancer Screening
- Colorectal Cancer Screening
- Prenatal and Postpartum Care

Immunizations

- Childhood Immunizations
- Immunizations for Adolescents

Tertiary Prevention

- Controlling Diabetes
- Controlling High Blood Pressure
- Tobacco Screening and Cessation
- Managing Persistent Medications
- Adult Weight Assessment and Counseling

Well Child

- Well Child Visits Age 3-6
- Child and Adolescent Weight Assessment and Counseling

Detailed Measure Crosswalk: How to Use the Attached Spreadsheet

A summary crosswalk of measurement sets provides an overview of alignment between measurement systems.

Themes	Measure Name	Description	Site Review	HEDIS	QIP	UDS
Primary Preventive	Cervical Cancer Screening	HEDIS: 21-64 y/o QIP: 21-64 y/o MU: CMS124V3 #0032 QIP: Family & Adult	X	X	X	X
	Colorectal Cancer Screening	2015/2016, Ages 50-75 MU: CMS130V3 #0034 QIP: Family & Adult	X		X	X
	Prenatal & Postpartum Care - Timeliness of prenatal care		X	X		X
	Birth Weight of Infants					X
	Depression Screening					X
	Dental Sealants					X
Immunizations	Childhood Immunizations DTap	DTaP: By 2nd birthday QIP: Family & Pediatrics			X	
	Childhood Immunizations MMR	MMR: By 2nd birthday QIP: Pediatrics			X	
	Childhood Immunization Combination 3	Dtap, IPV, MMR, HiB, HepB, VZV, PCV	X	X		X
	Immunizations for Adolescents	10-13 y/o QIP: Pediatrics	X	X	X	

Provides a summary of which measures are included in each measurement system

This figure provides tips on how to use the Detailed Measure Crosswalk appendix file.

Cervical Cancer Screening	Site Review (SR)	HEDIS	QIP	UDS
Reporting Period	Time period between site review visits, typically 3 years	January - December	July - June	January - December
Description	Percentage of women 21-64 years of age who received one or more Pap tests to screen for cervical cancer.	Percentage of women 21-64 years of age who received one or more Pap tests to screen for cervical cancer.	The percentage of continuously enrolled Medi-Cal women 21-64 years of age who were screened for cervical cancer according to the evidence-based guidelines: <ul style="list-style-type: none"> • Women age 21-64 who had cervical cytology performed every 3 years. • Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years. 	Percentage of women 21-64 years of age who received one or more Pap tests to screen for cervical cancer.
Lookback Period	Either the measurement year or during the 2 prior calendar years (Pap Test), or the measurement year or during the 4 prior calendar years (HPV test).	Either the measurement year or during the 2 prior calendar years (Pap Test), or the measurement year or during the 4 prior calendar years (HPV test).	Either the measurement year or during the 2 prior calendar years (Pap Test), or the measurement year or during the 4 prior calendar years (HPV test).	Either the measurement year or during the 2 prior calendar years (Pap Test), or the measurement year or during the 4 prior calendar years (HPV test).
Sample Size	3 to 12 charts depending on number of providers.	Each measure and reporting region begin its first year with 411 medical records being sampled. After the first year being measured, there is a table that NCQA has provided to give future required samples, based off of previous performance. Sample requests could vary from 1 to 1,500 total per site.	The entire denominator	70 charts or at least 80% of denominator population in EHR
Numerator	The number of women chosen for chart review who were screened for cervical cancer, as identified below. •Step 1: Identify women 21-64 years of age who had cervical cytology during the measurement year or the 2 years prior to the measurement year. (Pap smears should begin at age 21 or within 3 years of onset of sexual activity). •Step 2: From the women who did not meet step 1 criteria, identify women who were 30-64 years of age at the time of the test who had cervical cytology and a human papilloma virus (HPV) test with service dates four or less days apart during the measurement year or the four years prior to the measurement year and who were 30 years or older on the date of both tests.	The number of women in the denominator who were appropriately screened for cervical cancer, as identified below. •Step 1: Identify women 24-64 years of age as of June 30 of the measurement year who had cervical cytology during the measurement year or the two years prior to the measurement year •Step 2: From the women who did not meet step 1 criteria, identify women 30-64 years of age as of June 30 of the measurement year who had cervical cytology and a human papilloma virus (HPV) test with service dates four or less days apart during the measurement year or the four years prior to the measurement year and who were 30 years or older on the date of both tests.	The number of women in the denominator who were appropriately screened for cervical cancer, as identified below. •Step 1: Identify women 24-64 years of age as of June 30 of the measurement year or the two years prior to the measurement year •Step 2: From the women who did not meet step 1 criteria, identify women 30-64 years of age as of June 30 of the measurement year who had cervical cytology and a human papilloma virus (HPV) test with service dates four or less days apart during the measurement year or the four years prior to the measurement year and who were 30 years or older on the date of both tests. •Step 3: Add the numbers from Steps 1-2 to obtain a total rate for women who were identified with appropriate screening for cervical cancer.	Number of female patients 24-64 years of age receiving one or more documented Pap tests during the measure year or during the 2 calendar years prior among those women included in the denominator, or, for women who were 30 years of age or older at the time of the test who choose to also have an HPV test performed simultaneously, if the test was done during the measurement year or during the 4 calendar years prior.
Denominator	Number of all female patients age 21-64 years of age assigned to the PCP office and seen in the last 3 years.	Number of all female patients age 24-64 years of age during the measurement year	The number of Medi-Cal women 24-64 years of age as of the end of the measurement year.	Number of all female patients age 24-64 years of age during the measurement year who had at least one medical visit during the reporting year.
Evidence	Women under 30 years old: A note indicating the date when the cervical cytology was performed and the result or finding. Women 30 years old or older: A note indicating the date when the cervical cytology and the HPV test were performed and the results or findings. The cervical cytology and HPV test must be from the same data source. Do not count lab results that state "sample was inadequate", or "no cervical cells Present". Note: "No endocervical cells" may be used if a valid result was reported. Pathology reports may be provided as evidence. * Do not count biopsies as they are considered diagnostic and therapeutic only.	Women under 30 years old: A note indicating the date when the cervical cytology was performed and the result or finding. Women 30 years old or older: A note indicating the date when the cervical cytology and the HPV test were performed and the results or findings. The cervical cytology and HPV test must be from the same data source. Do not count lab results that state "sample was inadequate", or "no cervical cells Present". Note: "No endocervical cells" may be used if a valid result was reported. Pathology reports may be provided as evidence. * Do not count biopsies as they are considered diagnostic and therapeutic only.	Women under 30 years old: A note indicating the date when the cervical cytology was performed and the result or finding. Women 30 years old or older: A note indicating the date when the cervical cytology and the HPV test were performed and the results or findings. The cervical cytology and HPV test must be from the same data source. Do not count lab results that state "sample was inadequate", or "no cervical cells Present". Note: "No endocervical cells" may be used if a valid result was reported. Pathology reports may be provided as evidence. * Do not count biopsies as they are considered diagnostic and therapeutic only.	A patient is counted as having had a Pap test if a visit contains a related ICD-9, ICD-10, and/or CPT code or if a copy of a lab test performed by another provider is in the chart. Documentation in the medical record of a test performed outside of the health center must include the date the test was performed, who performed it, and the result of the finding. A chart note which documents the name, date, and results from a test performed by another provider, which is based on communications between the clinic and the provider is also acceptable. To see relevant codes, access 2015 UDS manual.

Provides details on the sampling methodology for the measure

Offers tips on documentation required to meet the measure

Cervical Cancer Screening	Site Review (SR)	HEDIS	QIP	UDS
Exclusions	Women who have had a hysterectomy and who have no residual cervix. Documentation of "complete", "total, or "radical" abdominal or vaginal hysterectomy any time during the member's history. Documentation of hysterectomy alone does not meet criteria, as it does not indicate the cervix was removed. (Women after 64 who had regular previous normal screenings).	Women who have had a hysterectomy and who have no residual cervix. Documentation of "complete", "total, or "radical" abdominal or vaginal hysterectomy any time during the member's history through December 31 of the measurement year. Documentation of hysterectomy alone does not meet criteria, as it does not indicate the cervix was removed.	Women with evidence of a hysterectomy with no residual cervix any time during the member's history through the end of the measurement year. Documentation of "complete," "total" or "radical" abdominal or vaginal hysterectomy meets the criteria for hysterectomy with no residual cervix. The following also meet criteria: <ul style="list-style-type: none"> • Documentation of a "vaginal Pap smear" in conjunction with documentation of "hysterectomy" • Documentation of hysterectomy in combination with documentation that the patient no longer needs pap testing/cervical cancer screening. • Documentation of hysterectomy alone does not meet the criteria because it does not indicate that the cervix was removed. 	Women who have had a hysterectomy and who have no residual cervix and for whom the administrative data does not indicate a Pap test was performed.
CPT Codes/Other data sources	No administrative data	No administrative data	QIP Code List	The following ICD-9, ICD-10, and/or CPT codes are evidence of meeting the measurement standard: <ul style="list-style-type: none"> • CPT: PAP = 88141-88155, 88164-88167, 88174-88175; HPV = 87620-87622 • ICD-9-CM: 91.46, V72.32; ICD-10-CM: Z01.42 • CPT-II: 3015F = Pap test
Benchmarks	Exempted Pass: 90% or above (Total score is ≥ 90% and all section scores are 80% or above) Conditional Pass: 80-89%: (Total score is 80-89% or any section(s) score is < 80%)	25th Percentile: 54.33% 50th Percentile: 60.98% 75th Percentile: 67.88% 90th Percentile: 73.08%	75th Percentile (Half Points): 67.9% 90th Percentile (Full Points): 73.1%	Nat'l UDS 2014: 56.3% CA UDS 2014: 58.6% HP2020: 93%

Describes who should be excluded from measurement and key terms to look for in the record

Identifies specific codes to use in query reports or provides links to code lists