



## QIP-NJ Chart-Based Measure Specification Guidance Transcript M3: Maternal Depression Screening (PDS-E)

Updated July 2021

### Introduction (Slide 1)

Welcome to the Measure Specification Webinar for Maternal Health Measure 3 (M3) – Maternal Depression Screening (PDS-E) given by the New Jersey Department of Health, DOH, to support hospitals participating in the Quality Improvement Program – New Jersey, or QIP-NJ. The purpose of this webinar is to define the components of Maternal Health Measure 3, as well as to describe the workflow for determining a hospital’s performance on this measure.

The full specification for this measure can be found on pages 77-79 of version 1.1 of the [QIP-NJ Measure Specifications and Submission Guidelines](#) document, also referred to as the Databook. This Databook is available for download via the [QIP-NJ website](#).

M3 is a chart-based measure, which means participating hospitals will be submitting data on attributed individuals via a flat file or via the excel-based standard reporting template as described on the [Participants and Stakeholders](#) webpage of the QIP-NJ website. Hospitals will run a query of their electronic health record (HER) system for records of attributed individuals after receiving attribution lists. The query will look for measure-specific denominator eligibility criteria as outlined in the measure specification.

All data components will be reviewed for completeness and DOH will independently determine whether they qualify. Further, hospitals may estimate their performance, however this will be independently calculated and ultimately determined by DOH. Hospitals should note that incentive payments will be contingent on fully executing all program submission guidelines. For more information on data submission procedures of non-claims-based measures, please refer to the “Non-Claims-Based Measures” section on page 7 of the latest version of the [Databook](#).

### Agenda (Slide 2)

The agenda for this presentation is as follows: First, DOH will discuss the learning objectives of this presentation and provide viewers with links to the resource materials that inform this content in section one, “Presentation Information”. Then, in “M3 Overview” and “M3 Flowchart” DOH will provide viewers with a description of the measure, looking at the workflow developed to codify measure criteria. In the “Standard Reporting Template” and “Understanding Measure Criteria” sections, DOH will explain how to report each of the measure components by examining the required data elements for the numerator, denominator, and exclusions. Next, in “Examples with Sample Data” DOH will provide examples of how a hospital might perform on this measure with individual-level sample data. In section six of this presentation, “How to Calculate Performance” DOH will discuss the intricacies of performance calculation, taking into account the special considerations of this measure. Finally, to close the presentation under “Conclusion”, the Department will provide useful resources and contact information for questions not addressed in this presentation.

### Acronyms Used in this Presentation (Slide 3)

This slide provides a list of acronyms and their definitions as they will be used in this PowerPoint. Please refer to this slide throughout the presentation.

### Presentation Information (Slide 4)

By the end of this presentation, hospital viewers should be able to articulate how numerator compliance will be calculated for M3 and begin to plan for how the data submission process for this measure will be formalized by individual hospitals. This presentation aims to prepare hospitals for data submission activities by familiarizing them with the measure specifications and the corresponding value sets for M3, as well as the variables within the standard reporting template that will be used to identify M3 measure criteria.

Viewers are advised to review and frequently reference the [QIP-NJ Measure Specifications and Submission Guidelines](#) document (also called the Databook) and the [QIP-NJ Value Set Compendium](#) (also called the VSC) while listening to this presentation. Both documents may be found on the QIP-NJ website on the [Documents & Resources](#) webpage. Active links to these materials are also available on this presentation.

### M3 Overview (Slide 5)

M3 will measure the percentage of women who had a screening for maternal depression at least once between delivery (index date) and prior to discharge. A list of approved depression screening tools is available in the [Databook](#) and also found in [VSC](#) Table M03\_03. A list of codes to document depression screen is available in the [Databook](#) and [VSC](#) Table M03\_01. A list of approved Delivery codes is also available in the [Databook](#) and is found in [VSC](#) Table M03\_Deliveries. Finally, a list of excluded individuals is available in the [Databook](#) and [VSC](#) Table M03\_Hospice and Table M03\_02. The statewide benchmark for this measure is 90%. Sampling in data reporting is allowed for M3. Please refer to the [Databook](#) for the sampling methodology for this measure. Please also refer to the [Databook](#) for the baseline and measurement period for this measure. The baseline period runs from July 1, 2020, through December 31, 2020. The measurement period for year 1 runs from July 1, 2021, to December 31, 2021.

### M3 Flowchart (Slide 6)

DOH will now discuss the flowchart for Maternal Health Measure 3 – Maternal Depression Screening (PDS-E).

### M3 Flowchart Overview (Slide 7)

In this presentation, DOH has created a flowchart for the denominator criteria and the numerator criteria. When calculated, the denominator will reflect the eligible population and the numerator will reflect the measure compliant population. The flowcharts have been developed to codify the measure criteria and assist in identifying the data elements.

### M3 Flowchart Part 1: Denominator (Slide 8)

Part 1 of the M3 Flowchart displays a decision point for each criterion in M3 that determines if an individual from the attributed population should be included or excluded from the denominator.

Now, DOH will walk through the diagram taking time to consider each element. First, a hospital must determine if the attributed individual meets the continuous eligibility criteria. The individual must have

continuous enrollment 43 days prior to delivery through 60 days after delivery. Please note, September 8<sup>th</sup> is the last day in the calendar year that an individual is eligible for consideration into this measurement cohort. If the individual meets this requirement, a hospital should then check to see if the individual had an approved delivery procedure (by referring to the codes listed in M03\_deliveries table within the [VSC](#)) during the measurement year (MY). The associated value sets within the [VSC](#) are listed here and in parentheses within the [Databook](#).

#### M3 Flowchart Part 2: Numerator (Slide 9)

Part 2 of the M3 Flowchart displays a decision point for each criterion that determines if an individual should be included in the numerator. The codes to document depression screenings, listed in the value set M03\_01 of the QIP-NJ [VSC](#), reflect all possible numerator scenarios for this measure. The first orange diamond at the top indicates an individual had a depression screening performed between delivery and discharge using an age-appropriate standardized tool. This orange diamond is the scenario in which the numerator criteria for the measure are met.

The second orange diamond indicates that the individual did not have a documented depression screening performed between delivery and discharge. This diamond reflects scenarios in which the numerator criteria were not met for M3.

#### Standard Reporting Template (Slide 10)

The Standard Reporting Template, as described in the materials posted on the [QIP-NJ website](#), will be used to submit data for non-claims-based measures. Please refer to the Standard Reporting Template materials on the QIP-NJ [Participants & Stakeholders](#) webpage for information on how to use the template to report results for the baseline period, also known as MY0. Please also note that some of the columns from the standard reporting template have been omitted here for brevity.

#### Key Variables (Slide 11)

The following is a list of some of the key variables within the Standard Reporting Template that pertain to M3. Hospitals must report individual data elements to identify the attributed individual. The M\_ELEMENT variable refers to the data element component addressed by each row of data for an individual. In other words, does the row of data qualify the individual for the numerator or denominator is the row being used to document an exclusion?

The date and time elements identify the instance when the individual was seen at the facility. The SVC\_DT variable will define the service date for the individual.

The RES\_VAL and CODE\_VAL variables will be used to report the appropriate code, such as CPT codes for eligible delivery procedures.

The measure specific-data elements will be used to document the depression screening tool name, the result of screening, the screening score, and the follow up plan.

#### Understanding Measure Criteria (Slide 12)

Now that the Department has walked through the measure flowchart and key variables in the Standard Reporting Template, it can further examine what individual data elements are required to meet each criterion for M3.

### M3: Continuous Eligibility Criteria (Slide 13)

There are two criteria that qualify an individual for the denominator of this measure. First, an individual must be continuously enrolled in Medicaid Managed Care (MMC) at least 43 days prior to delivery through 60 days after delivery. The data element required to verify an individual's continuous eligibility will be their Medicaid enrollment. Further, an individual must be enrolled on or before September 8<sup>th</sup> of the MY. This data element is specific to the EHR system used in the hospital.

### M3: Denominator Criteria (Slide 14)

There is one criterion that qualifies an individual for the denominator of this measure. An individual must deliver at the hospital during the MY. The data element to identify the delivery procedure is their CPT, ICD-10-PCS, or SNOMED code corresponding with one of the codes listed in Table M03\_deliveries of the [VSC](#). The column/variables in the Standard Reporting Template used to report an individual's diagnosis are RES\_VAL and CODE\_VAL.

### M3 Exclusion Criteria (Slide 15)

There are three exclusionary criteria for this measure. First, individuals are excluded if they are transferred to another facility before or after delivery. Individuals are also excluded if their Medicaid eligibility expired prior to discharge. Finally, an individual will be excluded from the denominator of M3 if they delivered in hospice or used hospice during the measurement year. The list of codes that would constitute an exclusion for M3 are available in Table M03\_02 and M03\_Hospice of the [VSC](#).

To report exclusions on the Standard Reporting Template, hospitals will need to use the M\_ELEMT, RES\_VAL, and CODE\_VAL columns.

### M3 Numerator Criteria (Slide 16)

There is one criterion that qualifies an individual for the numerator of this measure. An individual must have a documented result of a maternal depression screening using an age-appropriate standardized instrument at least once between delivery and prior to discharge by any licensed practitioner. The codes to document depression screenings are found in Table M03\_01 of the [VSC](#). All approved screening tools for a depression screening are found in Table M03\_03 of the [VSC](#).

This information will be reported on the Standard Reporting Template using columns M\_ELEMT, DEPS\_T2, DEPS\_O2, DEPS\_S2 and DEPS\_I2.

### Examples with Sample Data (Slide 17)

The Department will now walk through a few examples with sample individual data. This data has been randomly generated and does not reflect any real individual information. Please note that some of the columns from the Standard Reporting Template have been omitted here for brevity

### Sample Individual #1 (Slide 18)

First, DOH will review sample individual number 1.

### Sample Individual #1: Profile (Slide 19)

DOH's first example is a 29-year-old with an encounter date on 9/16/2020, as shown by the M\_DOB and SVC\_DT variables. Below, please see an example of how this data might be recorded using the Standard Reporting Template.

The first row of data notes that the individual delivered a routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, as noted by the CPT code. In the first row, the RES\_VAL variable is equal to “C” which denotes a CPT code, and the CODE\_VAL is equal to 59400, which indicates the type of delivery. In addition, notice how the M\_ELEMENT variable show the first row of data as data that qualifies this individual for the denominator. The second row of data shows the codes to document a depression screening, as indicated by the HCPCS code in this row. In the second row, the RES\_VAL variable is equal to “H” which denotes a HCPCS code and the CODE\_VAL is G8431, which indicates the that the screening for clinical depression is documented as positive and follow up plan is documented. In the final row, the RES\_VAL variable is equal to “L” which denotes a LOINC code for validated screening tools, and the code variable is 89211-7 for Beck Depression Inventory (BDI) tool. Notice how the M-ELEMENT variable shows the second and third rows of data as data that qualifies this individual for the numerator.

#### Sample Individual #1: Denominator (Slide 20)

First, a hospital should determine if this individual meets the denominator criteria. For this example, DOH assumes this individual is a part of your hospital’s attributed population and meets the continuous eligibility requirements for the measure. Next, a hospital should check whether the individual was part of the QIP-NJ Maternal Health Population and delivered at the hospital during the MY (Table M03\_Deliveries). This individual's CPT Code is 59400 which means they had routine obstetric care including antepartum care, and vaginal delivery (with or without episiotomy, and/or forceps). Thus, this individual can be included in the denominator.

Lastly, a hospital should check if this individual delivered under hospice care or received hospice care during the MY (M03\_Hospice) or if they had an exclusionary discharge code (M03\_02). This individual was not transferred to another facility before or after delivery, does not have an exclusionary discharge code (M03\_02), or a hospice code (M03\_Hospice), thus they are included in the denominator.

#### Sample Individual #1: Numerator (Slide 21)

Knowing this individual is included in the denominator population, a hospital can look at whether or not they meet performance requirements for the numerator. To determine if the performance was met from the eligible population, a hospital should determine if the individual had a documented result of a maternal depression screening (Table M03\_01) using an age-appropriate standardized instrument (M03\_03). The individual’s HCPCS code to document depression screen is G8431, meaning that the screening for clinical depression has been documented as positive and a follow up plan has been documented. The LOINC code for depression screening was 89211-7 which denotes the Beck Depression Inventory (BDI or BDI-II) screening tool.

#### Sample Individual #2 (Slide 22)

Next, DOH will review sample individual number 2.

#### Sample Individual #2: Profile (Slide 23)

Our second example is a 33-year-old with an encounter date of September 25<sup>th</sup>, 2020, by her M\_DOB and SVC\_DT variables. Please see the data for individual 2 below for an example of how this data might be recorded using the Standard Reporting Template.

The first row of data notes that the individual delivered by Scanzoni maneuver (procedure), as noted by the SNOMED code. In the first row, the RES\_VAL variable is equal to “S” which denotes a SNOMED code, and the CODE\_VAL is equal to 25296001, which indicates the type of delivery. In addition, notice how the M\_ELEMT variable show the first row of data as data that qualifies this individual for the denominator. The second row of data shows the codes to document a depression screening, as indicated by the HCPCS code in this row. In the second row, the RES\_VAL variable is equal to “H” which denotes a HCPCS code and the CODE\_VAL is G8432, which indicates the that the depression screening was not documented, reason not given. Notice how the M-ELEMNT variable shows the first and second rows as data that qualifies this individual for the denominator.

#### Sample Individual #2: Denominator (Slide 24)

Next, a hospital should determine if this individual meets the denominator criteria. DOH again first assumes that this individual is a part of your hospital’s attributed population and meets the continuous eligibility requirements for the measure. Next, confirm that this individual delivered at the hospital during the MY (Table M03\_Deliveries). This individual's SNOMED code is 25296001 which is a delivery by Scanzoni maneuver (procedure) and is included in Table M03\_Deliveries. Next, a hospital should check to see if this individual delivered under hospice care or received hospice care during the MY (M03\_Hospice) or if they had an exclusionary discharge code (M03\_02). This individual was not transferred to another facility before or after delivery, does not have an exclusionary discharge code (M03\_02), or a hospice code (M03\_Hospice), thus they are included in the denominator.

#### Sample Individual #2: Numerator (Slide 25)

Knowing this individual is included in the denominator population, a hospital can look at whether or not they meet performance requirements for the numerator. First, to determine if the performance was met from the attributed population, a hospital should determine if the individual had a documented result of a maternal depression screening (Table M03\_01) using an age-appropriate standardized instrument (M03\_03). The individual’s HCPCS code to document depression screening is G8432, meaning that the screening for clinical depression was not documented, and a reason was not given. This means that the performance requirements were not met. Thus, this individual does not meet numerator performance requirements.

#### Sample Individual #3 (Slide 26)

Finally, DOH will review sample individual number 3.

#### Sample Individual #3: Profile (Slide 27)

Our third example is a 41-year-old with an encounter date of October 16<sup>th</sup>, 2020 by her M\_DOB and SVC\_DT variables. Please see the data for individual 2 below for an example of how this data might be recorded using the Standard Reporting Template.

The first row of data notes that the individual delivered a Cesarean delivery, as noted by the CPT code. In the first row, the RES\_VAL variable is equal to “C” which denotes a CPT code, and the CODE\_VAL is equal to 59514, which indicates the type of delivery. In addition, notice how the M\_ELEMT variable show the first row of data as data that qualifies this individual for the denominator. The second row of data shows an exclusion, as indicated by the discharge status code in this row. In the second row, the RES\_VAL variable is equal to “D” which denotes a discharge status code and the CODE\_VAL is 64, which indicates the that

the Discharged/transferred to a nursing facility certified under Medicaid but not under Medicare (eff. 10/2002). Notice how the M-ELEMNT variable shows the second row of data as data that excludes the individual from the denominator.

#### Sample Individual #3: Denominator (Slide 28)

A hospital should determine if this individual meets the denominator criteria. Again, DOH again assumes that this individual is a part of your hospital's attributed population and meets the continuous eligibility requirements for the measure. Next, a hospital should confirm that this individual delivered at the hospital during the MY (Table M03\_Deliveries). Finally, a hospital should check if this individual delivered under hospice care or received hospice care during the MY (M03\_Hospice) or if they had an exclusionary discharge code (M03\_02). This individual has a discharge code of 64, which indicates that they were discharged or transferred to a nursing facility that is certified under Medicaid but not Medicare (eff.10/2002). As this discharge code is found in Table M03\_02, it counts as an exclusion from the denominator.

#### How to Calculate Performance (Slide 29)

The Department hopes the previous sample individual profiles helped increase understanding of the data elements necessary to determine whether an individual meets the measure criteria. DOH will now demonstrate how to calculate a hospital's overall performance based a cohort of 30 individuals who fall into the eligible population and numerator compliant population. These individuals are separate from the individual profiles presented on previous slides.

#### Calculating Performance: Subgroups (Slide 30)

Here is a sample population of individuals divided into subgroups. There are 30 individuals in the starting population who were attributed to the hospital for the maternal health measures. There are 5 individuals with known exclusions. There are 22 individuals with documented result of a maternal depression screening using an age-appropriate standardized instrument at least once between delivery and discharge, and 3 did not have a documented result of a maternal depression screening using an age-appropriate standardized instrument at least once between delivery and discharge.

#### Calculating Performance: Denominator (Slide 31)

The eligible population for M3 is the denominator. To find the value of the denominator, a hospital should subtract the exclusions from the starting attributed population. So, in the sample population, 30 individuals minus 5 individuals with exclusionary codes is 25 individuals in the eligible population.

#### Calculating Performance: Numerator (Slide 32)

The numerator compliant population for M3 becomes the numerator. To find the value of the numerator, a hospital should look at the number of individuals who had a documented result of a maternal depression screening using an age-appropriate standardized instrument at least once between delivery and discharge. So, in the sample population, 22 individuals qualify for the numerator compliant population.

#### Calculating Performance: Percentage (Slide 33)

After a hospital has identified the eligible population and the numerator compliant population, it can easily calculate the hospital's performance on M3 as a percentage. 22 individuals who are compliant divided by 25 individuals who are in our eligible population multiplied by 100 equals 88% compliant.

Conclusion (Slide 34)

This concludes the Department's overview of QIP-NJ's Maternal Health Measure 3, Maternal Depression Screening.

More Information (Slide 35)

This final slide provides information and resources to aide QIP-NJ participating hospitals in the data submission process. If you have additional questions that were not covered in this presentation, please email the QIP-NJ team at [QIP-NJ@pcgus.com](mailto:QIP-NJ@pcgus.com). Thank you.