DATA COLLECTION GUIDE
Direct Data Submission

Pediatric Preventive Care: Overweight Counseling 2015
(01/01/2014 to 12/31/2014 Dates of Service)

Changes from Draft Data Collection Guide:
1. Addition of specific data submission process details. Review the Data Collection and Submission Instructions section thoroughly.
2. Terminology change from “Denominator Certification” to “Pre-Submission Data Certification” throughout guide.
3. Codes Used to Identify Exclusions:
   - The range of codes listed in the first bullet-point in the ‘Exclusions’ section of the Measure Specifications table is correct. Table 3 in Appendix E has been corrected to reflect this full range of codes indicating pregnancy.
   - The second bullet-point in the ‘Exclusions’ section of the Measure Specifications table should read, “V22.0 to V23.89 normal pregnancy or high risk pregnancy”. Do NOT utilize the full code range currently listed in the second bullet-point in the ‘Exclusions’ section of the Measure Specifications table. Instead, refer to Table 2 for specifics of the correct codes.

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# Process and Timeline Overview

<table>
<thead>
<tr>
<th>Process Step</th>
<th>Important Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Registration</strong></td>
<td>• Registration begins December 15, 2014.</td>
</tr>
<tr>
<td>Medical groups register clinics and providers on the MNCM Data Portal and electronically sign a Site Terms of Use Agreement and Business Associate Agreement. Resources: Download Clinic &amp; Provider Registration Instructions under RESOURCES on the MNCM Data Portal <a href="https://data.mncm.org/login">https://data.mncm.org/login</a> or <a href="http://www.mncm.org">www.mncm.org</a>. <strong>Medical groups must register prior to submitting data.</strong> NOTE: Medical groups only need to register once for each report year. If changes occur within a medical group (e.g., clinics closures) after registration and during the report year, contact MNCM Support.</td>
<td>• Registration deadline is February 6, 2015.</td>
</tr>
<tr>
<td><strong>Pre-Submission Data Certification (formerly Denominator Certification)</strong></td>
<td>• Submit document in March-April 2015.</td>
</tr>
<tr>
<td>Medical groups submit a pre-submission data certification form outlining the method for identifying the initial patient population on the MNCM Data Portal. MNCM reviews and approves the method. <strong>MNCM must approve the pre-submission data certification form prior to data collection.</strong> Plan accordingly. Resources: Download Pediatric Preventive Care: Overweight Counseling 2015 Pre-Submission Data Certification Template under RESOURCES on the MNCM Data Portal.</td>
<td>• MNCM will respond within 3 business days after receiving document.</td>
</tr>
<tr>
<td><strong>Data Collection and Submission</strong></td>
<td>• MNCM Data Portal opens April 6, 2015.</td>
</tr>
<tr>
<td><strong>Preliminary Results Review, Quality Checks</strong></td>
<td>Completed after data submission and prior to validation audit.</td>
</tr>
<tr>
<td>Medical groups review preliminary results internally to verify rates and provide comments. MNCM reviews preliminary results/comments. Resources: On Home page, under Data Submission on the MNCM Data Portal.</td>
<td></td>
</tr>
<tr>
<td><strong>Data Validation</strong></td>
<td>MNCM auditor will contact medical groups to schedule validation audit after data file is submitted.</td>
</tr>
<tr>
<td>MNCM conducts audits to validate that submitted data matches the source data in patient medical records. Resources: MNCM will email instructions and post on the MNCM Data Portal a list of patients randomly-selected for audit.</td>
<td>July 2015</td>
</tr>
<tr>
<td><strong>Two-Week Medical Group Review Period</strong></td>
<td></td>
</tr>
<tr>
<td>Medical groups review preliminary statewide results prior to final statewide results being publicly reported. Resources: MNCM will email information and instructions to medical groups.</td>
<td></td>
</tr>
<tr>
<td><strong>Data Results</strong></td>
<td>Late 2015</td>
</tr>
<tr>
<td>After successful submission and validation of the clinical data, MNCM may publish the results on <a href="http://www.mnhealthscores.org">www.mnhealthscores.org</a> and other publications.</td>
<td></td>
</tr>
</tbody>
</table>
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Measure Specifications
Summary of Changes

Codes Used to Identify Exclusions

- The range of codes listed in the first bullet-point in the ‘Exclusions’ section of the Measure Specifications table is correct. Table 3 in Appendix E has been corrected to reflect this full range of codes indicating pregnancy.
- The second bullet-point in the ‘Exclusions’ section of the Measure Specifications table should read, “V22.0 to V23.89 Normal pregnancy or high risk pregnancy”. Do NOT utilize the full code range currently listed in the second bullet-point in the ‘Exclusions’ section of the Measure Specifications table. Instead, refer to Table 2 for specifics of the correct codes.

Description

Percentage of pediatric patients age 3 to 17 years who have had an overweight/obesity assessment and if BMI percentile is greater than or equal to 85, have appropriate documentation of counseling for physical activity and nutrition.

Methodology

Population identification is accomplished via a query of a practice management system or Electronic Medical Record (EMR) to identify the population of eligible patients. Data elements are either extracted from an EMR system or abstracted through medical record review. Full population data is required for clinics that had an EMR in place by 01/01/2013.

Rationale

The number of US children and adolescents who are overweight or obese continues to rise.\(^1\) According to the 2007 to 2008 National Health and Nutrition Examination Survey, nearly 17% of children ages 2 to 19 are obese and almost 32% are overweight or obese.\(^2\)

In 2009, the BMI documentation rate reported by the National Committee for Quality Assurance (NCQA) was 35% for commercially insured patients and 30% for Medicaid patients.\(^3\)

Bright Futures guidelines reports that although a child’s weight status is the result of a number of factors (genes, metabolism, height, behavior and environment) working together, two of the most important determinants of weight status are nutrition and physical activity. Children older than two years who are between the 85\(^{th}\) and 95\(^{th}\) percentile of BMI need a second-level assessment and screening, and treatment which includes interventions focused on dietary changes/nutrition and physical activity.

HEDIS has an established measurement that captures and reports the percentage of

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commercial and Medicaid patients 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year:

- BMI percentile documentation
- Counseling for nutrition
- Counseling for physical activity

HEDIS results, reported by NCQA in the State of Health Care Quality report (2009), are:

- Nutrition counseling: 41.0 % commercial, 41.9% Medicaid
- Physical activity counseling: 36.5% commercial, 32.5% Medicaid
- BMI percentile: 35.4% commercial, 30.3% Medicaid

Pilot testing of measure with 13 medical groups representing 116 clinics and 42,906 patients demonstrated that participating clinics are successfully assessing their patient population for obesity, with the prevalence of BMI Percentile ≥ 85 at 27.4% (overweight 14.8%, obese 12.6%) but demonstrated opportunity for improvement and variability among practices for providing counseling to overweight children with an overall average rate of 68.3%.

### Measurement Period

Measurement period will be a fixed 12-month period: 01/01/2014 to 12/31/2014.

### Denominator

Patients who meet each of the following criteria are included in the denominator:

- Patient was age 3 years at the start of the measurement period to 17 years at the end of the measurement period (date of birth was on or between 01/01/1997 to 01/01/2011).
- Patient was seen by an eligible provider in an eligible specialty face-to-face at least once during the measurement period (01/01/2014 to 12/31/2014) for a well-child visit as identified using the CPT codes 99382, 99383, 99384, 99392, 99393, 99394. See Table 1.
- Patient had BMI percentile greater than or equal to 85 according to Center for Disease Control (CDC) BMI percentile calculation formula.

**Eligible Clinics:** Clinics that provide well-child visit services

**Eligible specialties:** Family Medicine (Includes General Practice), Internal Medicine, and Pediatric/Adolescent Medicine

**Eligible providers:** Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Nurse Practitioner (NP)
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Measure Specifications

<table>
<thead>
<tr>
<th>Exclusions</th>
<th>Patients who are pregnant. The following codes can be used to determine pregnancy. Please note: Not all of the codes are applicable to patients aged 12 to 17.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• ICD-9 code range from 630 to 679.1 (complete code range). Use the tables located in the Data Collection Guide Appendices for more detailed information about how to identify patients who meet inclusion criteria using ICD-9 codes.</td>
</tr>
<tr>
<td></td>
<td>• V22. 0 to V28.9 normal pregnancy, high risk pregnancy or encounter antenatal screening. See Table 2.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Numerator</th>
<th>Percentage of patients age 3 to 17 years with a BMI percentile greater than or equal to 85 who have documentation of both physical activity and nutrition discussion, counseling or referral in the medical record documented during the well-child preventive care visit.(^4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nutrition documentation includes any of the following:</td>
</tr>
<tr>
<td></td>
<td>• Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors)</td>
</tr>
<tr>
<td></td>
<td>• Checklist indicating nutrition addressed</td>
</tr>
<tr>
<td></td>
<td>• Counseling or anticipatory guidance for nutrition</td>
</tr>
<tr>
<td></td>
<td>• Provided educational materials on nutrition</td>
</tr>
<tr>
<td></td>
<td>• Referral for any of the following: nutritional education, weight management classes, medical nutritional therapy, nutritional counseling with dietician, obesity counseling</td>
</tr>
<tr>
<td></td>
<td>Physical activity documentation includes any of the following:</td>
</tr>
<tr>
<td></td>
<td>• Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation)</td>
</tr>
<tr>
<td></td>
<td>• Checklist indicating physical activity addressed</td>
</tr>
<tr>
<td></td>
<td>• Counseling or anticipatory guidance for physical activity</td>
</tr>
<tr>
<td></td>
<td>• Provided educational materials on physical activity</td>
</tr>
<tr>
<td></td>
<td>• Referral for any of the following: exercise classes, exercise counseling, obesity counseling</td>
</tr>
</tbody>
</table>

Codes Used to Identify Well-child Visits

Table 1: CPT Codes for Well-child Visits

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>CPT Code Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>99382</td>
<td>Initial comprehensive preventive medicine early childhood (age 1 through 4)</td>
</tr>
<tr>
<td>99383</td>
<td>Initial comprehensive preventive medicine late childhood (age 5 through 11)</td>
</tr>
<tr>
<td>99384</td>
<td>Initial comprehensive preventive medicine adolescent (age 12 through 17)</td>
</tr>
<tr>
<td>99392</td>
<td>Periodic comprehensive preventive medicine early childhood (age 1 through 4)</td>
</tr>
<tr>
<td>99393</td>
<td>Periodic comprehensive preventive medicine late childhood (age 5 through 11)</td>
</tr>
<tr>
<td>99394</td>
<td>Periodic comprehensive preventive medicine adolescent (age 12 through 17)</td>
</tr>
</tbody>
</table>

\(^4\) HEDIS 2013 Weight Assessment- Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
### Codes Used to Identify Patients who Meet Exclusion Criteria

Table 2: Suggested Maternal ICD-9 Diagnosis Codes that Indicate Delivery

<table>
<thead>
<tr>
<th>ICD 9 Diagnosis Codes</th>
<th>ICD 9 Diagnosis Code Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>V22.0</td>
<td>Supervision of normal first pregnancy</td>
</tr>
<tr>
<td>V22.1</td>
<td>Supervision of other normal pregnancy</td>
</tr>
<tr>
<td>V22.2</td>
<td>Pregnant state, incidental</td>
</tr>
<tr>
<td>V23.0</td>
<td>Pregnancy with history of infertility</td>
</tr>
<tr>
<td>V23.1</td>
<td>Pregnancy with history of trophoblastic disease</td>
</tr>
<tr>
<td>V23.2</td>
<td>Pregnancy with history of abortion</td>
</tr>
<tr>
<td>V23.3</td>
<td>Grand multiparity</td>
</tr>
<tr>
<td>V23.41</td>
<td>Pregnancy with history of pre-term labor</td>
</tr>
<tr>
<td>V23.42</td>
<td>Pregnancy with history of ectopic pregnancy</td>
</tr>
<tr>
<td>V23.49</td>
<td>Pregnancy with other poor obstetrical history</td>
</tr>
<tr>
<td>V23.5</td>
<td>Pregnancy with other poor reproductive history</td>
</tr>
<tr>
<td>V23.7</td>
<td>Insufficient prenatal care</td>
</tr>
<tr>
<td>V23.81</td>
<td>Elderly primigravida</td>
</tr>
<tr>
<td>V23.82</td>
<td>Elderly multigravida</td>
</tr>
<tr>
<td>V23.83</td>
<td>Young primigravida</td>
</tr>
<tr>
<td>V23.84</td>
<td>Young multigravida</td>
</tr>
<tr>
<td>V23.85</td>
<td>Pregnancy resulting from assisted reproductive technology</td>
</tr>
<tr>
<td>V23.86</td>
<td>Pregnancy with history of in utero procedure during previous pregnancy</td>
</tr>
<tr>
<td>V23.87</td>
<td>Pregnancy with inconclusive fetal viability</td>
</tr>
<tr>
<td>V23.89</td>
<td>Other high risk pregnancy</td>
</tr>
</tbody>
</table>
Measure Logic/Flow Chart

1. Did the patient have documentation of physical activity discussion, counseling or referral in the medical record?
   - Yes
   - No

2. Was the patient pregnant during the measurement year?
   - Yes
   - No

3. Was the patient seen by an eligible provider in an eligible specialty during the measurement period for a well-child visit as identified by CPT Procedure Codes 99382, 99383, 99384, 99392, 99393, and 99394?
   - Yes
   - No

4. Patient was between age 3 at the start of the measurement period to 17 at the end of the measurement period?
   - Yes
   - No

5. Was the patient’s BMI percentile greater than or equal to 85 according to Center for Disease Control BMI percentile calculation?
   - Yes
   - No

6. Did the patient have documentation of nutrition discussion, counseling or referral in the medical record?
   - Yes
   - No

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Pediatric Preventive Care: Overweight Counseling 2015

Direct Data Submission

(01/01/2014 to 12/31/2014 Dates of Service)

Data Collection and Submission Instructions
Data Collection and Submission Preparations and Considerations

Before collecting and submitting data to MNCM, the following items should be reviewed.

Data submission preparations

- Many resources can be found on the MNCM websites. MNCM recommends saving their location as favorites or bookmarks for easy reference.
  - MNCM Data Portal: https://data.mncm.org/login
  - MNCM Corporate Website: www.mncm.org
  - MN HealthScores: www.mnhealthscores.org
- A dedicated folder location on the computer or network for all data submission documents may be useful.
- Name versions of documents clearly, including version numbers and/or dates, to ensure use of the most recent files.
- Login to the MNCM Data Portal. See Appendix C for step-by-step instructions. Under RESOURCES, access Direct Data Submission (DDS) documents.
  - Download the following documents:
    - Pediatric Preventive Care: Overweight Counseling 2015 Data Collection Guide;
    - Pediatric Preventive Care: Overweight Counseling 2015 Pre-Submission Data Certification Form;
    - Pediatric Preventive Care: Overweight Counseling 2015 Data Collection Form;
    - Pediatric Preventive Care: Overweight Counseling 2015 Data Collection Spreadsheet - Initial Patient Population Template.

Data submission considerations

Initial Patient Population Definition
All patients who meet the age and visit criteria who did not have a valid exclusion reason during the measurement period.

Measure Denominator Definition
Patients identified from the Initial Patient Population who have a BMI percentile greater than or equal to 85.
Calculation of the Measure Denominator from the Initial Patient Population

In order to reliably identify the Measure Denominator, all patients in the Initial Patient Population must be submitted to the MNCM Data Portal for calculation of the patient’s BMI percentile. Sample population data submission of the Initial Patient Population is not permitted. The Initial Patient Population submission file includes standard demographic fields, as well as those needed for the CDC formula to calculate BMI percentile: birth date, gender, height, weight and metric system used. Rationale for this process is detailed in Appendix G.

Direct Data Submission Options

There are three data submission options for this measure:

**OPTION 1:** Submission of all required data elements, including Nutrition and Physical Activity Counseling data, for all patients in the Initial Patient Population. This option is most applicable to those groups that consistently capture nutrition and physical activity counseling, whenever it occurs, within discrete EMR fields available for extract. See the Data Elements and Field Specifications Table for Initial Patient Population on pages 22-31 for field specific requirements.

- Initial Patient Population file contains all data fields for all patients
  - Presence or absence of nutritional counseling
  - Presence or absence of physical activity counseling
  - Counseling date, when applicable

**OPTION 2:** Submission of basic data elements for all patients in the Initial Patient Population in order to calculate the patients’ BMI percentile values and identify patients in the Measure Denominator sub-set; follow-up submission of Nutrition and Physical Activity Counseling data for all patients in the Measure Denominator to amend the Initial Patient Population submission. This option is most applicable to those groups that may not capture counseling activity in a consistent manner and will need to abstract information for patients in the Measure Denominator.

- Nutrition counseling, physical activity counseling, and counseling date fields are left blank in the upload of the Initial Patient Population.
- MNCM Data Portal calculates the BMI percentile for each patient in the Initial Patient Population.
- MNCM Data Portal produces a Measure Denominator file consisting of all patients that meet denominator criteria.
- For all patients in the Measure Denominator file, collection of additional data elements must occur (see the Data Elements and Field Specifications Table for Measure Denominator on pages 42-46 for field specific requirements):
  - Presence or absence of nutritional counseling
  - Presence or absence of physical activity counseling
  - Counseling date, when applicable
- Medical group uploads the augmented Measure Denominator data file to the MNCM Data Portal for rate calculation

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OPTION 3: Submission of basic data elements for all patients in the Initial Patient Population in order to calculate the patients’ BMI percentile values and identify patients in the Measure Denominator sub-set; follow-up submission of Nutrition and Physical Activity Counseling data for a random sample of patients in the Measure Denominator to amend the Initial Patient Population submission. This option is applicable to those groups submitting sample population data only. Clinics without EMRs in place during the entire prior measurement period are permitted to submit sample population data utilizing a random sampling methodology. Sampling must occur with the Measure Denominator file and NOT the Initial Patient Population.

- Nutrition counseling, physical activity counseling and counseling date fields are left blank in the upload of the Initial Patient Population.
- MNCM Data Portal calculates the BMI percentile for each patient in the Initial Patient Population.
- MNCM Data Portal produces a Measure Denominator file consisting of all patients that meet denominator criteria.
- Medical group identifies a random sample of patients from the Measure Denominator file (See Appendix D for sampling methods).
- For patients identified in the random sample (see the Data Elements and Field Specifications Table for Measure Denominator on pages 42-46 for field specific requirements):
  - Presence or absence of nutritional counseling
  - Presence or absence of physical activity counseling
  - Counseling date, when applicable
- Medical group uploads the augmented random sample of the Measure Denominator file to the MNCM Data Portal for rate calculation

Total vs. Sample Population Submission

Total Population Submission (Option 1 or 2)
Clinics with electronic medical records (EMRs) in place during the entire prior measurement period (dates of service 01/01/2013 to 12/31/2013) are required to submit total population data. Total population submission includes all data for all patients identified in the Measure Denominator file.

Sample Population Submission (Option 3)
Clinics without EMRs in place during the entire prior measurement period are permitted to submit sample population data utilizing a random sampling methodology. See Appendix D for instructions on identifying a random sample of patients. Sample size restrictions do apply and require a minimum of sixty (60) records to be included in sample population data submissions. Clinics with sixty (60) or less patients in the total population must submit total population data.
Data Collection and Submission Instructions

All medical groups, regardless of EMR adoption, are required to submit basic information on all patients in the Initial Patient Population. Random sampling occurs within the Measure Denominator file for subsequent data collection and submission. See Appendix D for detailed instructions for identifying a random sample of patients.

During the pre-submission data certification process, medical groups must indicate whether total population data (Options 1 or 2 above) or sample population data from the Measure Denominator file (Option 3 above) will be submitted.

MNCM encourages medical groups to submit total population data whenever possible. Benefits include:

- **More reliable performance scores.** Performance measurement scores based on total population data more reliably reflect the quality of care delivered by a clinic and medical group. Reliability depends on the degree of random measurement error and the size of the population or sample. As the population size in a data submission increases, the margin of error for reporting differences in performance narrows. Performance scores calculated from sample population data will have a larger margin of error and the reporting clinic’s results may not be able to be statistically differentiated from the statewide average, resulting in a greater likelihood of receiving an Average HealthScore on mnhealthscores.org. This is especially important for clinics participating in Minnesota Bridges to Excellence and health plan pay-for-performance programs that rate clinics based on performance measurement scores.

- **Improved risk adjustment.** Risk adjustment is based on the distribution of characteristics within a clinic’s submitted patient population and its comparison to the statewide distribution. Potential variables for risk adjustment include health plan product, patient demographic information, and health status factors. Total population data produces a more reliable representation of a clinic’s patient population and increases the number of variables available for risk adjustment.

**Patient attribution**

Each patient is attributed to the provider and clinic associated with the most recent well-child visit.

**Using Multiple Data Collectors and Inter-Rater Reliability (IRR)**

Use of one data collector or data collection process is preferred as it ensures consistent methods for data collection and results in improved reliability. However, if more than one person must collect data, steps to maximize inter-rater reliability (IRR) are strongly recommended, including but not limited to training for all persons involved in data collection regarding the process and methods to be applied.
Training could include a review of this guide and all related data collection forms, as well as instructions for locating information in the medical record. MNCM also recommends referring to data collection errors made in previous submissions, making plans to improve the data collection process, and performing quality checks on the data. This ensures that measurement specifications are interpreted consistently and data is collected uniformly across multiple data collectors.
Section A: Identifying the Initial Patient Population

The first stage in the process to calculate performance scores is to apply a standard set of criteria to identify the Initial Patient Population; the total number of patients eligible for BMI percentile calculation and then subsequent inclusion in the Measure Denominator. The Initial Patient Population is submitted to the MNCM Data Portal for calculation of the BMI percentile based on a standard CDC formula. Patients with a BMI percentile of greater than or equal to 85 meet criteria for inclusion in the Measure Denominator. The denominator is defined as the bottom number in a fraction. The detailed criteria used to identify the population for the Initial Patient Population and the Measure Denominator are included in the Measure Specifications on page 5-7.

Step 1: Pre-Submission Data Certification (formerly Denominator Certification)

This must be done prior to identifying the Initial Patient Population and collecting data.

To aid medical groups’ identification of the correct patient population, MNCM will review each medical group’s source code and/or methodology for producing the Initial Patient Population up front. This process is intended to identify potential issues prior to data submission, thus avoiding rework for medical groups. However, the responsibility to submit an accurate Initial Patient Population rests with the medical group. Please contact support@mncm.org with any questions.

NOTE: MNCM’s pre-submission data certification process may include a comprehensive review of the steps used by the medical group to identify the Initial Patient Population, including a final listing of the identified patients. MNCM recommends saving all original queries, spreadsheets and/or other documentation of the process used to identify the Initial Patient Population for potential review.

Initial Patient Population Identification Methodology Details

The following elements are included on the Pediatric Preventive Care: Overweight Counseling 2015 Pre-Submission Data Certification form. Medical groups will need to indicate on the form how they will identify each element for MNCM:

- Date of birth range.
- ICD-9-CM and CPT codes included in query.
  - CPT codes are used to identify the Initial Patient Population
  - ICD-9 codes are used to identify exclusions.
  - When querying the system for codes, use the appropriate sets of code ranges.
- Visit date range.
- Board certified specialties of providers who will be included in the query.
- How exclusions will be handled.
  - Medical groups with EMRs can list which accepted exclusions will be filtered through the query process.
Direct Data Submission

Data Collection and Submission Instructions

- Medical groups without EMRs can describe how exclusions will be identified and documented during record review.
- Whether total population or a random sample of the Measure Denominator file will be submitted (see p. 11-13 for definitions); and, if sample population data is being submitted, the process for generating a random sample.

The pre-submission data certification step is considered complete when your medical group receives the pre-submission data certification approval from MNCM.

Pre-Submission Data Certification Form

A template is provided to ensure all medical groups are using the required set of criteria to identify the patient populations for the Initial Patient Population. Updated forms must be submitted on an annual basis.

The pre-submission data certification form requires source code or “screen shots,” which are helpful for the pre-submission data certification process. Medical groups need to complete this form and submit it through the MNCM Data Portal.

To download the form and submit it for certification:

2. Under RESOURCES, select “Cycle B - Pediatric Preventive Care: Overweight Counseling” from the drop-down menu. Download the Pediatric Preventive Care: Overweight Counseling 2015 Pre-Submission Data Certification form.
3. Complete the form and save it in directory dedicated file location on the computer or network.
4. Login to the MNCM Data Portal and select Denominator Certification under the Pediatric Preventive Care: Overweight Counseling – 2015 Report (2014 DOS) section. Follow the instructions to upload the form.
5. MNCM will review the information and respond within 3 business days. MNCM will either (1) contact the medical group for additional information, in which case the medical group will need to make the necessary revisions and re-upload the form; or (2) certify the Initial Patient Population identification methodology. This certification will be indicated in the MNCM Data Portal and an automatic e-mail notification will be sent to the medical group.
Step 2: Initial Patient Population Identification

After completing Step 1, medical groups will be able to query their systems to determine the Initial Patient Population for this measure. This step must be completed regardless of the data submission option selected.

NOTE: Medical groups that implemented a new practice management system during the measurement year will need to generate the patient population list using both systems. Two queries or patient lists may be necessary; if so, the lists should be combined and a common identifier selected to de-duplicate the list. Please contact support@mncm.org with any questions.

System Query

Refer to the Data Elements and Field Specifications Table for the Initial Patient Population found in the table on pages 22-31 for details on formatting the data elements that must be submitted to MNCM. The data elements include:

- Clinic
- Patient ID
- Patient date of birth (DOB)
- Gender
- Zip Code
- Race/Hispanic ethnicity, country of origin and preferred language
- Provider name, NPI, type and specialty code
- Insurance payer and insurance member ID
- Well-Child Visit Date
- Height and Weight
- Metric System used to measure height and weight

Exclusions

In general, exclusions are kept to a minimum. They are supported by evidence that must show frequency of occurrence in which the results would be distorted without the exclusion or is clinically appropriate. A complete list is included in the Measure Specifications on page 6 under “Exclusions.” Also see Table 2 on page 8 and Table 3 in Appendix E for all codes applicable to exclusions.

Patients with exclusions must be removed upfront and not included in the Initial Patient Population data file. If a sample of Measure Denominator patients will be submitted and a patient in the random sample meets one of the exclusion criteria, replace the patient with another patient from your over sample. See Appendix D for instructions.
If a patient meets the criteria for the Initial Patient Population and none of the exclusions apply, the patient must be included.

Finalizing the Initial Patient Population list:

Once the query is completed, the file should be finalized using the following processes:

1. Sort the list by the clinic sites where the patients are attributed.
2. De-duplicate the list to include only one record per patient. If a patient is listed more than once within a clinic or the entire medical group, determine which provider or clinic the patient should be attributed to and delete the other record. See page 14 for more information.
3. Review the number of patients in the population. Is the total number of patients realistic and does it make sense? If not, does a correction in the methodology or query need to be made?
4. “Inactive” patients: Patients designated as “inactive” in a practice management system, billing system or electronic medical record must be included in the patient population if they meet the criteria.

Patient Registry Caution

Patient registries are important tools for clinics to track patient progress and to support quality improvement. However, MNCM cautions the use of patient registries to identify patient populations or for collection of clinical data. Many registries give a “snapshot” of patients at a given time; thus they may not include all patients, according to established patient criteria, or reflect the most recent clinical data (e.g., blood pressure or labs). If a medical group utilizes a registry that is programmed to update the patient population and clinical results on a continual basis (24/7), or was built using measure specifications, contact support@mncm.org to discuss its possible use.

During validation audits, MNCM auditors will review patient records for validation and not patient registries. Thus, if a clinic uses data from a patient registry, the auditor may find more validation errors.
Section B: Data Collection and Submission of the Initial Patient Population

The second stage in the process to calculate performance scores is to collect the required data elements. All clinics must submit minimum data elements for all patients in the Initial Patient Population, including standard demographic fields and those needed for the CDC formula to calculate BMI percentile: birth date, gender, height, weight and metric system used. Rationale for this process is detailed in Appendix G. In addition to the minimum data elements, Nutrition and Physical Activity Counseling data may also be included in the Initial Patient Population file; however, that data is not required at this point and can be submitted in a supplemental file. See pages 12-13 for details of data submission process options. Specific information regarding data field requirements can be found in the Data Elements and Field Specifications Table for Initial Patient Population on pages 22-31.

Medical groups can collect clinical data from medical records by either extracting it from an EMR through a data query or abstracting it from the medical record (paper record or EMR).

Data collection for the Initial Patient Population should occur after:

1. The clinic’s billing and medical record updates are complete for the measurement period; and
2. The Initial Patient Population identification method is certified by MNCM; and
3. The Initial Patient Population is pulled.

Step 1: Collect the Data

Data must be submitted using the provided Excel template. It contains all of the necessary fields and the correct column formatting to submit data according to the measure specifications. Download the Pediatric Preventive Care: Overweight Counseling 2015 Data Collection Spreadsheet – Initial Patient Population Template from the MNCM Data Portal, under RESOURCES and by selecting “Cycle B - Pediatric Preventive Care: Overweight Counseling Resources” from the drop-down menu.

Required Data Elements for Initial Patient Population by Data Submission Option

See pages 12-13 for details of data submission options.

- **Option 1**: All data elements in Data Elements and Field Specifications Table for Initial Patient Population (pages 22-31) except Columns F-N.
- **Option 2 & 3**: All data elements in Data Elements and Field Specifications Table for Initial Patient Population (pages 22-31) except Columns F-N and X-AA.

Data Collection Tips:

- When manually collecting data from an EMR, highlight the row, column or cell that contains the data needed. This reduces the chance of looking at the wrong one.
- Watch for typos when entering data (number transpositions, etc.).
Locating Data Elements in the Patient Record

The primary source of data should be the clinic’s documentation in the medical record (e.g., flow sheets, progress notes, etc.). Information from sources external to the clinic or medical group may be used if it is documented in the patient’s medical record. Upon audit, MNCM will validate submitted data elements against what is documented in the medical record.

Tracking Data Location in the Patient Record

It is helpful during the audit process to know where data is located in the patient’s medical record. If information is kept in a place in the medical record that is not typical for the practice, document the location on the data collection form or directly in the Excel spreadsheet by adding a Notes column. Save a copy of the Excel file with the Notes column (for internal records) and without the column (for submission to MNCM).
# Pediatric Preventive Care: Overweight Counseling 2015

## Direct Data Submission

### Data Collection and Submission Instructions

## Data Elements and Field Specifications Table for Initial Patient Population

<table>
<thead>
<tr>
<th>Column</th>
<th>Field Name</th>
<th>Notes</th>
<th>Excel Format</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Clinic ID</td>
<td>Enter the <strong>MNCM Clinic ID</strong> for every patient/row submitted. MNCM assigns the clinic ID at the time of registration. Use the <strong>MNCM ID</strong> listed in the portal. Do NOT use the Medical Group ID. Blank values will create ERRORS upon submission. <strong>Quality Check:</strong> Verify ID in each cell matches the clinic ID in the MNCM Data Portal.</td>
<td>Text</td>
<td>9999</td>
</tr>
<tr>
<td>B</td>
<td>Patient ID</td>
<td>Keep a “crosswalk” between the patient ID and the patient name and DOB to help clinic staff locate records during validation audits. Enter clinic-assigned ID (e.g., MRN, account number). Do NOT enter Social Security Numbers. Blank or duplicate values will create ERRORS upon submission. <strong>Quality Check:</strong> Verify patients were not duplicated. If patient is duplicated, determine which clinic patients should be attributed to and delete the duplicate record. If submitting a sample population, replace the deleted record with the next patient.</td>
<td>Text</td>
<td>1</td>
</tr>
<tr>
<td>C</td>
<td>Patient Date of Birth</td>
<td>Enter the patient’s date of birth. Patient must be between ages 3 at the start of the measurement period and age 17 at the end of the measurement period (01/01/2014 to 12/31/2014). The date of birth range for this age group is 01/01/1997 to 01/01/2011. Blank values or values outside the range of 01/01/1997 to 01/01/2011 will create ERRORS upon submission. <strong>Quality Check:</strong> Verify each date of birth is within the accepted range.</td>
<td>Date (mm/dd/yyyy)</td>
<td>06/03/1999</td>
</tr>
</tbody>
</table>
Pediatric Preventive Care: Overweight Counseling 2015
Direct Data Submission
Data Collection and Submission Instructions

<table>
<thead>
<tr>
<th>Column</th>
<th>Field Name</th>
<th>Notes</th>
<th>Excel Format</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>Gender</td>
<td>Enter the patient’s gender:</td>
<td>Text</td>
<td>F</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female = F Male = M Unknown = U</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Blank values will create ERRORs upon submission.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Quality Check:</strong> Verify each cell has one of the accepted codes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Zip Code, Primary Residence</td>
<td>Enter the patient’s five-digit zip code of primary residence at the most recent encounter on or prior to 12/31/2014.</td>
<td>Text</td>
<td>55111</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If EMR query extracts a nine-digit number, submit the nine-digit number. The MNCM Data Portal will remove the last four digits automatically.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Blank values will create ERRORs upon submission.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Quality Check:</strong> Verify the zip code is five digits and that each cell has data.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Race/Ethnicity1</td>
<td>Please refer to a separate document entitled REL Data Field Specifications and Codes 2015 for the field specifications in Columns F-N. This document can be found via the link above, under the RESOURCES Tab in the data portal under the “Race/Ethnicity/Language Data (REL)” section, or on MNCM.org under Submitting Data &gt; Training &amp; Guidance &gt; Data Collection Guides</td>
<td>Number</td>
<td>1</td>
</tr>
<tr>
<td>G</td>
<td>Race/Ethnicity2</td>
<td>These are optional fields.</td>
<td>Number</td>
<td>2</td>
</tr>
<tr>
<td>H</td>
<td>Race/Ethnicity3</td>
<td>For more information about collecting this data from patients, refer to the Handbook on the Collection of Race Ethnicity and Language Data available at <a href="http://mncm.org/submitting-data/training-and-guidance/">http://mncm.org/submitting-data/training-and-guidance/</a> under Data Collection Guides.</td>
<td>Text</td>
<td>CountryA</td>
</tr>
<tr>
<td>I</td>
<td>Race/Ethnicity4</td>
<td>Quality Check: Verify each cell has one of the accepted codes. Blank cells (if there is no data is available) are acceptable.</td>
<td>Number</td>
<td>1</td>
</tr>
<tr>
<td>J</td>
<td>Race/Ethnicity5</td>
<td>Quality Check: Verify each cell has one of the accepted codes.</td>
<td>Text</td>
<td>LanguageB</td>
</tr>
<tr>
<td>K</td>
<td>Country of Origin Code</td>
<td></td>
<td>Number</td>
<td></td>
</tr>
<tr>
<td>L</td>
<td>Country of Origin “Other” Description</td>
<td></td>
<td>Text</td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>Preferred Language Code</td>
<td></td>
<td>Number</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>Preferred Language “Other” Description</td>
<td></td>
<td>Text</td>
<td></td>
</tr>
</tbody>
</table>
# Pediatric Preventive Care: Overweight Counseling 2015

## Direct Data Submission

### Data Collection and Submission Instructions

<table>
<thead>
<tr>
<th>Column</th>
<th>Field Name</th>
<th>Notes</th>
<th>Excel Format</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>Provider NPI</td>
<td>Enter the 10-digit NPI of the provider associated with the most recent well-child visit. If the provider does not have an NPI, enter the provider ID as registered in the MNCM Data Portal. Blank values will create ERRORs upon submission. <strong>Quality Check:</strong> Verify each cell has data.</td>
<td>Text</td>
<td>1234567891</td>
</tr>
<tr>
<td>P</td>
<td>Provider Specialty Code</td>
<td>Enter the board certified specialty of the provider (if multiple specialties, choose primary specialty): 1 = Family Medicine 24 = Pediatric/Adolescent Medicine 2 = Internal Medicine • If a provider from a specialty other than those listed above has pediatric patients and wishes to submit data, contact <a href="mailto:support@mncm.org">support@mncm.org</a>. Blank values will create ERRORs upon submission. <strong>Quality Check:</strong> Verify that each cell has an accepted code.</td>
<td>Number</td>
<td>1</td>
</tr>
<tr>
<td>Q</td>
<td>Insurance Coverage Code</td>
<td>Please refer to a separate document entitled Insurance Coverage Data Field Specifications and Codes 2015 for these field specifications. This document can be found via the link above, under the RESOURCES Tab in the data portal under the “Insurance Coverage Field Specs &amp; Codes for DDS” section., or on MNCM.org under Submitting Data &gt; Training &amp; Guidance &gt; Data Collection Guides.</td>
<td>Number</td>
<td>1</td>
</tr>
<tr>
<td>R</td>
<td>Insurance Coverage “Other” Description</td>
<td></td>
<td>Text</td>
<td>Assurant Health</td>
</tr>
<tr>
<td>S</td>
<td>Insurance Plan Member ID</td>
<td><strong>Quality Check:</strong> Verify each cell has an accepted code and that all 99 codes have a name entered in Column R. Verify Social Security Numbers are NOT submitted.</td>
<td>Text</td>
<td>FBOXZ7969</td>
</tr>
</tbody>
</table>
### Data Collection and Submission Instructions

<table>
<thead>
<tr>
<th>Column</th>
<th>Field Name</th>
<th>Notes</th>
<th>Excel Format</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>T</td>
<td>Well-Child Visit Date</td>
<td>Enter the date of the well-child visit. All patients ages 3 to 17 with a well-child visit during the measurement period are submitted for BMI percentile calculation. If there is more than one well-child visit during the measurement period, enter the date of the most recent well-child date. Blank values will create ERRORs upon submission. <strong>Quality Check:</strong> Verify all dates are within the measurement period date range.</td>
<td>Date (mm/dd/yyyy)</td>
<td>06/30/2014</td>
</tr>
</tbody>
</table>
| U      | Metric System               | Enter the metric system used for recording both the patient’s height and weight  
1 = English (height in inches and weight in pounds)  
2 = Metric (height in centimeters and weight in kilograms)  
To accurately calculate the BMI percentile for each patient, the same metric system must be used for both height and weight. Leave BLANK if the patient’s height and weight were NOT assessed (e.g., did not obtain both height and weight to calculate BMI value and percentile) during the measurement period. Leave BLANK if the same metric system was NOT used to measure both height and weight. **Quality Check:** Verify that results of this field are expected according to the metric system that the medical group uses to record height and weight. Verify each cell has one of the accepted codes. Blank cells are acceptable | Number                | 1             |
# Data Collection and Submission Instructions

<table>
<thead>
<tr>
<th>Column</th>
<th>Field Name</th>
<th>Notes</th>
<th>Excel Format</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>V</td>
<td>Height Value</td>
<td>Enter the height value obtained during the well-child visit using the metric system submitted in Column U. The same metric system must be used for both height and weight.</td>
<td>Number - inches one decimal - centimeters whole number round up or down as appropriate</td>
<td>52.5 (inches) 158 (centimeters)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Height in inches may be expressed with one decimal point to reflect one-half inch (e.g., 50.5). Height in centimeters is expressed as a whole number (round up or down as appropriate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Leave BLANK if the patient’s height was not assessed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Quality Check:</strong> Verify that the value is expressed in the correct format.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>W</td>
<td>Weight Value</td>
<td>Enter the weight value (English or Metric) obtained during the well-child visit using the metric system submitted in Column U. The same metric system must be used for both height and weight.</td>
<td>Number; whole number (round up or down as appropriate)</td>
<td>62 (pounds) 28 (kilograms)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Weight is expressed as a whole number; rounding up or down as appropriate. Rounding rules for guidance:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- if a digit is 4, 3, 2, or 1 round down to the whole number</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- if a digit is 5, 6, 7, 8, or 9 round up to the next whole number</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Leave BLANK if the patient’s weight was not assessed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Quality Check:</strong> Verify that the value is expressed in the correct format.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Pediatric Preventive Care: Overweight Counseling 2015
Direct Data Submission

Data Collection and Submission Instructions

<table>
<thead>
<tr>
<th>Column</th>
<th>Field Name</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excel Format</td>
<td>Example</td>
<td></td>
</tr>
</tbody>
</table>

For medical groups with the capability to electronically capture counseling fields for all patients (regardless of overweight status), it is acceptable to submit these counseling fields for all patients (Option 1). Measure numerator compliance will only be calculated for children with BMI percentile greater than or equal to 85 (Measure Denominator population). If data is not submitted here for all patients, it must be submitted for children with BMI percentile greater than or equal to 85 in the Measure Denominator file (Options 2 and 3, see Section C).

**Nutrition Counseling Documentation**

Documentation for this field can be from the medical record or, in some instances, by using billing codes to indicate the type(s) of nutrition discussion, counseling or referral provided to the patient. However, it is more likely that documentation will exist in structured EMR fields not related to codes. Nutrition counseling definitions are aligned with those used in the HEDIS NCQA measure (NQF#0024). Current e-Measure specifications utilize SNOMED coding for these types of activities. If SNOMED is incorporated and used consistently, this could be an additional mechanism to indicate if counseling occurred.

The following codes may indicate a referral occurred during a well-child visit; however, the actual code will most likely be used for the visit in which those services were provided. It is acceptable to use these codes from later visits to indicate a referral was made.

- ICD-9 V65.3 Dietary surveillance and counseling
- CPT 97802 Medical nutrition therapy individual, initial
- CPT 97803 Medical nutrition therapy individual, re-assessment
- CPT 97804 Medical nutrition therapy, group
- HCPCS G0270 Medical nutritional therapy, group
- HCPCS G0271 Medical nutritional therapy, 30 min
- HCPCS S9449 Weight management class
- HCPCS S9452 Nutrition class
- HCPCS S9470 Nutritional counseling, dietician visit
- HCPCS G0447 Face-to-face counseling for obesity
### Data Collection and Submission Instructions

<table>
<thead>
<tr>
<th>Column</th>
<th>Field Name</th>
<th>Notes</th>
<th>Excel Format</th>
<th>Example</th>
</tr>
</thead>
</table>
| X      | Nutrition Counseling| Indicate if nutrition counseling was provided to patient:  
1 = Yes, nutrition counseling was provided  
2 = No, nutrition counseling was not provided  
3 = Unknown if counseling was provided  
Nutrition counseling is defined as **any** of the following:  
• Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors)  
• Indication on check list that nutrition was addressed  
• Counseling or anticipatory guidance for nutrition  
• Provision of educational materials on nutrition  
• Referral for nutritional education, weight management classes, medical nutritional therapy, nutritional counseling with dietician, and/or obesity counseling  
MNCM does not require medical groups to submit the type of nutrition counseling that occurred; rather just an indication that it did or did not occur. During validation audits, MNCM auditors will need to see documentation in the medical record that reflects any of the above noted definitions of nutrition counseling.  
Quality Check: Verify each cell has one of the accepted codes. Blank cells are acceptable in the Initial Patient Population file in the following situations:  
• Using Option 2 or 3 and counseling data will be submitted in the Measure Denominator file. |
|        |                     |                                                                                                                                                                                                        | Number       | 1       |
## Data Collection and Submission Instructions

<table>
<thead>
<tr>
<th>Column</th>
<th>Field Name</th>
<th>Notes</th>
<th>Excel Format</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Date Nutrition Counseling</td>
<td>Enter the date of the visit in which nutrition counseling occurred (as defined above). Typically, this will be the same date as a well-child visit; however, with referrals for additional counseling or services, it is acceptable to have the date of nutrition counseling occur at another visit during the measurement period. Leave BLANK if no counseling was provided or if Column X is blank. • If nutrition counseling was provided at more than one visit during the measurement period, enter the date of the most recent visit. • Quality Check: Verify all dates are within the measurement period date range.</td>
<td>Date (mm/dd/yyyy)</td>
<td>07/09/2014</td>
</tr>
</tbody>
</table>

### Physical Activity Counseling Documentation

Documentation for this field can be from the medical record or, in some instances, by using billing codes to indicate the type(s) of physical activity discussion, counseling or referral provided to the patient. However, it is more likely that documentation will exist in structured EMR fields not related to codes. Physical activity definitions are aligned the HEDIS NCQA measure (NQF#0024). Current e-Measure specifications utilize SNOMED coding for these types of activities. If SNOMED is incorporated and used consistently, this could be an additional mechanism to indicate if counseling occurred.

The following codes may indicate a referral occurred during a well-child visit; however, the actual code will most likely be used for the visit in which those services were provided. It is acceptable to use these codes from later visits to indicate a referral was made.

- ICD-9 V65.41 Exercise counseling
- HCPCS S9451 Exercise classes
- HCPCS G0447 Face-to-face counseling for obesity
<table>
<thead>
<tr>
<th>Column</th>
<th>Field Name</th>
<th>Notes</th>
<th>Excel Format</th>
<th>Example</th>
</tr>
</thead>
</table>
| Z      | Physical Activity Counseling | Indicate if physical activity counseling was provided to patient:  
1 = Yes, physical activity counseling was provided  
2 = No, physical activity counseling was not provided  
3 = Unknown if counseling was provided  
Physical activity counseling is defined as any of the following:  
• Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation)  
• Indication on checklist that physical activity was addressed  
• Counseling or anticipatory guidance for physical activity  
• Provision of educational materials on physical activity  
• Referral for exercise classes, exercise counseling, and/or obesity counseling.  
MNCM does not require medical groups to submit the type of physical activity counseling that occurred; rather just an indication that it did or did not occur.  
During validation audits, MNCM auditors will need to see documentation in the medical record that reflects any of the above noted definitions of physical activity counseling  
Quality Check: Verify each cell has one of the accepted codes. Blank cells are acceptable in the Initial Patient Population file in the following situations:  
• Using Option 2 or 3 and counseling data will be submitted in the Measure Denominator file. | Number | 1 |
<table>
<thead>
<tr>
<th>Column</th>
<th>Field Name</th>
<th>Notes</th>
<th>Excel Format</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA</td>
<td>Date Physical Activity Counseling</td>
<td>Enter the date of the visit in which physical activity counseling occurred (as defined above). Typically, this will be the same date as a well-child visit; however, with referrals for additional counseling or services, it is acceptable to have the date of physical activity counseling occur at another visit during the measurement period. Leave BLANK if no counseling was provided or if Column Z is blank. • If physical activity counseling was provided at more than one visit during the measurement period, enter the date of the most recent visit. Quality Check: Verify all dates are within the measurement period date range.</td>
<td>Date (mm/dd/yyyy)</td>
<td>07/09/2014</td>
</tr>
</tbody>
</table>
Step 2: Quality Check the Data
MNCM recommends completing several internal quality checks of the data prior to submission. Quality checks improve data accuracy, reduce the likelihood of errors, and ensure that the data can be validated upon audit.

Quality Check Option 1
Use Excel’s AutoFilter feature to complete data quality checks of specific data elements in the Excel file. To set the filter and review specific data elements, follow these instructions:

1. Click inside any data cell and activate the AutoFilter by:
   a. In Excel 2003, click the Data menu, point to Filter, and click AutoFilter.
   b. In Excel 2007 and Excel 2010, click the Data tab and in the Sort & Filter area click Filter.
2. The AutoFilter arrows should appear to the right of each column heading.
3. Click on the arrow of any column to display drop-down boxes and scan for key entry errors and out-of-range or missing data (e.g., a well-child visit was outside the date of service range 01/01/2014 to 12/31/2014). Determine if the data needs to be corrected.
4. To display all data again, click on the same drop-down box and select All.
5. Remove the AutoFilter option by:
   a. In Excel 2003, click Data, Filter, and then AutoFilter again.

Quality Check Example: Well-Child Visit Dates
To verify that every row has a well-child visit date, start by clicking the “Well-Child Visit Date” (Column T) drop-down menu to see a list of values and other selections. Click (Blank) to see which record(s) have a missing value. If any are found, go back to the source in the medical record and make appropriate changes to the Excel file. If no date is available, the patient should not be included in the data file.

Quality Check Option 2
Complete an internal audit of clinical data by reviewing a random sample of records to verify that the data matches the patient record. MNCM recommends a minimum of 8 to 10 records for the sample. If errors are found, make corrections in the Excel file.

Quality Check Option 3
Complete these general quality checks:

1. Conduct the quality checks listed in the Notes column of each data element in the Data Elements and Field Specifications Table (pages 22-31).
Data Collection and Submission Instructions

2. Verify excluded records are removed. See Table 2 on page 8 and Table 3 in Appendix E for all codes applicable to exclusions.

3. Confirm there are no hyphens or zeroes (0s). If the data field is supposed to be blank, do NOT enter hyphens or zero; instead leave it blank.

4. Confirm there are no blank rows at the end of the spreadsheet. Blank rows at the bottom of the Excel file can slow the data submission process.
   a. To check for blank rows, press Ctrl/End at the same time to go to the bottom-most cell in the spreadsheet. Remove any by highlighting the blank rows, right-clicking in the left margin, and selecting Delete.

Considerations during Quality Checks

If errors are found during quality checks, consider if the errors are isolated cases or indicative of a larger data collection problem.

It is important to complete quality checks before submitting data to MNCM. This can help avoid delays in the file submission and ensure submission of the most accurate data. All changes, additions or corrections must be made in the Excel file before submitting data to MNCM.
Step 3: Data File Creation

The third stage in the process to calculate performance scores is to create the data file for submission of the Total Initial Patient Population to the MNCM Data Portal. Before proceeding with the file submission, be sure to:

- Complete all data collection and data entry.
- Complete data quality checks.
- Combine all clinic files onto one spreadsheet. All clinics in a medical group must be uploaded in one, single file. The clinic identifier is the Clinic ID.
- Verify each column is formatted according to measure specifications (TEXT, NUMBER, or DATE formatting). Columns can remain at any width.
- Verify all original columns remain in the spreadsheet even if there is no data in column. Do NOT delete any columns.

Once these steps are completed, save the Excel template and then save the file as a CSV file, which will be uploaded to the MNCM Data Portal. CSV stands for “comma separated values.” A CSV file is a common and simple format used to import or transport data between systems or software applications that are not directly related. If at any point in the process it is discovered that corrections to the data are needed, do NOT open the CSV file in Excel. Doing so destroys the formatting and alters the data. Instead, to view or make corrections to the data, open your original Excel file. Then save the changes as a new CSV file. If the CSV file is mistakenly opened in Excel, simply re-save a new CSV file from the original Excel file. Rename the old CSV file or delete it entirely.

Create CSV File for Data Submission

The steps for creating a CSV file using Excel 2003, 2007 or 2010 are below. If multiple tabs were created in the Excel spreadsheet, select the correct tab and proceed with the following steps. If only one tab was created, start with step 6.

<table>
<thead>
<tr>
<th>For Excel 2003 Users</th>
<th>For Excel 2007 Users</th>
<th>For Excel 2010 Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Open the original Excel file (.xls).</td>
<td>2. Right-click the tab of the spreadsheet you wish to save (near bottom of the screen).</td>
<td>2. Right-click the tab of the spreadsheet you wish to save (near bottom of the screen).</td>
</tr>
<tr>
<td>2. Click <code>Edit</code> or right-click the tab of the spreadsheet you wish to save (near bottom of the screen).</td>
<td>3. Select <code>Move or Copy Sheet To book (new book)</code> – this is a drop-down selection.</td>
<td>3. Select <code>Move or Copy Sheet To book (new book)</code> – this is a drop-down selection.</td>
</tr>
<tr>
<td>3. Select <code>Move or Copy Sheet To book (new book)</code> – this is a drop-down selection.</td>
<td>4. Select <code>Create a Copy</code>; click “OK.”</td>
<td>4. Select <code>Create a Copy</code>; click “OK.”</td>
</tr>
<tr>
<td>4. Select <code>Create Copy</code>.</td>
<td>5. In this new book, click the <code>Office Button</code> (upper left-hand corner of screen); select <code>Save As</code>.</td>
<td>5. In this new book, click the <code>File</code> tab (upper left-hand corner of screen); Select <code>Save As</code>.</td>
</tr>
<tr>
<td>5. In this new book, click <code>File</code>, <code>Save As.</code></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Select the folder and file name of your choice.</td>
<td>7. At the very bottom, you will see <code>Save as type</code>; choose from the drop-down menu, <code>CSV (comma delimited)</code>.</td>
<td>8. Click <code>Save</code>. When you save the CSV file, the following warning will appear: “...may contain features that are not compatible with CSV. Do you want to keep the workbook in this format?” Click <code>Yes</code>.</td>
</tr>
<tr>
<td>7. At the very bottom, you will see <code>Save as type</code>; choose from the drop-down menu, <code>CSV (comma delimited)</code>.</td>
<td>9. Now you can close the file; a message will appear: “Do you want to save this file...?” Click <code>Yes</code> or <code>No</code>. Your CSV file is now ready for upload to the MNCM Data Portal. Do NOT open the CSV file in Excel. If the file is mistakenly opened, simply resave a new CSV file.</td>
<td>9. Now you can close the file; a message will appear: “Do you want to save this file...?” Click <code>Yes</code> or <code>No</code>. Your CSV file is now ready for upload to the MNCM Data Portal. Do NOT open the CSV file in Excel. If the file is mistakenly opened, simply resave a new CSV file.</td>
</tr>
</tbody>
</table>
Pediatric Preventive Care: Overweight Counseling 2015

Direct Data Submission

Data Collection and Submission Instructions

Step 4: Data Submission

The fourth stage in the process to calculate performance scores is to submit the data file to MNCM through the MNCM Data Portal. Go to HOME in the MNCM Data Portal and scroll down to the Pediatric Preventive Care: Obesity/BMI & Counseling – 2015 Report (2014 DOS) measure.

Data File Transfer

Beginning in 2014, the Minnesota Department of Health (MDH) requested the receipt of patient-level data for the uses described below. MDH assured MNCM medical groups are permitted to disclose this patient-level data to MDH under applicable law (including Minnesota law and HIPAA), as it will be used only for public health activities, health oversight activities and/or other activities required or authorized by state or federal law. Medical groups should indicate on the MNCM Data Portal whether they allow MNCM to share patient-level data with MDH. A list of the data elements for each measure that will be shared with MDH is available in the MNCM Data Portal, under RESOURCES and by selecting “Minnesota Statewide Quality Reporting and Measurement System” from the drop-down menu.

MDH will use patient level data to:

- Validate quality measure results
- Publicly report clinic results
- Research risk adjustment methodologies
- Benchmark and evaluate Health Care Homes
- Design and evaluate public health interventions
- Research and analyze health disparities

MDH will not use patient level data to pursue investigatory or regulatory activities.

To indicate a data sharing selection:

2. Choose one of the two data sharing options:
   - YES – My organization agrees to have MNCM share our patient-level data with MDH for specified measures.
   - NO – My organization does not agree to have MNCM share our patient-level data with MDH.
3. Click Save.
Pediatric Preventive Care: Overweight Counseling 2015

Direct Data Submission

Data Collection and Submission Instructions

Data Submission

On the HOME tab of the MNCM Data Portal, click Data Submission under the Pediatric Preventive Care: Overweight Counseling—2015 Report (2014 DOS) measure heading. Use the following steps to submit data to MNCM.

Step 1: Enter Denominator

Medical groups may manually enter denominator counts and information, or upload a CSV file with the required information. Use the instructions below.

Manual Entry

To manually input denominator counts and information, enter the following information for each clinic row. Once complete, click Save and Continue.

- **Method Used for Data Collection**: Select one of the methods from the drop-down box
  - EMR: All data pulled via query
  - EMR: Some data looked up manually
  - EMR: All data looked up manually
  - Manual: Paper records only
  - Manual: EMR and paper record

- **REL Data Collection**: Indicate if collection of race, Hispanic ethnicity, preferred language and country of origin occurred using best practice methods, including:
  - For Hispanic Ethnicity and Race: Allowing patient to self-report race AND not using a multi-racial category AND using an EMR that allows for the collection and reporting of more than one race.
  - For Preferred Language and Country of Birth: Allowing patient to self-report these demographic data.

- **Number of Patients that Meet Inclusion Criteria**: Enter the number of patients who met the inclusion criteria for the Initial Patient Population.
  - Do NOT include patients who met an accepted exclusion (i.e., pregnant during the measure period).

- **Not Reporting**: Check this box if a clinic is not reporting for this cycle of data collection.
  - Be advised that MNCM’s policy requires ALL clinic sites within a medical group to submit data through the DDS process. That is also a condition of participation in Minnesota Bridges to Excellence (BTE) and other pay-for-performance programs.
  - Provide a reason the clinic is not reporting (e.g., the clinic has no patients meeting eligibility criteria).
File Upload
To enter the denominator counts and information into an Excel sheet that will then be uploaded to the Data Portal, use the following instructions.

1. Click on “Download the Denominator Worksheet.” The clinic names will be displayed in Column A and the clinic IDs will be displayed in Column B.

2. Complete the worksheet by entering the following information for each clinic:
   - **Method Used for Data Collection (Column C):** Enter the appropriate code for each clinic ID.
     1 = EMR: All data pulled via query
     2 = Manual: Paper records only
     3 = Manual: EMR and paper record
     4 = EMR: Some data looked up manually
     5 = EMR: All data looked up manually
   - **REL Data Collection (Columns D – G):** Indicate if collection of race, Hispanic ethnicity, preferred language and country of birth occurred using best practice methods, including:
     1. For Hispanic Ethnicity and Race: Allowing patient to self-report race AND not using a multi-racial category AND using an EMR that allows for the collection and reporting of more than one race.
     2. For Preferred Language and Country of Birth: Allowing patient to self-report these demographic data.
     For each clinic ID indicate if best practices are used by using the following codes and instructions:
     1 = Yes, we follow the best practice
     0 = No, we do not follow the best practice
     - Column D: Enter the appropriate code (1 or 0) to indicate if patients are allowed to self-report race and Hispanic Ethnicity.
     - Column E: Enter the appropriate code (1 or 0) to indicate if clinic is NOT using a multi-racial category AND uses an EMR that allows for the collection and reporting of more than one race.
     - Column F: Enter the appropriate code (1 or 0) to indicate if patients are allowed to self-report preferred language.
     - Column G: Enter the appropriate code (1 or 0) to indicate if patients are allowed to self-report race and Hispanic Ethnicity.
   - **Number of Patients that Meet Inclusion Criteria (Column H):** Enter the number of patients who met the inclusion criteria for the Initial Patient Population for each clinic ID.
     - Do NOT include patients who met an accepted exclusion (e.g., deceased, etc.).
Pediatric Preventive Care: Overweight Counseling 2015

Direct Data Submission

Data Collection and Submission Instructions

- **Not Reporting (Column J):** Indicate if a clinic is not reporting for this cycle of data collection by entering the following code. Leave as “0” if a clinic is reporting data.
  
  1 = Clinic is NOT reporting
  
  o Be advised that MNCM’s policy requires ALL clinic sites within a medical group to submit data through the DDS process. That is also a condition of participation in Minnesota Bridges to Excellence (BTE) and other pay-for-performance programs.

- **Reason not reporting (Column K):** Provide a reason the clinic is not reporting (e.g., the clinic has no patients meeting eligibility criteria).

3. Save the Excel file as a CSV file (see page 34 for more information). Click **Browse** to search and find the CSV file and then click **Submit File**.

**Step 2: Review & Save**

Verify the numbers entered by reviewing all of the clinic site’s information for accuracy (no typos or duplicate patients). Click **Save and Continue**, or click **Back to Step 1** to re-enter the counts.

**Step 3: Upload Data**

Click **Browse** to search for the Initial Patient Population CSV file; then click **Upload CSV and Continue**. The MNCM Data Portal will scan the CSV file to identify possible errors. It will then provide an “Upload Status” indicating any errors or warnings in the data file. Click **Refresh** if an “Upload Status” is not displayed. To view errors and warnings, click **View Errors & Warnings**.

1. **Errors:** For example, date of birth is out-of-range. If found, corrections must be made and a new file uploaded.

2. **Warnings:** For example, provider code other than one of the listed specialties is in data file. Review warnings and determine if corrections are needed

   If corrections are not necessary, click **Continue**.

**Data file corrections**

If errors are found, the data file must be corrected and resubmitted in the MNCM Data Portal. Refer to the Data Elements and Field Specifications Table (pages 22-31) and review the required data for each column.

- To start from Step 3: If corrections are only needed to the data file, **make corrections in the original Excel file and save the corrected file with a new name**. Then save as a new CSV file to upload. Do NOT make corrections in the original CSV file, as it will destroy the format and alter the data. Go back to the Data Portal submission page and click **Re-Upload Data (csv) File**. Begin again with **Step 3 Upload Data**.

- To start from Step 1: Click **Clear & Start Over** to start the process completely over from **Step 1 Enter Denominator**. In this case, all number entries and a new file upload will be necessary.
Once the CSV file has been re-uploaded without any errors or warnings needing correction, click **Continue**.

**If Nutrition and Physical Activity Counseling data was submitted for all patients** in the Initial Patient Population file (Option 1 – see pages 12-13 for details), and the message next to each clinic listing reads **Complete**, all required data for calculation of the measures have been submitted. Click **Verify Data** to continue to Step 4 and skip to Section D on page 50 of this guide to finalize the data submission.

**If Nutrition and Physical Activity Counseling data was not submitted for all patients** in the Initial Patient Population file (Options 2 & 3 – see pages 12-13 for details), and the message next to each clinic listing reads **To Do**, continue to Section C.
Section C: Data Collection and Submission for the Measure Denominator

If all required data elements (e.g. Nutrition and Physical Activity Counseling data) were not included in the Initial Patient Population file (Options 2 & 3 – see pages 12-13 for details), an additional follow-up submission must be completed to amend the previously submitted data. NOTE: If all required data elements were included in the Initial Patient Population file as outlined in Option 1 and Section B, skip this section and move ahead to Section D (page 50).

Medical groups may collect clinical data from medical records by either extracting it from an EMR through a data query, or abstracting the data from the medical record (paper record or EMR).

Data collection for the Measure Denominator should occur after:

1. The clinic’s billing and medical record updates are complete for the measurement period; and
2. The Pre-Submission Data Certification document is approved by MNCM; and
3. The Initial Patient Population is pulled, data collected and file submitted to the MNCM Data Portal for BMI percentile calculation to identify patients in the Measure Denominator population; and
4. The Measure Denominator population file has been downloaded from the MNCM Data Portal; and
5. If applicable, a sample of the Measure Denominator population has been selected according to the sampling instructions.

Data Collection Tips:
• When manually collecting data from an EMR, highlight the row, column or cell that contains the data needed. This reduces the chance of looking at the wrong one.
• Watch for typos when entering data (number transpositions, etc.).

Step 1: Collect the Data

Data must be submitted using the Measure Denominator CSV file downloaded from the MNCM Data Portal. It contains all of the necessary fields and the correct column formatting to submit data according to the measure specifications as well as data from all patients that are eligible for the Measure Denominator. After submitting the Initial Patient Population file, click Download Measure Denominator Population to retrieve the CSV file. Specific information can be found in the Data Elements and Field Specifications Table for Measure Denominator (pages 42-46).

NOTE: This file will contain all patients from the Initial Patient Population with a BMI percentile greater than or equal to 85. If a random sample of the Measure Denominator population will be submitted, use Method 1 or 2 as detailed in Appendix D to identify a random sample. Only include patients that are a part of the random sample in the Measure Denominator file.

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Locating Data Elements in the Patient Record
The primary source of data should be the clinic’s documentation in the medical record (e.g., flow sheets, progress notes, etc.). The primary source of data should be the clinic’s documentation in the medical record (e.g., flow sheets, progress notes, etc.). Information from sources external to the clinic or medical group may be used if it is documented in the patient’s medical record. Upon audit, MNCM will validate submitted data elements against what is documented in the medical record.

Tracking Data Location in the Patient Record
It is helpful during the audit process to know where data is located in the patient’s medical record. If information is kept in a place in the medical record that is not typical for the practice, document the location on the data collection form or directly in the Excel spreadsheet by adding a Notes column. Save a copy of the Excel file with the Notes column (for internal records) and without the column (for submission to MNCM).
## Data Elements and Field Specifications Table for Measure Denominator

<table>
<thead>
<tr>
<th>Column</th>
<th>Field Name</th>
<th>Notes</th>
<th>Excel Format</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Clinic ID</td>
<td>Columns A through I are auto-populated by the Data Portal with values submitted in the Initial Patient Population upload or calculated from those values.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Patient ID</td>
<td>Blank values will create ERRORs upon submission.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Patient Date of Birth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Well-Child Visit Assessment Date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Metric System</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>Height Value</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>Weight Value</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>BMI Percentile (Calculated)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Nutrition Counseling Documentation**

Documentation for this field can be from the medical record or, in some instances, by using billing codes to indicate the type(s) of nutrition discussion, counseling or referral provided to the patient. However, it is more likely that documentation will exist in structured EMR fields not related to codes. Nutrition counseling definitions are aligned with those used in the HEDIS NCQA measure (NQF#0024). Current e-Measure specifications utilize SNOMED coding for these types of activities. If SNOMED is incorporated and used consistently, this could be an additional mechanism to indicate if counseling occurred.

The following codes may indicate a referral occurred during a well-child visit; however, the actual code will most likely be used for the visit in which those services were provided. It is acceptable to use these codes from later visits to indicate a referral was made.

- ICD-9 V65.3 Dietary surveillance and counseling
- CPT 97802 Medical nutrition therapy individual, initial
- CPT 97803 Medical nutrition therapy individual, re-assessment
- CPT 97804 Medical nutrition therapy, group
- HCPCS G0270 Medical nutritional therapy, 15 min
- HCPCS G0271 Medical nutritional therapy, 30 min
- HCPCS S9449 Weight management class
- HCPCS S9452 Nutrition class
- HCPCS S9470 Nutritional counseling, dietician visit
- HCPCS G0447 Face-to-face counseling for obesity

<table>
<thead>
<tr>
<th>J</th>
<th>Nutrition Counseling</th>
<th>Indicate if nutrition counseling was provided:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1 = Yes, nutrition counseling was provided</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 = No, nutrition counseling was not provided</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 = Unknown if counseling was provided</td>
</tr>
</tbody>
</table>

Nutrition counseling is defined as any of the following:

- Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors)
- Indication on check list that nutrition was addressed
- Counseling or anticipatory guidance for nutrition
- Provision of educational materials on nutrition
- Referral for nutritional education, weight management classes, medical nutritional therapy, nutritional counseling with dietician, and/or obesity counseling

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### Column: Nutrition Counseling (cont.)

**Notes:**

- MNCM does not require medical groups to submit the type of nutrition counseling that occurred; rather just an indication that it did or did not occur. During validation audits, MNCM auditors will need to see documentation in the medical record that reflects any of the above noted definitions of nutrition counseling.

- Blank values will create ERRORs upon submission.

- Quality Check: Verify each cell has one of the accepted codes.

#### K Date Nutrition Counseling

**Notes:**

- Enter the date of the visit in which nutrition counseling occurred (as defined above). Typically, this will be the same date as a well-child visit; however, with referrals for additional counseling or services, it is acceptable to have the date of nutrition counseling occur at another visit during the measurement period.

- Leave BLANK if no counseling was provided.

- If nutrition counseling was provided at more than one visit during the measurement period, enter the date of the most recent visit.

- **Quality Check:** Verify all dates are within the measurement period date range.

**Excel Format:** Date (mm/dd/yyyy)

**Example:** 07/09/2014
## Physical Activity Counseling Documentation

Documentation for this field can be from the medical record or, in some instances, by using billing codes to indicate the type(s) of physical activity discussion, counseling or referral provided to the patient. However, it is more likely that documentation will exist in structured EMR fields not related to codes. Physical activity definitions are aligned the HEDIS NCQA measure (NQF#0024). Current e-Measure specifications utilize SNOMED coding for these types of activities. If SNOMED is incorporated and used consistently, this could be an additional mechanism to indicate if counseling occurred.

The following codes may indicate a referral occurred during a well-child visit; however, the actual code will most likely be used for the visit in which those services were provided. It is acceptable to use these codes from later visits to indicate a referral was made.

- ICD-9  V65.41 Exercise counseling
- HCPCS  S9451 Exercise classes
- HCPCS  G0447 Face-to-face counseling for obesity

<table>
<thead>
<tr>
<th>Column</th>
<th>Field Name</th>
<th>Notes</th>
<th>Excel Format</th>
<th>Example</th>
</tr>
</thead>
</table>
| L      | Physical Activity Counseling | Indicate if physical activity counseling was provided to patient:  
  1 = Yes, physical activity counseling was provided  
  2 = No, physical activity counseling was not provided  
  3 = Unknown if counseling was provided  
  Physical activity counseling is defined as any of the following:  
  • Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation)  
  • Indication on checklist that physical activity was addressed  
  • Counseling or anticipatory guidance for physical activity  
  • Provision of educational materials on physical activity  
  • Referral for exercise classes, exercise counseling, and/or obesity counseling.  
 MNCM does not require medical groups to submit the type of physical activity counseling that occurred; rather just an indication that it did or did not occur. During validation audits, MNCM auditors will need to see documentation in the medical record that reflects any of the above noted definitions of physical activity counseling.  
 Blank values will create ERRORs upon submission.  
 Quality Check: Verify each cell has one of the accepted codes. | Number | 1 |
## Data Collection and Submission Instructions

<table>
<thead>
<tr>
<th>Column</th>
<th>Field Name</th>
<th>Notes</th>
<th>Excel Format</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>Date Physical Activity Counseling</td>
<td>Enter the date of the visit in which physical activity counseling occurred (as defined above). Typically, this will be the same date as a well-child visit; however, with referrals for additional counseling or services, it is acceptable to have the date of physical activity counseling occur at another visit during the measurement period. Leave BLANK if no counseling was provided. • If physical activity counseling was provided at more than one visit during the measurement period, enter the date of the most recent visit. Quality Check: Verify all dates are within the measurement period date range.</td>
<td>Date (mm/dd/yyyy)</td>
<td>07/09/2014</td>
</tr>
</tbody>
</table>
Step 2: Quality Check the Data

MNCM recommends completing several internal quality checks of the data prior to submission. Quality checks improve data accuracy, reduce the likelihood of errors, and ensure that the data can be validated upon audit.

Quality Check Option 1

Use Excel’s AutoFilter feature to complete data quality checks of specific data elements in the Excel file. To set the filter and review specific data elements, follow these instructions:

1. Click inside any data cell and activate the AutoFilter by:
   a. In Excel 2003, click the **Data** menu, point to **Filter**, and click **AutoFilter**.
   b. In Excel 2007 and Excel 2010, click the **Data** tab and in the **Sort & Filter** area click **Filter**.

2. The AutoFilter arrows should appear to the right of each column heading.

3. Click on the arrow of any column to display drop-down boxes and scan for key entry errors and out-of-range or missing data (e.g., a nutrition counseling field was left blank). Determine if the data needs to be corrected.

4. To display all data again, click on the same drop-down box and select **All**.

5. Remove the AutoFilter option by:
   a. In Excel 2003, click **Data, Filter**, and then **AutoFilter** again.
   b. In Excel 2007 and Excel 2010, click **Filter** option again in the **Sort & Filter** area.

Quality Check Example: Nutrition Counseling

To verify that every row has a nutrition counseling code, start by clicking the “Nutrition Counseling” (Column J) drop-down menu to see a list of values and other selections. Click **(Blank)** to see which record(s) have a missing value. If any are found, go back to the source in the medical record and then make any appropriate changes to the CSV file.

Quality Check Option 2

Complete an internal audit of clinical data by reviewing a random sample of records to verify that the data matches the patient record. MNCM recommends a minimum of 8 to 10 records. If errors are found, make corrections in the CSV file.

Quality Check Option 3

Complete these general quality checks:

1. Conduct the quality checks listed in the Notes column of each data element in the Data Elements and Field Specifications Table (pages 42-46).
Pediatric Preventive Care: Overweight Counseling 2015

Direct Data Submission

Data Collection and Submission Instructions

2. Confirm there are no hyphens or zeroes (0s). If the data field is supposed to be blank, do NOT enter hyphens or zero; instead leave it blank.

3. Confirm there are no blank rows at the end of the spreadsheet. Blank rows at the bottom of the Excel file can slow the data submission process.
   a. To check for blank rows, press Ctrl/End at the same time to go to the bottom-most cell in the spreadsheet. Remove any by highlighting the blank rows, right-clicking in the left margin, and selecting Delete.

Considerations during Quality Checks

If errors are found during quality checks, consider if the errors are isolated cases or indicative of a larger data collection problem. If errors are found in the data that is auto-populated in the CSV file from the Initial Patient Population upload, corrections must be made in the original Initial Patient Population Excel file and the corrected data re-uploaded. A new Measure Denominator CSV file must then be downloaded and applicable fields completed.

It is important to complete quality checks before submitting data to MNCM. This can help avoid delays in the file submission and ensure submission of the most accurate data. All changes, additions or corrections must be made in the CSV file before submitting data to MNCM.

Step 3: Data Submission

Before proceeding with the file submission, be sure to:

- Complete all data collection and data entry.
- Complete data quality checks.
- Verify each column is formatted according to measure specifications (TEXT, NUMBER, or DATE formatting). Columns can remain at any width.
- Verify all original columns remain in the spreadsheet even if there is no data in column. Do NOT delete any columns.
- Save the file in the folder of your choice.


The MNCM Data Portal will scan the CSV file to identify possible errors. It will then provide an “Upload Status” that indicates any errors or warnings in the data file. You may have to click Refresh. You can also click View Errors & Warnings to see them.

- Errors: For example, Nutrition Counseling code not submitted. If found, corrections must be made and a new file uploaded. Refer to the Data Elements and Field Specifications Table (pages 42-46) and review the required data for each column.

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Direct Data Submission

Data Collection and Submission Instructions

- Warnings: For example, Nutrition Counseling dates outside of the measure period. Review warnings and determine if corrections are needed.

If necessary, make corrections in the CSV file and save. Click **Re-Upload Data (csv) File** to upload the corrected file. If corrections are not necessary or once the CSV file has been re-uploaded without any errors or warnings needing correction, click **Continue to Step 4** and continue to Section D of this guide.
Section D: Finalizing Data Submission

Step 4: Review & Submit

Review the quality checks for each item listed in the Data Elements and Field Specifications Tables on pages 22-31 and, if applicable, pages 42-46. Also, review preliminary rates for each clinic and the overall medical group preliminary rate.

- To resubmit data in the Initial Patient Population file, click Re-Upload Full Patient File.
- To resubmit data in the Measure Denominator file, click Re-Upload Counseling Data.
- To resubmit the denominator counts and the data file(s), click Clear & Start Over.

Review and check each box of the Pre-Submission Quality Checklist at the top of the screen. Contact MNCM at support@mncm.org with any questions regarding any Pre-Submission Quality Checklist item. After all boxes are checked, click Continue immediately below the checklist.

Complete a final review of the information and determine if the file is ready to submit to MNCM. To save for further review prior to submission, click Save as Draft. To access the medical group’s information, click on Data Submission under the Pediatric Preventive Care: Obesity/BMI and Counseling — 2015 Report (2014 DOS) section.

When the data file is ready to submit to MNCM: Click Submit Data to MNCM.

Step 5: Done!

The data file has been successfully submitted. MNCM will send an e-mail confirming receipt. Click Download Data to see which patients were included in the denominator (1) and which were not (0). This can be viewed by looking at the additional columns added to the right side of the file.
Section E: Data Validation

After data is submitted, MNCM completes key validation steps to identify potential errors. If errors are identified, the medical group must make corrections to the data file and resubmit before MNCM approves the data. MNCM completes data validation in three steps: data quality checks, the validation audit, and the two-week medical group review. MNCM completes data quality checks of the demographic data, patient population and performance score. Validation audits verify that the submitted data matches source data in the medical record. Prior to approving final scores, medical groups are given an opportunity to review preliminary statewide results during what is called the two-week medical group review. Each step is critical to the validation process and ensures results are accurate and comparable.

Preparing for the Validation Audit

All medical groups are subject to a validation audit. Medical groups selected for audit are contacted by MNCM for scheduling. MNCM will provide a list of records to be made available for audit. To prepare for audit:

- The medical group or clinic site representative must be available to participate in the entire audit process.
  - For data that resides in an electronic record, the audit will be conducted via a HIPAA secure, online meeting service; the medical group or clinic representative will need to retrieve and display the selected records and screens necessary to complete the validation.
  - For data that resides in a paper record, the audit will take place onsite.
- Patient names or other personal information may be “blinded.” MNCM will verify the record is correct using the date of birth submitted.
- Clinics must have the following available at the time of the validation audit:
  - ALL requested patient records.
  - The “crosswalk” between the unique patient identifier and the patient’s name and date of birth, as necessary.
  - Data collection forms and other notes describing where various data elements were located in the patient record.
  - List of patients that were excluded.

Validation Audit Process

MNCM utilizes the National Committee for Quality Assurance (NCQA) “8 and 30” process for validation audits.

- MNCM randomly selects 33 records from each applicable clinic site for validation. At most, 30 records for each clinic site will be reviewed. The additional three records are oversamples to ensure 30 records will be available on the day of the review.
- The MNCM auditor reviews records 1 through 8 in the sample to verify whether the submitted data matches the source data in the medical record.
Data Collection and Submission Instructions

- If no errors are found in these eight records, the compliance rate is 100%, and the clinic site is determined to be in high compliance. The MNCM auditor may determine no further record review is necessary. The MNCM auditor communicates results to MNCM staff.
- If the auditor identifies one or more records with errors, he/she will continue auditing records 9 through 30 and a compliance rate is calculated (e.g., 27/30 records compliant, 90%). If the compliance rate is less than 90%, the MNCM auditor will communicate the results with MNCM staff who will contact the medical group to discuss a resubmission plan.

Two-Week Medical Group Review

The two-week medical group review is the official opportunity for data submitters to review and comment on the results prior to finalization. Each medical group is responsible for reviewing its own results, investigating any concerns, and submitting evidence to MNCM if a change in results is requested. MNCM staff will review all requests and determine an appropriate course of action.

After Validation

Once MNCM validation processes are complete, MNCM will approve the data in the MNCM Data Portal. An automatic e-mail will be generated and sent to the medical group’s data contact notifying them that the data is approved.

After all statewide results are approved, MNCM may publish clinic and medical group level results on MN HealthScores (www.mnhealthscores.org). Results can also be found on the MNCM Data Portal > Results tab.

Medical groups should maintain data submission files and other documents related to data submission for two years.
Pediatric Preventive Care: Overweight Counseling 2015
Direct Data Submission
(01/01/2014 to 12/31/2014 Dates of Service)

Appendices
Appendix A: Measure Description

The Pediatric Preventive Care: Obesity/BMI and Counseling Rate calculates a numerator rate equal to the percentage of pediatric patients ages 3 to 17 who have a BMI percentile greater than or equal to 85 and have appropriate documentation of counseling for physical activity and nutrition.

Additional Measure for Quality Improvement Purposes/ Internal Use:
Percentage of patients who had the necessary data elements to calculate the BMI Percentile; birth date, gender, height and weight and metric system used.

Please note that the same metric system must be used for both height and weight in order for the MNCM data portal to calculate each patient’s BMI Percentile field.
Appendix B: MNCM Data Portal Registration

Registration must be completed prior to data submission and is completed once per year.

Registration instructions can be found under RESOURCES on the MNCM Data Portal https://data.mncm.org/login. Contact MNCM at support@mncm.org to register.

Medical groups that opened or closed clinics after the 2015 Clinic and Provider Registration ended in February 2015, must contact MNCM to discuss updating registration and clinic information.

**If a medical group opened or acquired a new clinic in the last year**, the new clinic must register and submit data with the medical group. Contact support@mncm.org to discuss submitting this data.
Appendix C: Resources to Help You Get Started

MNCM offers resources and tools to help identify patient populations, collect data, and get started in the data submission process:

To access the resources and tools for Pediatric Preventive Care: Overweight Counseling, login to the MNCM Data Portal at https://mncm.data.org and click on RESOURCES.

Select “Cycle B - Pediatric Preventive Care: Overweight Counseling” from the drop down menu.

The “Cycle B - Pediatric Preventive Care: Overweight Counseling” RESOURCES screen contains Frequently Asked Questions, Resources and this Direct Data Submission Collection Guide.

The documents required from that screen include:

- Pediatric Preventive Care: Overweight Counseling 2015 Data Collection Guide
- Pediatric Preventive Care: Overweight Counseling 2015 Data Collection Spreadsheet - Initial Patient Population Template.
- Pediatric Preventive Care: Overweight Counseling 2015 Pre-submission Data Certification Template
- Optional: Pediatric Preventive Care: Overweight Counseling 2015 Data Collection Form. (This form is a patient-level form that is optional and most useful for medical groups and clinics using paper records.)
Appendix D: Sampling Methods

All groups, regardless of EMR status, are required to submit basic information on all patients in the Initial Patient Population in order to identify patients for the Measure Denominator prior to selecting a sample of patients from the Measure Denominator. See p. 11 for the definition of Initial Patient Population and Measure Denominator. From the Measure Denominator, identify a sample of patients using one of the below methods.

Method 1: Excel Random Number Generator

Use the “RAND” function to assign a random number to each record. (See Microsoft Excel Help, topic RAND, for more information.)

1. Insert a blank column on the leftmost side of the spreadsheet.
2. Label new column “RAND.”
3. Place cursor in the first blank cell (A2) and type =RAND().
4. Press enter. (A number like 0.793958 will appear.)
5. Place the cursor back into this cell; resting over the corner to have the pointer change to a black cross, double click or drag the formula down to the last row/patient.
6. Highlight the whole column and click Edit, Copy, Paste Special = Values to freeze the random number.
7. Sort entire patient population by this new random number.
8. Work down the list, row by row starting with the first row, until the number of records in the sample is met for submission (at least 60 patients per clinic, per measure).
9. If a patient meets one of the accepted exclusions, do not include the patient in the data submission. Note the exclusion reason on the data collection form and keep working down the list. Use oversample records following the last record/row of the original sample. For example, if 60 records are being submitted and two exclusions were found in the first 60 records/rows, use the patients from rows 61 and 62 to replace the excluded records/rows.

Method B: Systematic (Nth Method) Sample Selection

Complete the following steps to identify a random sample.

1. Start with a list that has patients sorted by some unique patient-related variable.
   a. Identifying numbers like medical record number (MRN) or chart number are ideal.
   b. Sorting alphabetically is the least desirable in terms of randomness; however, this may be used when there is no other alternative.
2. Select every Nth patient until the number of patients totals the number of records being submitted.
   a. N should equal the clinic site’s total population divided by the number of patients that will be submitted (if needed, round down to the nearest whole number). Review ALL randomly selected records and oversamples to exhaust the entire patient list. Highlight or mark every Nth patient on the list. The marked patients are the sample.

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b. For example, if a clinic site has 600 Measure Denominator patients and 60 patients will be submitted, divide 600/60 = 10. Select every 10th patient on the list.

3. If a patient meets one of the accepted exclusions, do not include the patient in the data submission. Note the exclusion reason on the data collection form, and select the next patient on the list (just below the excluded patient).

For either method, if a record in the sample is not available or “missing,” do NOT exclude this record. Either locate the record and complete the data collection, or include the record and leave the data fields blank.
Appendix E: Codes Used to Identify Pregnancy

These codes can be used to identify pregnancy as stated in the Measure Specifications found on pages 5-7. Groups may any combination of these codes below to identify pregnant patients for exclusion from the Initial Patient Population.

Table 2: Suggested Maternal ICD-9 Diagnosis Codes that Indicate Pregnancy

<table>
<thead>
<tr>
<th>ICD 9 Diagnosis Codes</th>
<th>ICD 9 Diagnosis Code Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>V22.0</td>
<td>Supervision of normal first pregnancy</td>
</tr>
<tr>
<td>V22.1</td>
<td>Supervision of other normal pregnancy</td>
</tr>
<tr>
<td>V22.2</td>
<td>Pregnant state, incidental</td>
</tr>
<tr>
<td>V23.0</td>
<td>Pregnancy with history of infertility</td>
</tr>
<tr>
<td>V23.1</td>
<td>Pregnancy with history of trophoblastic disease</td>
</tr>
<tr>
<td>V23.2</td>
<td>Pregnancy with history of abortion</td>
</tr>
<tr>
<td>V23.3</td>
<td>Grand multiparity</td>
</tr>
<tr>
<td>V23.41</td>
<td>Pregnancy with history of pre-term labor</td>
</tr>
<tr>
<td>V23.42</td>
<td>Pregnancy with history of ectopic pregnancy</td>
</tr>
<tr>
<td>V23.49</td>
<td>Pregnancy with other poor obstetrical history</td>
</tr>
<tr>
<td>V23.5</td>
<td>Pregnancy with other poor reproductive history</td>
</tr>
<tr>
<td>V23.7</td>
<td>Insufficient prenatal care</td>
</tr>
<tr>
<td>V23.81</td>
<td>Elderly primigravida</td>
</tr>
<tr>
<td>V23.82</td>
<td>Elderly multigravida</td>
</tr>
<tr>
<td>V23.83</td>
<td>Young primigravida</td>
</tr>
<tr>
<td>V23.84</td>
<td>Young multigravida</td>
</tr>
<tr>
<td>V23.85</td>
<td>Pregnancy resulting from assisted reproductive technology</td>
</tr>
<tr>
<td>V23.86</td>
<td>Pregnancy with history of in utero procedure during previous pregnancy</td>
</tr>
<tr>
<td>V23.87</td>
<td>Pregnancy with inconclusive fetal viability</td>
</tr>
<tr>
<td>V23.89</td>
<td>Other high risk pregnancy</td>
</tr>
</tbody>
</table>
Table 3: Suggested Maternal ICD-9 Diagnosis Codes that Indicate Pregnancy
Diagnosis Code Range 630 to 679.xx

Complete code range of 630 to 679.xx may be used; breakdown of this range is as follows:

<table>
<thead>
<tr>
<th>ICD-9 Code Start</th>
<th>End of Range</th>
<th>Description of Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>630</td>
<td>to 639.x</td>
<td>Ectopic and Molar Pregnancy and Other Pregnancy with Abortive Outcome</td>
</tr>
<tr>
<td>640.xx</td>
<td>to 649.xx</td>
<td>Complications Mainly Related to Pregnancy</td>
</tr>
<tr>
<td>650</td>
<td>to 659.xx</td>
<td>Normal Delivery and Other Indications for Care in Pregnancy, Labor and Delivery</td>
</tr>
<tr>
<td>660.xx</td>
<td>to 669.xx</td>
<td>Complications Occurring Mainly in the Course of Labor and Delivery</td>
</tr>
<tr>
<td>670.xx</td>
<td>to 677</td>
<td>Complications Of the Puerperium</td>
</tr>
<tr>
<td>678.xx</td>
<td>to 679.xx</td>
<td>Other Maternal and Fetal Complications</td>
</tr>
</tbody>
</table>
Appendix F: About Direct Data Submission

The goal of Direct Data Submission (DDS) is to collect data from medical groups on specific health care conditions and publicly report comparable rates of health care quality at the clinic site level. All medical groups follow the same instructions for population identification and data collection. MNCM certifies methodologies prior to data collection. Then, each medical group submits data to MNCM via a secure, online data portal. As an independent auditor and as a service to each medical group, MNCM validates the data for accuracy, calculates scores from the validated data, and then publicly reports the data on MNCM’s consumer-facing, public-reporting website www.mnhealthscores.org.

Required Reporting
DDS fulfills participation requirements for MDH’s Minnesota Statewide Quality Reporting and Measurement System (SQRMS), as well as other health plan pay-for-performance programs and Minnesota BTE. In addition, DDS results can be used by medical groups for quality improvement purposes.

DDS Terms and Conditions
To participate in the DDS process, medical groups must agree to:

- Complete a Business Associate Agreement with MNCM (signed electronically in the MNCM Data Portal).
- Submit a patient-level file to MNCM through our secure MNCM Data Portal, which automatically calculates performance scores.
- Participate in the data validation process as required by MNCM.
- Have results publicly reported on www.mnhealthscores.org and in other formats.
- Submit data for ALL clinic sites.
- Submit data in the required format (CSV).
- Submit data in good faith.
- Adhere to and follow all data submission timelines and formatting specifications.

Medical groups should also understand:

- MNCM works with corresponding health plans to determine primary payer type (Commercial/Private, Medicaid, Medicare, uninsured/self/pay) on a medical group’s behalf to reduce burden.
- The MN BTE program and most Minnesota health plans only accept results generated from the DDS process for their incentive programs due to the ability to validate the results.

Compliance with Federal and State Regulations
MNCM legal counsel has provided assurances that the DDS process complies with applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA), Health Information Technology for Economic and

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Clinical Health (HITECH) Act, and Minnesota statutes as long as MNCM has a signed BAA with each participating medical group and is acting as a business associate (e.g., by gathering and submitting data on its behalf). The BAA can be signed electronically in the MNCM Data Portal. MNCM is also open to signing a medical group’s standard BAA document if specific provisions from MNCM’s BAA are added to the medical group’s standard BAA. The BAA is signed once and remains in effect for all DDS measures.

Health Insurance Portability and Accountability Act (HIPAA)

- The activities of data collection, data submission, public reporting and use of results for quality improvement are considered within the scope of “health care operations” associated with a medical group’s quality improvement efforts.
- The federal HIPAA law specifically allows release of individually identifiable health information - without the consent or authorization of the individual - for treatment, payment and health care operations of, or for, the provider.
- MNCDM’s BAA is updated to include all provisions required by the HITECH Act and its implementing regulations.

Minnesota Statute

- The primary governing Minnesota statute for data submission is MN Stat. Section 144.335.
- Subd. 3a. entitled “Patient consent to release of records; liability” states: (a) A provider, or a person who receives health records from a provider, may not release a patient’s health records to a person without a signed and dated consent from the patient or the patient’s legally authorized representative authorizing the release, unless the release is specifically authorized by law.
- However, the statute does not restrict release (without patient authorization) to only those circumstances authorized by state law; it also applies to a release authorized by federal law.
- MNCM legal counsel has provided assurance that it is reasonable to conclude that the HIPAA privacy regulation does specifically authorize the release of such information. A covered entity is authorized by HIPAA to release patient information for, among other things, health care operations and to its business associate that is providing such health care operations on its behalf. As stated above, the services MNCM is engaged in with providers fall within the scope of health care operations, and MNCM is acting as a business associate to medical groups when performing the services discussed above.
Appendix G: About MNCM and Measure Development

Mission and Vision
The mission of MNCM is to accelerate the improvement of health by publicly reporting health care information. Our vision is to:

- Be the trusted source for performance measurement and public reporting of quality data across the spectrum of health care;
- Drive change towards more safe, effective, patient centered, timely, efficient, and equitable care;
- Be a resource used by providers to improve care and patients to make better decisions;
- Catalyze our community to work together on health care measurement to reduce administrative costs and maximize value.

Measure Development
Measures are selected according to MNCM’s Strategic Measurement Development Process. An impact and recommendation document on a measurement topic is presented for discussion to the Measurement and Reporting Committee (MARC).

Topics for measure development must meet the following criteria for consideration:

- Will the measure(s) make a difference?
  - Degree of impact.
  - Degree of improvability.
  - Degree of inclusiveness.
  - Degree of performance variation.
  - Note: Outcome measures are desired.

- Will the measure(s) improve care by affecting the patient/physician relationship?
  - Pass the feasibility test (resources/barriers/culture).
  - Align with national, regional and local priorities.
  - Be relevant to consumers.
  - Support and enhance the patient/provider relationship.
Obesity/BMI Assessment Measure

Pilot results demonstrated no opportunity for the measure of assessment; however, there is a concern that there may be some selection bias in pilot participation of only those clinics that were ready to participate and driving high rates. Measure development workgroup recommended the modified assessment measure (birth date, gender, height, weight and metric system used) be calculated and used for quality improvement and monitoring to support the data elements needed to calculate the BMI percentile.

Overweight Counseling Measure

Pilot results demonstrated some opportunity and some variation for this measure; variation could be greater with wider implementation but, like many process-based measures, may have limited longevity. Measure development workgroup confirmed this is an important issue and a first step toward addressing the obesity epidemic, with a recent study demonstrating that 80% of children who were overweight between the ages of 10 and 15 remained obese as adults.

The workgroup recommended reducing burden related to providing BMI percentile by having the MNCM Data Portal calculate BMI percentile to accurately identify the denominator for overweight counseling. It also recommended removing the burden surrounding counseling type offered by moving to a binary (yes/no) field, and not requiring medical groups to submit type(s) offered. Finally, the workgroup recommended maintaining the current HEDIS/NCQA definitions of counseling, but validate adherence to the definition of counseling during audit. The measure development workgroup recommended this measure be considered for wider implementation and use in Minnesota.

Modifications to specifications as a result of pilot

Provide Obesity/BMI Assessment measure for quality improvement (QI) purposes only.

- BMI percentile calculated by the MNCM Data Portal, with programming utilizing the CDC calculation formulas. Medical groups will submit data elements needed for the calculation (birth date, gender, height, weight and metric system). Groups will need to use the same metric system for both height and weight.
- Simplification of data collection/submission for counseling overweight children; move to binary (yes/no) versus submitting type(s) of counseling offered.
- Removal of the following fields in the submission file
  - BMI Height Method (English/metric).
  - BMI Weight Method (English/metric).
  - BMI Result.
  - BMI Percentile (will be calculated by the MNCM Data Portal).
  - Nutrition Counseling Type 1.
  - Nutrition Counseling Type 2.
  - Nutrition Counseling Type 3.
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h. Physical Activity Counseling Type 1.
i. Physical Activity Counseling Type 2.
j. Physical Activity Counseling Type 3

- Addition of the following fields (simplification of many removed fields) in the submission file:
k. Metric System (use one system for both height and weight).
l. Nutrition Counseling (yes/no).
m. Physical Activity Counseling (yes/no).

Measure Development - BMI Percentile

Pilot testing of this measure in September 2013 demonstrated medical groups had significant difficulty in isolating the BMI percentile that is displayed graphically in the EMR, but is not stored as a reportable, discrete field available for identification of patients in the denominator or for submission. The measure development workgroup was aware of and discussed this issue during measure construction, but felt BMI percentile was the only way to accurately identify overweight children. During the pilot, a traditional BMI value was also tested, which also demonstrated significant flaws. Using traditional BMI, more than 57% of the population was deemed underweight and about 10% overweight or obese. Additionally, the pilot tested the ability of medical groups to calculate BMI percentiles “behind the scenes” for submission. Many had difficulty in accurately reflecting the value that was displayed for the well-child visit in the EMR and/or replicating the CDC’s formula. The workgroup confirmed the importance of having an accurate BMI percentile to correctly identify the denominator for a measure of counseling provided to overweight children and recommended the BMI percentile be calculated by the MNCM Data Portal to ensure accuracy and reduce burden on medical groups.