



STATE OF NEW JERSEY

DEPARTMENT OF HEALTH

# M6: Timely Transmission of Transition Record (Maternal Health)

Quality Improvement Program – New Jersey (QIP-NJ)  
Chart-Based Performance Measure Specification Guidance

# Agenda

- Presentation Information
- M6 Overview
- M6 Flowchart
- Standard Reporting Template
- Understanding Measure Criteria
- Examples with Sample Data
- How to Calculate Performance
- Conclusion

Much of the guidance from this *M6* presentation can be applied to *BH9: Timely Transmission of Transition Record (Behavioral Health)*.

Throughout the presentation, content has been inserted to represent the differences from *M6* to *BH9*.

# Acronyms Used in this Presentation

Acronym	Definition
ACH	Accountable Community of Health
BH	Behavioral Health
EHR	Electronic Health Record
ICD-10 CM	International Classification of Diseases (Clinical Modification)
QIP-NJ	Quality Improvement Program – New Jersey

# Presentation Information

**Objectives:** By the end of the presentation, viewers should be able to:

- Define the numerator and denominator criteria for M6;
- State exclusion and exception criteria for M6;
- Identify value sets used to define M6 measure criteria;
- Calculate performance for a sample set of data.

**Reference Materials:** Viewers are advised to reference the following program materials while listening to the presentation.

- [Measurement Specifications and Submission Guidelines \(Databook\)](#)
- [QIP-NJ Databook Value Set Compendium \(VSC\)](#)

Disclaimer: This presentation was recorded in July 2021. QIP-NJ measure specifications may be updated annually to align with changes published by the measure stewards. Hospitals participating in QIP-NJ should reference the latest version of the QIP-NJ Measurement Specifications and Submission Guidelines for the most accurate description of each measure's criteria.

# M6 Overview

## Measure Description

Percentage of individuals, 18 through 64 years of age, discharged from a birth admission to home or any other site of care for whom a transition record was transmitted to the facility or primary physician or other health care professional designated for follow-up care within 24 hours of discharge.

Refer to the Databook for:

- Statewide Benchmark
- Measure Steward & Version



### Measure M6: Timely Transmission of Transition Record (Maternal Health)

Measure Description:

Percentage of individuals, 18 through 64 years of age, discharged from a birth admission to home or any other site of care for whom a transition record was transmitted to the facility or primary physician or other health care professional designated for follow-up care within 24 hours of discharge.

Data Source:

**Chart/EHR**

NQF #:

**Based on 0648**

Measure Steward:

**AMA-PCPI**

Measure Steward Version:

**June 28, 2017**

Statewide Benchmark:

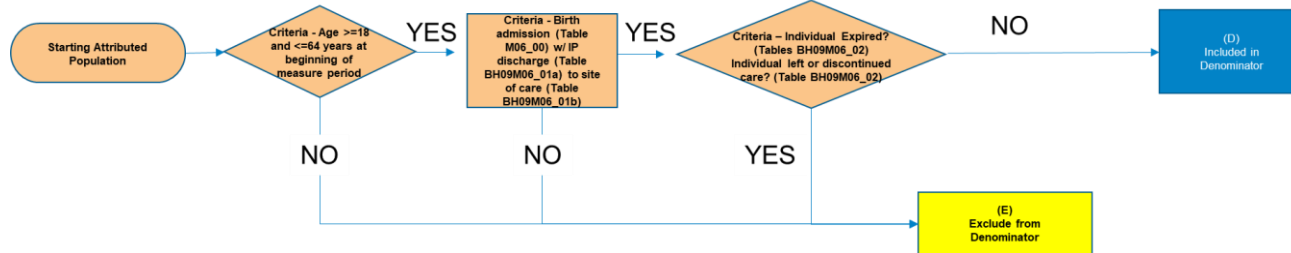
**80%**

# M6 Flowchart

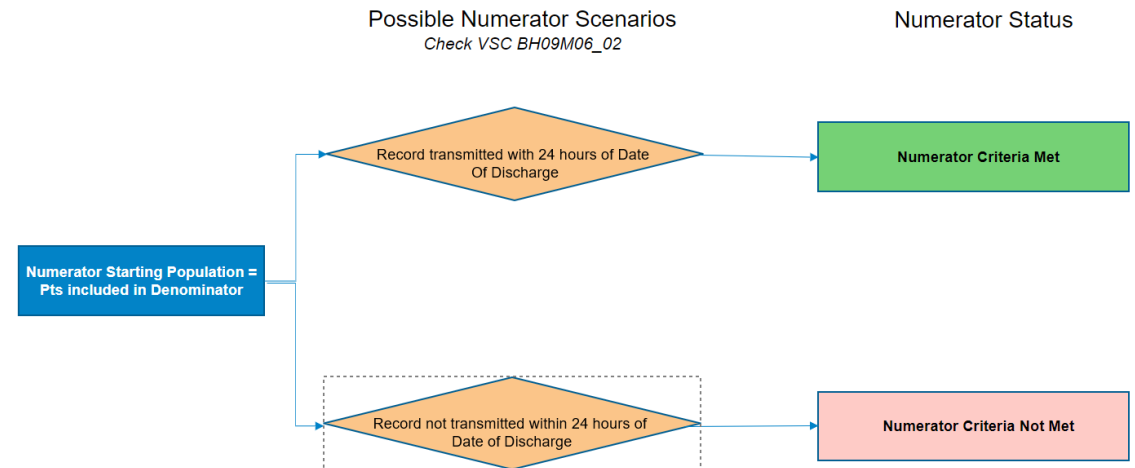
# M6 Flowchart

The measure itself requires both a denominator (eligible patient population) and a numerator (measure compliant patient population). The flowchart below has been developed to assist in identifying the measures data elements and how they should be treated throughout the calculation process.

## Denominator Workflow

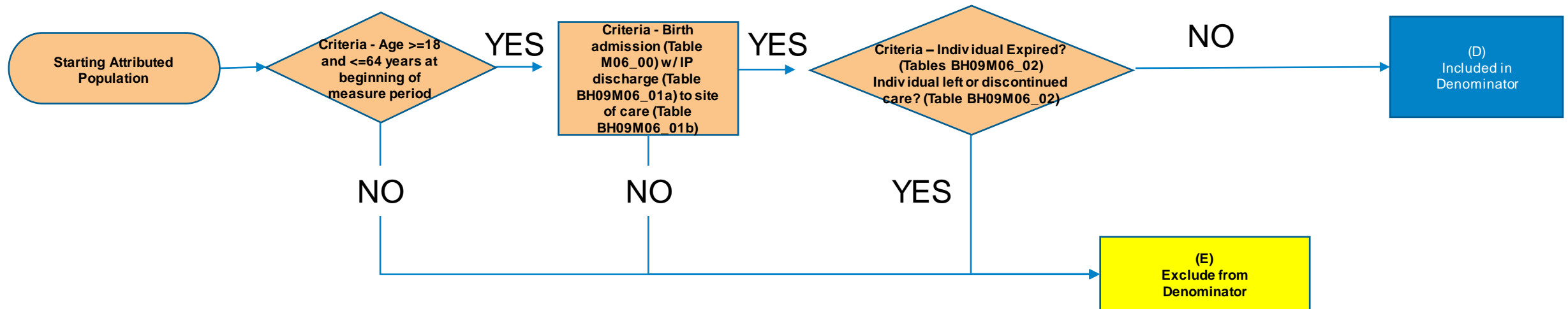


## Numerator Workflow



# M6 Flowchart Part 1: Denominator

The portion of the measure's workflow below provides an overview of how the denominator is calculated using available data sources.

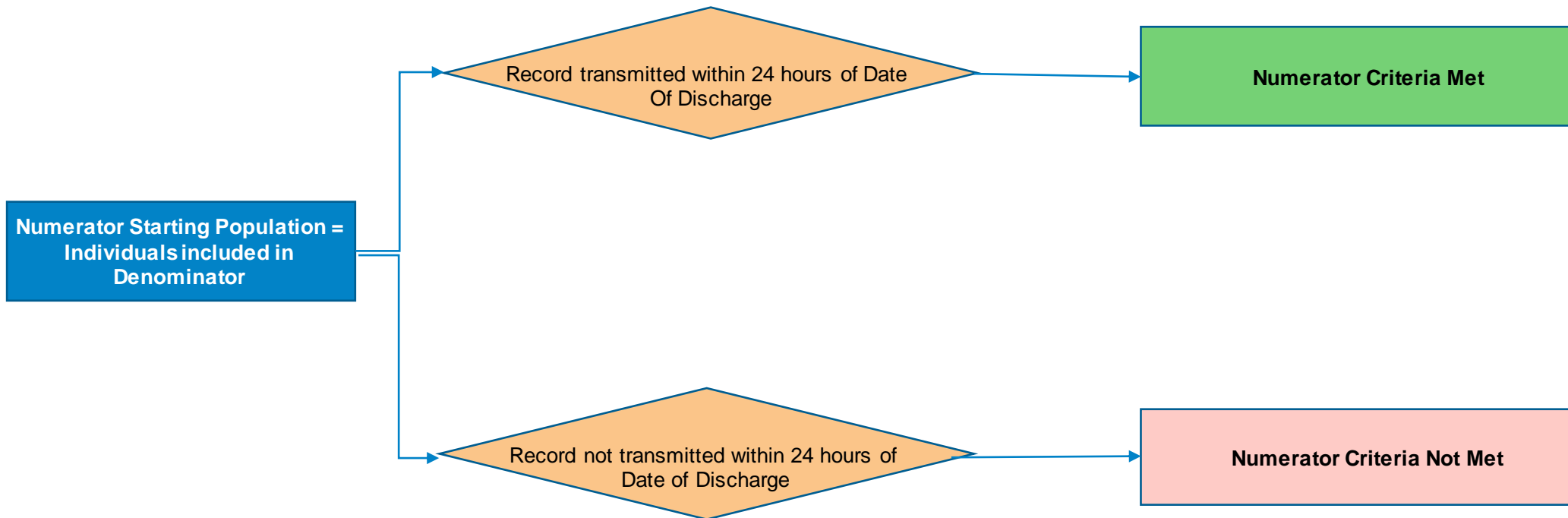




# M6 Flowchart Part 2: Numerator

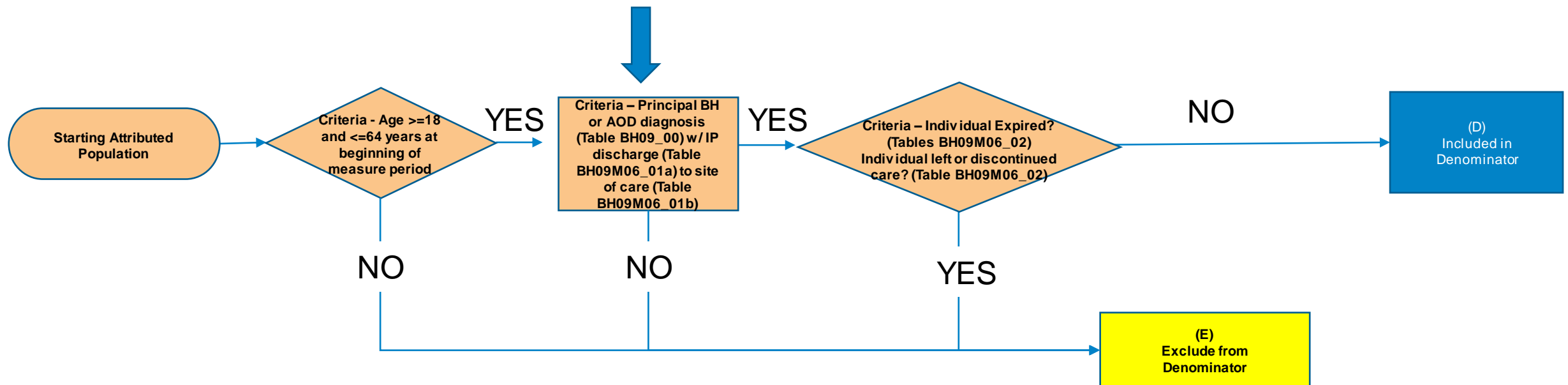
Possible Numerator Scenarios  
*Check VSC BH09M06\_02*

Numerator Status



# Special Commentary on BH9 Denominator

Much of the guidance from this M6 presentation can be applied to *BH9: Timely Transmission of Transition Record (Behavioral Health)*. We have included this slide to highlight the differences between the M6 and BH9 denominator criteria.



# Standard Reporting Template

# Key Variables

## Member data elements - required metadata of each file

<b>M_DOB</b>	Date of member's birth
<b>M_ELEMT</b>	Data element component

## Date and time data elements

<b>SVC_DT</b>	Service date
<b>ADMT_DT</b>	Inpatient Admit Date – Only populate when part of an inpatient stay
<b>DICH_DT</b>	Inpatient Discharge Date – Only populate when part of an inpatient stay

## Clinical & diagnostic data elements (Use attribution roster to query the chart/EHR)

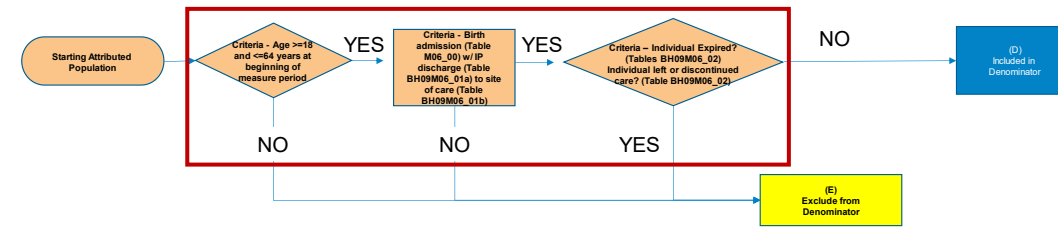
<b>RES_VAL</b>	Result value indicator; Use C=CPT, D=Discharge Status H=HCPCS I=ICD10CM, J= ICD10PCS, L=LOINC, N=NDC, P(NJ)=POS, R = RXNORM, S=SNOMED, T=(UB)TOB, U=UBREV, Z=OTHER (ONE value per row per member)
<b>CODE_VAL</b>	Reflects the value that is indicated in RES_VAL

## Demographic data elements

<b>RACE</b>	Race
<b>ETHNIC</b>	Ethnicity

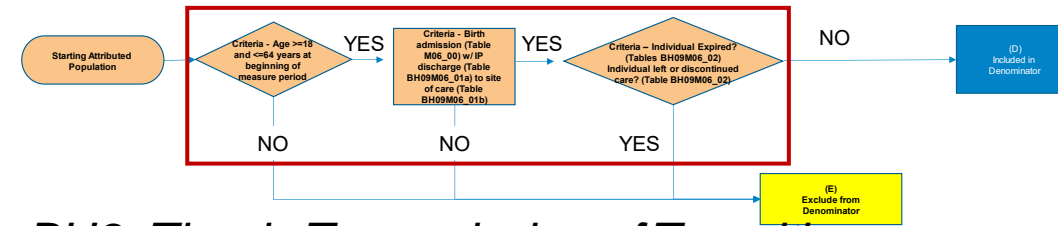
# Understanding Measure Criteria

# M6: Denominator Criteria



Criteria	Data Elements	Value Set Reference	Variable(s)
Individual aged 18 or older and younger than 65 on the first day of the measurement period.	<ul style="list-style-type: none"> <li>Individual DOB</li> </ul>	N/A	M_DOB
Individual discharged from an Accountable Community of Health (ACH) to home/self-care or any other site of care from a birth admission.	<ul style="list-style-type: none"> <li>Birth Admission Code (Attributed to MH population)</li> <li>Inpatient Discharge Code</li> <li>Inpatient Discharge Date</li> <li>Site of Care Code</li> </ul>	Table M06_00 Table BH09M06_01a Table BH09M06_01b	M_ELEMT, SVC_DT, RES_VAL, CODE_VAL

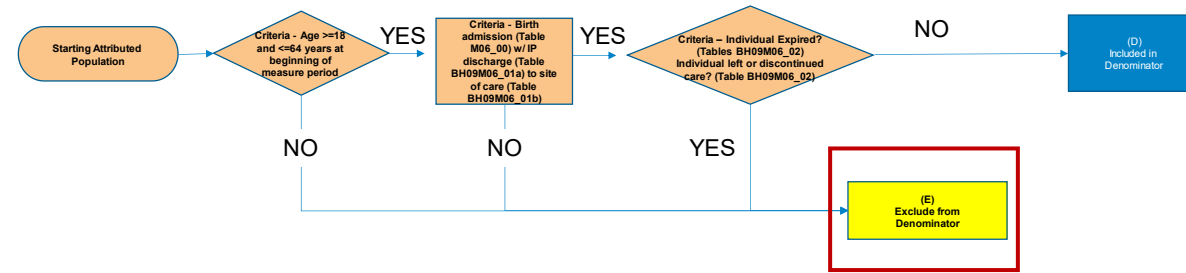
# BH9: Denominator Criteria



Much of the guidance from this M6 presentation can be applied to *BH9: Timely Transmission of Transition Record (Behavioral Health)*. We have included this slide to highlight the differences between the M6 and BH9 denominator criteria.

Criteria	Data Elements	Value Set Reference	Variable(s)
Of the attributed BH population, individuals aged 18 or older and younger than 65 on the first day of the measurement period.	<ul style="list-style-type: none"> <li>Individual DOB</li> </ul>	N/A	M_DOB
Individuals with a principal BH or AOD diagnosis.	<ul style="list-style-type: none"> <li>Principal BH or AOD diagnosis code</li> </ul>	Table BH09_00	M_ELEMT, SVC_DT, RES_VAL, CODE_VAL
Individuals discharged from an inpatient facility to home/self-care or any other designated site of care.	<ul style="list-style-type: none"> <li>Inpatient Discharge Code</li> <li>Inpatient Discharge Date</li> <li>Site of Care Code</li> </ul>	Table BH09M06_1a Table BH09M06_1b	M_ELEMT, SVC_DT, RES_VAL, CODE_VAL

# M6: Exclusion Criteria

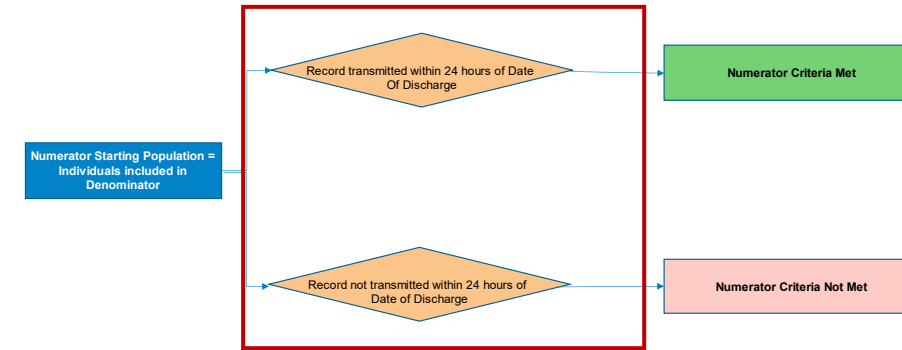


Note – these criteria are also applicable to BH9.

Criteria	Data Elements	Value Set Reference	Variable(s)
Individuals who expired	<ul style="list-style-type: none"> <li>Exclusionary diagnosis code</li> </ul>	Table BH09M06_02	M_ELEMT, RES_VAL, CODE_VAL
Individuals who left against medical advice or discontinued care	<ul style="list-style-type: none"> <li>Exclusionary diagnosis code</li> </ul>	Table BH09M06_02	M_ELEMT, RES_VAL, CODE_VAL



# M6 Numerator Criteria



*Note – these criteria are also applicable to BH9.*

Criteria	Data Elements	Value Set Reference	Variables
Individuals in the denominator for whom a transition record was transmitted to the facility or primary care physician, or other health care professional designated for follow-up care within 24 hours of discharge.	<ul style="list-style-type: none"> <li>Discharge Summary</li> <li>Transmission Date</li> <li>Race</li> <li>Ethnicity</li> </ul>	N/A	RES_VAL CODE_VAL RACE ETHNIC

# Understanding Sample Patient Data

# Sample Individual #1

# Sample Individual #1: Profile

- Gender: Female
- Age: 33
- Encounter Date: 9/19/2020
- Discharge Date: 9/19/2020
- Patient Discharge Summary Transmission Date: 9/19/2020
- ICD-10 CM codes: Z3830
- Bill Type: 0111
- Discharge Status Code: 07
- Race: White (Caucasian)
- Ethnicity: Hispanic

M_ID	M_YR	HOSP_ID	M_DOB	M_GENDER	M_SAMP	M_ELEMENT	SVC_DT	ADMT_DT	DICH_DT	RES_VAL	CODE_VAL	RACE	ETHNIC
M006	0	4136900	2/1/1987	F	0	D	9/19/2020	9/16/2020	9/19/2020	I	Z3830	01	01
M006	0	4136900	2/1/1987	F	0	D	9/19/2020	9/16/2020	9/19/2020	T	0111		
M006	0	4136900	2/1/1987	F	0	E	9/19/2020	9/16/2020	9/19/2020	D	07		
M006	0	4136900	2/1/1987	F	0	N	9/19/2020	9/16/2020	9/19/2020	Z	9/19/2020		

# Sample Individual #1: Denominator

- First, assume that this individual is part of the attributed maternal health population, and check that they meet they age criteria of 18-64 years of age.
  - ✓ Yes, this individual is 33 and therefore meets the age requirement.
- Next, check if the individual was discharged from a birth admission (Table M06\_00) to home/self-care (Table BH09M06\_01b) from either an ACH or inpatient facility (Table BH09M06\_01a), or if the individual had an exclusionary discharge code (Table BH09M06\_02).
  - ✓ This individual had a birth admission (twin liveborn infant, delivered vaginally), but their discharge code indicates they left against medical advice. Thus, this individual is excluded from the denominator.

(E)  
Exclude from  
Denominator

# Sample Individual #2

# Sample Individual #2: Profile

- Gender: Female
- Age: 23
- Encounter Date: 10/17/2020
- Discharge Date: 10/19/2020
- Patient Discharge Summary Transmission Date: 10/22/2020
- ICD-10 CM Codes: Z3800
- Bill Type: 0111
- Discharge Status Code: 01
- Race: Black / African American
- Ethnicity: Non-Hispanic

M_ID	M_YR	HOSP_ID	M_DOB	M_GENDER	M_SAMP	M_ELEMENT	SVC_DT	ADMT_DT	DICH_DT	RE_S_VAL	CODE_VAL	RACE	ETHNIC
M006	0	4136900	3/5/1998	F	0	D	10/17/2020	10/16/2020	10/19/2020	I	Z3800	02	02
M006	0	4136900	3/5/1998	F	0	D	10/17/2020	10/16/2020	10/19/2020	T	0111		
M006	0	4136900	3/5/1998	F	0	D	10/17/2020	10/16/2020	10/19/2020	D	01		
M006	0	4136900	3/5/1998	F	0	N	10/17/2020	10/16/2020	10/19/2020	Z	10/22/2020		

# Sample Individual #2: Denominator

- First, assume that this individual is part of the attributed maternal health population, and check that they meet they age criteria of 18-64 years of age.
  - ✓ Yes, this individual is 23 and therefore meets the age requirement.
- Next, check if the individual was discharged from a birth admission (Table M06\_00) to home/self-care (Table BH09M06\_01b) from either an ACH or inpatient facility (Table BH09M06\_01a), or if the individual had an exclusionary discharge code (Table BH09M06\_02).
  - ✓ This individual had a birth admission (single liveborn infant, delivered vaginally) and had a routine discharge home from anACH. Thus, they can be included in the denominator.

Include in Denominator



# Sample Individual #2: Numerator

- To determine if numerator requirements were met, confirm that the individual had a valid discharge status and was included in the denominator.
  - ✓ This patient had a valid discharge from an ACH and was included in the denominator.
- Now, look at whether a transition record was transmitted for follow-up care within 24 hours of discharge.
  - ✓ This individual's transition record was transmitted three days after discharge. Thus, they do not meet the performance requirements for numerator inclusion.

Performance Not Met

# Sample Individual #3

# Sample Individual #3: Profile

- Gender: Female
- Age: 46
- Encounter Date: 7/25/2020
- Discharge Date: 7/31/2020
- Patient Discharge Summary Transmission Date: 7/31/2020
- ICD-10 CM codes: P0500
- Bill Type: 0121
- Discharge Status Code: 02
- Race: Black / African American
- Ethnicity: Hispanic

M_ID	M_YR	HOSP_ID	M_DOB	M_GENDER	M_SAMP	M_ELEMENT	SVC_DT	ADMT_DT	DICH_DT	RES_VAL	CODE_VAL	RACE	ETHNIC
M006	0	4136900	5/1/1974	F	0	D	7/25/2020	7/25/2020	7/31/2020	I	P0500	02	01
M006	0	4136900	5/1/1974	F	0	D	7/25/2020	7/25/2020	7/31/2020	T	0121		
M006	0	4136900	5/1/1974	F	0	D	7/25/2020	7/25/2020	7/31/2020	D	02		
M006	0	4136900	5/1/1974	F	0	N	7/25/2020	7/25/2020	7/31/2020	Z	7/31/2020		

# Sample Individual #3: Denominator

- First, assume that this individual is part of the attributed maternal health population, and check that they meet they age criteria of 18-64 years of age.
  - ✓ Yes, this individual is 46 and therefore meets the age requirement.
- Next, check if the individual was discharged from a birth admission (Table M06\_00) to home/self-care (Table BH09M06\_01b) from either an ACH or inpatient facility (Table BH09M06\_01a), or if the individual had an exclusionary discharge code (Table BH09M06\_02).
  - ✓ This individual had a birth admission (newborn light for gestational age) and had a valid discharge from an inpatient facility to another short-term general hospital for inpatient care. Thus, they can be included in the denominator.

Include in Denominator

# Sample Individual #3: Numerator

- To determine if numerator requirements were met, confirm that the individual had a valid discharge status and was included in the denominator.
  - ✓ This patient had a valid discharge from an inpatient facility and was included in the denominator.
- Now, look at whether a transition record was transmitted for follow-up care within 24 hours of discharge.
  - ✓ This individual's transition record was transmitted for follow-up care within 24 hours of discharge and therefore they meet performance requirements.

Performance Met

# How to Calculate Performance

# Calculating Performance: Subgroups

*For this sample calculation, assume a starting attributed population of 30 individuals.*

Subgroup Criteria	Subgroup Counts
Starting Population (Attributed)	30
Exclusions	4
Individuals whose transition record was transmitted within 24 hours of discharge to facility or physician designated for follow-up care	22
Individuals whose transition record was NOT transmitted within 24 hours of discharge	4

# Calculating Performance: Denominator

- First, calculate the **eligible population** for M6 from the starting attributed population.
- **Eligible population (M6):** Attributed individuals, meeting the age criteria, discharged from an ACH or inpatient facility to home/self-care or any other site of care from a birth admission.

**Starting Attributed Population – Exclusions = Eligible Population**

Subgroup Criteria	Subgroup Count
Starting Population (Attributed)	30
Exclusions	4
Eligible Population (Denominator)	26



# Calculating Performance: Numerator

- Next, calculate the **numerator compliant individual population** from the eligible population.
- **Measure Compliant Individual Population (M6):** Individuals for whom a transition record was transmitted to facility or primary care physician, or other health care professional designated for follow-up care, within 24 hours of discharge.

**Individuals whose transition record was transmitted within 24 hours of discharge to facility/physician designated for follow-up care = Measure Compliant Individual Population**

Subgroup Criteria	Subgroup Count
Individuals whose transition record was transmitted within 24 hours of discharge to facility or physician designated for follow-up care	22
Measure Compliant Individual Population	22

# Calculating Performance: Percentage

- Finally, derive the proportion of the eligible population that is measure compliant. This value is the hospital's performance on the measure.

**$(\text{Measure Compliant Individual Population} / \text{Eligible Population}) * 100 = \text{Individual Hospital Performance}$**

Subgroup Criteria	Subgroup Count
Measure Compliant Individual Population	22
Eligible Population	26
Individual Hospital Performance	84.6%

# Conclusion

## More Information

For more information about data submission, please review the standard reporting templates and associated guides available on the QIP-NJ website: <https://qip-nj.nj.gov/participants.html>.

For more information about the measures, please reference the QIP-NJ Databook FAQ document: <https://qip-nj.nj.gov/resources.html>.

With any additional questions or concerns, please contact [QIP-NJ@PCGUS.com](mailto:QIP-NJ@PCGUS.com).