



2017 Cycle C Measures

Preparation for Submitting Data

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MN Community Measurement

MN Community Measurement

- Accelerating the improvement of health through public reporting
- Our vision:
 - To be the primary trusted source for health data sharing and measurement
 - To drive change that improves health, patient experience, cost and equity of care for everyone in our community
 - To be a resource used by providers and patients to improve care
 - To partner with others to use our information to catalyze significant improvements in health
- History
 - 2004: HEDIS measures by medical group.
 - Health plan data
 - 2006: Developed DDS Method to allow reporting measures by clinic
 - Data submitted voluntarily by clinics for several measures
 - 2010: Statewide Quality Reporting and Measurement System



Today's Agenda

Timeline

- Milestone Dates

Asthma

- Measure Specifications

Colorectal Cancer Screening

- Measure Specifications

Maternity Care: C-Section Rate

- Measure Specifications

Data Submission Process

- Pre-Submission Data Certification
- Data File Preparation & Data Submission

Data Validation Process

- Quality Checks
- Audit Expectations

Resources

- Available tools and assistance

Timeline

Activity	Dates
Dates of Service	July 1, 2016 through June 30, 2017
Pre-Submission Data Certification	Now through July 17, 2017
Data Submission	July 17, 2017 through August 11, 2017
Data Validation	July 17, 2017 through Fall 2017
Final Results	Winter 2017

Asthma Measures

Eligible Population Specifications

- Measurement Period: July 1, 2016 – June 30, 2017
- Eligible Population
 - Patients who meet each of the following criteria are included:
 - Patient was age 5 to 50 years at the start of the measurement period (DOB on or between 07/01/1966 to 07/01/2011).
 - **NEW** Patient had a diagnosis of asthma (Asthma Value Set) with any contact during the current or prior measurement period OR had asthma present on an active problem list during the current measurement period.
 - **NEW** Patient had at least one established patient office visit (Established Pt Asthma Value Set) for any reason, performed or supervised by an eligible provider in an eligible specialty during the current measurement period
 - Family Medicine, Internal Medicine, Pediatrics, Allergy/Immunology, and Pulmonology
 - Medical Doctor, Doctor of Osteopathy, Physician Assistant, Advanced Practice Registered Nurses

Asthma Measures

Eligible Population Specifications (cont.)

- Required Exclusions (*Obstructive Lung and Respiratory Failure Value Set*)
 - Cystic Fibrosis
 - COPD
 - Emphysema
 - Acute respiratory failure
- Allowable Exclusions
 - Patient was a permanent nursing home resident during the measurement period.
 - Patient was in hospice or receiving palliative care at any time during the measurement period.
 - Patient died prior to the end of the measurement period.
 - Documentation that asthma diagnosis was coded in error.
 - **NEW** Patient had only urgent care visits during the measurement period.

Asthma Measures

Sample Submission

- Total vs Sample Population Submission
 - Full population data is required for clinics that had an EMR in place by 7/1/2015.
 - Clinics eligible to submit a sample must:
 - Submit two samples.
 - Pediatric patients age 5 – 17
 - Date of Birth range: 07/01/1999 to 07/01/2011
 - Adult patients age 18 – 50
 - Date of Birth range: 07/01/1966 to 06/30/1999
 - Submit a minimum sample of 60 patients per age group, per clinic.
 - If a clinic does not have 60 patients in a particular age group, total population must be submitted for that age group.

Optimal Asthma Control

Numerator Specifications

- Patients meeting both of the following targets are numerator compliant for Optimal Asthma Control:
 - Asthma well-controlled
 - Based on the result of the most recent asthma control tool available during the measurement period.
 - Specified asthma control tools include:
 - ACT (Target: score ≥ 20)
 - C-ACT (Target: score ≥ 20)
 - ACQ (Target: score ≤ 0.75)
 - ATAQ (Target: score = 0)
 - Patient not at elevated risk of exacerbation
 - Total number of emergency department visits and hospitalizations due to asthma, as reported by the patient, are less than two occurrences in the last 12 months.

Asthma Education and Self-Management

Numerator Specifications

- Patients meeting the following target are numerator compliant for Asthma Education and Self-Management:
 - Patient has been educated about his or her asthma and self-management of the condition and also has a written asthma management plan present.
 - Written asthma management plan was created or reviewed and revised within the measurement period
 - The plan contains all of the following components:
 - information on medication doses and purposes of medications
 - how to recognize and what to do during an exacerbation
 - information on the patient's triggers

Colorectal Cancer Screening

Measure Specifications

- Eligible Population
 - Patients who meet each of the following criteria are included:
 - Patient was age 51 to 75 years at the end of the measurement period (DOB on or between 07/01/1941 to 06/30/1966).
 - **NEW** Patient had at least one established patient office visit (Established Pt CRC Screening Value Set) performed or supervised by an eligible provider in an eligible specialty between 7/1/2016 to 6/30/2017 for any reason
 - Eligible Specialties/Provider Types
 - Family Medicine, Internal Medicine, Geriatric Medicine, Obstetrics/Gynecology
 - Medical Doctor, Doctor of Osteopathy, Physician Assistant, Advanced Practice Registered Nurses

Colorectal Cancer Screening

Measure Specifications (cont.)

Sample Submission

- Allowable Exclusions
 - Patient was in hospice or receiving palliative care at any time during the measurement period.
 - Patient died prior to the end of the measurement period.
 - Patients with a history of any total colectomy and/or colorectal cancer (*Total Colectomy* and *Colorectal Cancer* Value Sets)
 - **NEW** Patient had only urgent care visits during the measurement period
- Total vs Sample Population Submission
 - Full population data is required for clinics that had an EMR in place by 07/01/2015.
 - Clinics eligible to submit a sample must submit a minimum sample of 60 patients per clinic.

Colorectal Cancer Screening

Measure Specifications (cont.)

- Patients that are up to date on any of the following screening exams are numerator compliant:
 - Colonoscopy within the measurement period or previous nine years (07/01/2007 to 06/30/2017).
 - *Colonoscopy Value Set*
 - Sigmoidoscopy within the measurement period or previous four years (07/01/2012 to 06/30/2017).
 - *Sigmoidoscopy Value Set*
 - **NEW** CT colonography within the measurement period or prior four years (07/01/2012 to 06/30/2017)
 - *CT Colonography Value Set*
 - **NEW** FIT-DNA Stool Blood Tests within the measurement period or prior two years (07/01/2014 to 06/30/2017)
 - *FIT-DNA Value Set*
 - FIT or gFOBT Stool Blood Tests within the measurement period (07/01/2016 to 06/30/2017).
 - *Stool Blood Test Value Set*

Maternity Care: C-Section Rate

Measure Specifications

- Eligible Population
 - Patients who meet each of the following criteria are included in the data file:
 - Female patient was nulliparous and of any age.
 - Patient had a single liveborn delivery during the measurement period (07/01/2016 to 6/30/2017).
 - Patient had vertex position delivery.
 - Patient was delivered by an eligible provider in an eligible specialty during the measurement period.
- Eligible Clinics/Specialties/Provider Types
 - Family Medicine, Obstetrics/Gynecology, Perinatology
 - Medical Doctor, Doctor of Osteopathy, Physician Assistant, Advanced Practice Registered Nurses including Certified Nurse Midwives
 - If a medical group has providers that perform C-section procedures, all clinics within the medical group that offer an eligible specialty are included in measure reporting.

Maternity Care: Primary C-Section Rate

Measure Specifications (cont.)

- Total vs Sample Population Submission
 - Total population submission required
- MNCM Data Portal Calculated Exclusions
 - Patient delivered a pre-term baby.
 - Calculated based on submitted date of delivery and estimated date of delivery.
 - Patient had no prenatal care visits with the delivering provider's medical group prior to the onset of labor.
 - Calculated based on submitted Prenatal Care Flag
- Numerator
 - The number of eligible deliveries that were performed via C-section.

Data Submission Process

- Getting Started
 - MNCM Data Portal
 - Request access here: <https://data.mncm.org/login>

Welcome to the MNCM Data Portal!

Log In

Please Log In

E-mail Address

Password
 [I forgot my password.](#)

GO >>

Registration

Need to [register](#) for an account? [Click Here.](#)

Data Submission Process

(cont.)

- Data Collection Guide & Tools
 - All documents can be found on the Resources tab in the MNCM Data Portal
 - Data Collection Guide & Value Set Dictionary
 - Review thoroughly
 - Guide includes data collection and submission instructions
 - Value Set Dictionary includes all administrative codes applicable to the measure.
 - Both can also be found on <http://mncm.org/submitting-data/training-and-guidance/#data-collection-guides>
 - Pre-Submission Data Certification Template
 - Outlines method for identifying patient population
 - Data Collection Spreadsheet Template
 - Fully formatted Excel template for submitting patient data
 - Data Collection Form
 - A tool most beneficial to groups utilizing paper charts or manual EMR abstraction for data collection.

Data Submission Process

(cont.)

- Pre-Submission Data Certification
 - Download and complete the Pre-Submission Data Certification Form.
 - Forms can take substantial time and information to complete. Plan accordingly.
 - Upload the form to the Data Portal
 - MNCM must review and approve document prior to data collection and submission

Data Submission Process

(cont.)

- Data File
 - Collect all data for all patients from all clinics in applicable measure specific Data Collection Spreadsheet Template
 - Template has correct formatting and fields
 - Required data elements and field specifications detailed in guide
 - Quality check data to ensure completeness and accuracy
 - Save completed file in Excel (.xls) format and also in .csv format. The .csv file will be uploaded to the Data Portal.
- Prior to data upload, confirm that you have:
 - MNCM Data Portal login
 - Patient Count Information
 - See applicable Data Collection Guide for required count(s)
 - Patient level data file(s) (.csv format)
 - Exclusion file, if applicable

Data Submission Process

(cont.)

Step 1: Enter
Denominator

- Method Used for Data Collection
- REL Collection Best Practice Status
- Eligible Population Counts

Step 2: Review
& Save

- Review data entered in Step 1

Data Submission Process

(cont.)

Step 3: Upload Data

- Import CSV data file
- Review & resolve any identified Errors or Warnings; Errors impede submission

Step 4: Review & Submit

- Complete Data Submission Quality Checklist
- Review preliminary results
- Supply comments explaining result changes from previous submission
- Click “Submit to MN CM”

Step 5: Done

- Download processed patient level data

Data Validation

- Data Validation process:
 - Pre-Submission Data Certification (prior to data collection)
 - Data quality checks
 - Validation audit
 - Two-week medical group review
- Audit conducted to validate that submitted data matches source data in patient's medical record
- Collaborative process between MNCM and medical group
- Occurs after data submission
- MNCM utilizes the NCQA "8 and 30" process for validation audits

Resources

- Resources tab in MNCM Data Portal
 - Data Collection Guides and Value Set Dictionaries
 - Data Collection Tools
 - Pre-Submission Data Certification Templates
 - Data Collection Forms
 - Data Collection Spreadsheet Templates
 - Exclusion Templates
 - Webinar recording link & presentation slides
 - FAQ
- MNCM Helpline: 612/746-4522
- MNCM Support email: support@mncm.org

Thank you!

- MNCM Data Portal
<https://data.mncm.org/login>
- MNCM corporate website
www.mncm.org
- MNCM consumer website
www.mnhealthscores.org
- Questions
 - support@mncm.org
 - 612-746-4522

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