

Pediatric Measures Ad Hoc Workgroup – Follow-up from Meeting #1, For Discussion on August 15, 2016

Below are the follow-up items from the July 18 Pediatric Measures Ad Hoc Workgroup meeting. The Alliance was asked to provide the following:

1. Send out the measure specifications for the Mental Health Service Penetration measure.

- See [attachment A](#) for the Mental Health Service Penetration measure definition (Note: the full code sets are available upon request; the documents are lengthy). This measure is already on the Common Measure Set – it was added in 2016 and the first results will be available later this year. It is doubtful that the PMCC will remove this measure at this time given that it is brand new.

2. Send out the measure specifications for two similar measures for the workgroup’s review and comparison: (a) Substance Use Disorder Service Penetration, and (b) Initiation and Engagement of Alcohol and Other Drug Dependence Treatment.

- See [attachment B](#) for the Substance Use Disorder Service Penetration measure definition (Note: the full code sets are available upon request; the documents are lengthy.) It is doubtful that the PMCC will remove this measure at this time given that it is brand new.
- See [attachment C](#) for the NQF summary¹ of the Initiation and Engagement of Alcohol and Other Drug Dependence Treatment measure. None of the health plans in Washington (commercial or Medicaid) reported results for this measure to NCQA Quality Compass in 2015.

3. Follow-up with the Department of Health to find out about any measures and/or data available on Elementary School Entry Immunization Status (Deb Doyle on point)

- Michele Roberts (DOH, Director of the Office of Immunization and Child Profile) reports the following:

The DOH gets aggregate data from every K-12 school in the state annually about the number of students that meet school immunization requirements. This data is parent self-reported – although it does seem to pretty closely match medical and we are moving towards having all school reports come from the Immunization Information System (IIS) data, which is a medical record. The questions you have about the data are all answered here: <http://www.doh.wa.gov/DataandStatisticalReports/HealthBehaviors/Immunization/SchoolReports/Explanation>. There is also a link in the last bullet on that website to all of the data – everything is on our website already from the state level down to individual schools, and you can sort by school district and county: <http://www.doh.wa.gov/DataandStatisticalReports/HealthBehaviors/Immunization/SchoolReports>.

¹ The NCQA HEDIS *detailed* measure specifications are copyright protected and cannot be reproduced for distribution to the Workgroup.

A bigger question to consider is whether this potential measure would be of added benefit in addition to the other immunization measures already on the Common Measure Set; especially in light of us moving towards school data being IIS data. So this would just be another grouping of IIS data in addition to the other childhood and teen immunization measures from IIS data that are already in the Common Measure Set. The DOH also needs to continue to assess and discuss if they are resourced to support another immunization measure with data from the state.

4. Send out the measure specifications for the two asthma measures: (a) Asthma Medication Ratio (NQF #1800); and, (b) Medication Management for People with Asthma (NCQA, currently on Common Measure Set).

- See attachment D for the NQF summary² of the Asthma Medication Ratio measure. This measure was considered for inclusion in the Common Measure Set but the measure below was selected instead, noting that this one is new and relatively untested.
- See attachment E for the NQF summary of the Medication Management for People with Asthma measure. This measure is currently approved for the Common Measure Set, starting in 2016.

5. Try to get the measure specifications for the Asthma measure from the State of Alabama Medicaid program.

- See attachment F for the measure specification currently used in Alabama.
- They do use the measure in Alabama but the Alabama Medicaid program has declined to be the national measure steward. Mr. Nelson was unaware of another organization stepping in to become the measure steward so it's possible (probably likely) that the measure will not be maintained over time. It has not been translated for ICD-10.
- They like the measure and currently publicly report it at a statewide level only, and only for the Medicaid population. However, he did note that the measure has been criticized by the provider community because, at least anecdotally, they have found that a number of children receive a diagnosis of asthma in the ER but are never followed up for asthma by a physician. They suspect that there is an over-diagnosis of asthma in the ER environment.

² The NCQA *detailed* measure specifications are copyright protected and cannot be reproduced for distribution to the Workgroup. This applies to both of these asthma measures.

6. Send our measure specifications for two measures related to antibiotic use: (a) Appropriate Treatment for Children with URI (NQF #0069); and (b) Antibiotic Utilization (NCQA).

- See attachment G for Appropriate Treatment for Children with URI measure definition³. This is a measure of appropriate care.
- The NCQA Antibiotic Utilization measure is purely a utilization measure. The measure summarizes data on outpatient utilization of antibiotic prescriptions during the measurement year, e.g., total number of prescriptions, average number of prescriptions per member per year, total days supplied, average days supplied, % of antibiotics of concern of all antibiotic prescriptions, etc. Results only be available at a health plan level for some or all commercial and Medicaid health plans.

Results reported by age groups: 0-9 and 10-17 (adult age groups also available).

The measure references the following antibiotics:

<p>Antibiotics of Concern:</p> <ul style="list-style-type: none"> • Quinolone • Cephalosporin • Azithromycin & Clarithromycin • Amoxicillin/Clavulanate • Clindamycin • Miscellaneous Antibiotics of Concern 	<p>All Other Antibiotics:</p> <ul style="list-style-type: none"> a. Absorbable sulfonamide b. Aminoglycoside c. Cephalosporin (first generation) d. Lincosamide (other than clindamycin) e. Macrolide (other than azithromycin and clarithromycin) f. Penicillin (other than amoxicillin/clavulanate) g. Tetracyclines h. Miscellaneous antibiotics
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³ The NCQA *detailed* measure specifications are copyright protected and cannot be reproduced for distribution to the Workgroup. This applies to both of these antibiotics measures.

7. Send out current performance rates for pediatric-related measures in the Common Measure Set (from 2015 Common Measure Set report).

Measure	2015 Last Reported State Rate		Units of Analysis
	Commercial	Medicaid	
Appropriate Testing for Children with Pharyngitis	76%	66%	State County Medical Group Health Plan
Child and Adolescent's Access to Primary Care, Ages 12-24 mo	94%	94%	State County Health Plan
Child and Adolescent's Access to Primary Care, Ages 25 mo - 6 yrs	81%	81%	State County Health Plan
Child and Adolescent's Access to Primary Care, Ages 7-11 yrs	85%	84%	State County Health Plan
Child and Adolescent's Access to Primary Care, Ages 12-19 yrs	84%	84%	State County Health Plan
Childhood Immunization Status by Age 2	33%		State County
HPV for Female Adolescents	21%		State County
HPV for Male Adolescents	15%		State County
Oral Health: Primary Caries Prevention by Primary Care	NA	7%	State County
Weight Assessment for Children/ Adolescents	52%	35%	State Health Plan
Counseling for Nutrition for Children/ Adolescents	52%	50%	State Health Plan
Counseling for Physical Activity for Children/ Adolescents	49%	47%	State Health Plan
Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	63%	57%	State County Medical Group Health Plan

Measure	2015 Last Reported State Rate		Units of Analysis
	Commercial	Medicaid	
These measures are reported by the Alliance but are not included in the Common Measure Set.			
Adolescent Well Care	37%	39%	State County Medical Group
Appropriate Treatment for Children w/ URI	92%	92%	State County Medical Group

The following was not requested by the Ad Hoc Workgroup. The following 26 measures are included in the CMS Core Set of Children's Health Care Quality Measures for Medicaid and Children's Health Insurance Program (CHIP). Also noted are which of these measures are currently approved for the Washington State Common Measure Set.

Measure	In Common Measure Set?
1. HPV Vaccine for Female Adolescents	Yes
2. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Yes
3. Children and Adolescent Access to Primary Care Practitioners	Yes
4. Childhood Immunization Status	Yes
5. Immunization Status for Adolescents	Yes
6. Frequency of Ongoing Prenatal Care	No
7. Timeliness of Prenatal Care	No
8. Live Births Weighing Less Than 2,500 Grams	No
9. C-Section Rate for Nulliparous Singleton Vertex	Yes
10. Behavioral Health Risk Assessment (for pregnant women)	No
11. Developmental Screening in the First Three Years of Life	No
12. Annual Pediatric Hemoglobin A1c Testing	No
13. Well Child Visits in the First 15 Months of Life	No
14. Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	Yes
15. Adolescent Well-Care Visits	No
16. Chlamydia Screening in Women	Yes
17. Percentage of Eligibles that Received Preventive Dental Services	No
18. Percentage of Eligibles that Received Dental Treatment Services	No
19. Medication Management for People with Asthma	Yes
20. Follow-up After Hospitalization for Mental Illness	Yes
21. Follow-up Care for Children Prescribed ADHD Medication	No
22. Pediatric Central Line Associated Blood Stream Infections	No
23. Appropriate Testing for Children with Pharyngitis	Yes
24. Annual Percentage of Asthma Patients with ≥ 1 Asthma-Related ER Visit	No
25. Ambulatory Care – Emergency Department Visits	Yes
26. CAHPS 5.0 – Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items	No

Mental Health Service Penetration Measure Definition

July 5, 2016

Commercial Plan Version 1.3

Description

The percentage of members with a mental health service need who received mental health services in the measurement year.

These specifications are derived from a measure developed by the Washington State Department of Social and Health Services, in collaboration with Medicaid delivery system stakeholders, as part of the 5732/1519 performance measure development process.

Eligible Population

Ages	Separate reporting for age groups 6 – 17, 18 – 64 and 65+
Continuous enrollment	The measurement year
Allowable gap	No more than one gap in continuous enrollment of up to 45 days during each year of continuous enrollment. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).
Anchor date	December 31 of the measurement year
Identification window	January 1 of the year prior to the measurement year through December 31 of the measurement year (24 months)
Benefit	Medical
Event/diagnosis	Members meeting the mental health service need criteria defined below
Claim status	Include only final paid claims or accepted encounters in measure calculation

Mental Health Service Need

Mental health service need is identified by the occurrence of any of the following conditions:

1. Receipt of any mental health service meeting the numerator service criteria in the 24-month identification window

2. Any diagnosis of mental illness (not restricted to primary) in any of the categories listed in MH-Dx-value-set.xlsx in the 24-month identification window
3. Receipt of any psychotropic medication listed in MH-Rx-value-set.xlsx in the 24-month identification window

Denominator

Include in the measure denominator all individuals in the eligible population with a mental health service need.

Numerator

Members receiving at least one mental health services meeting at least one of the following criteria in the 12-month measurement year:

TABLE 1.
Numerator Service Criteria

Criterion	Value Sets
Mental health service modality	Brief intervention treatment, crisis services, day support, family treatment, group treatment services, high intensity treatment, individual treatment services, intake evaluation, medication management, medication monitoring, mental health services provided in residential settings, peer support, psychological assessment, rehabilitation case management, special population evaluation, stabilization services, therapeutic psychoeducation, engagement & outreach, supported employment, mental health clubhouse, community based wraparound services, co-occurring treatment
Mental health provider taxonomy	Primary diagnosis code is a valid value in the MH-Dx-value-set.xls file AND Servicing provider taxonomy code is in the set: 101Y00000X, 101YM0800X, 101YP2500X, 103G00000X, 103T00000X, 103TB0200X, 103TC0700X, 103TC1900X, 103TC2200X, 103TF0000X, 103TH0100X, 103TP0016X, 103TP0814X, 103TP2700X, 103TR0400X, 104100000X, 1041C0700X, 106H00000X, 163WP0809X, 2080P0006X, 2084A0401X, 2084F0202X, 2084N0400X, 2084N0402X, 2084N0600X, 2084P0015X, 2084P0800X, 2084P0802X, 2084P0804X, 2084P0805X, 2084S0012X, 2084V0102X, 251S00000X, 261QM0801X, 273R00000X, 283Q00000X, 323P00000X, 363LP0808X, 364SP0808X
Mental health procedure code	90791, 90792, 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90811, 90812, 90813, 90814, 90815, 90816, 90817, 90818, 90819, 90821, 90822, 90823, 90824, 90825, 90826, 90827, 90828, 90829, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90857, 90862, 90889, H0004, H2021, H0023, H0025, H0027, H0030, H0031, H0032, H0035, H0036, H0037, H0038, H0039, H0040, H0046, H1011, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, H2021, H2022, H2023, H2035, H2027, H2030, H2031, H2033, H0038, M0064, Q5008, S9480, S9482, S9484, S9485, T1025, T1026, T2038, T2048,

Mental health condition management in primary care	<p>96101, 96102, 96103, 96110, 96111, 96116, 96118, 96119, 96120</p> <p>Primary diagnosis code is a valid value in the MH-Dx-value-set.xls file</p> <p>AND</p> <p>Procedure code is in the set: 99201-99215 (Office) or 99241-99255 (Consultation) or 99441-99444 (telephonic or online)</p> <p>AND</p> <p>Servicing provider taxonomy code is in the set: 101YA0400X, 101YM0800X, 101YP2500X, 103T00000X, 103TC0700X, 103TP0016X, 104100000X, 1041C0700X, 106H00000X, 163W00000X, 163WH0200X, 163WP0807X, 163WP0808X, 163WP0809X, 163WW0101X, 193200000X, 193400000X, 207LA0401X, 207LP2900X, 207P00000X, 207Q00000X, 207QA0000X, 207QA0401X, 207QA0505X, 207QG0300X, 207QH0002X, 207QS1201X, 207R00000X, 207RA0000X, 207RA0401X, 207RC0000X, 207RC0001X, 207RC0200X, 207RE0101X, 207RG0100X, 207RG0300X, 207RH0000X, 207RH0002X, 207RH0003X, 207RI0001X, 207RI0008X, 207RI0011X, 207RI0200X, 207RN0300X, 207RP1001X, 207RR0500X, 207RS0010X, 207RS0012X, 207RT0003X, 207RX0202X, 207V00000X, 207VC0200X, 207VG0400X, 207VM0101X, 207VX0000X, 207VX0201X, 208000000X, 2080A0000X, 2080H0002X, 2080P0006X, 2080P0008X, 2080P0201X, 2080P0202X, 2080P0204X, 2080P0205X, 2080P0206X, 2080P0207X, 2080P0208X, 2080P0210X, 2080P0214X, 2080P0216X, 2083P0901X, 2084A0401X, 2084F0202X, 2084N0400X, 2084N0402X, 2084P0015X, 2084P0800X, 2084P0802X, 2084P0804X, 2084P0805X, 208800000X, 208D00000X, 208M00000X, 208VP0000X, 208VP0014X, 251S00000X, 261Q00000X, 261QD1600X, 261QF0400X, 261QM0801X, 261QM1300X, 261QP0904X, 261QP0905X, 261QP2300X, 261QR0200X, 261QR0400X, 261QR0405X, 261QR1300X, 261QU0200X, 273R00000X, 282N00000X, 282NC0060X, 282NC2000X, 282NR1301X, 283Q00000X, 320800000X, 324500000X, 363LA2100X, 363LA2200X, 363LC1500X, 363LF0000X, 363LG0600X, 363LP0200X, 363LP0808X, 363LP1700X, 363LP2300X, 363LW0102X, 363LX0001X, 363LX0106X, 364S00000X, 364SF0001X, 364SP0808X, 367A00000X</p>
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Substance Use Disorder Treatment Penetration

Measure Definition

November 13, 2015

Candidate Commercial Plan Version 1.0

Description

The percentage of members with a substance use disorder treatment need who received substance use disorder treatment in the measurement year.

These specifications are derived from a measure developed by the Washington State Department of Social and Health Services, in collaboration with Medicaid delivery system stakeholders, as part of the 5732/1519 performance measure development process.

Eligible Population

Ages	Separate reporting for age groups 10 – 17, 18 – 64 and 65+
Continuous enrollment	The measurement year
Allowable gap	No more than one gap in continuous enrollment of up to 45 days during each year of continuous enrollment. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).
Anchor date	December 31 of the measurement year
Identification window	January 1 of the year prior to the measurement year through December 31 of the measurement year (24 months)
Benefit	Medical
Event/diagnosis	Members meeting the substance use disorder treatment need criteria defined below

Substance use disorder treatment need

Substance use disorder treatment need is identified by the occurrence of any of the following in the identification window:

1. Diagnosis of a drug or alcohol use disorder in any health service event (SUD-Tx-Pen-Value-Set-1.xlsx)
2. Receipt of a substance use disorder treatment service meeting numerator criteria:
 - a. Procedure, DRG, revenue and related codes: SUD-Tx-Pen-Value-Set-2.xls
 - b. NDC codes: SUD-Tx-Pen-Value-Set-3.xlsx
3. Receipt of brief intervention (SBIRT) services (SUD-Tx-Pen-Value-Set-4.xlsx)
4. Receipt of medically managed detox services (SUD-Tx-Pen-Value-Set-5.xlsx).

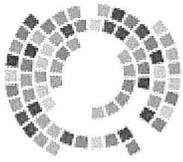
Denominator

Include in the measure denominator all individuals in the eligible population with a substance use disorder treatment need.

Numerator

Members receiving at least one substance use disorder treatment service meeting at least one of the following criteria in the 12-month measurement year (SUD-Tx-Pen-Value-Set-2.xlsx and SUD-Tx-Pen-Value-Set-3.xlsx):

1. Inpatient or residential substance use disorder treatment services
2. Outpatient substance use disorder treatment services
3. Methadone opiate substitution treatment services
4. Other medication-assisted treatment using buprenorphine, naltrexone, or disulfiram



NATIONAL
QUALITY FORUM

Quality Positioning System (QPS) Measure Description Display Information

Quality Measure

Description:

Measure Title: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)

NQF Measure Number: 0004

Measure Steward: National Committee for Quality Assurance

Measure Description: The percentage of adolescent and adult patients with a new episode of alcohol or other drug (AOD) dependence who received the following.

- Initiation of AOD Treatment. The percentage of patients who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.

- Engagement of AOD Treatment. The percentage of patients who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

Numerator Statement: Initiation of AOD Dependence Treatment:
Initiation of AOD treatment through an inpatient admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the index episode start date.

Engagement of AOD Treatment:
Initiation of AOD treatment and two or more inpatient admissions, outpatient visits, intensive outpatient encounters or partial hospitalizations with any AOD diagnosis within 30 days after the date of the Initiation encounter (inclusive).

Denominator Statement: Patients age 13 years of age and older who were diagnosed with a new episode of alcohol or other drug dependency (AOD) during the first 10 and 1/2 months of the measurement year (e.g., January 1-November 15).

Exclusions: Exclude patients who had a claim/encounter with a diagnosis of AOD during the 60 days (2 months) before the Index Episode Start Date. (See corresponding Excel document for the AOD Dependence Value Set)

Exclude from the denominator for both indicators (Initiation of AOD Treatment and Engagement

of AOD Treatment) patients whose initiation of treatment event is an inpatient stay with a discharge date after December 1 of the measurement year.

Risk Adjustment: No

Corresponding Measures: Not Available

Measure Status:

Endorsement Type: Endorsed

Last Updated Date: Feb 08, 2016

Measure(s) Considered in Harmonization Request:

Classification:

Measure Type: Process

Measure Format: measure

Use in Federal Program: Meaningful Use Stage 2 (EHR Incentive Program) - Eligible Professionals, Physician Quality Reporting System (PQRS)

Condition: Behavioral Health, Behavioral Health: Alcohol, Substance Use/Abuse

Cross-Cutting Area: Care Coordination, Safety

Care Setting: Ambulatory Care: Clinician Office/Clinic, Ambulatory Care: Urgent Care, Behavioral Health/Psychiatric: Inpatient, Behavioral Health/Psychiatric: Outpatient, Emergency Medical Services/Ambulance, Hospital/Acute Care Facility

National Quality Strategy Priorities: Effective Communication and Care Coordination

Actual/Planned Use:

Data Source: Administrative claims, Electronic Clinical Data

Level of Analysis: Health Plan, Integrated Delivery System

Target Population: Children's Health, Populations at Risk, Senior Care

Measure Steward Contact Information:

Organization Name: National Committee for Quality Assurance

Email Address: nqf@ncqa.org

Website URL:

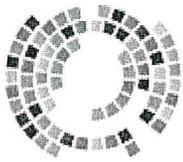
Measure Disclaimer:

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Measure Steward Copyright:

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Washington, DC 20005



Quality Positioning System (QPS) Measure Description Display Information

Quality Measure

Description:

Measure Title: Asthma Medication Ratio (AMR)

NQF Measure Number: 1800

Measure Steward: National Committee for Quality Assurance

Measure Description: The percentage of patients 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Numerator Statement: The number of patients who have a medication ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Denominator Statement: Patients 5–64 years of age during the measurement year who were identified as having persistent asthma.

Exclusions: 1) Exclude patients who had any diagnosis of Emphysema (Emphysema Value Set, Other Emphysema Value Set), COPD (COPD Value Set), Chronic Bronchitis (Obstructive Chronic Bronchitis Value Set, Chronic Respiratory Conditions Due To Fumes/Vapors Value Set), Cystic Fibrosis (Cystic Fibrosis Value Set) or Acute Respiratory Failure (Acute Respiratory Failure Value Set) any time during the patient's history through the end of the measurement year (e.g., December 31).

2) Exclude any patients who have no asthma controller medications (Table AMR-A) dispensed during the measurement year.

Risk Adjustment: No

Corresponding Measures: Not Available

Measure Status:

Endorsement Type: Endorsed

Last Updated Date: Dec 23, 2014

Measure(s) Considered in Harmonization Request:

Classification:

Measure Type: Process

Measure Format: measure

Use in Federal Program:

Condition: Pulmonary/Critical Care, Pulmonary/Critical Care: Asthma

Cross-Cutting Area: Population Health

Care Setting: Ambulatory Care: Clinician Office/Clinic, Post Acute/Long Term Care Facility: Inpatient Rehabilitation Facility, Post Acute/Long Term Care Facility: Long Term Acute Care Hospital, Post Acute/Long Term Care Facility: Nursing Home/Skilled Nursing Facility

National Quality Strategy Priorities: Effective Communication and Care Coordination

Actual/Planned Use:

Data Source: Administrative claims, Electronic Clinical Data, Paper Medical Records

Level of Analysis: Health Plan, Integrated Delivery System

Target Population: Populations at Risk: Dual eligible beneficiaries, Populations at Risk: Individuals with multiple chronic conditions

Measure Steward Contact Information:

Organization Name: National Committee for Quality Assurance

Email Address: nqf@ncqa.org

Website URL:

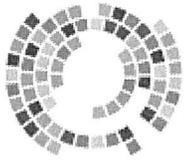
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Quality Positioning System (QPS) Measure Description Display Information

Quality Measure

Description:

Measure Title: Medication Management for People With Asthma (MMA)

NQF Measure Number: 1799

Measure Steward: National Committee for Quality Assurance

Measure Description: The percentage of patients 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported.

1. The percentage of patients who remained on an asthma controller medication for at least 50% of their treatment period.
2. The percentage of patients who remained on an asthma controller medication for at least 75% of their treatment period.

Numerator Statement: Medication Compliance 50%: The number of patients who achieved a PDC* of at least 50% for their asthma controller medications during the measurement year.

Medication Compliance 75%: The number of patients who achieved a PDC* of at least 75% for their asthma controller medications during the measurement year.

*PDC is the proportion of days covered by at least one asthma controller medication prescription, divided by the number of days in the treatment period.

Denominator Statement: Patients 5–64 years of age during the measurement year who were identified as having persistent asthma.

Exclusions: 1) Exclude patients who had any diagnosis of Emphysema (Emphysema Value Set, Other Emphysema Value Set), COPD (COPD Value Set), Chronic Bronchitis (Obstructive Chronic Bronchitis Value Set, Chronic Respiratory Conditions Due To Fumes/Vapors Value Set), Cystic Fibrosis (Cystic Fibrosis Value Set) or Acute Respiratory Failure (Acute Respiratory Failure Value Set) any time during the patient's history through the end of the measurement year (e.g., December 31).

2) Exclude any patients who have no asthma controller medications (Table ASM-D) dispensed during the measurement year.

Risk Adjustment: No

Corresponding Measures: Not Available

Measure Status:

Endorsement Type: Endorsed

Last Updated Date: Dec 23, 2014

Measure(s) Considered in Harmonization Request:

Classification:

Measure Type: Process

Measure Format: measure

Use in Federal Program:

Condition: Pulmonary/Critical Care, Pulmonary/Critical Care: Asthma

Cross-Cutting Area: Population Health

Care Setting: Ambulatory Care: Clinician Office/Clinic, Post Acute/Long Term Care Facility:
Nursing Home/Skilled Nursing Facility

National Quality Strategy Priorities: Effective Communication and Care Coordination

Actual/Planned Use:

Data Source: Patient Reported Data/Survey

Level of Analysis: Health Plan, Integrated Delivery System

Target Population: Populations at Risk: Dual eligible beneficiaries, Populations at Risk:
Individuals with multiple chronic conditions, Senior Care

Measure Steward Contact Information:

Organization Name: National Committee for Quality Assurance

Email Address: nqf@ncqa.org

Website URL:

Measure Disclaimer:

These performance Measures are not clinical guidelines and do not establish a standard of medical care, and have not been tested for all potential applications.

THE MEASURES AND SEPCIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

Measure ASMER: Annual Percentage of Asthma Patients with One or More Asthma-Related Emergency Room Visits

Alabama Medicaid

A. DESCRIPTION

Percentage of children ages 2 to 20 diagnosed with asthma during the measurement year with one or more asthma-related emergency room (ER) visits.

Guidance for Reporting:

- This measure does not require that a child be continuously enrolled to be eligible for the measure. The eligible population is defined by age and diagnosis of asthma.
- For purposes of reporting on the initial core set, the measurement period is the calendar year. Children should be ages 2 to 20 as of December 31st.
- Only include claims once the child is 2 years old. If a child becomes 2 years old during the reporting period, only include claims after the child's second birthday.
- If any of the exclusion diagnoses occur in any setting during the measurement period, exclude the patient from the denominator.
- The December 2011 version of the specification removed the use of at least two short-acting beta adrenergic agents as a method for identifying asthmatics. States should indicate the version of the specifications used for this measure when reporting into CARTS.

B. ELIGIBLE POPULATION

Age	Children ages 2 to 20 during the measurement period
Measurement Period	12 consecutive months
Event/Diagnosis	Diagnosis of asthma during the measurement period

C. DATA SOURCE

C.1 – Administrative Data Specifications

Denominator

Denominator is all patients ages 2 to 20, diagnosed with asthma during the measurement period. Denominator will include recipients with any claims with ICD-9-CM codes 493.00, 493.01, 493.02, 493.10, 493.11, 493.12, 493.81, 493.82, 493.90, 493.91, and 493.92 as primary and secondary diagnoses with the dates of service "Begin Date through End Date" equal to any consecutive 12 month period with paid dates from "Begin Date through End Date which includes 3 month tail."

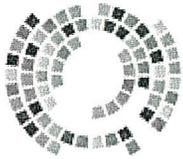
Exclusions

ICD-9-CM codes 493.20, 493.21 and 493.22

Numerator

Emergency Department Visits

Numerator is patients with asthma who have an emergency room visit during the measurement period (as identified by procedure codes 99281-99285 AND asthma diagnosis code ICD-9-CM codes 493.00, 493.01, 493.02, 493.10, 493.11, 493.12, 493.81, 493.82, 493.90, 493.91, and 493.92 as the primary diagnosis on the emergency room claim during the measurement period).



**Quality Positioning System (QPS)
Measure Description Display Information**

Quality Measure

Description:

Measure Title: Appropriate Treatment for Children With Upper Respiratory Infection (URI)

NQF Measure Number: 0069

Measure Steward: National Committee for Quality Assurance

Measure Description: Percentage of children 3 months to 18 years of age with a diagnosis of upper respiratory infection (URI) who were not dispensed an antibiotic medication.

Numerator Statement: Patients who were dispensed antibiotic medication on or within 3 days after an outpatient or ED encounter for upper respiratory infection (URI) during the intake period (a higher rate is better). The measure is reported as an inverted rate (i.e. 1-numerator/denominator) to reflect the number of children that were not dispensed an antibiotic.

Denominator Statement: All children age 3 months as of July 1 of the year prior to the measurement year to 18 years as of June 30 of the measurement year who had an ED or outpatient visit with only a diagnosis of nonspecific upper respiratory infection (URI) during the intake period (July 1st of the year prior to the measurement year to June 30th of the measurement year).

Exclusions: Exclude Episode Dates where a new or refill prescription for an antibiotic medication was filled 30 days prior to the Episode Date or was active on the Episode Date.

Exclude Episode Dates where the patient had a claim/encounter with a competing diagnosis on or three days after the Episode Date.

Risk Adjustment: No

Corresponding Measures: Not Available

Measure Status:

Endorsement Type: Endorsed

Last Updated Date: Mar 03, 2016

Measure(s) Considered in Harmonization Request:

Classification:

Measure Type: Process

Measure Format: measure

Use in Federal Program: Meaningful Use Stage 2 (EHR Incentive Program) - Eligible Professionals, Physician Quality Reporting System (PQRS)

Condition: Infectious Diseases, Infectious Diseases: Respiratory

Cross-Cutting Area: Overuse

Care Setting: Ambulatory Care: Clinician Office/Clinic, Ambulatory Care: Urgent Care

National Quality Strategy Priorities: Affordable Care

Actual/Planned Use:

Data Source: Administrative claims, Electronic Clinical Data, Electronic Clinical Data: Pharmacy

Level of Analysis: Health Plan, Integrated Delivery System

Target Population: Children's Health

Measure Steward Contact Information:

Organization Name: National Committee for Quality Assurance

Email Address: nqf@ncqa.org

Website URL:

Measure Disclaimer:

These performance Measures are not clinical guidelines and do not establish a standard of medical care, and have not been tested for all potential applications.

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1100 13th Street, NW, Suite 1000
Washington, DC 20005