Non-Claims-Based Performance Measure

Data Submissions Guidance Document

v 1.1 (August 13, 2021)

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Performance Measures Submission: General Guidelines

Required documents:

The "Standard Reporting Template" (Non-Claims-Based Measure Submission Template) contains 6 tabs:

Of these, four are for reference and two are for data submission.

Reference tabs (4):

- "Requirement Notes" – lists the requirements for non-claims-based (non-MMIS) data submission
- "EMR_IN DataDictionary" – displays the data dictionary to be used in conjunction with the "EMR_IN Template"
- "NonMMIS Measures List" – details the non-claims-based measures
- "Data Validation Lists" – details the acceptable lookup values where applicable by measure (hidden tab, do not alter)

Data Submission-Related tabs (2):

- "Sampling Instructions" – allows hospitals to indicate contact information, performance measure-specific sampling, and overall summary data
- "EMR_IN Template" – details the individual-level data to support each performance measure
  - Hospitals may decide on whether to submit an Excel template, a flat file, or a hybrid of the two.
  - The "EMR_IN Template" may be filled in manually or may be populated by data export into Excel or a flat file; the latter method must adhere to the column names and formatting restrictions as noted in tab "EMR_IN DataDictionary" (detail below).
  - The hospital may include all measures in one file or may provide separate files by measure.
  - At minimum per hospital, two files (one for the "Sampling Instructions" (File Type = "S") and one for the "EMR_IN Template" (File Type = "E")) will be uploaded to the SFTP.

File Naming Conventions and Formatting:

- Files uploaded to the SFTP (QIP-NJ SFTP User Guide) must adhere to the stated naming conventions to facilitate a manageable process.
- Files must include the **Time Period (MY0)_Hospital Medicaid ID_FileType** as indicated on the attribution roster's "ReadMe" tab (MID) and the type of file (S or E).
  - MY0_MID_S
  - MY0_MID_E (if there is more than 1 file, indicate this by E1, E2 through En)
- Do not enter any decimal values for ICD codes (this guidance will be amended in the Databook and Value Set Compendium v1.2).

- Service and other pertinent dates must be in a consistent format with date elements separated by either forward slashes ("/") or hyphens ("-").

Non-Standard Data Elements:

- Any new variable names must be 8 characters or less in length and must be explicitly pre-approved by the State before inclusion after the last specified column ("EOF_ID").

Flat File Submission:

Hospitals wishing to submit their data in flat file format must meet the following additional requirements**:**

- Flat files must be pipe-delimited ("|") and follow the "EMR_IN Template" column structure exactly *unless otherwise authorized*.

Hospitals must submit a "test file" (outlined in section "Data submission procedures of non-claims-based measures" of the Databook) through the SFTP, and message QIP-NJ@pcgus.com **prior to August 30, 2021** to have it approved by the State prior to submission of the production-ready file(s).

Other:

- An individual may have multiple encounters per measure (per the measure specification); list each in a new row with the required identifiers and appropriate columns per measure.
- Service date may be a diagnostic date, the ordered date for pharmacy events, or survey / screening tool admin date, transfer of file date - depending on measure context (report inpatient admit and discharge dates separately in the specified columns).
- To ensure all clinical elements are captured properly, populate the column "REST_VAL" with the appropriate indicator and include the relevant accompanying code in columns "CODE_VAL" and "RES_VALP" (these will be internally validated for accuracy and consistency).

Performance Measure Submission: FAQ

1. **Q: What documents are required for the submission process?**

   a. Hospitals will decide on whether to submit the "Standard Reporting Template" package in Excel or a hybrid of Excel and flat file(s). The "Sampling Instructions" spreadsheet must be submitted in addition to the "EMR_IN Template", which may be submitted in Excel or as a flat file, in accordance with "General Guidelines" outlined in this document. The hospital may choose whether all measures are included in one file for the "EMR_IN Template" or in separate files by measure. Following, the hospital will upload files to the SFTP, confirming submission in a message to QIP-NJ@pcgus.com that states production-ready review for the respective hospital's files may begin by the State.

2. **Q: What is the submission deadline for Baseline ("Year 0")?**

   a. The submission period for Baseline opens August 2, 2021 and closes September 30, 2021. All files must be submitted through the SFTP by one of the designated hospital technical contacts and must follow the "General Guidelines". The State reserves the right to return files that are missing or incomplete and may audit (e.g., ask for additional documentation and perform primary source verification) if there are unusual patterns detected.

3. **Q: How do I know how to fill out column "M_ELEMT"?**

   a. Consult each individual performance measure specification in the Databook v1.1 for details of what data elements constitute the numerator, denominator, exclusions, and exceptions (exceptions apply only for BH07). Further, consult the "Standard Reporting Template" to understand how to transform the data appropriately. For several measures, presence of an individual in the attribution roster (eligible population) automatically gets the individual into the denominator; however, there may be additional data elements to consider specific to the measure (e.g., age, diagnosis, site of service).

4. **Q: What if our hospital has non-standard data ("homegrown") codes that do not fit within the constraints of column "CODE_VAL"?**

   a. Those encountering these circumstances must contact us as soon as possible to discuss the specific scenario and arrange for mapping of the codes. Any non-standard codes must be mapped to known standard nomenclature after the "EOF Column". The State must approve this prior to submission. Data submitted without this acknowledgement will not be used in performance measure calculations.

5. **Q: For the "EMR_IN Template" submission is there guidance how to group by patients or by measure?**

   a. The first two sections as referenced in the tab "EMR_IN DataDictionary" (entity tracking and individual data elements) are required to be populated for all individuals. Explicit grouping by measure is helpful though not required.

6. **Q: How do we report individuals who had multiple visits where on the first visit, they met the numerator; however, on the second visit, they did not meet the numerator?**

   a. If an individual has multiple screenings during the measurement year, a follow up must be documented following a positive screen for BH07 on at least one of those encounters to be considered numerator compliant. Report each individual's numerator-

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specific elements in a new row. In this scenario, one or more rows will display the applicable codes for numerator compliance, including the service date, and the second set of rows will display the applicable codes for numerator non-compliance, including the service date.

7. **Q: Is there a concern that there will be a large volume of data per measure (for example, we know there may be over 20 rows per individual)?**
   a. The option to sample will reduce some volume per measure; however, it is important that the full episode of care is captured for each individual. To further reduce the need for administrative burden on hospitals, the State has decided that *exclusions do not need to be reported unless they are relevant to a pattern* (e.g., if the measure does not meet the minimum denominator).

8. **Q: How do we know which clinical codes are acceptable to use as an exception?**
   a. Exceptions are relevant only to BH07 and must be reported in the Standard Reporting Template for consideration. A final decision will be rendered by the State after consideration of the circumstances of the scenario presented. An exception is indicative of an emergent clinical issue or refers to an individual incapable of being screened, usually due to a severe cognitive issue; an ICD-10 diagnosis, procedure code, or other billing code will apply. Codes representing what constitute an exception will be evaluated following review of Baseline data and will be made available in an upcoming version of the VSC for MY1.

9. **Q: For BH09/M006: if the individual is discharged to a nursing home how may the measure be met?**
   a. As long as the individual's record follows him to the designated facility and primary clinician in a verifiable manner (e.g., medical discharge summary in a sealed envelope or electronically transferred with known date of transmission), it is acceptable.

10. **Q: For the instrument-based performance measures, specifically SDOH, could you clarify what is the expectation on reporting? Will there be the same level of scoring scrutiny as with the non-instrument-based measures?**
    a. For the SDOH measures (BH11, M009) the numerator represents those attributed individuals that received a screening using a validated tool with required domains. The denominator are those individuals in the attributed population. To validate the count of screenings that occurred, it is important for the hospital to report all those individuals who were screened out of the total possible individuals (it is acceptable to report this total count in the "Sampling Instructions" comment sections per measure). The State recognizes that there is subjectivity among which questions constitute each of the required domains. Additionally, there is variation across tools and facilities for how raw scores translate to an individual being "at risk" or "not at risk". For this reason, the State places more emphasis on whether "referral made" is chosen. The key takeaway in the evaluation of these measures per hospital is that when an individual is deemed "at risk" there is a "referral made" as needed.

Performance Measures Sample Individual Profiles

The purpose of this section is to provide several illustrative scenarios per performance measure that hospitals may use as guidance for extracting and submitting non-claims-based performance measure data. The examples provided correspond to the individual performance measure-specific prerecorded webinars published to the QIP-NJ Documents & Resources webpage. Although hospitals may approximate their percentage or rate per performance measure with reasonable certainty using the methodology and submission tools, all data will be internally validated thoroughly before final scores are determined. The State reserves the right to request additional data and perform primary source verification as needed.

Examples shown are meant to mimic real-life members and encounters; however, they are not based on any living or deceased individuals. Additionally, no examples are shown that are based on hospitals that have "homegrown" codes.

Three scenarios accompany the non-claims-based performance measures and two scenarios accompany the instrument-based measures (there are no accompanying prerecorded webinars for these latter measures). Although only two or three individuals are shown for demonstration, the expectation is that the hospital will have at least 30 members in the denominator unless there are extenuating circumstances (to be detailed in the "Sampling Instructions"). Data reflected are specific for the Baseline period, MY0 (7/1/20 – 12/31/20).

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BEHAVIORAL HEALTH

BH07: Sample Individual #1: Profile

An individual that has a prior depression diagnosis noted within the last calendar year; therefore, is an **exclusion** from the measure denominator. *Due to the amended guidelines around exclusions, only the row presenting the exclusion (E) is shown in the accompanying screenshot.*

- Gender: Female
- DOB: 5/14/1998 (Age: 22)
- Encounter Date: October 15, 2020 > column "SVC_DT"
- Revenue Code: 456 > column "RES_VAL" > "U". "CODE_VAL" > "456" (D)
- HCPCS Code: G8510 (N)
- ICD-10 Code: F3011 > column "M_ELEMT" > "E" (E)
- LOINC Code: 89211-7 (N)
- Screening Tool Used: Beck Depression Inventory Fast Screen (N) > column "DEPS_T1" > "01"
    - Score: 10 – negative, no follow up

Figure BH7.1 (Note: certain columns from the "EMR_IN" template are hidden to showcase the measure-specific data elements)

M_ID	M_YR	HOSP_ID	M_DOB	M_GENDER	M_SAMP	M_ELEMT	SVC_DT	RES_VAL	CODE_VAL
BH07	0	4136900	5/14/1998	F	0	E	10/15/2020	I	F3011

BH07: Sample Individual #2: Profile

An individual that had a positive screening and a required follow-up documented; therefore, is counted as **numerator compliant** towards the measure

- Gender: Male
- DOB: 1/3/1977 (Age: 43)
- Encounter Date: 9/25/2020
- Screening Date: 9/19/2020
- Revenue Code: 918 (D)

- HCPCS Code: G8431 (N)
- Screening Tool Used: Major Depression Inventory [MDI] (N)
  - Score: 26 – positive, follow-up scheduled with a practitioner

Figure BH7.2 (Note: certain columns from the "EMR_IN" template are hidden to showcase the measure-specific data elements)

M_ID	M_YR	HOSP_ID	M_DOB	M_GENDER	M_SAMP	M_ELEMT	SVC_DT	RES_VAL	CODE_VAL	DEPS_T1	DEPS_O1	DEPS_S1	DEPS_I1
BH07	0	4136900	1/3/1977	M	0	D	9/19/2020	U	918				
BH07	0	4136900	1/3/1977	M	0	N	9/25/2020	H	G8431	05	03	26	03

BH07: Sample Individual #3: Profile

An individual that due to emergency circumstances (required CPR), did not have a screening tool administered; however, the reason for the tool not being used was documented. Therefore, is counted as an **exception**[1]

- Gender: Male
- DOB: 11/2/1959 (Age: 61)
- Encounter Date: October 15, 2020
- Revenue Code: 450 (D)
- HCPCS Code: G8433 (X)
- CPT Code: 92950 (CPR administered) (X)
- Screening Tool Used: N/A

Figure 7.3 (Note: certain columns from the "EMR_IN" template are hidden to showcase the measure-specific data elements)

M_ID	M_YR	HOSP_ID	M_DOB	M_GENDER	M_SAMP	M_ELEMT	SVC_DT	RES_VAL	CODE_VAL
BH07	0	4136900	11/2/1959	M	0	D	10/15/2020	U	450
BH07	0	4136900	11/2/1959	M	0	X	10/15/2020	H	G8433
BH07	0	4136900	11/2/1959	M	0	X	10/15/2020	C	92950

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[1] Denominator exceptions are conditions that remove a patient from the denominator only if the numerator criteria are not met (depression screening not completed, reason documented, e.g., medical reason for not performing a screening). Patients meeting the denominator exception criteria should still be reported. They allow for the adjustment of the final calculated score for hospitals exhibiting higher risk populations and are only used in proportional eMeasures. Clinical codes representing what constitute an exception will be evaluated following review of Baseline data and will be made available for MY1.

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BH08: Sample Individual #1: Profile

An individual that did not meet the measure criteria (has metastatic breast cancer and is taking opioids for pain management); therefore, is an **exclusion** from the measure denominator

- Gender: Female
- DOB: 8/16/1991 (Age: 29)
- Encounter Date: September 1, 2020
- ICD-10-CM Code: C50 > column "M_ELEMT" > "E" (E)
- Screening Tool Used: N/A > column "CODE_VAL" > "OPIOID"

Figure BH8.1 (Note: certain columns from the "EMR_IN" template are hidden to showcase the measure-specific data elements)

M_ID	M_YR	HOSP_ID	M_DOB	M_GENDER	M_SAMP	M_ELEMT	SVC_DT	RES_VAL	CODE_VAL	RES_VALP
BH8	0	4136900	8/16/1991	F	0	E	9/1/2020	I	C50	OPIOID

BH08: Sample Individual #2: Profile

An individual that attends weekly outpatient group therapy; had two inclusive screening tests administered (the second test was the result of a positive screening on the first test) during latest therapy session, including:

1. NIDA Quick Screen (screened positive, therefore, the NMASSIST was administered)
2. NIDA Drug Use Screening Tool (NMASSIST)

He had appropriate follow up interventions where the score was positive. Therefore, is counted as **numerator compliant** towards the measure.

- Gender: Male
- DOB: 5/20/1965 (Age: 55)
- Encounter Date: 10/9/2020
- Screening Date: 10/9/2020
- Revenue Code: 915 (D)
- Screening Tools Used:

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- o NIDA Quick Screen (N)
  - HCPCS Code: H0049 (Alcohol and/or drug screening (Medicaid))
  - Score: 4 – positive, SBIRT > column "INCL_T" > "01", column "INCL_S" > "04", column "INCL_I" > "01"
- o NMASSIST (N)
  - HCPCS Code: H0049 (Alcohol and/or drug screening (Medicaid))
  - Score: 27– positive, SBIRT > column "INCL_T" > "02", column "INCL_S" > "27", column "INCL_I" > "01"

Figure BH8.2 (Note: certain columns from the "EMR_IN" template are hidden to showcase the measure-specific data elements)

M_ID	M_YR	HOSP_ID	M_DOB	M_GENDER	M_SAMP	M_ELEMT	SVC_DT	RES_VAL	CODE_VAL	INCL_T	INCL_S	INCL_I
BH08	0	4136900	5/20/1965	M	0	D	10/9/2020	U	915			
BH08	0	4136900	5/20/1965	M	0	N	10/9/2020	H	H0049	01	04	01
BH08	0	4136900	5/20/1965	M	0	N	10/9/2020	H	H0049	02	27	01

BH08: Sample Individual #3: Profile

An individual that had psychotherapy; had an annual screening test:

- NIDA Quick Screen

The score was positive; however, no intervention was indicated nor was there the administration of recommended tool, NMASSIST. Therefore, is counted as **numerator non-compliant** towards the measure

- Gender: Male
- DOB: 12/20/1996 (Age: 23)
- Encounter Date: 7/3/2020
- Screening Date: 7/3/2020
- Revenue Code: 914 (D)
- Screening Tool Used:
  - o NIDA-QS (N)
    - HCPCS Code: G0442 (Annual alcohol misuse screening)
    - Score: 2 – positive, no SBIRT documented > column "INCL_T" > "01", column "INCL_S" > "02", column "INCL_I" > "" (blank)

Figure BH8.3 (Note: certain columns from the "EMR_IN" template are hidden to showcase the measure-specific data elements)

M_ID	M_YR	HOSP_ID	M_DOB	M_GENDER	M_SAMP	M_ELEMT	SVC_DT	RES_VAL	CODE_VAL	INCL_T	INCL_S	INCL_I	EOF_ID
BH8	0	4136900	12/20/1996	M	0	D	7/3/2020	U	914				
BH8	0	4136900	12/20/1996	M	0	N	7/3/2020	H	G0442	01	02		999999

BH09: Sample Individual #1: Profile

See M006 for additional profiles within the maternal health attributed population; only one example is shown for the behavioral health attributed population.

An individual that had a principal diagnosis of acute stress reaction and was discharged to home/self-care; the discharge summary was transmitted to her PCP within 24 hours. Therefore, she is counted as **numerator compliant** towards the measure.

- Gender: Female
- DOB: 5/5/1974 (Age: 46)
- Admit Date: July 25, 2020
- Encounter Date: July 25, 2020 > column "ADMT_DT"
- Discharge Date: July 31, 2020 (N) > column "DICH_DT"
- Patient Discharge Summary Transmission Date: July 31, 2020 (N)
- ICD-10-CM Codes:
  - F430 (acute stress reaction) (D)
- Bill Type: 0121 (D)
- Discharge Status Code: 01 (D)

Figure BH9.1 (Note: certain columns from the "EMR_IN" template are hidden to showcase the measure-specific data elements)

M_ID	M_YR	HOSP_ID	M_DOB	M_GENDER	M_SAMP	M_ELEMT	SVC_DT	ADMT_DT	DICH_DT	RES_VAL	CODE_VAL
BH09	0	4136900	5/1/1974	F	0	D	7/25/2020	7/25/2020	7/31/2021	I	F430
BH09	0	4136900	5/1/1974	F	0	D	7/25/2020	7/25/2020	7/31/2021	T	0121
BH09	0	4136900	5/1/1974	F	0	D	7/25/2020	7/25/2020	7/31/2021	D	01
BH09	0	4136900	5/1/1974	F	0	N	7/25/2020	7/25/2020	7/31/2021	Z	7/31/2021

BH10: Sample Individual #1: Profile

The overall hospital score will be derived by summing down the "CTMS_S" column, adding the totals of the same test.

An individual that had a positive screening and a required follow-up documented; therefore, is counted as **numerator compliant** towards the measure.

- Gender: Female
- DOB: 5/14/1998 (Age: 22)
- Encounter Date: 10/15/2020
- Screening Tool Used: ECHO (N) > column "RES_VAL" > "Z", column "CODE_VAL" = "ECHO", column "D_MODE" > "04" (Electronic), "CTMS_MODE" > "1" (Standalone)
  - Score: 16 > column "CTMS_S" = "16"

Figure BH10.1 (Note: certain columns from the "EMR_IN" template are hidden to showcase the measure-specific data elements)

M_ID	M_YR	HOSP_ID	M_DOB	M_GENDER	M_SAMP	M_ELEMT	SVC_DT	ADMT_DT	DICH_DT	RES_VAL	CODE_VAL	DMODE	CTMS_I	CTMS_E	CTMS_S
BH10	1	4136900	5/14/1998	F	1	N	10/15/2020			Z	ECHO	04	1		16

BH10: Sample Individual #2: Profile

An individual that did not meet the measure criteria (did not stay at least one night in the hospital); therefore, is an **exclusion** from the measure denominator.

- Gender: Male
- DOB: 1/3/1978 (Age: 42)
- Encounter Date: 9/1/2020
- Screening Tool Used: HCAHPS (E) > column "RES_VAL" > "Z", column "CODE_VAL" = "HCAHPS", column "D_MODE" > "01" (Mail-only), "CTMS_MODE" > "1" (Standalone)
  - Score: N/A > column "CTMS_E" = "03" (Patients who did not stay at least one night in the hospital)

Figure BH10.2 (Note: certain columns from the "EMR_IN" template are hidden to showcase the measure-specific data elements)

M_ID	M_YR	HOSP_ID	M_DOB	M_GENDER	M_SAMP	M_ELEMT	SVC_DT	ADMT_DT	DICH_DT	RES_VAL	CODE_VAL	DMODE	CTMS_I	CTMS_E	CTMS_S
BH10	1	4136900	1/3/1978	M	1	E	9/1/2020			Z	HCAHPS	01	1	03	

BH11: Sample Individual #1: Profile

The overall hospital score will be derived by summing the total number of individuals screened divided by the total number of individuals in the attributed population.

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An individual that was screened with a required tool; therefore, is counted as **numerator compliant** towards the measure

- Gender: Female
- DOB: 5/14/1998 (Age: 22)
- Encounter Date: 10/15/2020
  - Screening Tool Used: AAFP SDOH (N) > column "RES_VAL" > "Z", column "CODE_VAL" = "SDOH", column "SDOH_T" = "01"
  - Scores:
    - Housing - unstable, several problems with home = 5, referral made; column "SDOH_R1" = "1", column "SDOH_I1" = "1"
    - Food - insecure = 3, referral made; column "SDOH_R2" = "1", column "SDOH_I2" = "1"
    - Transportation - cannot get to appointments = 3; referral made; column "SDOH_R3" = "1", column "SDOH_I3" = "1"
    - Social Supports - reports verbal and physical abuse = 15; referral made; column "SDOH_R4" = "1", column "SDOH_I4" = "1"
    - Total = 26; column "SDOH_S" = "26"

Figure BH11.1 (Note: certain columns from the "EMR_IN" template are hidden to showcase the measure-specific data elements)

M_ID	M_YR	HOSP_ID	M_DOB	M_GENDER	M_SAMP	M_ELEMT	SVC_DT	RES_VAL	CODE_VAL	SDOH_T	SDOH_E	SDOH_R1	SDOH_I1	SDOH_R2	SDOH_I2	SDOH_R3	SDOH_I3	SDOH_R4	SDOH_I4	SDOH_S
BH11	0	4136900	5/14/1998	F	1	N	10/15/2020	Z	SDOH	01	0	1	1	1	1	1	1	1	1	26

BH11: Sample Individual #2: Profile

An individual that was not screened with a required tool; therefore, is an **exclusion** from the measure denominator

- Gender: Male
- DOB: 1/3/1978 (Age: 42)
- Encounter Date: 9/1/2020
  - Screening Tool Used: PRAPARE SDOH (E) > column "RES_VAL" > "Z", column "CODE_VAL" = "SDOH", column "SDOH_T" = "02"
  - Patient declined; column "SDOH_E" = "1"

Figure BH 11.2 (Note: certain columns from the "EMR_IN" template are hidden to showcase the measure-specific data elements)

M_ID	M_YR	HOSP_ID	M_DOB	M_GENDER	M_SAMP	M_ELEMT	SVC_DT	RES_VAL	CODE_VAL	SDOH_T	SDOH_E
BH11	0	4136900	1/3/1978	M	1	E	9/1/2020	Z	SDOH	02	1

MATERNAL HEALTH

M002: Sample Individual #1: Profile

An individual that had all numerator and denominator birth data elements satisfied; therefore, is counted as **numerator compliant** towards the measure.

- Gender: Female
- DOB: 2/3/1989 (Age: 31)
- Admit Date: September 16, 2020
- Encounter Date: September 16, 2020
- Discharge Date: September 19, 2020
- ICD-10-CM Codes:
    - Z370 (live singleton newborn) (D)
    - O80 (vertex presentation), (D) > column "VERTEX"
    - Z3A38 (38th week gestation completed) (D)
- ICD-10-PCS Code: 10D00Z3 (C-section) (N)
- Additional information: nulliparous (data element extracted from EHR) (D) > column "NULLIP"

Figure M2.1 (Note: certain columns from the "EMR_IN" template are hidden to showcase the measure-specific data elements)

M_ID	M_YR	HOSP_ID	M_DOB	M_GENDER	M_SAMP	M_ELEMT	SVC_DT	ADMT_DT	DICH_DT	RES_VAL	CODE_VAL	NULLIP	VERTEX
M002	0	4136900	2/3/1989	F	0	N	9/16/2020	9/16/2020	9/19/2020	J	10D00Z3		
M002	0	4136900	2/3/1989	F	0	D	9/16/2020	9/16/2020	9/19/2020	I	Z370	1	1
M002	0	4136900	2/3/1989	F	0	D	9/16/2020	9/16/2020	9/19/2020	I	Z3A38		

M002: Sample Individual #2: Profile

An individual that did not have all numerator and denominator birth data elements satisfied – in this scenario, the C-section procedure is not specified (rather, one indicating "Division of the female perineum, external approach" is); therefore, is counted as **numerator non-compliant** towards the measure

- Gender: Female
- DOB: 4/3/1977 (Age: 43)
- Admit Date: September 24, 2020
- Encounter Date: September 25, 2020

- Discharge Date: September 28, 2020
- ICD-10-CM Codes:
  - Z370 (live singleton newborn) (D)
  - O82 (vertex presentation), (D) > column "VERTEX"
  - Z3A39 (39th week gestation completed) (D)
- ICD-10-PCS Code: 0KQM0ZZ (does not denote C-section) (N)
- Additional information: nulliparous (data element extracted from EHR) (D) > column "NULLIP"

Figure M2.2 (Note: certain columns from the "EMR_IN" template are hidden to showcase the measure-specific data elements)

M_ID	M_YR	HOSP_ID	M_DOB	M_GENDER	M_SAMP	M_ELEMT	SVC_DT	ADMT_DT	DICH_DT	RES_VAL	CODE_VAL	NULLIP	VERTEX
M002	0	4136900	4/3/1977	F	0	D	9/25/2020	9/24/2020	9/28/2020	I	Z370	1	1
M002	0	4136900	4/3/1977	F	0	D	9/25/2020	9/24/2020	9/28/2020	I	Z3A39		
M002	0	4136900	4/3/1977	F	0	N	9/25/2020	9/24/2020	9/28/2020	J	0KQM0ZZ		

M002: Sample Individual #3: Profile

An individual that did not have all numerator and denominator birth data elements satisfied – in this scenario, indicated is that there was a twin pregnancy; therefore, is an **exclusion** from the measure denominator

- Gender: Female
- DOB: 9/3/1979 (Age: 41)
- Encounter Date: October 15, 2020
- ICD-10-CM Code: O30003 (Twin pregnancy, unspecified number of placenta and…number of amniotic sacs, third trimester) (E)
  - missing (vertex presentation), (D) > column "VERTEX"
  - missing (week gestation completed) (D)
- ICD-10-PCS Code: missing (denotes C-section) (N)
- Additional information: nulliparous (data element extracted from EHR) (D) > column "NULLIP"

Figure M2.3 (Note: certain columns from the "EMR_IN" template are hidden to showcase the measure-specific data elements)

M_ID	M_YR	HOSP_ID	M_DOB	M_GENDER	M_SAMP	M_ELEMT	SVC_DT	ADMT_DT	DICH_DT	RES_VAL	CODE_VAL	NULLIP	VERTEX
M002	0	4136900	9/3/1979	F	0	N	10/15/2020			I	O30003	01	

M003: Sample Individual #1: Profile

An individual that had a birth admission and prior to discharge had maternal screening for depression - is documented as positive and has a follow up; therefore, is counted as **numerator compliant** towards the measure

- Gender: Female
- DOB: 8/8/1991 (Age: 29)
- Encounter Date: 9/16/2020
- Screening Date: 9/16/2020
- CPT Code: 59400 (D)
- HCPCS Code: G8431 (N)
- Screening Tool Used: Beck Depression Inventory [BDI] (N)
    - Score: 30 – positive, follow-up scheduled with a practitioner ("DEPS_T1" column must be populated for M003; others are optional)

Figure M3.1 (Note: certain columns from the "EMR_IN" template are hidden to showcase the measure-specific data elements)

M_ID	M_YR	HOSP_ID	M_DOB	M_GENDER	M_SAMP	M_ELEMT	SVC_DT	RES_VAL	CODE_VAL	DEPS_T1	DEPS_O1	DEPS_S1	DEPS_I1
M003	0	4136900	8/8/1991	F	0	D	9/16/2020	C	59400				
M003	0	4136900	8/8/1991	F	0	N	9/16/2020	H	G8431				
M003	0	4136900	8/8/1991	F	0	N	9/16/2020	L	89211-7	01	01	30	03

M003: Sample Individual #2: Profile

An individual that had a birth admission and the depression screening was not documented, reason not given; therefore, is counted as **numerator non-compliant** towards the measure

- Gender: Female
- DOB: 9/1/1977 (Age: 43)
- Encounter Date: 9/16/2020
- Screening Date: 9/16/2020
- SNOMED Code: 25296001 (D)
- HCPCS Code: G8432 (N)

Figure M3.2 (Note: certain columns from the "EMR_IN" template are hidden to showcase the measure-specific data elements)

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M_ID	M_YR	HOSP_ID	M_DOB	M_GENDER	M_SAMP	M_ELEMT	SVC_DT	RES_VAL	CODE_VAL
M003	0	4136900	9/1/1977	F	0	D	9/25/2020	S	25296001
M003	0	4136900	9/1/1977	F	0	N	9/25/2020	H	G8432

M003: Sample Individual #3: Profile

An individual that had a birth admission; however, she was transferred to another facility before a depression screening could be administered; therefore, is an **exclusion** from the measure denominator

- Gender: Female
- DOB: 2/14/1979 (Age: 41)
- Encounter Date: 10/15/2020
- Screening Date: N/A
- CPT Code: 59514 (D)
- Discharge Status Code: 64 (E)

Figure M3.3 (Note: certain columns from the "EMR_IN" template are hidden to showcase the measure-specific data elements)

M_ID	M_YR	HOSP_ID	M_DOB	M_GENDER	M_SAMP	M_ELEMT	SVC_DT	RES_VAL	CODE_VAL
M003	0	4136900	2/14/1979	F	0	D	10/15/2020	C	59514
M003	0	4136900	2/14/1979	F	0	E	10/15/2020	D	64

M006: Sample Individual #1: Profile

An individual that had a birth admission; however, their discharge code indicates they left AMA. Therefore, is an **exclusion** from the measure denominator.

- Gender: Female
- DOB: 2/1/1987 (Age: 33)
- Admit Date: September 16, 2020
- Encounter Date: September 19, 2020
- Discharge Date: September 19, 2020 (N)

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- Patient Discharge Summary Transmission Date: September 19, 2020 (N)
- ICD-10-CM Codes:
    - Z3830 (birth admission) (D)
- Bill Type: 0111 (D)
- Discharge Status Code: 07 (E)
- Race: White (Caucasian) (D) > column "RACE"
- Ethnicity: Hispanic (D) > column "ETHNIC"

Figure M6.1 (Note: certain columns from the "EMR_IN" template are hidden to showcase the measure-specific data elements)

M_ID	M_YR	HOSP_ID	M_DOB	M_GENDER	M_SAMP	M_ELEMT	SVC_DT	ADMT_DT	DICH_DT	RES_VAL	CODE_VAL	RACE	ETHNIC	EOF_ID
M006	0	4136900	2/1/1987	F	0	D	9/19/2020	9/16/2020	9/19/2020	I	Z3830	01	01	999999
M006	0	4136900	2/1/1987	F	0	D	9/19/2020	9/16/2020	9/19/2020	T	0111			999999
M006	0	4136900	2/1/1987	F	0	E	9/19/2020	9/16/2020	9/19/2020	D	07			999999
M006	0	4136900	2/1/1987	F	0	N	9/19/2020	9/16/2020	9/19/2020	Z	9/19/2020			999999

M006: Sample Individual #2: Profile

An individual that had a birth admission and was discharged to home/self-care; however, the record was transmitted 3 days (72 hours) after discharge. Therefore, is counted as **numerator non-compliant** towards the measure.

- Gender: Female
- DOB: 3/5/1987 (Age: 33)
- Admit Date: October 16, 2020
- Encounter Date: October 17, 2020
- Discharge Date: October 19, 2020 (N)
- Patient Discharge Summary Transmission Date: October 22, 2020 (N)
- ICD-10-CM Codes:
    - Z3800 (birth admission) (D)
- Bill Type: 0111 (D)
- Discharge Status Code: 01 (D)
- Race: Black / African American (D) > column "RACE"
- Ethnicity: non-Hispanic (D) > column "ETHNIC"

Figure M6.2 (Note: certain columns from the "EMR_IN" template are hidden to showcase the measure-specific data elements)

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M_ID	M_YR	HOSP_ID	M_DOB	M_GENDER	M_SAMP	M_ELEMT	SVC_DT	ADMT_DT	DICH_DT	RES_VAL	CODE_VAL	RACE	ETHNIC	EOF_ID
M006	0	4136900	3/5/1987	F		0	D	10/17/2020	10/16/2020	10/19/2020	I	Z3800	02	01	999999
M006	0	4136900	3/5/1987	F		0	D	10/17/2020	10/16/2020	10/19/2020	T	0111			999999
M006	0	4136900	3/5/1987	F		0	E	10/17/2020	10/16/2020	10/19/2020	D	01			999999
M006	0	4136900	3/5/1987	F		0	N	10/17/2020	10/16/2020	10/19/2020	N	10/22/2020			999999

M006: Sample Individual #3: Profile

An individual that had a birth admission, was discharged to home/self-care, and the record was transmitted to her PCP within 24 hours; therefore, is counted as **numerator compliant** towards the measure.

- Gender: Female
- DOB: 5/5/1974 (Age: 46)
- Admit Date: July 25, 2020
- Encounter Date: July 25, 2020
- Discharge Date: July 31, 2020 (N)
- Patient Discharge Summary Transmission Date: July 31, 2020 (N)
- ICD-10-CM Codes:
  - P0500 (birth admission) (D)
- Bill Type: 0121 (D)
- Discharge Status Code: 01 (D)
- Race: Black / African American (D) > column "RACE"
- Ethnicity: Hispanic (D) > column "ETHNIC"

Figure M6.3 (Note: certain columns from the "EMR_IN" template are hidden to showcase the measure-specific data elements)

M_ID	M_YR	HOSP_ID	M_DOB	M_GENDER	M_SAMP	M_ELEMT	SVC_DT	ADMT_DT	DICH_DT	RES_VAL	CODE_VAL	RACE	ETHNIC	EOF_ID
M006	0	4136900	5/5/1974	F		0	D	7/25/2020	7/25/2020	7/31/2021	I	P0500	02	01	999999
M006	0	4136900	5/5/1974	F		0	D	7/25/2020	7/25/2020	7/31/2021	T	0121			999999
M006	0	4136900	5/5/1974	F		0	D	7/25/2020	7/25/2020	7/31/2021	D	01			999999
M006	0	4136900	5/5/1974	F		0	N	7/25/2020	7/25/2020	7/31/2021	Z	7/31/2021			999999

M007: Sample Individual #1: Profile

An individual who had gestational edema in the second trimester; therefore, is an **exclusion** from the measure denominator.

- Gender: Female

- DOB: 1/30/1991 (Age: 29)
- Presents in the emergency room on 9/30/2020
- First blood pressure reading is 160/110 at 1600 (D)
- Second blood pressure reading is 160/110 at 1645 (D)
- ICD-10-CM Codes:
  - O1222 (E)
- No drug administered

Figure M7.1 (Note: certain columns from the "EMR_IN" template are hidden to showcase the measure-specific data elements)

M_ID	M_YR	M_DOB	M_GENDER	M_SAMP	M_ELEMT	SVC_DT	BP_TM	BG_TM	ED_TM	RES_V	CODE_VAL	BP_SYS	BP_DIAS
M007	0	1/30/1991	F	0	D	9/30/2020	1600			Z		160	110
M007	0	1/30/1991	F	0	D	9/30/2020	1645			Z		160	110
M007	0	1/30/1991	F	0	E	9/30/2020				I	O1222		

M007: Sample Individual #2: Profile

An individual that had a diagnosis of severe pre-eclampsia; however, the NDC of the treatment was not documented; therefore, is counted as **numerator non-compliant** towards the measure

- Gender: Female
- DOB: 1/3/1998 (Age: 22)
- Presents in the emergency room on 6/1/2020
- First blood pressure reading is 160/110 at 1400 (D)
- Second blood pressure reading is 160/110 at 1430 (D)
- ICD-10-CM Codes:
  - O1413 (D)
- A treatment is administered at 1450 (N) > column "ED_OTHTX" (Nifedipine)
- Third blood pressure reading is 130/80 at 1515 (D)
- As vital signs are clinically improved, no additional drug is administered (N) > column "ED_TM"

Figure M7.2 (Note: certain columns from the "EMR_IN" template are hidden to showcase the measure-specific data elements)

M_ID	M_YR	HOSP_ID	M_DOB	M_GENDER	M_SAMP	M_ELEMT	SVC_DT	BP_TM	BG_TM	ED_TM	RES_VAL	CODE_VAL	BP_SYS	BP_DIAS	ED_OTHTX
M007	0	4136900	1/3/1998	F	0	D	6/1/2020	1400			Z		160	110	
M007	0	4136900	1/3/1998	F	0	D	6/1/2020	1430			Z		160	110	
M007	0	4136900	1/3/1998	F	0	D	6/1/2020				I	O1413			
M007	0	4136900	1/3/1998	F	0	N	6/1/2020		1450		N				2
M007	0	4136900	1/3/1998	F	0	D	6/1/2020	1515			Z		130	80	

M007: Sample Individual #3: Profile

An individual that had a diagnosis of severe pre-eclampsia and the NDC of the treatment is documented; therefore, is counted as **numerator compliant** towards the measure

- Gender: Female
- DOB: 2/3/1998 (Age: 22)
- Presents in the emergency room on 7/15/2020
- First blood pressure reading is 170/120 at 0930 (D)
- Second blood pressure reading is 160/120 at 1020 (D)
- ICD-10-CM Codes:
  - O14.13 (D)
- First-line agent is administered at 1100 (N) > columns "CODE_VAL", "ED_OTHTX"
- Third blood pressure reading is 120/90 at 1145 (D)
- As vital signs are clinically improved, no additional drug is administered (N) > column "ED_TM"

Figure M7.3 (Note: certain columns from the "EMR_IN" template are hidden to showcase the measure-specific data elements)

M_ID	M_YR	HOSP_ID	M_DOB	M_GENDER	M_SAMP	M_ELEMT	SVC_DT	BP_TM	BG_TM	ED_TM	RES_VAL	CODE_VAL	BP_SYS	BP_DIAS	ED_OTHTX
M007	0	4136900	1/3/1998	F	0	D	7/15/2020	0930			Z		170	120	
M007	0	4136900	1/3/1998	F	0	D	7/15/2020	1020			Z		160	120	
M007	0	4136900	1/3/1998	F	0	D	7/15/2020				I	O1413			
M007	0	4136900	1/3/1998	F	0	N	7/15/2020		1100	1100	N	433860440			01
M007	0	4136900	1/3/1998	F	0	D	7/15/2020	1145			Z		130	80	

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M008: See BH10

M009: See BH11

Appendix A: CHANGE LOG

LOG#	Last Update	Issue	Fixes: Measure(s) Affected
1	8/10/2021	Amended FAQ regarding multiple positive depression screenings	BH07
2	8/10/2021	Amended FAQ regarding acceptable exceptions	BH07
3	8/10/2021	BH7: SI #1 - modified to have only exclusion row displayed in screenshot	BH07
4	8/10/2021	BH8: SI #2 - modified from Fagerstrom and CAGE to NIDA, NMASSIST (inclusive)	BH08
5	8/10/2021	BH9: SI #1 - added example from BH attributed population	BH09
6	8/10/2021	M007: SI#3 - corrected DOB, screenshot for example	M007
7	8/10/2021	Appendix A: added Change Log to record modifications between v1.0 and v1.1	N/A