



QIP-NJ Chart-Based Measure Specification Guidance Transcript

M6: Timely Transmission of Transition Record

Updated July 2021

Introduction (Slide 1)

Hello, and welcome to the measure specification webinar for Maternal Health Measure 6: Timely Transmission of Transition Record given by the New Jersey Department of Health 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 6, as well as describe the workflow for determining a hospital's performance on this measure.

The full specification for this measure can be found on pages 90 through 92 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 on the [QIP-NJ website](#).

M6 is a chart-based measure, meaning 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 & Stakeholders](#) webpage of the QIP-NJ website. Hospitals will run a query of their Electronic Health Records, or EHR, 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, including exclusions, will be reviewed for completeness and the Department of Health, referred to throughout this presentation as “the Department” or “DOH”, will independently determine whether or not 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 viewers will be provided with links to the resource materials that inform this content in section one, “Presentation Information”. Then, in “M6 Overview” and “M6 Flowchart” DOH will provide viewers with a description of the measure, taking a look 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” the Department will provide examples of how a hospital might perform on this measure with individual-level sample data. Finally, 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 is 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 M6 and begin to plan for how the data submission process for this measure will be formalized in their respective organizations. This presentation aims to prepare hospitals for data submission activities by familiarizing them with the measure specifications and the corresponding value sets for M6, as well as the variables within the standard reporting template that will be used to identify M6 measure criteria.

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

M6 Overview (Slide 5)

M6 has been adapted from National Quality Forum (or NQF) measure 0648. M6 will measure the percentage of attributed individuals, aged 18 through 64 years, 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. A list of approved birth admission diagnoses can be found in the [VSC](#) Table M06_00. Eligible discharge codes can also be found in the VSC on Table BH09M06_01a with the eligible follow-up care locations in Table BH09M06_01b. The statewide benchmark for this measure is 80%. Sampling is allowed for measure M6. Please refer to the [Databook](#) for Sampling Methodology for this measure. Please note that the baseline and measurement period for this measure runs from July 1, 2020, through December 31, 2020. The measurement period for year 1 runs from July 1, 2021, to December 31, 2021. For additional information, please refer to the Databook.

M6 Flowchart (Slide 6)

Now, the Department will discuss the flowcharts for Maternal Health Measure 6 – Timely Transmission of Transition Record.

M6 Flowchart (Slide 7)

In this presentation, the Department 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.

M6 Flowchart Part 1: Denominator (Slide 8)

Part 1 of the M6 Flowchart displays a decision point for each criterion in M6 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 individual was between the ages of 18 and 64 years at the time of their encounter. If the individual is in the eligible age range, a hospital should then check to see if the individual had an eligible encounter by referring to the codes listed in M06_00, BH09M06_01a, BH09M06_01b, and BH09M06_02 value sets within the VSC. Finally, a hospital should check that the individual had a negative discharge status. The associated value sets within the [VSC](#) are listed here and also are in the [Databook](#).

M6 Flowchart Part 2: Numerator (Slide 9)

Part 2 of the M6 Flowchart displays a decision point for each criterion that determines if an individual should be included in the numerator. The first orange diamond at the top indicates an individual whose transition record was transmitted within 24 hours of their day of discharge. The second orange diamond indicates an individual whose record was not transmitted within 24 hours of their discharge.

Special Commentary on BH9 Denominator (Slide 10)

Although this presentation is about M6, much of the guidance for M6 can be applied to the BH9: Timely Transmission of Transition Record (Behavioral Health) measure. On this slide, the Department displays how BH9's denominator criteria differ from M6 denominator criteria. Specifically, in the second decision point in which BH9's denominator will only include individuals with a principle BH or AOD diagnosis with an inpatient discharge to a site of care. This differs from M6 which is seeking patients who had a birth admission with discharge to a site of care.

Standard Reporting Template (Slide 11)

The Standard Reporting Template, as described in the materials posted on the [QIP-NJ website](#), will be used to submit data for chart-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 12)

The following is a list of some of the key variables within the standard reporting template that pertain to M6. Hospitals must report member 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 or is the row being used to document an exclusion?

The RES_VAL and CODE_VAL variables will be used to report the appropriate code, such as UBREV codes for eligible encounters, ICD-10 for exclusionary diagnoses or LOINC codes for screening tools used.

The measure specific date and time elements will be used to document the admission and discharge dates for this individual.

Finally, demographic data elements will be used to illustrate the race and ethnicity for each member.

Understanding Measure Criteria (Slide 13)

Now that DOH has walked you through the measure Flowchart and the key variables in the Standard Reporting Template, it can further examine what individual data elements are required to meet each criterion for M6.

M6: Denominator Criteria (Slide 14)

There are two criteria that qualify an individual for the denominator of this measure. First, an individual must be 18 or older and younger than 65 on the first day of the measurement year. The data element required to verify an individual's age will be their Date of Birth. The column/variable in the standard reporting template used to report a member's data of birth is M_DOB.

Second, an individual must have been discharged from an ACH or inpatient facility to home/self-care or any other site of care from a birth admission, as denoted by M_ELEMT, SVC_DT, RES_VAL, and CODE_VAL columns. The tables for reference from the VSC will be Table M06_00, BH09M06_01a, and BH09M06_01b.

BH9 Denominator Criteria (Slide 15)

This slide represents the variation from M6 to the BH9 denominator criteria. As highlighted earlier in the presentation, the key difference is that BH9 seeks individuals with a principle BH or AOD diagnosis code. Associated codes for assess the principal diagnosis can be found in Table BH09_00 of the VSC.

M6 Exclusion Criteria (Slide 16)

There are two exclusionary criteria for this measure. First, individuals are excluded if they died during the measurement period. Next, individuals are also excluded if they left the hospital or treatment against medical advice, or if they discontinued care in any way. The list of discharge codes that would constitute an exclusion for M6 are available in VSC Table BH09M06_02, and the list of accepted birth admissions is found in Table M06_00. Individuals are also excluded if they have a hospice claim in the measurement year.

To report exclusions on the standard reporting template, hospitals will need to use the M_ELEMT, RES_VAL, and CODE_VAL columns.

M6 Numerator Criteria (Slide 17)

There is one criterion that qualifies an individual for the numerator of this measure. An individual who had a birth admission discharge 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 meets the numerator criteria. The data elements required for numerator compliance are the discharge summary transmission date, race and ethnicity. There are no value sets for the discharge summary transmission.

This information for these data elements will be reported on the standard reporting template using variables RES_VAL, CODE_VAL and RACE and ETHNIC variables.

Examples with Sample Data (Slide 18)

Now, the Department will walk through a few examples with sample patient data. This data has been randomly generated and does not reflect any real patient information.

Sample Individual#1 (Slide 19)

Sample individual number 1.

Sample Individual#1: Profile (Slide 20)

The first example is a 33-year-old white, Hispanic female with an encounter date on September 19th, 2020, as shown by the M_DOB, SVC_DT, RACE, and ETHNIC variables. Below, please see an example of how this data might be recorded using the standard reporting template. As a note, this reporting template shown throughout the presentation does have columns missing for brevity.

She was admitted on September 16th, 2020, and, looking at the first row of data, she was diagnosed using an ICD-10-CM code 'Z3830, as indicated in the CODE_VAL variable. Notice how the 'I' in RES_VAL signals the use of an ICD-10-CM code in CODE_VAL. Furthermore, notice how the M_ELEMT variable shows the first row of data as data that qualifies this individual for the denominator.

Moving to the second row of data, there is the bill type code under the CODE_VAL variable. This individual was given the code '0111' for a hospital inpatient facility, and this is a bill type code because RES_VAL variable is filled in with the letter T in this line. Finally, moving onto the third row of data, M_ELEMT variable has an 'E' for an exclusion code, and the RES_VAL variable shows 'D' meaning the discharge code is shown in CODE_VAL in this row. The last row of data shows the patient's discharge summary transmission date. The M_ELEMT for this row shows us that this information falls under numerator qualifications.

This individual will be excluded from the denominator of this measure. Take a minute and see if you can explain why this individual will be excluded from the eligible population for this measure.

Sample Individual#1: Denominator (Slide 21)

First, for this example, assume this is an individual attributed to the hospital and meets the age criteria of 18-64 years of age. Next, a hospital should check if the individual was discharged from a birth admission using Table M06_00 in the Value Set Compendium. This individual was diagnosed with the ICD-10-CM code 'Z3830', which means she had an eligible birth admission of twin liveborn infants delivered vaginally. But when checking to see if she was discharged from an ACH or inpatient facility to home/self-care or other facility, note that this individual has an exclusionary discharge code of '07'. This discharge code is found in Table BH09M06_02 of the VSC and indicates that the individual left against medical advice. Thus, this individual is excluded from the denominator.

Sample Individual#2 (Slide 22)

Sample individual number 2.

Sample Individual#2: Profile (Slide 23)

The second example is a 23-year-old Black, non-Hispanic female with an encounter date of October 17th, 2020, as indicated by columns M_DOB and SVC_DT. Looking at variables DICH_DT and ADMT_DT, a hospital should see that she was admitted on the 16th of October and was discharged on the 19th. That first row of data again tells us about denominator criteria, specifically her birth admission ICD-10-CM diagnosis, which is 'Z3800'. Her bill type code, another denominator criterion, is '0111', which means she was discharged from an inpatient facility, and her discharge code in the third row is '01', which means she

was discharged to home or self-care. Looking at the fourth row of information, we see that this individual's summary transmission date was on October 22nd, 2020.

This individual will be eligible for denominator inclusion but does not meet numerator performance requirements. Take a minute to think about why that is.

Sample Individual #2: Denominator (Slide 24)

First, for this example, assume this is an individual attributed to your hospital and meets the age criteria of 18-64 years of age. Next, a hospital needs to look at whether the individual was diagnosed with a birth admission and discharged from an inpatient or ACH facility to home care or another facility. Her bill type code indicated she was discharged from an inpatient facility as it came up in Table BH09M06_01a of the VSC, and her discharge code indicates she was discharged to home/self-care in a routine discharge as seen in Table BH09M06_01b of the VSC. This individual also has an ICD-10-CM code found in Table M06_00, which means she had a birth admission (in this case of a single liveborn infant delivered vaginally).

Sample Individual #2: Numerator (Slide 25)

Now, a hospital must determine if Sample Individual #2 will be counted in the numerator for M6. The main consideration here is that the patient's transition record must be transmitted within 24 hours of their discharge. Looking at this individual's information from the Standard Reporting template again, a hospital should see that it took three days for this individual's record to be transmitted. So, performance has not been met for this individual and they do not meet the performance requirements for numerator inclusion.

Sample Individual #3 (Slide 26)

Sample individual number 3.

Sample Individual #3: Profile (Slide 27)

The third and final example from the Department is a 46-year-old Black or African American Hispanic female with an encounter date of July 25th, 2020. That first row, of the standard reporting template again contains the demographic information for this individual. M_DOB and SVC_DT show her age and encounter date respectively. Looking at the RES_VAL and CODE_VAL variables in this row, a hospital can see that this individual was given an ICD-10-CM admission code of P0500. Columns ADMT_DT and DICH_DT indicate an admission on the 25th of July, 2020, and discharge on the 31st of July 2020. The next two rows have a RES_VAL of 'T' and 'D', with the 'T' for bill type (0121) and 'D' for discharge code (02). In the fourth row, note that that this individual's discharge summary transmission date was July 31, 2020.

This individual will meet eligible population requirements for denominator inclusion and performance requirements for numerator inclusion as well. Take a minute to think about why that is.

Sample Individual #3: Denominator (Slide 28)

First, as in the previous examples, assume this is an individual attributed to the hospital and meets the age criteria of 18-64 years of age. Next, looking at what the individual's admission was, a hospital can see that the ICD-10-CM code of 'P0500' means this individual had a birth admission for a newborn that was light for gestational age. A hospital can determine this because the code is included in Table M06_00 of the [VSC](#).

Then, a hospital should look at where the individual was discharged from (using the bill type code and Table BH09M06_01a) and where she was discharged to (using the individual's discharge code and Table BH09M06_01b). This third sample individual has a bill type code that tells the hospital she was discharged from an inpatient facility to, as indicated by her discharge code, another short-term general hospital for inpatient care. Because this bill type code is included in Table BH09M06_01a and the discharge code is included in Table BH09M06_01b, this individual can be included in the denominator.

Sample Individual #3: Numerator (Slide 29)

Now a hospital must determine if Sample Individual #3 will be counted in the numerator. A hospital should look at when the transition record was transmitted for this patient and whether or not it falls within 24 hours of her discharge from the inpatient facility. Remember, this individual's fourth row of data with an 'N' under M_ELEMT had a discharge summary transmission date of July 31, 2020, which is the same as her discharge date. This individual's transition record was transmitted for follow-up within 24 hours of discharge and therefore they meet performance requirements.

How to Calculate Performance (Slide 30)

The Department hopes the previous sample patient profiles have helped to clarify the data elements necessary to determine whether an individual meets the measure criteria. Now, the Department will calculate the hospital's overall performance based on the number of individuals who fall into the eligible population and numerator compliant population.

Calculating Performance: Subgroups (Slide 31)

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 4 individuals within this population with known exclusions. There are 22 individuals whose transition record was transmitted within 24 hours of discharge, and 4 individuals whose transition records were not transmitted within 24 hours of their discharge.

Calculating Performance: Denominator (Slide 32)

The eligible population for M6 is the Denominator. Eligible population refers to attributed individuals who meet the age criteria and were discharged from an ACH or inpatient facility to home/self-care, or any other site of care from a birth admission. So, in the sample population, 30 individuals minus 4 individuals with exclusionary codes is 26 individuals in the eligible population.

Calculating Performance: Numerator (Slide 33)

The numerator compliant population for M6 becomes the numerator. To find the value of the numerator, take the number of eligible individuals whose transition records were transmitted within 24 hours of their discharge. In this case, that subgroup count is 22, since 4 did not have their records transmitted within the 24-hour time frame. The measure compliant number is therefore 22 individuals.

Calculating Performance: Percentage (Slide 34)

After a hospital has identified the eligible population and the numerator compliant population, it can calculate the hospital's performance on M6 as a percentage. 22 measure compliant individuals divided by 26 individuals in the eligible population * 100 is equal to 84.6%. The statewide benchmark is 80% for this measure, so this hospital would meet this marker.

Conclusion (35)

This concludes the Department's overview of QIP-NJ Maternal Health Measure 6: Timely Transmission of Transition Record.

More Information (Slide 36)

This concludes the Department's overview of QIP-NJ's Maternal Health Measure 6, Timely Transmission of Transition Record. This final slide provides information and resources to aide QIP-NJ participating hospital 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 team at QIP-NJ@pcgus.com. Thank you.