

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 or QIP 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
- Breast Cancer Screening
- Colorectal Cancer Screening
- Prenatal and Postpartum Care
- Birthweight of Infants
- Depression Screening
- Depression Remission
- Dental Sealants

Immunizations

- Childhood Immunizations
- Immunizations for Adolescents

**Tertiary
Prevention**

- Diabetes Care – Retinal Eye Exam
- Diabetes Care - Controlling Diabetes
- Complete Lipid Panel
- Controlling High Blood Pressure
- Tobacco Screening and Cessation
- HIV Screening
- HIV Linkage to Care
- Adult Weight Assessment and Counseling

Well Child

- Child and Adolescent Weight Assessment and Counseling
- Well Child Visits 0-15 Months
- Well Child Visits 3-6 Years
- Child and Adolescent Well Care 3-17

**Medication
Management**

- Asthma Medication Ratio
- Statin Therapy
- Ischemic-Vascular Disease

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 - 2023						
Note: This crosswalk is for informational purposes only, always reference source documents for making final reporting decisions. Links Below. Reference to HEDIS measures are included in this Summary tab only. More information is available through the HEIDS link below.						
Themes	Measure Name	Description	Site Review (SR)	HEDIS	PCP QIP (2023)	UDS (2022)
Primary Preventive	Cervical Cancer Screening	HEDIS: 21-64 y/o QIP: 21-64 y/o Family & Internal Medicine MU: CMS124v8	X	X	X	X
	Breast Cancer Screening	HEDIS: 50-74 y/o QIP: 50-74 y/o Family & Internal Medicine MU: CMS125v8	X	X	X	X
	Colorectal Cancer Screening	QIP: 50-75 y/o Family & Internal Medicine MU: CMS130v8	X	X	X	X
	Prenatal & Postpartum Care - Timeliness of Prenatal Care		X	X		X
	Birth Weight of Infants					X
	Depression Screening	MU: CMS2v9	X			X
	Depression Remission	MU: CMS159v8				X
Dental Sealants	MU: CMS277v0	X			X	
Immunizations	Childhood Immunization Combination 10	UDS: DTP/Dtap, IPV, MMR, Hib, HepB, VZV, PCV, HepA, Rotavirus, Influenza QIP: Birth-2 y/o Pediatrics & Family DTP/Dtap, IPV, MMR, Hib, HepB, VZV, PCV, HepA, RV, Influenza	X	X	X	X
	Immunizations for Adolescents	QIP: 9-13 y/o Pediatrics & Family	X	X	X	
	Diabetes Care - Retinal Eye Exam	QIP: 18-75 y/o Family & Internal Medicine MU: CMS131v6		X	X	
	Diabetes Care - HbA1c Control	QIP: 18-75 y/o Family & Internal Medicine MU: CMS122v8		X	X	X
	Complete Lipid panel		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)	QIP 2023	UDS 2022
Reporting Period	Time period from previous site review to current. Duration of time between site reviews	January - December of the measurement year.	January - December
Description	Percentage of women 21-65 years of age who are sexually active and have a cervix, that received one or more Pap tests to screen for cervical cancer. <i>As of July 1, 2020:</i> Women 30-65 with cytology and HPV cotesting every 5 years. Women who are 21 to 64 years of age received screening for cervical cancer with cytology (PAP smear), in one of the following ways: 1.) 21-65 years of age, cytology every 3 years, 2.) 30-65 years of age, cytology and human papillomavirus (HPV) co-testing every 5 years.	The percentage of Medi-Cal women 21 - 64 years of age who were screened for cervical cancer according to evidence-based guidelines: - Women age 21 - 64 who had cervical cytology performed every three years. - Women age 30 - 64 who had cervical cytology and human papillomavirus (HPV) co-testing performed every five years. - Woman age 30 - 64 who had high-risk human papillomavirus (hrHPV) testing performed every five years.	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. *Use age 23 for assessment due to 2-year look-back period.
Lookback Period	For a regular PAP test, the measurement year or during the 2 prior calendar years. 1.) 21-65 years of age, cytology every 3 years 2.) 30-65 years of age, cytology and human papillomavirus (HPV) co-testing every 5 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 (hrHPV).	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	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 (which ever comes first) and have a cervix. <i>As of July 1, 2020:</i> Routine Cervical cancer screening is done on all women 21-65 years old. The number of women in the denominator who were appropriately screened for cervical cancer	See Measure Description	Number of female patients 23-64 years of age with one or more screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria: - Cervical cytology performed during the measurement period or the 2 years prior for women who are at least 21 years old at the time of the test - Cervical cytology/human papillomavirus (HPV) co-
Denominator	Number of all female patients age 21-65 years of age assigned to the PCP office and seen within the last 3 years. Number of patients, pulled at random, who meet the parameters for cervical cancer screening	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 age 23-64 years of age during the measurement year who had at least one medical visit during the reporting year.
Evidence	1.) PAP test results in chart 2.) Documentation signed by the provider stating when PAP was done and results.	Women under 30 years old: Administrative data or a note indicating the date when the cervical cytology was performed and the result or finding. Women 30 years old or older: A note in the medical record indicating the date when the cervical cytology and the hrHPV test co-test were performed and the results or findings. Or administrative data or a note indicating the date when the cervical cytology was performed and the result or finding.	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 test.
Exclusions	Women who have had a hysterectomy and who have 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.	Women who have had a hysterectomy and who have 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.	Women who have had a hysterectomy and who have no residual cervix or a congenital absence of cervix. Look for evidence of a hysterectomy as far back as possible in the patient's history through either administrative data or medical record review. See UDS manual for Surgical Codes. NOTE: because very few health centers perform hysterectomies, the measure excludes these CPT codes as well. The measure excludes these CPT codes as well. The measure excludes these CPT codes as well.
CPT Codes/Other		Codes located in the Diagnosis Crosswalk via eReports	Link to UDS Manual (see page 91)

Provides details on the definition specifications for the measure

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

Offers tips on documentation required to meet the measure