Appropriate testing for children with Pharyngitis

Measure Basic Information

Name and date of specifications used: HEDIS® 2016 Technical Specifications for Health Plans (Volume 2)

URL of Specifications:
n/a

Measure Type:
HEDIS ■ PQI☐ Survey☐ Other☐ Specify:

Measure Utility:
CCO Incentive☐ Core Performance☐ CMS Adult Set☐ CHIPRA Set☐ State Performance■
Other☐ Specify: CMS has dropped this measure from the CHIPRA set in FFY2014.

Data Source: MMIS/DSSURS:

Measurement Period: July 1, 2015 – June 30, 2016

OHA is using the HEDIS defined intake period for the index episode start date (July 1 of the previous year to June 30 of the measurement year). This change was made in 2015.

2013 Benchmark: 76.0%, *2012 National Medicaid 75th percentile*
2014 Benchmark: 77.9%, *2013 National Medicaid 75th percentile*
2015 Benchmark: 78%, *2014 National Medicaid 75th percentile*
2016 Benchmark: 78%, *2015 National Medicaid 75th percentile*

Incentive Measure changes in specifications from 2015 to 2016:
OHA is using HEDIS® 2016 specifications for all 2015 measurements. There are no major changes in this measure between HEDIS® 2015 and 2016. To note:

- HEDIS® 2016 added 'numerator events by supplemental data' to the Data Elements for Reporting table. However, OHA does not calculate this measure with any data other than administrative claims.
- HEDIS® 2016 included ICD-10 diagnosis codes in the Pharyngitis Value Set.

For measurements involving NDC lists published by NCQA (http://www.ncqa.org), OHA will use the latest available version for the measures; 2017 NDC lists will be used for the final calculations of 2016 measurement year. Before the 2017 NDC lists are available, OHA will use the 2016 lists for any progress reports.

HEDIS specifications are written for multiple lines of business and include a broad set of codes that could be used for measurement. OHA is not using all codes listed in the HEDIS specifications. Codes OHA is not using include, but are not limited to, LOINC, CPT, and HCPCS codes that are not open to Medicaid in Oregon. A general rule of thumb is that only CPT/HCPCS codes associated with the prioritized list will be used to calculate the measures; however as some measure specifications include denied claims, a claim that was denied because it included codes not on the prioritized list might still be counted toward the measure.

Denied claims: Included ■ Not included ☐

Member type: CCO A ■ CCO B ■ CCO G ☐

Measure Details

Data elements required denominator:
Identify each index episode start date (IESD) of children age 2 year as of July 1, 2015, to age 18 years as of June 30, 2016, who had an outpatient visit (Outpatient Value Set), and observation visit (Observation Value Set) or an ED visit (ED Value Set) during the intake period, with only one diagnosis of pharyngitis (Pharyngitis Value Set). Then determine if antibiotics (Table CWP-C)[1] were dispensed for each episode, on or up to three days after the IESD.

Observation Value Set	
CPT	99217 - 99220

OR

Outpatient Value Set	
CPT	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456
HCPCS	G0402, G0438, G0439, G0463, T1015
UBREV	0510-0517, 0519-0523, 0526-0529, 0982, 0983

OR

ED Value Set	
CPT	99281-99285
UBREV	0450, 0451, 0452, 0456, 0459, 0981

WITH

Pharyngitis Value Set	
ICD9-CM Diagnosis	034.0, 462, 463
ICD10-CM Diagnosis	J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91

WITH

Antibiotics (Table CWP-C[1]) dispensed on or 3 days after the IESD.

Required exclusions for denominator:
Exclude claims/encounters with more than one diagnosis, and ED visits that result in an inpatient admission.

Exclude episodes where the member had a negative medication history. Exclude IESD where a new or refill

[1] The HEDIS Table CWP-C NDC list is available on the NCQA website (www.ncqa.org)

prescription for an antibiotics was filled 30 days prior to the IESD, or where a prescription filled more than 30 days prior to the episode date was active on the episode date.

Deviations from cited specifications for denominator: None.

Data elements required numerator:
A group A streptococcus test (Group A Strep Tests Value Set) in the seven day period from three days prior to the IESD through three days after the IESD.

Group A Strep Tests Value Set	
CPT	87070, 87071, 87081, 87430, 87650-87652, 87880
LOINC ***(for reference only – LOINC not used in OHA measure calculations)***	11268-0, 17656-0, 18481-2, 31971-5, 49610-9, 5036-9, 60489-2, 626-2, 6556-5, 6557-3, 6558-1, 6559-9, 68954-7

Required exclusions for numerator: None.

Deviations from cited specifications for numerator: None.

What are the continuous enrollment criteria:
30 days prior to the episode date through 3 days after the episode date (inclusive).

What are allowable gaps in enrollment: None.

Define Anchor Date (if applicable): Index Episode Start Date (IESD).