

**Measure #447: Chlamydia Screening and Follow Up - National Quality Strategy Domain:
Community/Population Health**

2017 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:
Process

DESCRIPTION:
The percentage of female adolescents 16 years of age who had a chlamydia screening test with proper follow-up during the measurement period

INSTRUCTIONS:
This measure is to be reported **once per performance period** for patients seen during the performance period. The most recent quality-data code submitted will be used for performance calculation. This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting:
The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:
Sexually active female adolescents who turned 16 years of age during the measurement period with a visit during the measurement period and a visit in the year prior to the measurement period

DENOMINATOR NOTE: Evidence of sexual activity includes any of the following:

- Documentation of sexual activity
- Prescription for contraception
- Treatment or Screening for sexually transmitted disease
- Pregnancy- Pelvic examination

**Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for registry-based measures.*

Denominator Criteria (Eligible Cases):

Female Patients who turn 16 years of age during the measurement period

AND

Patient Encounter during the performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99384, 99385, 99394, 99395

AND

Patient Encounter during year prior to the performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99384*, 99385*, 99394*, 99395*

AND

Documentation of sexual activity: G9818

AND NOT

DENOMINATOR EXCLUSION:

Patients who use hospice services any time during the measurement period: G9819

NUMERATOR:

Adolescents who had documentation of a chlamydia screening test with proper follow-up during the measurement period

Numerator Instructions: Documentation must include a note indicating the date and each of the following:
A chlamydia test result AND for abnormal or indeterminate results, evidence of confirmatory testing, referral or treatment.

Numerator Options:

Performance Met:

Documentation of a chlamydia screening test with proper follow-up (**G9820**)

OR

Performance Not Met:

No documentation of a chlamydia screening test with proper follow-up (**G9821**)

RATIONALE:

Chlamydia trachomatis is the most common sexually transmitted bacterial infection in the U.S., resulting in over 1.4 million cases each year (USPSTF 2014, CDC 2014). Chlamydia infections are often asymptomatic, but, if left untreated, can lead to serious and irreversible complications (USPSTF 2014, CDC 2014).

Women are particularly vulnerable when infected with chlamydia. Left untreated, chlamydia can cause pelvic inflammatory disease (PID), which can lead to chronic pelvic pain or infertility. Pregnant women may also transmit the infection to their infant, potentially resulting in neonatal pneumonia (CDC 2014).

CLINICAL RECOMMENDATION STATEMENTS:

U.S. Preventive Services Task Force (USPSTF) (2014):

The USPSTF recommends screening for chlamydia in sexually active females aged 24 years or younger and in older women who are at increased risk for infection. (B recommendation)

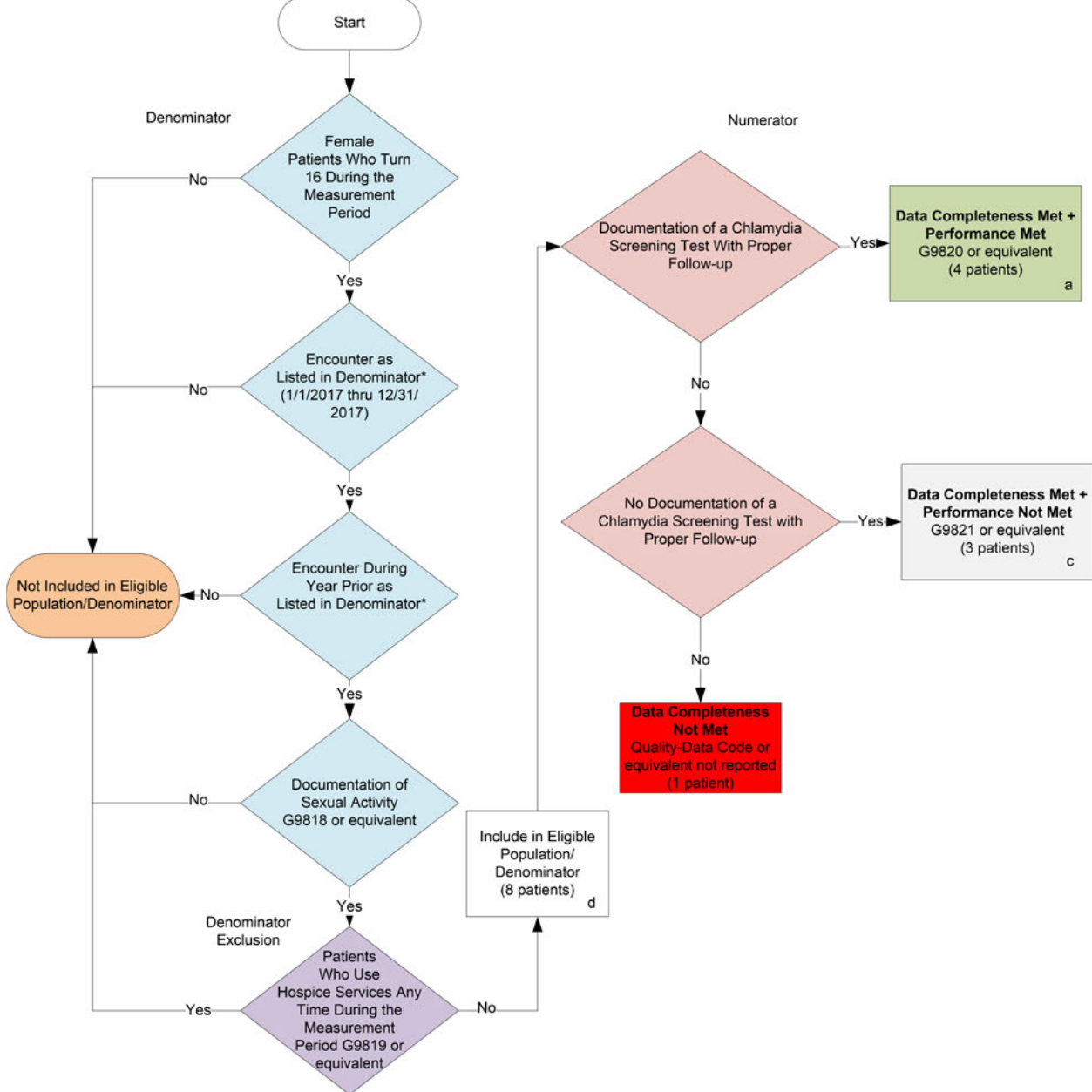
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2017 Registry Individual Measure Flow #447: Chlamydia Screening and Follow Up



SAMPLE CALCULATIONS:

Data Completeness=

Performance Met (a=4 patients) + Performance Not Met (c=2 patients) = 7 patients = 87.50%
Eligible Population / Denominator (d=8 patients) = 8 patients

Performance Rate=

Performance Met (a=4 patients) = 4 patients = 57.14%
Data Completeness Numerator (7 patients) = 7 patients

*See the posted Measure Specification for specific coding and instructions to report this measure.

NOTE: Reporting Frequency: Patient-process

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The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.
v1

2017 Registry Individual Measure Flow #447: Chlamydia Screening and Follow Up

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator
2. Check Patient Age:
 - a. If Female Patient s Who Turn 16 During the Measurement Period equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Female Patient s Who Turn 16 During the Measurement Period equals Yes, proceed to check Patient Encounter
3. Check Encounter Performed:
 - a. If Encounter Performed as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Encounter Performed as Listed in the Denominator equals Yes, proceed to check Encounter Performed During Year Prior as Listed in Denominator
4. Check Encounter Performed During Year Prior as Listed in Denominator:
 - a. If Encounter Performed During Year Prior as Listed in Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Encounter Performed as Listed in the Denominator equals Yes, proceed to Documentation of Sexual Activity.
5. Check Documentation of Sexual Activity:
 - a. If Documentation of Sexual Activity equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Documentation of Sexual Activity equals Yes, proceed to check Patients Who Use Hospice Services Any Time During the Measurement Period
6. Check Patients Who Use Hospice Services Any Time During the Measurement Period:
 - a. If Patients Who Use Hospice Services Any Time During the Measurement Period equals No, include in the Eligible population.
 - b. If Patients Who Use Hospice Services Any Time During the Measurement Period equals Yes, do not include in Eligible Patient Population. Stop Processing.
7. Denominator Population:
 - a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 patients in the sample calculation.
8. Start Numerator

9. Check Documentation of a Chlamydia Screening Test With Proper Follow-up:
 - a. If Documentation of a Chlamydia Screening Test With Proper Follow-up equals Yes, include in Data Completeness Met and Performance Met.
 - b. Data Completeness Met and Performance Met letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 4 patients in Sample Calculation.
 - c. If Documentation of a Chlamydia Screening Test With Proper Follow-up equals No, proceed to No Documentation of a Chlamydia Screening Test With Proper Follow-up
10. Check No Documentation of a Chlamydia Screening Test With Proper Follow-up:
 - a. If No Documentation of a Chlamydia Screening Test With Proper Follow-up equals Yes, include in Data Completeness Met and Performance Not Met.
 - b. Data Completeness Met and Performance Not Met letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 3 patients in the Sample Calculation.
 - c. If No Documentation of a Chlamydia Screening Test With Proper Follow-up equals No, proceed to Data Completeness Not Met.
11. Check Data Completeness Not Met:
 - a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not reported. 1 patient has been subtracted from the Data Completeness numerator in the sample calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=4 patients)} + \text{Performance Not Met (c=2 patients)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=4 patients)}}{\text{Data Completeness Numerator (7 patients)}} = \frac{4 \text{ patients}}{7 \text{ patients}} = 57.14\%$$