

Measure specifications: Chlamydia Screening in Women

Metric information

Metric description: The percentage of female Medicaid beneficiaries, 16–24 years of age identified as sexually active and who had at least one test for chlamydia during the measurement year.

Metric specification version: HEDIS® Measurement Year 2023 Technical Specifications for Health Plans, NCQA.

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.

Metric details

Eligible population

Measure	Description
Age	16-24 years. Age is as of the last day of the measurement year.
Gender	Female
Minimum Medicaid enrollment	Measurement year. Continuous enrollment is required.
Allowable gap in Medicaid enrollment	One gap of one month during the measurement year.
Medicaid enrollment anchor date	Last day of measurement year.
Medicaid benefit and eligibility	Includes Medicaid beneficiaries with comprehensive medical benefits or family planning only 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: Sexually active females need to be identified for this metric. There are two methods to identify sexually active women: claim/encounter data and pharmacy data. Both methods are used to identify eligible female Medicaid beneficiaries; however, a beneficiary only needs to be identified in one method to be eligible for this metric.

Required exclusions for denominator.

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

- Excludes women identified as sexually active solely due to a pregnancy test and who had an x-ray or prescription for isotretinoin within seven days of the pregnancy test.

Deviations from cited specifications for denominator.

- HEDIS® specifications require 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, as is the case for the ProviderOne data source, the Medicaid beneficiary may not have more than a 1-month gap in coverage (i.e., a Medicaid beneficiary whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

Numerator

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

Data elements required for numerator. At least one chlamydia test during the measurement year.

Required exclusions for numerator.

- None

Deviations from cited specifications for numerator.

- None

Version control

August 2023 update: HEDIS® clarified that hospice is a required exclusion. No substantive changes were made to the DSRIP Metric Details.

November 2024 update: MTP 1.0 DSRIP related criteria have been removed from metric production calculations. The metric aligns with HEDIS specifications.