

P4P Measurement Year 2006 Clinical Specifications November Updates

This document contains corrections, policy changes and clarifications to the P4P MY 2006 Manual and 2007 Testing Measures. NCQA has identified the appropriate page number, measure or guideline and heading/subtitle for each item. NCQA's operational definitions for corrections/policy changes and clarifications are as follows:

- **Correction/Policy Change:** A correction made to an error in the specifications or notification of a revised requirement
- **Clarification:** Additional information that clarifies an existing measure or guideline.

Page	Measure/Guideline	Heading/Subtitle	Issue	Correction/Policy Change	Clarification
26	Childhood Immunization Status	Summary of Changes	Add: Added PCV Antigen		✓
28	Childhood Immunization Status	Table CIS-A	In the Hepatitis B row, insert a comma between HCPCS Q3021 and Q3023.		✓
31	Appropriate Treatment for Children With Upper Respiratory Infection	Table URI-B	Replace UB-92 Revenue code 052x with 0520-0523, 0526-0529.		✓
32	Breast Cancer Screening	Summary of Changes	Replace: Added Medicare product line for public reporting not recommended for payment With: Medicare product line will be collected but will not be publicly reported or paid on for MY 2006.	✓	
37-38	Chlamydia Screening in Women	Table CHL-A	Add: <ul style="list-style-type: none"> • HCPCS H1000, H1001, H1003-H1005, S4981 • ICD-9-CM Diagnosis codes 996.32, V15.7 • ICD-9-CM Procedure codes 69.01, 69.02, 69.51, 69.52, 69.7, 97.24, 97.71, 97.73 • LOINC code 43406-8 		✓
38	Chlamydia Screening in Women	Table CHL-B	Add LOINC codes 6349-5, 43406-8.		✓
39	Cholesterol Management for Patients With Cardiovascular Conditions	Summary of Changes	Replace: Added Medicare product line for public reporting not recommended for payment With: Medicare product line will be collected but will not be publicly reported or paid on for MY 2006.	✓	

	Measure/Guideline	Heading/Subtitle	Issue	Correction/Policy Change	Clarification
40	Cholesterol Management for Patients With Cardiovascular Conditions	Description	<p>Replace the description with:</p> <p>The percentage of members 18–75 years of age who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1–November 1 of the year prior to the measurement year, <i>or</i> who had a diagnosis of ischemic vascular disease (IVD) during the measurement year (January 1–December 31) and the year prior to measurement year, who had each of the following during the measurement year.</p> <ul style="list-style-type: none"> • LDL-C screening performed • LDL-C control (<130 mg/dL) • LDL-C control (<100 mg/dL) 	✓	
41	Cholesterol Management for Patients With Cardiovascular Conditions	Event/diagnosis	<p>Replace the <i>Diagnosis</i> paragraph below Table CMC-A with:</p> <p><i>Diagnosis:</i> Identify members as having IVD who met at least one of the two criteria below, during <i>both</i> the measurement year and the year prior to the measurement year (criteria need not be the same across both years).</p> <ul style="list-style-type: none"> • At least one outpatient visit (Table CMC-C) with an IVD diagnosis (Table CMC-B) • At least one acute inpatient visit (Table CMC-C) with an IVD diagnosis (Table CMC-B) 	✓	
41	Cholesterol Management for Patients With Cardiovascular Conditions	Table CMC-B	<p>Delete:</p> <ul style="list-style-type: none"> • ICD-9-CM Diagnosis code 435 • DRG 524 <p>Replace "433-435" with "433-434."</p>	✓	
42	Cholesterol Management for Patients With Cardiovascular Conditions	Table CMC-C	In the "Outpatient" row, replace UB-92 Revenue code "052x" with 0520-0523, 0526-0529.		✓
42	Cholesterol Management for Patients With Cardiovascular Conditions	Table CMC-C	Delete all Nonacute Inpatient and Emergency Department Visit Type codes.	✓	
42	Cholesterol Management for Patients With Cardiovascular Conditions	Table CMC-D	Add a column for CPT Category II codes. Add CPT Category II codes 3048F, 3049F, 3050F.		✓
42	Cholesterol Management for Patients With Cardiovascular Conditions	Administrative Numerator: LDL-C level <100mg/dL	<p>Add a second paragraph that reads:</p> <p>If the most recent test during the measurement year is identified by a CPT Category II code, use Table CDC-H (p. 48) to evaluate whether the member is numerator compliant (3048F indicates the member is numerator compliant; 3049F, 3050F indicate the member is not numerator compliant).</p>		✓

Page	Measure/Guideline	Heading/Subtitle	Issue	Correction/Policy Change	Clarification
43	Diabetes Care	Summary of Changes	Replace: Added Medicare product line for public reporting not recommended for payment With: Medicare product line will be collected but will not be publicly reported or paid on for MY 2006.	✓	
46	Diabetes Care	Table CDC-C	In the "Outpatient" row, replace UB-92 Revenue code 052x with 0520-0523, 0526-0529. In the "Nonacute inpatient" row, add UB-92 Revenue codes 0524, 0525.		✓
54	Use of Appropriate Medications for People with Asthma	Table ASM-B	In the "Outpatient" row, replace UB-92 Revenue code 052x with 0520-0523, 0526-0529.		✓
55	Colorectal Cancer Screening	Summary of Changes	Replace: Added Medicare product line for public reporting not recommended for payment With: Medicare product line will be collected but will not be publicly reported or paid on for MY 2006.	✓	

P4P 2007 Testing Measure Updates

Page	Measure/Guideline	Heading/Subtitle	Issue	Correction/Policy Change	Clarification
	Prenatal HIV Testing		This measure has been removed from the 2007 Testing Measure Set.	✓	
1	Appropriate Use of Rescue Inhalers		The specifications are being rewritten and will be available prior to year end.	✓	
4	Potentially Avoidable Hospitalizations		The specifications are being rewritten and will be available prior to year end.	✓	
14	Appropriate Testing for Children With Pharyngitis	Table CWP-B	Replace UB-92 Revenue code 052x with 0520-0523, 0526-0529.		✓
19	Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis	Table AAB-B	Replace UB-92 Revenue code 052x with 0520-0523, 0526-0529.		✓
20	Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis	Table AAB-E	In the Infections of the pharynx, larynx, tonsils, adenoids row, replace the period between ICD-9-CM Diagnosis codes 478.71 and 478.79 with a comma.		✓
23	Use of Imaging Studies for Low Back Pain	Table LBP-B	In the Outpatient row replace UB-92 Revenue code 052x with 0520-0523, 0526-0529.		✓
25-29	Annual Monitoring for Patients on Persistent Medications	Annual Monitoring for Patients on Persistent Medications	Delete the Annual Monitoring for Members on Statins rate (Rate 5) from the measure. Report four separate rates and a total rate for the measure. The Total rate is equal to the sum of the four numerators divided by the sum of the four denominators.	✓	
27	Annual Monitoring for Patients on Persistent Medications	Table MPM-A	Delete the following: Amlodipine-benazepril, Candesartan+HCTZ, Enalapril-felodipine, Enalapril-diltiazem, Eprosartan+ HCTZ, Irbesartan+HCTZ, Olmesartan+HCTZ, Quinapril+HCTZ, Telmisartan+HCTZ, Valsartan+HCTZ		✓
28	Annual Monitoring for Patients on Persistent Medications	Table MPM-D	Delete the following: HCTZ/Captopril, HCTZ/Fosinopril, HCTZ/Hydralizaine, HCTZ/Quinapril, HCTZ/Telmisartan, HCTZ/ Triamterene Add the following: Benzthiazide, Hydroflumethazide, Quinethazone, HCTZ/Guanethidine		✓
29	Annual Monitoring for Patients on Persistent Medications	Table MPM-E	Delete the following: Carbatrol, Di-Phen, Eptol, Equetro, Tegretol, Tegretol XR Add the following: Diphenylan, Depacaine, Myoproic Acid		✓

Page	Measure/Guideline	Heading/Subtitle	Issue	Correction/Policy Change	Clarification
32	Diabetes Care – HbA1c – Good Control	Table CDC-B	In the "Outpatient" row, replace UB-92 Revenue code "052x" with 0520-0523, 0526-0529. In the "Nonacute inpatient" row, add UB-92 Revenue codes 0524, 0525.		✓
34	Encounter Rate by Service Type		There will be a new encounter rate measure tested in 2007. The definitions were created by a team of physician organizations, health plans, IHA and CCHRI members and approved for testing by the P4P Technical Quality Committee and Steering Committee. The measure is based on standard encounter rate definitions by service type, and will help to more precisely identify types of encounter data gaps at a PO and health plan level.	✓	

Data Collection, Public Reporting and Recommended Payment Decisions

Measure	Change	Rationale for Change	Impact of Change to P4P MY 2006	Public Reporting and Payment Decisions
Breast Cancer Screening	Decrease lower age limit from 50 years of age to 40 years of age	Current evidence supports revising the lower age limit for breast cancer screening. Research findings have shown that screening women starting at age 40 significantly reduces breast cancer mortality. Most clinical guidelines, including the United States Preventive Services Task Force and the American Cancer Society, recommend that screening begin at age 40.	Could affect ability to trend or measure improvement unless P4P My 2006 rates are reported in age bands: <ul style="list-style-type: none"> • 40–49 years old • 50–69 years old. 	<p><u>MY 2006:</u></p> <ul style="list-style-type: none"> • Collect existing specification 50–69 year olds • Collect 40–49 separately • Report and pay on 50–69 only <p><u>MY 2007:</u> Report and recommend to pay on both age bands.</p>
Cervical Cancer Screening	Increase lower age limit from 18 years of age to 21 years of age.	This change is to align with guideline recommendations from the United States Preventative Services Task Force, American Cancer Society, and the American College of Obstetricians and Gynecologists.	Could affect ability to trend or measure improvement unless P4P MY 2006 rates are reported in age bands: <ul style="list-style-type: none"> • 18–20 years old • 21–64 years old. 	<p><u>MY 2006</u> (transition year), collect two ways:</p> <ul style="list-style-type: none"> • Original MY 2006 P4P specification, <i>and</i> • Changed specification <p>Potentially report both ways; decide once data are available.</p>
Cholesterol Management for Patients With Cardiovascular Conditions: LDL-C Control	Retire LDL <130; retain LDL <100	Clinical evidence shows that high-risk patients have better outcomes with lower LDL-C levels. Given that the guidelines from the National Cholesterol Education Program (NCEP) Adult Treatment Panel III ¹ emphasized an LDL-C control goal of <100 mg/dL for patients with cardiovascular disease, and that health plans have had experience collecting data and striving toward this goal since HEDIS 2003, NCQA recommends retirement of the less-strict LDL-C control <130 mg/dL measure.	Currently, P4P collects the LDL<130 rate only.	<p><u>MY 2006:</u></p> <ul style="list-style-type: none"> • Retain existing P4P specification (LDL-C <130), <i>and</i> • Collect LDL-C <100 <p>Report both levels; only pay on <130</p> <p><u>MY 2007:</u> Report and pay on both levels.</p>
Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Screening/Control	Require LDL level evaluation come from the most recent LDL-C screening within the measurement year	This proposed change would align the numerator criteria with that of the LDL-C screening and control measures for patients with diabetes. Evaluating the lab value from the most recent screening within the measurement year allows for confirmation that the patient's lab values are currently in control.	Will affect ability to trend or measure improvement.	Adopt changed specification for MY 2006; report and pay on changed measure.

¹http://www.nhlbi.nih.gov/guidelines/cholesterol/atp_iii.htm

Measure	Change	Rationale for Change	Impact of Change to P4P MY 2006	Public Reporting and Payment Decisions
Diabetes Care: Kidney Disease (Nephropathy) Monitored	Add use of ACE inhibitors/ARBs as numerator positive for evidence of nephropathy treatment	There is evidence that ACE inhibitors and ARBs are beneficial to patients and effective in delaying the progression of nephropathy. The National Diabetes Quality Improvement Alliance supports allowing the use of ACE inhibitors/ARBs as meeting the numerator criteria for the measure.	Since Nephropathy will be measured and reported for the first time for MY 2006, would not have an effect.	Adopt changed specification for MY 2006; report and pay on changed measure.
Diabetes Care: LDL-C Screening	Require LDL screening to occur within the measurement year	To align with the clinical guidelines and the National Diabetes Quality Improvement Alliance measurement set, restricting the LDL screening to the measurement year only (the current specification allows LDL-C measurement in the measurement year or year prior to the measurement year).	Will affect ability to trend or measure improvement.	<p><u>MY 2006</u> (transition year), collect two ways:</p> <ul style="list-style-type: none"> • Original MY 2006 P4P specification, <i>and</i> • Changed specification. <p>Report and pay on original specification.</p> <p><u>MY 2007</u> and beyond, collect, report and pay on changed specification.</p>
Diabetes Care: LDL-C Control	Retire LDL <130; retain LDL<100	Clinical evidence shows that high-risk patients have better outcomes with lower LDL-C levels. Given that the guidelines from the National Cholesterol Education Program (NCEP) Adult Treatment Panel III ¹ emphasized an LDL-C control goal of <100 mg/ dL for patients with cardiovascular disease and diabetes (a cardiovascular disease risk equivalent), and that health plans have had experience collecting data and striving toward this goal since HEDIS 2003, NCQA recommends retirement of the less-strict LDL-C control <130 mg/dL measure.	Currently, P4P collects the LDL<130 rate only.	<p><u>MY 2006</u>:</p> <ul style="list-style-type: none"> • Retain existing P4P specification (LDL-C <130), <i>and</i> • Collect LDL-C <100. <p>Report both levels; only pay on <130.</p> <p><u>MY 2007</u>:</p> <p>Report and pay on both levels.</p>