



Quality Improvement Program – New Jersey (QIP-NJ)  
Measure Specifications and Submission Guidelines (Databook)  
Frequently Asked Questions (FAQ) Document  
Version v1.1 – Updated July 1, 2021

Introduction

This FAQ document is to support the QIP-NJ Databook and Value Set Compendium (VSC). This FAQ document has been created by compiling questions the DOH has received in the QIP-NJ inbox, Databook webinars, and Hospital Technical Contact Forums. Please note this FAQ is a companion document to the QIP-NJ [Databook v1.1](#) and [QIP-NJ VSC v1.1](#) available on the QIP-NJ [Documents & Resources](#) webpage.

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## Glossary of Terms

Abbreviation	Definition
<b>AIM</b>	Alliance for Innovation on Maternal Health
<b>AOD</b>	Alcohol and/or Drug Usage
<b>APC</b>	Advanced Practice Clinician
<b>APR DRGS</b>	All Patient Refined Diagnosis Related Groups
<b>BH</b>	Behavioral Health
<b>BP</b>	Blood Pressure
<b>CMS</b>	Centers for Medicare & Medicaid Services
<b>C-SSRS</b>	Columbia Suicide Severity Rating Scale
<b>CTM-3</b>	3-Item Care Transitions Measure
<b>Databook</b>	QIP-NJ Measurement Specifications and Submission Guidelines
<b>DHS</b>	Department of Human Services
<b>DOH</b>	Department of Health
<b>DO</b>	Doctor of Osteopathy
<b>ECHO</b>	Experience of Care and Health Outcomes
<b>ED</b>	Emergency Department
<b>EHR</b>	Electronic Health Record
<b>EPDS</b>	Edinburgh Postnatal Depression Scale
<b>FAQ</b>	Frequently Asked Questions
<b>FFS</b>	Fee-For-Service
<b>FUH</b>	Follow-up After Hospitalization for Mental Illness
<b>GME</b>	Generalized Medical Examination
<b>HCAHPS</b>	Hospital Consumer Assessment of Healthcare Providers and Systems
<b>HTN</b>	Hypertension
<b>MD</b>	Doctor of Medicine
<b>MMC</b>	Medicaid Managed Care
<b>MMCO</b>	Medicaid Managed Care Organization
<b>MMIS</b>	Medicaid Management Information System
<b>MY</b>	Measurement Year
<b>NCQA</b>	National Committee for Quality Assurance
<b>NJ DSRIP</b>	New Jersey Delivery System Reform Incentive Payment
<b>NPI</b>	National Provider Identifier
<b>NTSV</b>	Nulliparous, Term, Singleton, Vertex
<b>NUBC</b>	National Uniform Billing Committee
<b>OBGYN</b>	Obstetrician-Gynecologist
<b>PCP</b>	Primary Care Physician
<b>PHQ</b>	Patient Health Questionnaire
<b>POS</b>	Place of Service
<b>PQC</b>	Perinatal Quality Collaborative

<b>PRA</b>	Perinatal Risk Assessment
<b>QIP-NJ</b>	Quality Improvement Program - New Jersey
<b>QMC</b>	Quality Measures Committee
<b>SMM</b>	Severe Maternal Morbidity
<b>SUD</b>	Substance Use Disorder
<b>TCM</b>	Transitional Care Management
<b>UB</b>	Uniform Billing
<b>VSC</b>	QIP-NJ Databook Value Set Compendium

## Baseline Period

- 1. Can you confirm the baseline period (MY 0) is July 1, 2020 – December 31, 2020?**
  - A. Yes, the baseline period (MY 0) goes from July 1, 2020 – December 31, 2020, with a three-month claims run-out period.
  
- 2. Considering the COVID-19 pandemic and its widespread impacts, does DOH have any concerns about using last year’s data as a baseline given that hospital admissions may have been lower than usual, and/or has DOH considered adjusting the baseline period?**
  - A. Since CMS has approved the baseline period of July 1, 2020 – December 31, 2020, DOH is unable to adjust the baseline period. Nonetheless, DOH fully appreciates the unique nature and widespread impacts of COVID-19, relative to care patterns and health care services. As a result, DOH will continue to engage and work closely with industry and policy experts as necessary to understand and implement ways to mitigate any impacts to QIP-NJ.

## Target Population

- 1. Does Medicaid refer to Medicaid FFS, MMC, or a combination of both?**
  - A. To be eligible for attribution in QIP-NJ, an individual must be enrolled in one of the five NJ health plans, or MMCOs, that participate in the NJ FamilyCare program (see page 14 of [Databook v1.1](#)) by the last day of the applicable MY (i.e., December 31<sup>st</sup>). That said, DOH recognizes that some individuals may begin the year in FFS and then transition to MMC before the end of the MY. For those individuals, both Medicaid FFS and MMCO claims may be considered for measurement.
  
- 2. Does QIP-NJ attribution include individuals with presumptive eligibility status?**
  - A. Individuals with presumptive eligibility status who are then subsequently enrolled in a MMCO by the close of MY will be included for purposes of QIP-NJ attribution.
  
- 3. What is the "minimal gap" permitted with regards to continuous enrollment?**
  - A. The minimal gap applies to the specific measures as described in the Measure Specification Funding Mechanics Protocol, QIP-NJ [Databook v1.1](#). Please consult each measure’s “Continuous Eligibility / Sampling Methodology” section for details.
  
- 4. How is “primary discharge diagnosis” defined?**
  - A. The primary (principal) discharge diagnosis, as defined in the NUBC Official UB-04 Data Specifications Manual, is "the condition established after study to be chiefly responsible for occasioning the admission of the patient for care" and reported as primary diagnosis on the claim.
  
- 5. For BH under Payment Arrangements, the Databook references “individuals with a behavioral health diagnosis who receive services from the hospital in the measurement [year]” (v 0.1, Page 9). Are these just BH services or ANY services provided at the hospital?**
  - A. Please consult the “Attribution of the Behavioral Health Population” section ([Databook v1.1](#), page 14) for additional information as well as a description of how both BH and physical health services contribute to identifying the attributed population for the hospital.

- 6. What is the population age range for BH and maternal health measures?**
  - A. Only individuals ages 18 and older are attributed for BH. There is no restriction on individual age for maternal health for attribution. However, certain maternal health measures may have age restrictions; please refer to the [Databook v1.1](#) for measure specific age criteria.
  
- 7. Can DOH clarify what “the setting appropriate to the measure” means?**
  - A. For measures where the steward is NCQA, the most recent value sets (MY 2020 & 2021) allow for telemedicine (online assessments and other telemedicine accommodations). For other measures, these are specific to the State of New Jersey POS, Type of Bill, discharge disposition, or UB revenue codes. Please consult the affiliated tables with the given measure for further detail on place of service.
  
- 8. Will QIP-NJ’s target funding split between BH and maternal health be adjusted in future MYs?**
  - A. Funding for QIP-NJ is split 70/30, with 70% of funding for BH and 30% for maternal health. As payments are tied to attribution, and attribution is tied to utilization during the MY, payments may fluctuate year-over-year as service utilization changes across all participating hospitals. At this time, DOH does not intend to adjust the target funding in subsequent MYs.

## Attribution

- 1. When are hospitals expected to receive attribution lists and reporting templates for measures?**
  - A. QIP-NJ attribution is retrospective. Hospitals will receive their baseline attribution list no later than the end of July 2021. Baseline attribution is used to determine performance targets for MY1. Please note that MY1 attribution will be the attribution that determines hospital specific funding. On an annual basis thereafter, hospitals will receive an attribution list that will include individual-specific information (i.e., name, DOB, etc.) following the three-month claims run out period for the MY.
  
- 2. How is QIP-NJ generating the attribution lists?**
  - A. The attribution data captures individuals who are enrolled in MMC by the end of the MY (December 31<sup>st</sup>). QIP-NJ uses the Medicaid ID(s) listed in combination with the billing provider NPI(s) to identify individuals who delivered at the hospital using APR DRGs, or individuals who met the definition of BH in the program.
  
- 3. How is QIP-NJ using Medicaid IDs and billing provider NPIs to generate its attribution list?**
  - A. QIP-NJ is using a combination of Medicaid IDs and billing provider NPIs to determine a hospital’s attribution. Both must be included to accurately capture all hospitals’ services.
  
- 4. Where did DOH obtain the list of Medicaid IDs and billing provider NPIs that generates baseline attribution?**
  - A. From a state perspective and to ensure both consistency in approach across our state programs/initiatives, as well as to reduce administrative burden on participating hospitals in QIP-NJ, DOH leveraged Medicaid ID and billing provider NPI data that is collected on an annual basis by DHS, and already used for other state programs/initiatives (e.g., GME, charity care etc.).
  
- 5. As a general rule, what billing provider NPIs are appropriate for inclusion for purposes of QIP-NJ?**

- A. Acute Care Hospitals (provider type 60) are the only facilities eligible to participate in and earn payment for meeting performance targets on QIP-NJ quality measures. That said, there may be additional billing provider NPIs appropriate for inclusion in QIP-NJ. These may include, but are not limited to, acute care and inpatient units, on-site clinics, etc. Please note that for billing provider NPIs, the following are not appropriate for inclusion: independent clinics, dialysis centers, freestanding survey centers, freestanding diagnostic centers, sub-acute rehab units, etc.
- 6. For hospitals working within a large system, how can hospitals be sure that only the appropriate Medicaid ID and Billing Provider NPIs will be utilized for claims-based measures?**
- A. Please see responses to questions #3-5 above. As stated previously, QIP-NJ uses the Medicaid ID listed in combination with the Billing Provider NPI to identify hospital specific claims for purposes of attribution and performance. Please note that for MY1 and ongoing, DOH is having internal discussions and exploring options with DHS to improve and/or streamline the attribution process, and more information will be released once a final approach is identified.
- 7. Will DOH confirm which individuals are enrolled in MMC, based on attribution lists which are provided to hospitals prior to hospital reporting each year?**
- A. Yes, DOH will confirm MMC enrollment.
- 8. Is there any thought to having the MMCOs provide eligible attribution lists on a more frequent basis so hospitals can track during the year more effectively?**
- A. No. As a general rule, DOH will not dictate how hospitals interact and build relationships with MMCOs, relative to participation in QIP-NJ. However, hospitals may choose to work with MMCOs to develop more frequent lists and strategies for tracking throughout the year.
- 9. Will the attribution methodology for MMCO maternity cases be based on Medicaid enrollment files, MMCO encounter (claims) data, or both?**
- A. Attribution for maternal care is based on both MMCO enrollment files and claims data. As noted above, the individual must be enrolled in an MMCO by end of the MY (12/31/21 for MY1) and have delivered a baby in the hospital.
- 10. Are individuals required to choose a PCP with MMC for QIP-NJ?**
- A. Participation in QIP-NJ does not require individuals to choose a PCP; however, it may be helpful for performance on outpatient measures requiring follow-up. In addition, please see the "Attribution Methodology Overview" section in the [Databook v1.1](#) for more information on how individuals will be attributed.

## Non-Claims-Based Measures

- 1. Will there be an abstraction tool available for collecting chart abstracted measures?**
- A. Yes, there will be an abstraction tool available for collecting chart-based measures. DOH will provide these materials by July 2021; please note these materials will be updated annually. Further, DOH will be providing a list of attributed individuals, but this will not be measure specific.
- 2. Can hospitals submit data both ways, through the tool and by flat file?**

- A. Yes, DOH will accommodate hospitals choosing a hybrid approach (i.e. submitting data using the tool AND flat file). More information regarding this process will be released in July 2021 via the QIP-NJ email, QIP-NJ newsletters, and QIP-NJ website.

**3. How does a hospital submit a tool for consideration for the screening chart-based measures and instrument-based measures?**

- A. If a hospital is using a tool that is not already included in the approved list of tools referenced in the measure's specification in [Databook v1.1](#), please submit the tool to [QIP-NJ@pcgus.com](mailto:QIP-NJ@pcgus.com). Prior to the start of the program, DOH will review the tool with our BH or maternal health experts, as appropriate, to ensure the tool meets the intended goal of the measure.

### Sampling

**1. Measures M3, M6, M7 are not included in the table of measures listed as permitting random sampling. If random sampling is not permitted, please explain why.**

- A. Thank you for identifying this discrepancy. [Databook v1.0](#) has been amended to allow random sampling for M3 and M7 in [Databook v1.1](#). Sampling had previously been approved for M6. Please refer to "Sampling Methodology" section in the [Databook v1.1](#) for further detail.

**2. Can you please confirm that the steps hospitals used for sampling in the NJ DSRIP, and further supported by page 16 of the QIP-NJ Databook, are valid for QIP-NJ?**

- A. The QIP-NJ sampling process described in [Databook v1.1](#) aligns with DSRIP and is how sampling should occur.

### Statewide Benchmarks

**1. Can you provide the source of data used to develop the statewide targets?**

- A. The benchmarks were discussed and approved in consultation with the QMC, DOH, DHS, and identified subject-matter experts in BH and maternal health.

**2. For M2, why did DOH determine a statewide benchmark of 23.6%, which is below the national benchmark of 23.9%? Are hospitals expected to perform better than the national average?**

- A. Statewide benchmarks were determined by DOH in consultation with maternal health experts, as reasonable five-year goals. The statewide benchmark for M2 referenced in in [Databook v1.0](#), and [Databook v1.1](#), is 23.6 per 1000 deliveries, which is 2.36%, not 23.6%.

### Measure-Specific Questions

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#### ALL MEASURES

**1. What measures can be delivered via telehealth modalities?**

- A. BH2, BH3, BH4, BH5, BH6, BH7, BH8, M4 and M5.

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#### BH1



- 1. Is the attributed BH population operationally defined as those individuals admitted to the inpatient BH Unit? Are unplanned readmissions inclusive of an inpatient BH admission at any hospital or only a re-admission to our hospital?**
  - A. Please see the “Attribution Methodology Overview” section in the [Databook v1.1](#) for more information about the attribution methodology for QIP-NJ. Please note that individuals may be included in the measurement for a hospital, even if they are readmitted to another hospital, depending on the individual’s attribution for QIP-NJ.
  
- 2. Hospital A does not have many individuals that fit the index admission criteria, so the number is not representative. What does this mean for hospitals that do not have many BH admissions?**
  - A. Hospitals with denominators below 30 individuals on BH1 will have payment distributed across other measures in which they participate.
  
- 3. Changes to the measure mean a readmission within 48 hours of discharge is excluded. Do readmissions from day 3 to 30 apply?**
  - A. Yes, readmissions must occur within 3 to 30 days after the index discharge date from the eligible index admission date that had the principal discharge diagnosis of a psychiatric disorder (Table BH01\_00).

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BH2

- 1. Please define in more specific terms who meets definition of “Mental Health Provider”.**
  - A. A “Mental Health Provider” is defined as any provider (with the appropriate POS code) who delivers a mental health service as defined in the NJ MMIS Mental Health Provider Manual.
  
- 2. Please define “TCM”.**
  - A. TCM includes services provided to an individual with medical and/or psychosocial problems requiring moderate or high-complexity medical decision making. TCM services involve a transition of care from one of the following hospital settings: inpatient acute care hospital; inpatient psychiatric hospital; long-term care hospital; skilled nursing facility; hospital outpatient observation or partial hospitalization; partial hospitalization at a community mental health center.”<sup>1</sup>
  
- 3. Has DOH considered how COVID-19 impacts BH2? This measure is heavily impacted by COVID-19 pandemic in terms of the number of individuals who are not able to attend an in-person follow-up visit.**
  - A. Please see response to question #2 in the Baseline Period section above. Also, please note that BH2 allows follow-up visits to be delivered via telehealth modalities.

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BH3

- 1. Does this measure include all visits to the ED not specific to AOD?**

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<sup>1</sup> [FAQ on Transitional Care Management \(TCM\) \(aafp.org\)](#)

A. No, the denominator only includes visits where there is a principal diagnosis of AOD abuse or dependence; please consult “Table BH03\_DetailOID”. This includes discharge from the ED (value set name "ED") with a principal diagnosis of AOD (value set name "AOD Abuse and Dependence") on or between July 1 and December 1 of the MY where the individual was 18 years of age through 64 years of age on the date of the visit.

**2. In the VSC, tab “BH03\_AODTxservices” denotes the service providers. What are the specific credentials related to the "Licensed SUD professionals authorized by state licensing board?"**

A. Information on the credentials and licensure requirements may be viewed on the State of New Jersey DHS website at [Division of Mental Health and Addiction Services](#).

#### BH3 & BH4

**1. What happens to a BH individual seen in the ED who is then incarcerated without a follow-up visit?**

A. If there is no follow-up visit within 30 days after ED visit with a principal diagnosis of mental health, the individual is considered numerator non-compliant.

#### BH5 & BH6

**1. Is inpatient BH considered under the umbrella of AOD? Is it measuring every individual through the hospital?**

A. If the Index Episode was an inpatient discharge (or an ED/observation visit that resulted in an inpatient stay), the inpatient stay is considered initiation of treatment and the member is compliant. For BH5 & BH6, Extended Stay Psychiatric Hospitals (Provider Type Code = 64) are excluded from the denominator.

**2. Initiation of treatment must start by day 14; however, many treatment programs have waiting lists that are beyond 14 days. Has this been considered?**

A. Yes, DOH is aware of the waiting lists; however, it is expected that hospitals come up with innovative solutions to address this challenge as part of the overall quality and health outcome improvement goals of QIP-NJ.

**3. Can the “different” providers still be within the same departments (for example, a visit with a prescriber and a visit with a clinician in the same department?).**

A. Two engagement visits can be on the same date of service; however, they must be with different Billing Provider NPIs to count as two distinct events.

**4. What is the “Intake Period” for measure BH5? The Intake Period was defined explicitly in the “Definitions” section of the M5 version of the measure, but BH5 does not have a “Definitions” section.**

A. The intake period (MY0 and MY1) for BH5 is July 1 – November 14<sup>th</sup>. This was erroneously omitted from the “Definitions” section for BH5 and has been modified in [Databook v1.1](#).

#### BH7

- 1. Can you add telehealth visits as an exclusion since the depression screening would not be administered due to time constraints?**
  - A. At this time, DOH will not be adding telehealth as an exclusion for BH7. DOH believes providers may make individualized decisions to allow these tools to be delivered through telehealth modalities.
  
- 2. Is this an outpatient measure only? I want to confirm that hospitalized inpatient BH visits are not to be included in this measure.**
  - A. This measure includes ED and outpatient services.
  
- 3. Is the PHQ2 considered an approved screening tool? If not, would DOH consider PHQ2 an approved screening tool if a positive screen is followed by PHQ9?**
  - A. Yes, PHQ2 is an approved screening tool; this has been amended in [Databook v1.1](#).
  
- 4. What is considered “active” for a disorder?**
  - A. Unless a diagnosis is documented as being in remission, it is considered active.
  
- 5. How do hospitals determine place of service on their internal data?**
  - A. DOH recommends hospitals work with their internal technical liaison(s) to understand the associated system(s) and relevant data elements that house clinical and other pertinent information.
  
- 6. Could you provide additional guidance around the best method to determine the outpatient setting classification in the hospital?**
  - A. The expectation is the depression screening will occur at minimum once per member per outpatient setting per year; further, screens should be performed if deemed necessary per the patient’s needs and consistent with the clinical staff in the setting.  
  
At a minimum level, staff-assisted depression care supports consist of clinical staff (e.g., nurse, physician assistant) who may advise physicians of screening results and who can facilitate and coordinate referrals to mental health treatment. Therefore, unless a patient is exhibiting mental duress in a particular specialty setting (e.g., podiatrist, ophthalmologist), screening under these conditions is not considered medically necessary.
  
- 7. Is DOH considering approval of the C-SSRS tool for BH7?**
  - A. This tool has been submitted to DOH for approval and internal discussions with appropriate clinical subject-matter experts are ongoing. A final decision will be made prior to the start of the program. For more information regarding this process, please refer to question 3 under “Non-Claims Based Measures”.
  
- 8. What do hospitals do if there are multiple entries for the same individual?**

A. To get an accurate and complete history for a particular individual, DOH recommends adding each individual encounter on a separate row of the template or flat file. Forthcoming guidance will detail the required data elements per row.

**9. Is there a requirement to use a specific screening tool for depression? Can DOH provide examples?**

A. Yes, the “Approved depression screening tools” may be found under the Numerator section of BH7. If you would like to use a tool not listed, please submit it to [QIP-NJ@pcgus.com](mailto:QIP-NJ@pcgus.com) immediately for DOH review and approval. For more information regarding this process, please refer to question 3 under “Non-Claims Based Measures”.

**10. Where are the two-digit codes for the depression screening tools?**

A. The two-digit codes are found in the section “Data File Layout and Submission Requirements”, Variable Description = Screening Tool Used. Each tool administered needs to be captured in a separate row and this template will be updated prior to the start of the program.

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BH8

**1. Is this an outpatient measure only?**

A. This measure includes outpatient and ED.

**2. Do observation visits qualify for the setting of care (clarify POS values/billing code source)?**

A. Please refer to Table BH08: NJ Place of Service Value Set for the value sets associated with this measure. An ED visit resulting in an observational stay should be excluded.

**3. The numerator consists of individuals seen at least once within 24 months and who received at least one intervention for all positive screening results -- is this limited to outpatient settings?**

A. The screening may take place in the ED or the outpatient setting.

**4. For BH8, could you clarify the exclusionary criteria?**

A. There are several exclusionary criteria for BH8 including:

- Documentation of medical reason(s) for not screening
- Use of opioids for chronic pain management (Medical notation that a pain contract agreement exists in the patient record)
- Limited life expectancy or hospice
- ED visits that result in an observation stay

The respective value sets are reflected in Table BH08\_01.

**5. If choosing to use the sampling methodology for BH8, are those individuals diagnosed with existing alcohol/substance disorders excluded from the sample?**

A. No, those individuals diagnosed with existing alcohol/substance disorders are not excluded from sampling.

**6. For BH8, we will be utilizing the NIDA Quick Screen, which does not have a score, do we leave this field blank on the submission file?**

- A. The requirement for BH8 is to report the tool name, raw score, result of screening (positive, negative or indeterminate) and if result is positive, the follow-up plan. For the NIDA Quick Screen, the expectation is that if the answer is negative, screening is complete and should be reported as negative. If the answer is affirmative to prescription or illegal drugs, the NIDA-Modified ASSIST which asks more detailed questions about drug use should be administered. PCG will validate the scores internally against the scales for each of the respective tools authorized for the measure.

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BH9

**1. Is this measure limited to psychiatric individuals hospitalized on a Psychiatric Unit or does the measure include medical individuals treated for psychiatric illnesses in consultation? Does this include discharges from both medical units as well as BH Inpatient units?**

- A. Please refer to Tables BH09M06\_01a and Table BH09M06\_01b for the value sets associated with this measure. Inpatient setting discharge is defined by bill type (BH09M06\_01a) for an individual of the hospital's attributed BH population.

**2. Can the transmission be to a PCP, Psych., Home Care, or Therapist?**

- A. It may be a physician or other health care professional designated for follow-up care of the individual.

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BH10

**1. For BH10, is there any consideration for psychosis or level of capability for individuals to complete the survey?**

- A. Depending on the instrument used by the hospital, there may be individual populations excluded from participation. HCAHPS excludes individuals discharged from psychiatric inpatient admissions, but not individuals whose principal diagnosis is Medical, Surgical or Maternity Care with psychiatric co-morbidities. The ECHO survey is appropriate for use with psychiatric individuals; however, DOH recognizes it is not widely used by hospitals at this time.

**2. Is the sample size requirement based on surveys returned or surveys mailed? How do hospitals know what the minimum survey population size is without knowing their attribution size?**

- A. Hospitals should send as many surveys as possible, given that the common experience is that the response rate is very low. DOH will provide attribution lists which will help hospitals identify their survey population size. Additionally, DOH has decided to allow electronic submissions for surveys; this has been amended in [Databook v1.1](#).

**3. Hospital A participates in HCAHPS – is this an acceptable alternative to using the CTM-3?**

- A. DOH will allow hospitals to submit HCAHPS data or data from the ECHO Survey for BH individuals for BH10, and/or HCAHPS data for M8 (“CTM-3”). A template will be included for submission of HCAHPS/ECHO data as part of the chart-based measures submission process to be released in July 2021.

BH11

**1. What is the target population--- Inpatient/hospitalized individuals OR outpatient?**

A. This is for outpatient or ED.

**2. What is the administration timeframe?**

A. The administration timeframe is while the individual is in the facility.

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M1

**1. Is it possible to use only the potentially preventable components on the SMM list such as NTSV C-section rate, eclampsia, acute renal failure, etc. (provided they are not present on admission) and disregard the items beyond their control as clinicians?**

A. Based on feedback from the state-based experts in maternal health, DOH has been guided to not modify measure specifications from the measure steward. Please note, the statewide target for this measure is 25.2/1000 delivery hospitalizations including transfusions with the goal of achieving this by MY5.

**2. Has DOH considered the COVID-19 impact on the baseline period for this measure?**

A. DOH added COVID-19 to exclusions (Table M01\_02).

**3. Which measure rate is being used? Would DOH consider excluding blood transfusions?**

A. This rate is based upon the NJ Maternal Report Card data (2016) and should be interpreted as 25.2 per 1,000 delivery hospitalizations including transfusions. In consultation with the QMC, DOH, and subject-matter experts in maternal health, the measure will include blood transfusions to align with State and national initiatives.

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M2

**1. The file format wants us to report previous live birth(s). Since hospitals are only using file format to report denominator, not denominator exclusions, and the answers will always be “Y” since all denominators must be live birth singleton, do we need this for future reporting?**

A. Yes, report denominator for only those individuals where the birth is nulliparous. DOH will review, and update the template, as necessary, annually.

**2. Hospitals are reporting baseline post-July 2021. Hospitals did not have the measure details for codes until May 2021. M2 wants hospitals to use the codes to report vertex. Hospital A will start coding vertex presentation in charts for July 2021 reporting MY1. Since Hospital A does not usually code a chart for vertex, can Hospital A use the documentation for just MY0 to report those individuals in the denominator (otherwise Hospital A will be at 0 for denominator)?**

A. DOH has taken this matter into consideration and has agreed that an option will be made available to indicate a binary response (Y/N) for vertex presentation. This has been amended in [Databook v1.1](#).

### M3

**1. Can hospitals continue to use EPDS Screening Tool?**

A. Yes. This an acceptable screening tool for measure M3.

**2. Is there a requirement to use a specific screening too for depression? Can DOH provide examples?**

A. Yes, the “Approved depression screening tools” may be found under the Numerator section of BH7. If you would like to use a tool not listed, please submit it to [QIP-NJ@pcgus.com](mailto:QIP-NJ@pcgus.com) immediately for DOH review and approval. For more information regarding this process, please refer to question 3 under “Non-Claims Based Measures”.

**3. Where are the two-digit codes for the depression screening tools?**

A. The two-digit codes are found in the section “Data File Layout and Submission Requirements”, Variable Description = Screening Tool Used. Each tool administered needs to be captured in a separate row and this template will be updated prior to the start of the program.

**4. The file format has a field for exclusion reason. Since hospitals are only reporting denominators in the file, that field would not be applicable. What would hospitals enter there since none of the denominators in the reported data would have exclusions?**

A. Yes, the hospital will be responsible for reporting only individuals eligible for inclusion in the denominator; this has been amended in the [Databook v1.1](#).

**5. For M3, are there any exclusions besides hospice?**

A. Yes, additional exclusions for M3 include individuals that:

- Were transferred to another facility before or after delivery
- Expired prior to discharge (Table M03\_02)

Typically, these discharge statuses are found on the UB-04 claim (Form Locator 17, UB-04); however, may be in differing data elements in the chart/EHR.

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### M4

**1. May this visit be conducted by any OBGYN or Primary Care Clinician (MD, DO, APC, Midwife)?**

A. Yes, the postpartum visit may be with a provider not affiliated with the hospital. The visit is also irrespective of provider type and based on services rendered. Please consult Table: M04\_DetailOID.

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### M5

**1. Is this only for individuals with AOD Diagnosis who have delivered? At time of delivery or any time in the MY?**

A. This is for individuals with an AOD diagnosis at any time in the MY.

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### M6

1. **The doctors at Hospital A have access to the individual's entire EHR in the EHR platform; however, Hospital A does not currently transmit discharge summaries to the outpatient offices. Would Hospital A's status quo meet this measure?**
    - A. No, to meet this measure, the record must be transmitted to the PCP or health care professional designated. However, if the designated provider is a provider affiliated with your hospital, transmitting the record via the EHR platform is acceptable.
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## M7

1. **Would an individual that has not had a hypertensive episode while in the hospital for birth, but sees a doctor for a follow up after childbirth on day 6 (BP >160/>110) be attributed to the hospital where the birth occurred even though the individual did not have the episode at the hospital?**
    - A. Yes, the individual would be attributed to the hospital where the delivery occurred; however, the individual will not be in the numerator or denominator for this measure because the episode did not occur at that hospital where the individual was attributed.
  2. **What does "new-onset" mean?**
    - A. New-onset means the first instance of a high blood pressure reading within a facility on a given day. This only applies to episodes in the facility to which the individual is attributed.
  3. **This data is presently submitted to AIM; will QIP-NJ obtain the data from AIM submission or strictly from the EHR? Additionally, there were recent changes to the NJ PQC data portal that include exacerbation of chronic HTN. Will QIP-NJ be adopting those changes?**
    - A. Hospitals will be required to submit data to support calculation of this measure to DOH through the proscribed process. QIP-NJ continues to work with the NJ PQC to maximize the alignment of measures across the two programs. Proposed modifications to measures will be reviewed by the QMC and QIP-NJ leadership team, prior to the start of each MY.
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## M8

1. **Hospital A participates in HCAHPS – is this an acceptable alternative to using the CTM-3?**
    - A. DOH will allow hospitals to submit HCAHPS data or data from the ECHO Survey for BH individuals for BH10, and/or HCAHPS data for M8 ("CTM-3"). A template will be provided for submission of HCAHPS/ECHO data.
  2. **Does this measure need to be counted for each discharge for an individual, or once per individual?**
    - A. This measure should be counted for each discharge for an individual. However, if the hospital is reporting their HCAHPS score for this measure, DOH will accept reporting in compliance with the HCAHPS standard.
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## M9

1. **PRA is used in some outpatient settings by external providers. Does QIP-NJ recommend the screening take place in multiple settings?**



- A. Yes, DOH recommends that screenings take place in multiple settings, including the hospital, if results of the screening completed in the outpatient setting are not readily available to the hospital.
- 2. Has DOH considered that M9 is already reported to the state for claims purposes? Can DOH leverage this information to ensure that portal (PRASPECT.org) data can meet our reporting requirements?**
- A. Yes, DOH has taken this matter under advisement and is actively conducting an internal assessment to see what opportunities may exist for data exchange and greater cross-initiative alignment. At this time, hospitals will need to separately report for purposes of QIP-NJ; however, DOH will provide more information once a final approach has been identified.
- 3. Do hospitals have to incorporate the entire screening tool for it to count even if the hospital only needs to report on several questions?**
- A. Hospitals planning to use modified or “homegrown” versions of validated tools should submit a sample of their tool to DOH ([QIP-NJ@pcgus.com](mailto:QIP-NJ@pcgus.com)) immediately for review and approval. For more information regarding this process, please refer to question 3 under “Non-Claims Based Measures”.