Measure specifications: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis

Metric information

Metric description: The percentage of episodes for members 3 months of age and older with a diagnosis of acute Bronchitis/Bronchiolitis that did not result in an antibiotic dispensing event.
Metric specification version: HEDIS® Measurement Year 2024 Technical Specifications for Health Plans, NCQA (modified).

Data collection method: Administrative only.

Data source: ProviderOne Medicaid claims/encounter and enrollment data.

Claim status: Include only final paid claims or accepted encounters in metric calculation.

Identification window: Measurement year.

Direction of quality improvement: Higher is better.

URL of specifications: NCQA HEDIS measures

Metric Details

Eligible population

Measure	Description
Age	Aged 3 months or older as of the episode date.
Gender	N/A
Minimum Medicaid enrollment	30 days prior to the episode through 3 days after the episode date.
Allowable gap in Medicaid enrollment	No gaps are allowed during the continuous enrollment period.
Medicaid enrollment anchor date	None
Medicaid benefit and eligibility	Includes Medicaid beneficiaries with comprehensive medical benefits. Excludes beneficiaries that are eligible for both Medicare and Medicaid and beneficiaries with primary insurance other than Medicaid.

Denominator

Data elements required for denominator: Medicaid beneficiaries who meet the above eligibility criteria.

Required exclusions for denominator.

- Eligible population exclusions are listed in the eligible population table above.
- Metric specific exclusions:
  - Beneficiaries in hospice care.

Deviations from cited specifications for denominator.

- HEDIS® specifications require no gap in continuous enrollment from 30 days prior to episode to 3 days after. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, as is the case for the ProviderOne data source, the Medicaid beneficiary must have been continuously enrolled for the previous month and the current month of the episode or the current month of the episode and the next month depending on when in the month the episode occurred to best align with the continuous enrollment requirement.

Numerator

Beneficiaries must qualify for inclusion in the denominator to be eligible for inclusion in the numerator.

Data elements required for numerator: Identify episodes that did not result in dispensation of antibiotic medication.

Required exclusions for numerator.

- None

Deviations from cited specifications for numerator.

- None

Version control

November 18, 2024 – Newly calculated metric – matches HEDIS 2024 specifications.