

## 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.

MEASUREMENT SYSTEMS CROSSWALK - 2019 REVISION						
Note: This crosswalk is for informational purposes only, always reference source documents for making final reporting decisions: <a href="#">Links Below</a>						
Themes	Measure Name	Description	<a href="#">Site Review (SR)</a>	<a href="#">HEDIS</a>	<a href="#">PCP QIP (2019)</a>	<a href="#">UDS (2018)</a>
Primary Preventive	Cervical Cancer Screening	HEDIS: 21-64 y/o QIP: 21-64 y/o MU: CMS124v6 QIP: Family & Adult	X	X	X	X
	Breast Cancer Screening (BCS)	HEDIS: 50- 74 y/o QIP: Family & Adult	X	X	X	
	Colorectal Cancer Screening	MU: CMS130v6 QIP: Family & Adult	X	X	X	X
	Prenatal & Postpartum Care - Timeliness of prenatal care		X	X		X
	Birth Weight of Infants					X
	Depression Screening					X
	Dental Sealants					X
	Ambulatory Care			X		
	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis			X		
	Use of Imaging Studies for Low Back Pain			X		
Immunizations	Childhood Immunization Combination 3	UDS: DTP/Dtap, IPV, MMR, Hib, HepB, VZV, PCV, Hep A, Rotavirus, Influenza QIP: Pediatrics & Family, DTP/Dtap, IPV, MMR, Hib, HepB, VZV, PCV	X	X	X	X
	Immunizations for Adolescents	10-13 y/o QIP: Pediatrics & Family	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 2019	UDS 2018
Reporting Period	Time period from previous site review to current.	January - December of the measurement year.	January - December of the measurement year.	January - December
Description	Percentage of women 21-64 years of age who are sexually active and have a cervix, that 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.	The percentage of continuously enrolled Medi-Cal women 21-64 years of age who were screened for cervical cancer.	Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: - 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.
Lookback Period	For a regular PAP test, the measurement year or during the 2 prior calendar years. For PAP test plus HPV co-testing, the measurement year or during the 4 prior calendar years.	Either the measurement year or during the 2 prior calendar years (Pap Test), or the measurement year or during the 4 prior calendar years (Pap with HPV co-test).	Either the measurement year or during the 2 prior measurement years (Pap Test, hrHPV for women 30 or older), or the measurement year or during the 4 prior measurement 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 (Pap/HPV co-testing).
Sample Size	1-3 Providers will be 10 records 4-6 Providers will be 20 records 7+ Providers will be 30 records	Each measure and reporting region will begin its first year with 411 medical records being sampled. After the first year being measured, there is a table that NCCQA has provided to give future required sample, 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	Routine screening for cervical cancer with PAP test is done on all women who are sexually active or 21 years old (whichever comes first) and have a cervix.	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 December 31st 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 December 31st of the measurement year who had cervical cytology and a human papilloma virus (HPV) test ordered concurrently, during the measurement year or the four years prior to the measurement year, who were 30 years or older on the date of the test.	The number of women in the denominator who were appropriately screened for cervical cancer according to evidence based guidelines, as identified below. +Step 1: Identify women 24-64 years of age as of December 31 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 December 31 of the measurement year (DOB between January 1, 1954 and December 31, 1988) as of December 31 of the measurement year who had cervical cytology and an HPV test on the same date of service during the measurement year or	Number of female patients 21-64 years of age who were screened for cervical cancer. Appropriate screening criteria: - Cervical cytology performed every 3 years on women who are at least 21 years of age - Cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years during the measurement period or the four years prior to the time of the test
Denominator	Number of all female patients age 21-64 years of age assigned to the PCP office and seen within the last 3 years.	The number of continuously enrolled Medi-Cal women 24-64 years of age as of December 31, 2018 (DOB between January 1, 1954 and December 31, 1994).	The number of continuously enrolled Medi-Cal women 24-64 years of age as of December 31, 2018 (DOB between January 1, 1954 and December 31, 1994).	Number of all female patients 21-64 years of age who had at least one medical visit during the measurement period.
Evidence	PAP test results in chart Documentation signed by the provider stating when PAP was done and results. + Do not count biopsies unless considered diagnostic and therapeutic only.	<u>Women under 30 years old:</u> A note indicating the date when the cervical cytology was performed and the result or finding. <u>Women 30 years old or older:</u> 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. Note: For women meeting either of the above criteria, documentation of cervical cancer screening method that includes collection and microscopic analysis of cervical cells. Do not include Pap smear only.	<u>Women under 30 years old:</u> A note indicating the date when the cervical cytology was performed and the result or finding. <u>Women 30 years old or older:</u> 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. Note: For women meeting either of the above criteria, count any cervical cancer screening method that includes collection and microscopic analysis of cervical cells.	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 2016 UDS manual.
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. Or Women after 64 who had regular previous normal screenings, if OK'd by provider, no longer	Women with evidence of a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time during the member's history through December 31 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: + 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	Women with evidence of a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time during the member's history through December 31 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: + 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	Women who have no residual cervix. Look for back as possible in the patient's history through either chart review. See UDS 2018 manual for Surgical Codes. If a patient has had a hysterectomy, the chance of finding a Pap test, however, contain textual reference to the finding for this in the event that no current Pap test is documented during the measurement period.

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: • 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	<a href="#">QIP Code List</a>	The following ICD-9, ICD-10, and/or CPT codes are evidence of meeting the measurement standard: • 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: 30153 = Pap test
Benchmarks	<b>Exempted Pass: 90% or above</b> (Total score is ≥ 90% and all section scores are 80% or above) <b>Conditional Pass: 80-89%</b> (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%	Natl UDS 2014: 56.3% CA UDS 2014: 58.6% HP2020α: 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