

Project Title:

Development and Implementation of Quality Rating System (QRS) Measures for Qualified Health Plans (QHPs)

Project Overview:

The Centers for Medicare & Medicaid Services (CMS), as part of the Measure & Instrument Development and Support (MIDS) contract, has contracted with IMPAQ International, LLC (IMPAQ) and Health Services Advisory Group, Inc. (HSAG) to develop quality measures for Qualified Health Plans (QHPs) operating in the Health Insurance Marketplace (Contract #HHSM-500-2013-13009I; Task Order #HHSM-500-T0001). The purpose of the project is to develop a set of measures that can be used to evaluate QHPs operating in the Health Insurance Exchange (also known as the Marketplace) and provide consumers with timely and comparative information on QHPs to guide their choice of insurer.

Date:

Information included is current on June 21, 2018.

Measure Name:

Drug Testing for Individuals on Chronic Opioid Therapy (COT)

Descriptive Information

Measure Name (Measure Title De.2.)

Drug Testing for Individuals on Chronic Opioid Therapy (COT)

Measure Type De.1.

Process

Brief Description of Measure De.3.

The proportion of patients age 18 years and older who are continuously enrolled in a Qualified Health Plan product, are prescribed chronic opioid therapy, and have not received a drug test at least once during the measurement year.

If Paired or Grouped De.4.

Not applicable

Measure Specifications

Measure-specific Web Page S.1.

Not applicable

If This Is an eMeasure S.2a.

This is not an eMeasure

Data Dictionary, Code Table, or Value Sets S.2b.

A full list of codes necessary for measure calculation is provided in an attached Excel file: "Data Dictionary"

For Endorsement Maintenance S.3.1 and S.3.2

Not applicable

Numerator Statement S.4.

Members in the denominator population who have not received a drug test during the measurement year.

Numerator Details S.5.

Members in the denominator who do not have at least one claim for a drug test during the measurement year will be counted in the numerator. The entire measurement year in which a member is continuously enrolled is used to calculate the measure.

A drug test is one that is either identified through HCPCS drug test codes or through specified CPT or LOINC codes for presumptive or definitive drug screens/tests for at least one of the following targeted drug classes: amphetamines, barbiturates, benzodiazepines, cannabinoids, cocaine, and opiates/opioids.

Qualifying CPT and HCPCS drug test codes, and suggested LOINC codes, are in the attached Excel file "Data Dictionary" in the following sheets: "Codes-2016 Data," and "2015_2016-Suggested LOINC CODES"

Denominator Statement S.6.

The target population for this measure is QHP members aged 18 years and older as of the end of the measurement year and prescribed chronic opioid therapy during the measurement year. Eligible members must be enrolled in a QHP for 11 out of 12 months during the measurement year or enrolled with no gaps in enrollment until the month of death in the measurement year. Members are excluded if they have had any claims indicating a cancer diagnosis or hospice care at any time during the measurement year.

Denominator Details S.7.

The measurement year is defined as 12 consecutive months. Continuous enrollment is defined as 11 out of 12 months enrollment in a QHP in the measurement year or enrolled with no gaps in enrollment until the month of death, if applicable, in the measurement year. Chronic opioid therapy is defined as at least 90 days of cumulative supply of any combination of opioid medications indicated for pain during the measurement period identified using pharmacy claims.

The target population is adults enrolled in a QHP and on chronic opioid therapy.

Eligible members for this measure are those members who:

- Are age 18 or older at the end of the measurement year;
- Are continuously enrolled in a QHP which is defined as at least 11 out of 12 months during the measurement year or enrolled with no gaps until the date of death.
- Have pharmacy claims indicating at least 90 days of cumulative supply of any combination of opioid medications indicated for pain during the measurement year;

Opioid medications are specified in the attached Excel file "Data Dictionary" in the sheet "2016_OPIOIDFORPAINMEDICATION"

Days' supply is calculated by summing the days' supply for every prescription during the measurement year for opioid medications indicated for pain from the above list. Members qualify for the measure denominator if this sum is at least 90 days.

Note the active ingredient of the opioid medications is limited to formulations indicated for pain and delivered through any route except intravenous (IV) or epidural (EP). These two routes are not included in this measure because they are not commonly prescribed as chronic pain medications.

Denominator Exclusion (NQF Includes “Exception” in the “Exclusion” Field) S.8.

The measure excludes members with:

- A diagnosis of cancer (except non-melanoma skin cancer) at any time during the measurement year;
- Hospice care at any time during the year.

Denominator Exclusion Details (NQF Includes “Exception” in the “Exclusion” Field) S.9.

Members with a diagnosis of cancer are identified with the diagnosis codes listed below.

Cancer exclusion ICD-9 codes (for testing only):

Include 140 through 239

Omit 173.XX series

Cancer exclusion ICD-10 codes:

Include C00 through D49

Omit C44.XX series

Members with hospice care are identified with the codes listed below.

Hospice Codes 2015-2016:

Revenue Codes – 0115, 0125, 0135, 0145, 0155, 0235, 0650, 0651, 0652, 0655, 0656, 0657, 0658, 0659

CPT Codes – 99377, 99378

HCPCS Codes – G0182, G9473, G9474, G9475, G9476, G9477, G9478, G9479, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5010, S9126, T2042, T043, T2044, T2045, T2046

Type of Bill (TOB) Codes – 0810, 0811, 0812, 0813, 0814, 0815, 0817, 0818, 0819, 0820, 0821, 0822, 0823, 0824, 0825, 0827, 0828, 0829, 081A, 081B, 081C, 081D, 081E, 081F, 081G, 081H, 081I, 081J, 081K, 081M, 081O, 081X, 081Y, 081Z, 082A, 082B, 082C, 082D, 082E, 082F, 082G, 082H, 082I, 082J, 082K, 082M, 082X, 082Y, 082Z

Note: A full list of codes is provided in the attached Excel file “Data Dictionary” in the sheet “Codes-2016 Data”

Stratification Details/Variables S.10.

Not applicable

Risk Adjustment Type S.11.

Not applicable

Type of Score S.12.

Rate/proportion

Interpretation of Score S.13.

A lower score is indicative of better quality.

Calculation Algorithm/Measure Logic S.14.

Denominator: All patients 18 years of age and older enrolled in a Qualified Health Plan product who are on chronic opioid therapy during the measurement year.

Create Denominator:

1. Include all members enrolled in a QHP for 11 of 12 months during the measurement year. Switching between QHP products is considered continuous enrollment if enrollment and claims/encounter data are available for 11 of 12 months. The measure score is attributed to the last enrolled QHP product.
2. Exclude members from step 1 who were under 18 years of age as of the last day of the measurement year.
3. Exclude members from step 2 with less than 90 days of supply of opioid medication indicated for pain of 90 days or more identified in pharmacy claims (section S.7).
4. Exclude members with any institutional or non-institutional claims indicating a cancer diagnosis (except non-melanoma skin cancer) during the measurement year (section S.9)
5. Exclude members with any institutional or non-institutional claims indicating hospice care during the measurement year (section S.9)
6. Include only unique members from step 5 in the final denominator.

Numerator: Members in the denominator population with no claims for drug tests during the measurement year.

Create Numerator:

7. Include members from the denominator who do not have any claims for a drug test during the measurement year (section S.5)

Calculate Measure Score:

8. The measure score for each QHP product is calculated as the number of unique members in the numerator divided by the number of unique members in the denominator multiplied by 100. Members are attributed to the last enrolled product during the measurement year.

Sampling S.15.

Not applicable

Survey/Patient-Reported Data S.16.

Not applicable

Data Source S.17.

Claims (Only)

Data Source or Collection Instrument S.18.

There is no data collection instrument; individual health plans use administrative claims in the course of providing care to health plan members.

For measure calculation, the following sources of data are required:

- Member enrollment data
- Pharmacy claims
- Laboratory claims
- Institutional claims
- Non-institutional claims
- Laboratory results data (optional)

Eligible members are identified using enrollment and pharmacy claims data. Exclusions for hospice care and cancer diagnoses are identified using institutional and non-institutional claims. Drug tests are identified using laboratory, institutional and non-institutional claims, or optionally, laboratory results data containing LOINC codes for specified tests.

Data Source or Collection Instrument (Reference) S.19.

No data collection instrument provided

Level of Analysis S.20.

Health Plan

Care Setting S.21.

Clinician Office/Clinic

Composite Performance Measure S.22.

Not applicable