



Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (NQF 0024/ CMS 155v6)

Measure Basic Information

Name and date of specifications used: Eligible Professional / Eligible Clinician electronic Clinical Quality Measure (eCQM) Specifications for Performance / Reporting Year 2018.

URL of Specifications: <https://ecqi.healthit.gov/eligible-professional-eligible-clinician-ecqms> (select 2018 from the drop-down menu under “Select Performance/ Reporting Period” and then click the “Apply” button).

Note: eCQM specifications typically are updated at least annually. The eCQM version number changes with each annual update. Once certified, however, electronic health records (EHRs) are not required to be recertified with updated eCQM specifications, so the [Certified HIT Products List](#) may not accurately reflect the version of an eCQM that is actually supported by an EHR vendor. OHA will accept year six data (2018) submissions from previous releases of the eCQM specifications, but CCOs will need to document the version number of the specifications they are using.

Measure Type:

HEDIS PQI Survey Other Specify: Meaningful Use

Measure Utility:

CCO Incentive State Quality Measure CMS Adult Core Set CMS Child Core Set
Other Specify:

Data Source: Electronic Health Records

Measurement Period: Calendar Year 2018

OHA anticipates publishing the Year Six (2018) Guidance Document in summer 2018.

2018 Benchmark: 30.4%, using a simple average across all 3 reported rates (MIPS 2017 benchmark – 50th percentile)

2018 Improvement Targets: n/a

Changes in Specifications from 2017 to 2018: N/a. This measure is new as a CCO incentive measure in 2018. Changes from the CMS specs for 2017 are documented in Technical Release Notes available at <https://ecqi.healthit.gov/ecqm/measures/cms155v6>

Denied claims: n/a

Measure Details

Data elements required denominator: Patients 3-17 years of age with at least one outpatient visit with a primary care physician (PCP) or an obstetrician/gynecologist (OB/GYN) during the measurement period

Outpatient visit	Grouping Value Sets
Face-to-Face Interaction	Face-to-Face Interaction Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1048)
Office Visit	Office Visit Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1001)
Preventive Care Services-Individual Counseling	Preventive Care Services-Individual Counseling Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1026)
Preventive Care- Initial Office Visit, 0 to 17	Preventive Care- Initial Office Visit, 0 to 17 Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1022)
Preventive Care - Established Office Visit, 0 to 17	Preventive Care - Established Office Visit, 0 to 17 Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1024)
Preventive Care Services - Group Counseling	Preventive Care Services - Group Counseling Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1027)
Home Healthcare Services	Home Healthcare Services Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1016)

Note: The visit must be performed by a PCP or OB/GYN.

Required exclusions for denominator:

- Patients who have a diagnosis of pregnancy during the measurement period.
- Patients who were in hospice care during the measurement year.

Deviations from cited specifications for denominator: None.

Data elements required numerator:

- Numerator 1: Patients who had a height, weight and body mass index (BMI) percentile recorded during the measurement period
- Numerator 2: Patients who had counseling for nutrition during a visit that occurs during the measurement period
- Numerator 3: Patients who had counseling for physical activity during a visit that occurs during the measurement period

Note: Because BMI norms for youth vary with age and sex, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

Required exclusions for numerator: None.



Deviations from cited specifications for numerator: None.

What are the continuous enrollment criteria:

There are no continuous enrollment criteria required for this measure. OHA's intention is to maintain alignment with CMS specifications for this measure, including specifications for reporting the supplemental data element for "Patient Characteristic Payer: Payer."

What are allowable gaps in enrollment: n/a

Define Anchor Date (if applicable): n/a

For more information:

- Value Sets can be accessed through the Value Set Authority Center (VSAC) at the National Library of Medicine . <https://vsac.nlm.nih.gov/>
- How to read eCQMs: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Guide_Reading_EP_Hospital_eCQMs.pdf
- CMS/ ONC eCQI Resource Center: <https://ecqi.healthit.gov/>
- Year Six (2018) guidance will be available online at: <http://www.oregon.gov/oha/Analytics/Pages/CCO-Baseline-Data.aspx>