STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

Quality Improvement Program – New Jersey (QIP-NJ)

Measurement Year 2 (MY 2) Data Submission Best Practices and FAQs

May 10, 2023

UPDATED 5/30/2023

NJHealth

PUBLIC CONSULTING GROUP
Solutions that Matter

Agenda

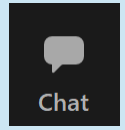
- QIP-NJ Program Background
- MY 2 Data Timeline Overview and Key Dates
- Attribution Roster & Maternal Health Attribution Policy Update
- Published Guidance and Resources
- Appeals Requirements and Guidance
- MY 2 Data Submission – General Best Practices
- Specific Measure FAQs
  - Behavioral Health Measures
  - Maternal Health Measures
- Q & A

Housekeeping

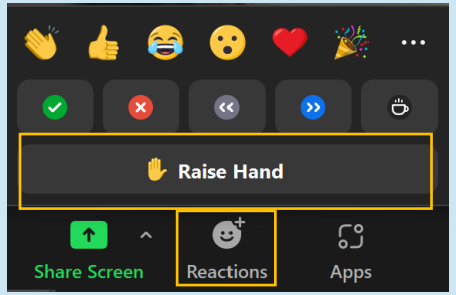
- Today's Producers/Presenters:
  - GraceAnn Friederick
  - Gabriel Malseptic
  - Grace Mecha
  - Patricia Perazzelli
  - Anubhav Saha
- Zoom features
  - Chat
  - Raise Hand
  - Mute/Unmute

To ask questions or submit comments:

Use the chat



Raise Hand, Unmute



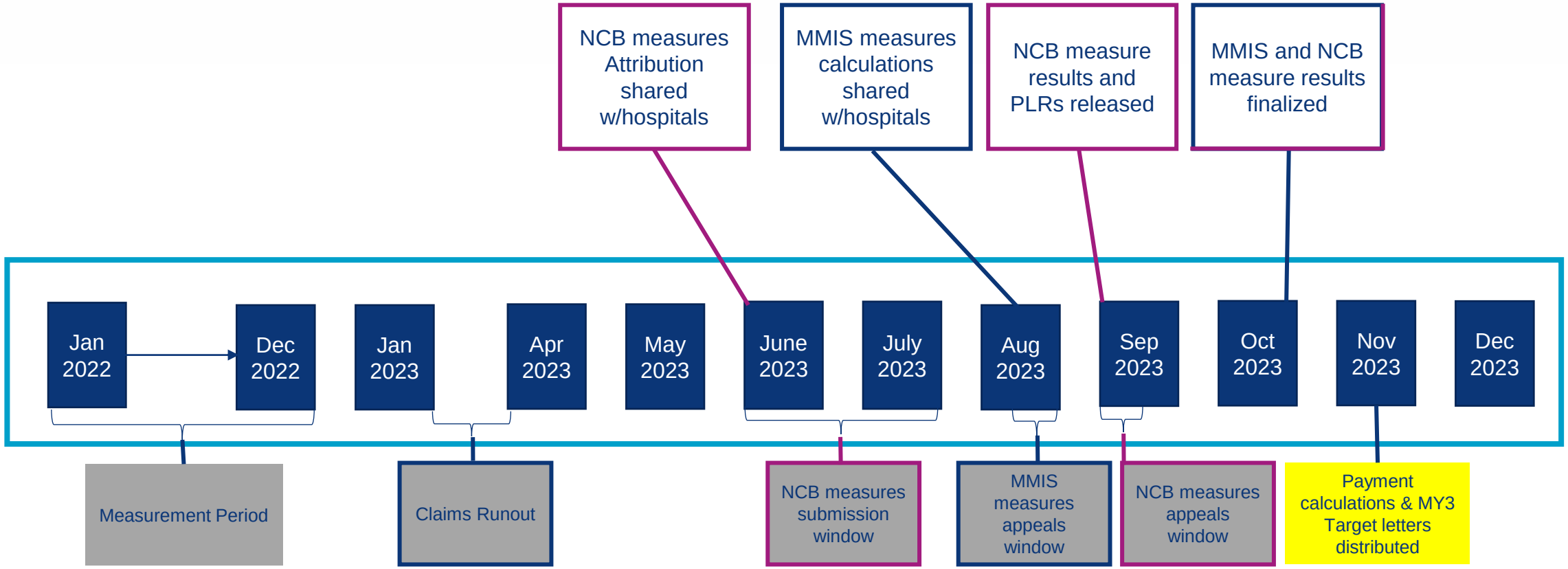
Please identify which organization you represent today!

Program Overview

The New Jersey Department of Health (DOH) developed QIP-NJ, a hospital performance initiative, to support continued population health improvement across New Jersey.

QIP-NJ is being administered by DOH, in partnership with DHS, as a Medicaid pay-for-performance initiative open to all acute care hospitals in the state.

QIP-NJ MY 2 Timeline*



*Unless stated otherwise, all boxes pertain to MY2 data
Grey box = Interval
Purple border = NCB-related
Blue border = Claims/MMIS-related

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QIP-NJ MY 2 - Important date/timeframes for hospitals

- Hospitals ineligible for MY 2 Payment do not need to submit MY 2 data!
- MY 2 Attribution list(s) released to hospitals: 5/26/2023
- NCB measures submission window: 5/30/2023 – 8/1/2023
- Claims-based (MMIS) measures calculations available: 8/15/2023
  - Claims-based measures appeal window: 8/15 – 8/29/2023
- NCB measures Patient-Level Report (PLR) distribution: 9/1/2023
  - NCB measures appeal window: 9/1 – 9/18/2023

Please note:

- Specific dates/timeframes are subject to slight modification. Any date/timeframe changes will be communicated to Hospital Program Leads via QIP-NJ@pcgus.com
- Late submissions and submissions that do not match the SRT requirements will be rejected
- Early data submission will have the opportunity for the submission to be validated per the SRT requirements prior to the close of the data submission timeframe

Attribution Roster and Maternal Health Policy Update

- The Attribution Roster (AR) is retrospective. The AR is not measure-specific; hospitals need to apply the measure-specific exclusions/criteria as indicated in Databook v2.3.
- Hospitals will be ineligible to *receive funding under* the BH or maternal health portion of QIP-NJ if the hospital does not have a sufficient number of patients to satisfy the denominator requirements of *at least one measure in* the measure set.
  - For **maternal health**, the denominator requirement during a measurement period is 30 attributed births.
  - For **behavioral health**, hospitals must have a minimum of 30 individuals attributed to meet the requirements of at least one measure's denominator.
- ***Maternal Health Program Policy Update:*** If an individual gives birth twice during one measurement year, at different hospitals, QIP-NJ will attribute the individual twice, once at each birthing hospital.

Key Resources for MY 2 Reporting

- The QIP-NJ website https://qip-nj.nj.gov/ is the central location for all information related to the program.
- Under *Documents & Resources*:
  - QIP-NJ Databook v2.3: Measure specifications for MY2
  - Value Set Compendium (VSC) v2.3: Codeset for MY2
  - Governing Document: QIP-NJ Background, design, and policies – updates will post by 6/2/2023
  - FAQ Document: updates will post by 6/2/2023
- Under *Participants & Stakeholders:*
  - Standard Reporting Template (SRT) Guidance Document v2.3 (PDF): NCB measure reporting instructions
  - SRT v2.3 (XLS): reporting template for all NCB measures, except BH12 and M10
  - SRT v2.3 for BH12 and M10 (XLS): reporting template for staff training measures BH12 and M10
  - MY2 NCB Measures Appeals Workbook and Guidance *(in development: ETA July 2023)*
  - MY2 Claims-based Measures Appeals Workbook and Guidance *(in development: ETA July 2023)*

Appeals Process

- DOH will calculate individual hospital performance results and hospitals will have an opportunity to review results and submit appeals and appropriate supporting documentation within the Appeals Window.
- Appeals documentation must include a supporting updated SRT; if a user-error is identified in the SRT submission, the SRT must be re-submitted within the Appeal Window for the appeal to be adjudicated.
- Only computational and systemic reporting errors may be appealed.

Best Practices for Submitting MY 2 NCB-Data

- Use SRT and SRT Guidance documents v2.3
- Follow directions in the SRT “Requirement Notes” tab
- Preferred file format: Flat-file
- Use a consistent naming convention for the submission file per the SRT “Requirement Notes” tab
  - If sending one consolidated workbook: MY2_*Medicaid_ID*_S;
    - For example: **MY2_3676803_S**
  - If sending multiple workbooks MY2_*Medicaid_ID*_Ex;
    - For example: **MY2_3676803_E1, MY2_3676803_E2, MY2_3676803_E3, etc.**
- For all measures, use the date format: MM/DD/YYYY
- Do not add columns to the SRT *unless your hospital has received prior approval*
- If sampling for a measure, report only the sample.
  - **Pro-tip:** We recommend sampling at least 40 records in case some are excluded
- NDC formats should be used as they appear on the list – see more on M7 FAQ slides.

Measure FAQs

MY 2 Behavioral Health Measures

Measure #	Measure Type	Measure Name and NQF #	Payment Method
BH1	MMIS (Claims)	30 Day All-Cause Unplanned Readmission Following Psychiatric Inpatient Hospitalization, Based on NQF #2860	P4P
BH2	MMIS (Claims)	Follow-Up After Hospitalization for Mental Illness – 30-Days Post-Discharge, Based on NQF #0576	P4P
BH3	MMIS (Claims)	Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence (30 day), Based on NQF #3488	P4P
BH4	MMIS (Claims)	Follow-Up After ED Visit for Mental Illness (30 day), Based on NQF #3489	P4P
BH5	MMIS (Claims)	Initiation of Alcohol and Other Drug Abuse or Dependence Treatment, Based on NQF #0004	P4P
BH6	MMIS (Claims)	Engagement in Alcohol and Other Drug Abuse or Dependence Treatment, Based on NQF #0004	P4P
BH7	Chart/EHR (Non-claims based)	Preventative Care and Screening: Screening for Depression and Follow-Up Plan, Based on NQF #0418	P4P
BH8	Chart/EHR (Non-claims based)	Substance Use Screening and Intervention Composite, Based on NQF #2597	P4P
BH9	Chart/EHR (Non-claims based)	Timely Transmission of Transition Record (BH), Based on NQF #0648	P4P
BH10	Instrument (Non-claims based)	3-Item Care Transitions Measure, Based on NQF #0228	N/A
BH11	Instrument (Non-claims based)	Use of a Standardized Screening Tool for Social Determinants of Health (4 Domains)	N/A
BH12	Instrument (Non-claims based)_	Reducing Disparities and Improving Patient Experience Through Targeted Training	N/A

 New for MY 2

BH2, BH3, BH4, BH9, M6

Re: Patient leaving Against Medical Advice (AMA)

- **Q: If a patient leaves the inpatient unit or the emergency department (ED) AMA – are they excluded from the measures? Do they still require follow-up services?**
- A:
  - For measure BH2, BH3, and BH4, a patient that leaves AMA is not excluded from the denominator. Failure to follow-up with a patient that leaves AMA, would be numerator non-compliant for BH2, BH3, and BH4
  - For Measures BH9 and M6: Patients that leave AMA are excluded from the denominators.

BH2: Follow-up after Hospitalization for Mental Illness (FUH) – 30-Days Post-Discharge

- **Q: Who is qualified as a "SUD professional authorized by the state licensing board”? The hospital does not have an addiction program, and were wondering if the BH biopsychosocial assessments and psychotherapy their BH providers offer would qualify as follow-up care?**
- A: The expectation for BH2 is that the follow-up provider is a non-hospital provider that is authorized to bill the codes captured in the VSC pertinent to BH2.
- **Q: Should we capture these follow-up services using CPT/HCPCS and ICD-10 codes, rather than the provider code?**
- A: Correct, CPT/HCPCS and ICD-10 codes should be used.

BH8: Substance Use Screening and Intervention Composite

- **Q: Are HCPCS codes required for reporting numerator compliance for BH8 or are LOINC codes sufficient?**
- A: No, HCPCS codes are not necessary for this measure; LOINC codes was sufficient reporting for this measure.
- **Q: I had an individual screen negative on an alcohol/tobacco/drug assessment, what should I report in the numerator?**
- A: As described in the SRT guide for BH08, you *may* report '00' or a blank in the ALCS_I/TOBA_I/DRUG_I, however, we strongly encourage submitters to report '00'.
- **Q: I had an individual screen positive on an alcohol/tobacco/drug assessment, but refuse intervention, what should I report in the numerator?**
- A: As described in the SRT guide for BH08, you *must* report '00' in the ALCS_I/TOBA_I/DRUG_I data variable.

BH11/M9: Use of a Standardized Screening Tool for SDoH

- **Q: For BH11 (SDoH), is there a time frame in which the intervention piece should take place once a patient has screened at risk for any of the domains?**
- A: Per the Databook measure specifications for BH11 and M9, simply having a screening on file during the measurement period makes an individual numerator compliant and the individual should be screened in each domain, however, the intervention is not required for numerator-compliance for this measure.
- Nevertheless, your team should strive to follow-up where individuals screen positive, but follow-up is not required for numerator compliance with BH11 and M9.

BH12/M10: Reducing Disparities and Improvement Patient Care Through Targeted Training

- **Q: Has DOH developed tools for Social Determinants of Health and Implicit Bias training?**
- A: DOH is not developing and/or endorsing any specific tools for BH12 and M10. To satisfy the QIP-NJ-specific measures BH12 and M10, hospitals will need to consult the training module requirements, which are described in versions the QIP-NJ Databook to ensure any training they implement meets those requirements.
- **Q: Is payment tied to these measures?**
- A: BH12 and M10 are pay-for-reporting measures. Hospitals must submit data to comply with this requirement and the program hopes to see directional improvement Y-o-Y. In the fall the QMC will establish a benchmark, pending CMS approval.
- **Q: Who should be in the denominator for BH12?**
- A: For the measure specification, hospital-employed healthcare professionals and patient-facing support staff that interact with BH patients. Do not include hospital staff that are not in the hospital setting. However, programmatically, QIP-NJ encourages hospitals to train all patient-facing staff, even beyond the hospital-setting.
- **Q: Who should be in the denominator for M010?**
- A: For the measure specification, hospital-employed healthcare professionals and patient-facing support staff that interact with maternal patients. Do not include hospital staff that are not in the hospital setting. However, programmatically, QIP-NJ encourages hospitals to train all patient-facing staff, even beyond the hospital-setting.

BH12/M10: Reducing Disparities and Improvement Patient Care Through Targeted Training, *cont.*

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- **Q: All employees completed an initial implicit bias training in 2021. Thereafter, new employees are required to complete the same. How should we report the 2021 implicit bias training considering some employees completed the training in 2021 & not the QIP-NJ baseline period for this measure (MY0/2022)?**
- A: Per the Databook measure specs, trainees must have been trained in the measurement year. In this scenario the 2021 trainings would not be part of MY2 reporting. DOH's expectation is that these trainings are performed annually. Please note: MY2 is the baseline year.
- **Q: Per diems make up 20% of our workforce and do not work a set schedule nor receive benefits. Should per diem employees be included in the report/denominator for M10 & BH12?**
- A: Yes, all service-line applicable staff, per diem and non-per diem should be included in the denominators.
- **Q: Should employees terminated during the MY be included in the denominator?**
- A: Yes.
- **Q: Should the denominator be employees that were employed the entire MY or anyone employed at any point during the MY regardless of length of employment?**
- A: Employees who worked for any duration during the MY should be included in the denominator(s). Employees hired between Dec 1 – Dec. 31 of the MY may be excluded from the denominator.
- (update) – Employee 'gender' and 'date of birth' will not be required, however, hospitals must submit the employeeID or an assigned ID.

MY 2 Maternal Health Measures

Measure #	Measure Type	Measure Name and NQF #	Payment Method
M1	MMIS (Claims)	Severe Maternal Morbidity	P4P
M2	Chart/EHR (Non-claims based)	PC-02 Cesarean Birth, Based on NQF #0471	P4P
M3	Chart/EHR (Non-claims based)	Maternal Depression Screening, Based on NQF #1401	P4P
M4	MMIS (Claims)	Postpartum Care, Based on NQF #1517	P4P
M5	MMIS (Claims)	Treatment of SUD in Pregnant Women (Initiation of Alcohol and Other Drug Treatment), Based on NQF #0004	P4P
M6	Chart/EHR (Non-claims-based)	Timely Transmission of the Transition Record (Maternal Health), Based on NQF #0648	P4P
M7	Chart/EHR (Non-claims-based)	Treatment of Severe Hypertension	P4P
M8	Instrument (Non-claims-based)	3-Item Care Transitions Measure, Based on NQF #0228	N/A
M9	Instrument (Non-claims-based)	Use of a Standardized Screening Tool for Social Determinants of Health (5 Domains)	N/A
M10	Instrument (Non-claims based)_	Reducing Disparities and Improving Patient Experience Through Targeted Training	N/A

New for MY 2

M6: Timely Transmission of Transition Record

- **Q: Where can I find a list of diagnosis codes to identify birthing individuals (for M6)?**
- A: VSC 2.2's tab M06_00 contains a list of diagnosis codes that can serve as a starting point to identify birthing individuals. To minimize removal of denominator-compliant individuals, we strongly recommend referencing your maternal health attribution roster to ensure you are including only birthing individuals.
  - **Please note:** prior guidance indicated that hospitals could also use diagnosis codes from tab M02_04. Diagnosis codes from M02_04 were incorporated into tab M06_00.

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M6: Timely Transmission of Transition Record, *cont.*

- **Q: Where can I find a complete list of procedure codes that are acceptable for denominator inclusion in this measure?**
- A: (update) Procedure codes for denominator inclusion may be found on VSC table M03_Deliveries. Per the SRT, denominator compliant individuals will have 3 rows reported for each transition of care.
  - An individual's birth related diagnosis/procedure will be documented as RES_VAL = I, and CODE_VAL equals an appropriate ICD-10-CM code from VSC table M06_00/M03_Deliveries.
  - Type of Bill for the individual will be reported as RES_VAL = T, and CODE_VAL equals the appropriate type of bill from VSC table BH09M06_01a. Type of bill can be found on a UB-04 claim as field location = 4.
  - Discharge Status for the individual will be reported as RES_VAL = D, and CODE_VAL equals the appropriate discharge status code from VSC table BH09M06_01b. Discharge status can be found on a UB-04 claim as field location = 17.

M6: Timely Transmission of Transition Record, *cont.*

(Applies to BH9 as well)

- **Q: Providers that my team is working with are requesting that they stop sending EHRs because they already have access to their EHR system. Is it sufficient to document that the receiving provider has EHR access? If so, how?**
- A: If a patient's records are available to the primary care physician or other health care professional designated for follow-up care through a shared EHR, the date of discharge should be listed as the patient discharge summary transmission date.

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M7: Treatment of Severe Hypertension (SHTN)

- **Q: To capture First Line Agents (FLA) administered, how should NDC codes be formatted?**
- A: (Revised) Hospitals should reference the updated SRT and VSC to indicate which of the following three FLAs was administered. Hospitals will not need to enter NDC codes.
  - 01 = IV Labetalol
  - 02 = IV Hydralazine
  - 03 = Immediate release oral Nifedipine

M7: Treatment of Severe Hypertension (SHTN)

Policy Update for MY3

- **Background:** In Fall 2022, as discussed in QMC 9 and approved by DOH, QIP-NJ will adopt the American College of Obstetricians Gynecologists (ACOG) updated guidelines for the timeliness to treat for SHTN for MY3*.
- **Time period effective: This change is effective <u>for care provided during MY3</u> (Jan – Dec 2023)**
- **Measure Specification Difference:**
  - MY2 numerator specification: First-line agents (Table M07_00) must be dispensed within one hour of the <u>second reading</u> of SHTN. **Source:** Databook v2.2
  - MY3 numerator specification: First-line agents (Table M07_00) must be administered within one hour of the <u>first reading</u> of SHTN. **Source:** Databook v3.0
  - **As advised by the QMC**: If a first-line hypertensive agent is administered after the first reading and prior to the second reading—even if the second reading does <u>not</u> indicate SHTN—the patient will be both numerator- and denominator-compliant.**

*ACOG Guidelines: AIM SHTN in Pregnancy Patient Safety Bundle 2022 Data Collection Plan, (pub. 6/2022)

**See appendix slide for QMC 9 slide.

M7: Treatment of Severe Hypertension (SHTN)
Scenario Review of BP Readings and Time*

Ex. 1: Patient has two SHTN BP readings within the 60 minutes; the first line agent (FLA) was administered 15 min after the first BP reading and before the second reading was taken.	MY2 Num Compliant	MY2 Denom. Compliant	MY3 Num Compliant	MY3 Denom. Compliant
BP reading 1: 175/130	Yes	Yes	Yes	Yes
BP reading 1 time: 0100				
BP reading 2: 170/120				
BP reading 2 time: 0125				
FLA dispensation: 0115				

- MY2 numerator specification: First-line agents (Table M07_00) must be dispensed within one hour of the second reading of SHTN. **Source:** Databook v2.2
- MY3 numerator specification: First-line agents (Table M07_00) must be administered within one hour of the first reading of SHTN. **Source:** Databook v3.0
- **As advised by the QMC**: If a first-line hypertensive agent is administered after the first reading and prior to the second reading—even if the second reading does not indicate SHTN—the patient will be both numerator- and denominator-compliant.**

*Assuming the individual has already met the requisite ICD-10-CM Principal Diagnosis or Other Diagnosis Code for Pre-existing or Gestational Hypertension, Eclampsia/Pre-eclampsia (Table M07_01) as defined by the Databook Specifications and no exclusions.

M7: Treatment of Severe Hypertension (SHTN)
Scenario Review of BP Readings and Time*

Ex. 2: The patient has one SHTN reading, 15 minutes later the first line agent (FLA) is administered. No second blood pressure reading was taken.	MY2 Num Compliant	MY2 Denom. Compliant	MY3 Num Compliant	MY3 Denom. Compliant
BP reading 1: 170/120	N/A	No, because there's only one reading	N/A	No, because there's only one reading
BP reading 1 time: 0100				
BP reading 2: None taken				
BP reading 2 time: N/A				
FLA dispensation: 0115				

*Assuming the individual has already met the requisite ICD-10-CM Principal Diagnosis or Other Diagnosis Code for Pre-existing or Gestational Hypertension, Eclampsia/Pre-eclampsia (Table M07_01) as defined by the Databook Specifications and no exclusions.

M7: Treatment of Severe Hypertension (SHTN)
Scenario Review of BP Readings and Time*

Ex. 3: Patient has one SHTN BP reading, 15 minutes later the first line agent (FLA) was administered. The second BP reading taken 10 minutes after FLA admin does not indicate SHTN.	MY2 Num Compliant	MY2 Denom. Compliant	MY3 Num Compliant	MY3 Denom. Compliant
BP reading 1: 175/130	Yes	Yes – per QMC 9 and to align w/clinical best practice per ACOG guidelines**	Yes	Yes – per QMC 9 and to align w/clinical best practice per ACOG guidelines**
BP reading 1 time: 0100				
BP reading 2: 120/90 (not SHTN)				
BP reading 2 time: 0125				
FLA dispensation: 0115				

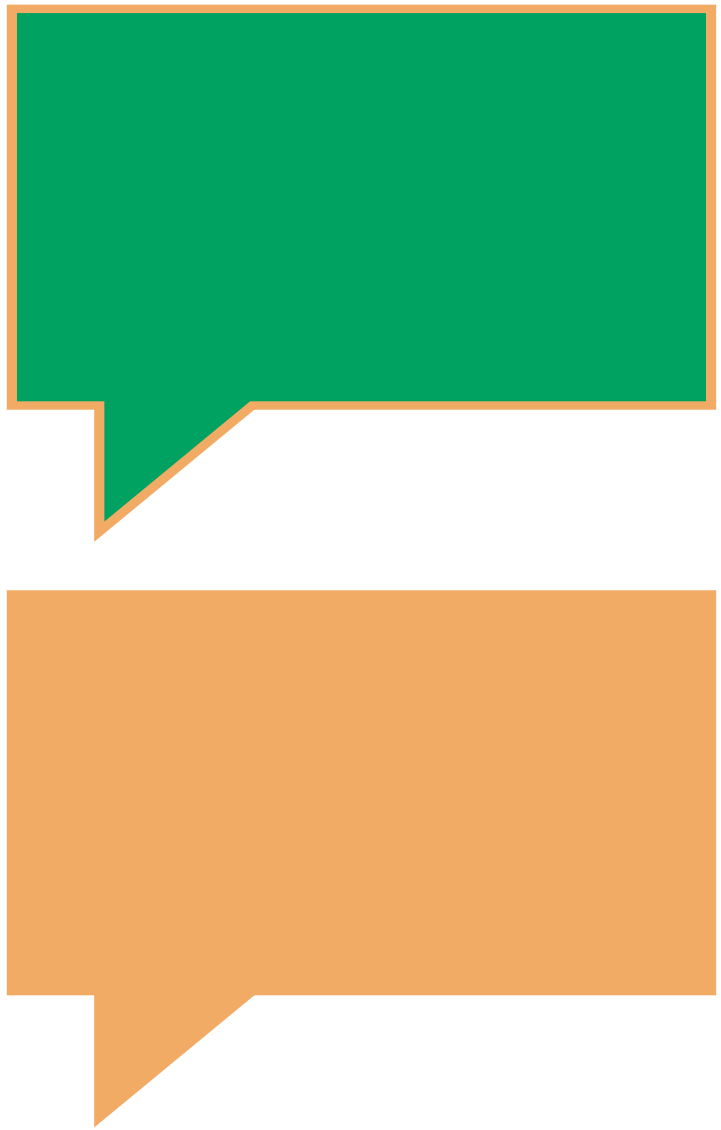
As advised by the QMC: If a first-line hypertensive agent is administered after the first reading and prior to the second reading—even if the second reading does not indicate SHTN—the patient will be both numerator- and denominator-compliant. The presumption is that the second BP reading may not be in the hypertensive range because of the timely FLA administration.

*Assuming the individual has already met the requisite ICD-10-CM Principal Diagnosis or Other Diagnosis Code for Pre-existing or Gestational Hypertension, Eclampsia/Pre-eclampsia (Table M07_01) as defined by the Databook Specifications and no exclusions.

M7: Treatment of Severe Hypertension (SHTN)
Scenario Review of BP Readings and Time*

Ex. 4: Patient has two SHTN BP readings within the 60 minutes. The first line agent was administered 55 minutes after the second reading.	MY2 Num Compliant	MY2 Denom. Compliant	MY3 Num Compliant	MY3 Denom. Compliant
BP reading 1: 175/130	Yes	Yes	No, because FLA was dispensed >60 min after first BP reading	Yes
BP reading 1 time: 0100				
BP reading 2: 170/120				
BP reading 2 time: 0125				
FLA dispensation: 0220				

*Assuming the individual has already met the requisite ICD-10-CM Principal Diagnosis or Other Diagnosis Code for Pre-existing or Gestational Hypertension, Eclampsia/Pre-eclampsia (Table M07_01) as defined by the Databook Specifications and no exclusions.



Thank you for your participation!

Questions?

QIP-NJ@pcgus.com

UPDATED

Key Resources for MY 2 Reporting, *continued*

Databook/VSC/SRT Version	Corresponding MY
1.6	MY0, MY1
2.3	MY2
3.0	MY3

M007 – Timely Treatment of Persistent Severe Hypertension – Extract from QMC 9

Issue: Alignment with ACOG

The QIP-NJ measure is **not aligned** with ACOG's guidelines for the timeliness to treat for Severe Hypertension (SHTN) as stated in the AIM SHTN in Pregnancy Patient Safety Bundle 2022 Data Collection Plan, (pub. 6/2022)

Key Differences

- The Society for Maternal-Fetal Medicine (SMFM) measure states that an antihypertensive agent must be administered within 60 min of the **first reading**, versus the QIP-NJ measure states that first line agents must be administered within one hour of the **second reading**.
- **Implication:** If the second reading was taken 45 min after the first, then it could take up to 1 hour and 44 min for the patient to receive a first-line agent from the onset of the episode and the hospital would still perform on this measure
- The SMFM measure finds a severe HTN episode can be considered persistent even if there is only one severe HTN observation in the episode because the burden of proof is on providers to document that the BP has decreased to non-severe HTN levels by 15 minutes.

Numerator - Adopted Revision

- For the numerator, first-line agents (Table M07_00) must be administered within one hour of the first reading of SHTN.

Clarification

- To count in the denominator patient must have a second reading of severe hypertension* within 15 - 60 min of the first severe hypertension reading.
  - **Exception:** If a first-line hypertensive agent is administered after the first reading and prior to the second reading—even if the second reading does not indicate SHTN*—the patient will be both numerator- and denominator-compliant.

* >= 160 mm Hg or a diastolic blood pressure >=110 mm Hg