

Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (NQF 0024/ CMS 155v7)

Measure Basic Information

Name and date of specifications used: Eligible Professional / Eligible Clinician electronic Clinical Quality Measure (eCQM) Specifications for Performance / Reporting Year 2019.

URL of Specifications: <https://ecqi.healthit.gov/ecqm/measures/cms155v7>

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 seven data (2019) 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: eCQM

Measure Utility:

CCO Incentive ☒

State Quality ☐

CMS Adult Core Set ☐

CMS Child Core Set ☒

Other ☐ Specify:

Data Source: Electronic Health Records

Measurement Period: January 1, 2019 – December 31, 2019

OHA anticipates publishing the updated Year Seven (2019) Guidance Document in summer 2019.

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

2019 Benchmark: 32.7%, using a simple average across all 3 reported rates (MIPS 2018 benchmark— Decile 8, 70th percentile)

2019 Improvement Targets: Minnesota method with 3 percentage point floor

Changes in Specifications from 2018 to 2019: See Technical Release Notes for a complete list of changes. https://ecqi.healthit.gov/system/files/ecqm/measures/CMS155v7_TRN.xlsx Changes include:

- Updated clinical recommendation statement to align with current recommendations.
- Updated the Denominator Exclusion statement for patients in hospice care to better align with the logic.
- Updated the numerator to indicate that counseling should be during the measurement year to align with the HEDIS parent measure.

- Made multiple changes in the measure logic, conforming to Quality Data Model (QDM) 5.3 and Clinical Quality Language (CQL).
- Replaced SNOMEDCT single code value sets with direct referenced codes.

Value Set name and OID	Status
Value set Face-to-Face Interaction (2.16.840.1.113883.3.464.1003.101.12.1048)	Removed. Added relevant SNOMED codes to the Encounter Grouping value sets to better align between the SNOMED and CPT encounter codes.
Value set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001)	Added SNOMEDCT extensional value set (2.16.840.1.113883.3.464.1003.101.11.1264) including 7 codes.
Value set Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016)	Added SNOMEDCT extensional value set (2.16.840.1.113883.3.464.1003.101.11.1265) including 11 codes.
Value set Counseling for Physical Activity (2.16.840.1.113883.3.464.1003.118.12.1035)	Added 6 SNOMEDCT codes (171356009, 171357000, 171358005, 171359002, 171360007, 171361006).
Value set Counseling for Physical Activity (2.16.840.1.113883.3.464.1003.118.12.1035)	Added 4 SNOMEDCT codes (183073003, 429778002, 435551000124105, 710849009) and deleted 12 SNOMEDCT codes. – 2019 Addendum
Value set Pregnancy (2.16.840.1.113883.3.526.3.378)	Deleted 11 ICD10CM codes (O00.1, O00.10, O00.11, O00.2, O00.20, O00.21, O00.8, O00.9, O33.7, O34.21, Z36).
Value set Payer (2.16.840.1.114222.4.11.3591)	Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614, 621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69).
Value set Payer (2.16.840.1.114222.4.11.3591)	Deleted 1 SOP code (24). – 2019 Addendum.
Value set Counseling for Nutrition (2.16.840.1.113883.3.464.1003.195.12.1003)	Added 46 SNOMEDCT codes and deleted 23 SNOMEDCT codes. – 2019 Addendum

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
Office Visit	Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001)
Preventive Care Services-Individual Counseling	Preventive Care Services-Individual Counseling (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 (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 (2.16.840.1.113883.3.464.1003.101.12.1024)
Preventive Care Services - Group Counseling	Preventive Care Services - Group Counseling (2.16.840.1.113883.3.464.1003.101.12.1027)

Outpatient visit	Grouping Value Sets
Home Healthcare Services	Home Healthcare Services (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 whose hospice care overlaps the measurement period.

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 the measurement period
- Numerator 3: Patients who had counseling for physical activity 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." The "eligible as of the last date of the reporting period" rule may be used to identify beneficiaries.

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: <https://ecqi.healthit.gov/system/files/Guide-for-Reading-Electronic-Clinical-Quality-Measures-v4-0-2018-0504.pdf>
- CMS/ ONC eCQI Resource Center: <https://ecqi.healthit.gov/>
- Year Seven (2019) guidance will be available online at: <http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx>