

New Jersey Delivery System Reform Incentive Program

The New Jersey Delivery System Reform Incentive Program (DSRIP) is part of New Jersey's Comprehensive Medicaid Waiver. The program provides incentive payments to participating hospitals based on achievement of certain metrics.

Under the program, hospitals must meet requirements over 4 stages to receive funds. The stages are spread out over 4 years of the demonstration period. In stages 1-3 hospitals must choose to focus on 1 of 9 chronic diseases or medical conditions:

1. Asthma
2. Behavioral Health
3. Cardiac Care
4. Chemical Addiction and Substance Abuse
5. Diabetes
6. HIV/AIDS
7. Obesity
8. Pneumonia
9. Condition Unique to Hospital Population (subject to CMS approval)

Stages 1 and 2. For each condition, New Jersey specifies projects that hospitals must undertake in stages 1 and 2 to receive incentive payments. For example, if a hospital chooses to focus on asthma, the hospital must implement either (1) a hospital-based asthma care education program or (2) a pediatric asthma case management and home evaluation program. The hospital can receive payments over all 4 years by showing progress in implementing their selected project.

It is important to note that hospitals cannot select a focus area or project if the hospital already exceeds baseline performance thresholds for that area. This forces hospitals to focus on areas that require improvement.

Stage 3. In stage 3, hospitals must demonstrate improvement in metrics directly related to their selected project. For example, if the hospital chose the hospital-based asthma education project, then it must report 7 asthma-related metrics to the state. The full list of metrics by project is in Attachment A.

In the first two years, hospitals receive incentive payments for reporting on the measures. In the third and fourth years, hospital can receive incentive payments if they meet improvement targets on the metrics within their project area designated as pay-for-performance metrics.

Stage 4. Stage 4 is uniform across all hospitals, requiring all hospitals to report on a set of 45 quality metrics (see Attachment B). Hospitals receive payment in Stage 4 for just reporting on the measures. For example, if they report 40 of the measures, then they receive 40/45 of their available payment.

Universal Performance Pool. Another set of payments come from the Universal Performance Pool. This pool includes an initial amount as well as any funds not distributed in stages 1-4 (funds that reverted

because hospitals did not meet their metrics in those stages). There are 12 Universal Performance Pool measures selected from the stage 4 list (Attachment B).

It is important to note that the performance measurements in stage 3, stage 4, and the Universal Performance Pool are only run for low-income patients, classified as those receiving charity care, Medicaid, or CHIP.

All of this information is from <http://dsrip.nj.gov/>.

NJ DSRIP Planning Protocol Addendum 1 - Stage 3 Measures Catalogue

Measure Count	Measure Name	NQF	Measure Steward	NJ Data Source	Eligible for Pay for Performance (P4P)?	Reporting Period (Placeholder)	NJ Improvement Target Goal (Placeholder)	National Benchmark (Placeholder)
Project 1 - Hospital-Based Educators Teach Optimal Asthma Care								
1.1	CAC-1: Relievers for Inpatient Asthma	0143	The Joint Commission	MMIS	No			
1.2	CAC-2 systemic corticosteroids for Inpatient Asthma	0144	The Joint Commission	MMIS	No			
1.3	Use of Appropriate Medications for People with Asthma	0036	NCQA	MMIS	No			
1.4	Medication Management for People with Asthma - 75%	1799	NCQA	MMIS	P4P			
1.5	Percent of patients who have had a visit to an Emergency Department (ED)/ Urgent Care office for asthma in the past six months.	Not Found	HRSA	MMIS	P4P			
1.6	CMS Core Adult Measure PQI-15 (Asthma Admission Rate)	0283	AHRQ	MMIS	P4P			
1.7	Asthma admission rate (area-level): rate per 100,000 population	Not Found	AHRQ	MMIS	P4P			
Project 2 - Pediatric Asthma Case Management and Home Evaluations								
2.1	CAC-1: Relievers for Inpatient Asthma	0143	The Joint Commission	MMIS	No			
2.2	CAC-2 systemic corticosteroids for Inpatient Asthma	0144	The Joint Commission	MMIS	No			
2.3	Use of Appropriate Medications for People with Asthma	0036	NCQA	MMIS	No			
2.4	Medication Management for People with Asthma - 75%	1799	NCQA	MMIS	P4P			
2.5	Percent of patients who have had a visit to an Emergency Department (ED)/Urgent Care office for asthma in the past six months.	Not Found	HRSA	MMIS	P4P			

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2.6	Percent of patients evaluated for environmental triggers other than environmental tobacco smoke (dust mites, cats, dogs, molds/fungi, cockroaches) either by history of exposure and/or by allergy testing.	Not Found	HRSA	Chart/ EHR	P4P			
2.7	Asthma admission rate (area-level): rate per 100,000 population	Not Found	AHRQ	MMIS	P4P			
Project 3 – Integrated Health Home for the Seriously Mentally Ill (SMI)								
3.1	Follow-up After Hospitalization for Mental Illness – <i>30 days post discharge</i>	0576	NCQA	MMIS	No			
3.2	Antidepressant Medication Management – <i>Effective Continuation Phase Treatment</i>	0105	NCQA	MMIS	No			
3.3	Diabetes screening for people with schizophrenia or bipolar disorder who are prescribed antipsychotic medications (SSD)	1932	NCQA	MMIS	No			
3.4	Major Depressive Disorder (MDD): Suicide Risk Assessment	0104	AMA-PCPI	Chart/EHR	No			
3.5	Mental Health Utilization	Not Found	NCQA	MMIS	No			
3.6	Follow-up After Hospitalization for Mental Illness – <i>7 days post discharge</i>	0576	NCQA	MMIS	P4P			
3.7	Antidepressant Medication Management – <i>Effective Acute Phase Treatment</i>	0105	NCQA	MMIS	P4P			
3.8	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	0110	CQAIMH	Chart/EHR	P4P			
3.9	Depression Remission at 12 Months	0710	Minnesota Community Measurement	Chart/ EHR	P4P			

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Project 4 – Day Program and School Support Expansion								
4.1	Follow-up After Hospitalization for Mental Illness – <i>30 days post discharge</i>	0576	NCQA	MMIS	No			
4.2	Mental Health Utilization	Not Found	NCQA	MMIS	No			
4.3	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	1365	AMA-PCPI	MMIS	No			
4.4	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents	0024	NCQA	MMIS	No			
4.5	Follow-up After Hospitalization for Mental Illness – <i>7 days post discharge</i>	0576	NCQA	MMIS	P4P			
4.6	Screening for Clinical Depression and Follow-up Plan	0418	CMS	Chart/ EHR	P4P			
4.7	Follow-up Care for Children Prescribed ADHD Medication (ADD)	0108	NCQA	MMIS	P4P			
4.8	Adolescent Well-Care visits	Not Found	NCQA	MMIS	P4P			
Project 5 – Electronic Self-Assessment Decision Support Tool								
5.1	Follow-up After Hospitalization for Mental Illness – <i>30 days post discharge</i>	0576	NCQA	MMIS	No			
5.2	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	0110	CQAIMH	Chart/ EHR	No			
5.3	Screening for Clinical Depression and Follow-up Plan	0418	CMS	Chart/ EHR	No			
5.4	Mental Health Utilization	Not Found	NCQA	MMIS	No			
5.5	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents	0024	NCQA	MMIS	No			
5.6	Adult BMI Assessment	Not Found	NCQA	MMIS	No			

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5.7	Adolescent Well-Care Visit	Not Found	NCQA	MMIS	No			
5.8	Follow-up After Hospitalization for Mental Illness – 7 days post discharge	0576	NCQA	MMIS	P4P			
5.9	Depression Remission at 12 Months	0710	Minnesota Community Measurement	Chart/ EHR	P4P			
5.10	Follow-up Care for Children Prescribed ADHD Medication (ADD)	0108	NCQA	MMIIS	P4P			
5.11	Antidepressant Medication Management – Effective Acute Phase Treatment	0105	NCQA	MMIS	P4P			
Project 6 – Care Transitions Intervention Model to Reduce 30-Day Readmissions for Chronic Cardiac Conditions								
6.1	Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction	0081	AMA-PCPI	Chart/ EHR	No			
6.2	Controlling High Blood Pressure	0018	NCQA	Chart/ EHR	No			
6.3	Post-Discharge Appointment for Heart Failure Patients	Not Found	AMA-PCPI	Chart/ EHR	No			
6.4	Medication Reconciliation	0097	NCQA	Chart/ EHR	No			
6.5	Care Transition Measure (CTM-3)	0228	University of Colorado	Chart/ EHR	P4P			
6.6	30-Day All-Cause Readmission Following Heart Failure (HF) Hospitalization	0330	The Joint Commission	MMIS	P4P			
6.7	30-Day All-Cause Readmission Following Acute Myocardial Infarction (AMI) Hospitalization	0505	The Joint Commission	MMIS	P4P			
6.8	Heart Failure Admission Rate	0277	AHRQ	MMIS	P4P			
6.9	Timely Transmission of Transition Record	0648	AMA-PCPI	Chart/ EHR	P4P			

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Project 7 – Extensive Patient CHF-Focused Multi-Therapeutic Model								
7.1	Left Ventricular Ejection Fraction (LVEF) Assessment	0079	AMA-PCPI	MMIS	No			
7.2	Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction	0081	AMA-PCPI	Chart/ EHR	No			
7.3	Controlling High Blood Pressure	0018	NCQA	Chart/ EHR	No			
7.4	Post-Discharge Appointment for Heart Failure Patients	Not Found	AMA-PCPI	Chart/ EHR	No			
7.5	Medication Reconciliation	0097	NCQA	Chart/ EHR	No			
7.6	Care Transition Measure (CTM-3)	0228	University of Colorado	Chart/ EHR	P4P			
7.7	30-Day All-Cause Readmission Following Heart Failure (HF) Hospitalization	0330	The Joint Commission	MMIS	P4P			
7.8	30-Day All-Cause Readmission Following Acute Myocardial Infarction (AMI) Hospitalization	0505	The Joint Commission	MMIS	P4P			
7.9	Heart Failure Admission Rate	0277	AHRQ	MMIS	P4P			
Project 8 – The Congestive Heart Failure Transition Program (CHF-TP)								
8.1	Left Ventricular Ejection Fraction (LVEF) Assessment	0079	AMA-PCPI	MMIS	No			
8.2	Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction	0081	AMA-PCPI	Chart/ EHR	No			
8.3	Controlling High Blood Pressure	0018	NCQA	Chart/ EHR	No			
8.4	Post-Discharge Appointment for Heart Failure Patients	Not Found	AMA-PCPI	Chart/ EHR	No			
8.5	Medication Reconciliation	0097	NCQA	Chart/ EHR	No			
8.6	Care Transition Measure (CTM-3)	0228	University of Colorado	Chart/ EHR	P4P			

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8.7	30-Day All-Cause Readmission Following Heart Failure (HF) Hospitalization	0330	The Joint Commission	MMIS	P4P			
8.8	30-Day All-Cause Readmission Following Acute Myocardial Infarction (AMI) Hospitalization	0505	The Joint Commission	MMIS	P4P			
8.9	Heart Failure Admission Rate	0277	AHRQ	MMIS	P4P			
Project 9 – Hospital-Wide Screening for Substance Use Disorder								
9.1	Percent of hospitalized patients who are screened during the hospital stay using a validated screening questionnaire for unhealthy alcohol use	Not Found	The Joint Commission	Chart/ EHR	No			
9.2	Percent of patients aged 18 years and older with a diagnosis of current substance abuse or dependence who were screened for depression within the 12 month reporting period	Not Found	AMA-PCPI	MMIS	No			
9.3	Initiation of alcohol and other drug treatment	0004	NCQA	MMIS	P4P			
9.4	Engagement of alcohol and other drug treatment	0004	NCQA	MMIS	P4P			
Project 10 – Hospital Partners with Residential Treatment Facility to Offer Alternative Setting to Intoxicated Patients								
10.1	Percentage of patients aged 18 years and older with a diagnosis of current alcohol dependence who were counseled regarding psychosocial and pharmacologic treatment options for alcohol dependence within the 12 month reporting period	Not Found	AMA-PCPI	Chart/ EHR	No			
10.2	Screening for Clinical Depression and Follow-up Plan	0418	CMS	Chart/ EHR	No			

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10.3	Initiation of alcohol and other drug treatment	0004	NCQA	MMIS	P4P			
10.4	Engagement of alcohol and other drug treatment	0004	NCQA	MMIS	P4P			
Project 11 – Improve Overall Quality of Care for Patients Diagnosed with Diabetes Mellitus and Hypertension								
11.1	Lipid Management	Not Found	AMA-PCPI	MMIS	No			
11.2	Foot Examination	Not Found	AMA-PCPI	MMIS	No			
11.3	Eye Examination	Not Found	AMA-PCPI	MMIS	No			
11.4	Comprehensive Diabetes Care (CDC): Hemoglobin A1C (HbA1C) testing	0057	NCQA	MMIS	No			
11.5	Uncontrolled Diabetes Admission Rate (PQI 14)	0638	AHRQ	MMIS	P4P			
11.6	Diabetes Short-Term Complications Admission Rate (PQI 1)	0272	AHRQ	MMIS	P4P			
11.7	Hypertension Admission Rate	Not Found	AHRQ	MMIS	P4P			
11.8	Controlling High Blood Pressure	0061	NCQA	Chart/ EHR	P4P			
11.9	Diabetes Long-Term Complications Admission Rate (PQI 3)	0274	AHRQ	MMIS	P4P			
Project 12 – Diabetes Group Visits for Patients and Community Education								
12.1	Lipid Management	Not Found	AMA-PCPI	MMIS	No			
12.2	Foot Examination	Not Found	AMA-PCPI	MMIS	No			
12.3	Eye Examination	Not Found	AMA-PCPI	MMIS	No			
12.4	Comprehensive Diabetes Care (CDC) : Hemoglobin A1C (HbA1C) testing	0057	NCQA	MMIS	No			
12.5	Hemoglobin A1C Testing for Pediatric Patients	0060	NCQA	MMIS	No			

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Measure Count	Measure Name	NQF	Measure Steward	NJ Data Source	Eligible for Pay for Performance (P4P)?	Reporting Period (Placeholder)	NJ Improvement Target Goal (Placeholder)	National Benchmark (Placeholder)
12.6	Controlling High Blood Pressure	0061	NCQA	Chart/ EHR	P4P			
12.7	Diabetes Short-Term Complications Admission Rate (PQI 1)	0272	AHRQ	MMIS	P4P			
12.8	Uncontrolled Diabetes Admission Rate (PQI 14)	0638	AHRQ	MMIS	P4P			
12.9	Diabetes Long-Term Complications Admission Rate (PQI 3)	0274	AHRQ	MMIS	P4P			
Project 13 – Develop Intensive Case Management for Medically Complex High Cost Patients								
13.1	Lipid Management	Not Found	AMA-PCPI	MMIS	No			
13.2	Foot Examination	Not Found	AMA-PCPI	MMIS	No			
13.3	Eye Examination	Not Found	AMA-PCPI	MMIS	No			
13.4	Comprehensive Diabetes Care (CDC) : Hemoglobin A1C (HbA1C) testing	0057	NCQA	MMIS	No			
13.5	Hemoglobin A1C Testing for Pediatric Patients	0060	NCQA	MMIS	No			
13.6	Controlling High Blood Pressure	0061	NCQA	Chart/ EHR	P4P			
13.7	Diabetes Short-Term Complications Admission Rate (PQI 1)	0272	AHRQ	MMIS	P4P			
13.8	Uncontrolled Diabetes Admission Rate (PQI 14)	0638	AHRQ	MMIS	P4P			
13.9	Diabetes Long-Term Complications Admission Rate (PQI 3)	0274	AHRQ	MMIS	P4P			
Project 14 – Patient Centered Medical Home for Patients with HIV/ AIDS								
14.1	CD4 T-Cell Count	Not Found	HRSA-HAB	MMIS	No			
14.2	HAART	Not Found	HRSA-HAB	Chart/ EHR	No			
14.3	Hepatitis C Screening	Not Found	AMA-PCPI	Chart/ EHR	No			
14.4	Gap in HIV Visits	2080	HRSA-HAB	MMIS	P4P			

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Measure Count	Measure Name	NQF	Measure Steward	NJ Data Source	Eligible for Pay for Performance (P4P)?	Reporting Period (Placeholder)	NJ Improvement Target Goal (Placeholder)	National Benchmark (Placeholder)
14.5	Medical Case Management	Not Found	HRSA-HAB	Chart/ EHR	P4P			
14.6	HIV viral load suppression	2082	HRSA-HAB	Chart/ EHR	P4P			
14.7	PCP Prophylaxis	405	NCQA	Chart/ EHR	P4P			
Project 15 – After-School Obesity Program								
15.1	Percentage of mature adolescent and adult patients with an elevated body mass index (BMI greater than or equal to 25) who have set an individualized goal along with target date for reduction in BMI.	0421	ICSI	Chart/ EHR	No			
15.2	Children and Adolescents’ Access to Primary Care Practitioners	Not Found	NCQA	Chart/ EHR	No			
15.3	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents	0024	NCQA	MMIS	P4P			
15.4	Children Age 6-17 Years who Engage in Weekly Physical Activity	1348	HRSA-MCHB	Chart/ EHR	P4P			
Project 16 – Wellness Program for Parents and Preschoolers								
16.1	Percentage of mature adolescent and adult patients with an elevated body mass index (BMI greater than or equal to 25) who have set an individualized goal along with target date for reduction in BMI.	0421	ICSI	Chart/ EHR	No			
16.2	Children and Adolescents’ Access to Primary Care Practitioners	Not Found	NCQA	Chart/ EHR	No			

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Measure Count	Measure Name	NQF	Measure Steward	NJ Data Source	Eligible for Pay for Performance (P4P)?	Reporting Period (Placeholder)	NJ Improvement Target Goal (Placeholder)	National Benchmark (Placeholder)
16.3	Percentage of mature adolescent and adult patients with an elevated body mass index (BMI greater than or equal to 25) who receive education and counseling for weight loss strategies that include nutrition, physical activity, life style changes, medication therapy and/or surgery.	Not Found	ICSI	Chart/ EHR	P4P			
16.4	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents	0024	NCQA	Chart/ EHR	P4P			
Project 17 – Patients Receive Recommended Care for Community-Acquired Pneumonia								
17.1	Percentage of patients aged greater than or equal to 18 years diagnosed with community-acquired bacterial pneumonia who had a chest x-ray performed	Not Found	AMA	MMIS	No			
17.2	Percentage of patients aged greater than or equal to 18 years diagnosed with community-acquired bacterial pneumonia for whom mental status is assessed	Not Found	AMA	MMIS	No			
17.3	Initial antibiotic selection for community-acquired pneumonia (CAP) in immunocompetent patients – Non-Intensive Care Unit	Not Found	The Joint Commission	Chart/ EHR	No			
17.4	Initial antibiotic selection for community-acquired pneumonia (CAP) in immunocompetent patients – Intensive Care Unit (ICU)	Not Found	The Joint Commission	Chart/ EHR	No			
17.5	Initial antibiotic selection for community-acquired pneumonia (CAP) in immunocompetent patients	0147	CMS	Chart/ EHR	P4P			

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Measure Count	Measure Name	NQF	Measure Steward	NJ Data Source	Eligible for Pay for Performance (P4P)?	Reporting Period (Placeholder)	NJ Improvement Target Goal (Placeholder)	National Benchmark (Placeholder)
17.6	30-Day All-Cause Readmission Following Pneumonia (PN) Hospitalization	0506	The Joint Commission	MMIS	P4P			

Acronym Key:

- AHRQ – Agency for Healthcare Research and Quality
- AMA – American Medical Association
- AMA- PCPI – American Medical Association – Physician Consortium for Performance Improvement
- CDC – Centers for Disease Control and Prevention
- CMS – Centers for Medicare & Medicaid Services
- CQAIHM – Center for Quality Assessment and Improvement in Mental Health
- EHR – Electronic Health Record
- HAB – HIV/AIDS Bureau
- HRSA – Health Resources and Services Administration
- ICSI – Institute for Clinical Systems Improvement
- MCHB – Maternal and Child Health Bureau
- MMIS – Medicaid Management Information System
- NCQA – National Committee for Quality Assurance
- P4P – Pay for Performance

NJ DSRIP Planning Protocol Addendum 2 - Stage 4 Measures Catalogue

Measure Count	Measure Name	NQF	Measure Steward	NJ Data Source	Reporting Period (Placeholder)	Eligible for Universal Performance Pool?	Eligible for Substitution for UPP?
1	Inpatient Utilization – General Hospital/ Acute Care	Not Found	NCQA	MMIS		No	No
2	Mental Health Utilization	Not Found	NCQA	MMIS		No	No
3	Pneumococcal Immunization (PPV 23)	1653	CMS	MMIS		No	No
4	Prophylactic Antibiotic Selection for Surgical Patients – Overall Rate	0528	CDC & Joint Commission	Chart/ EHR		No	No
5	Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time – Overall Rate	0529	CDC & Joint Commission	Chart/ EHR		No	No
6	Urinary catheter removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being day zero	0453	CDC & Joint Commission	Chart/ EHR		No	No
7	Venous Thromboembolism Prophylaxis	0371	Joint Commission	Chart/ EHR		No	No
8	Intensive Care Unit Venous Thromboembolism Prophylaxis	0372	Joint Commission	Chart/ EHR		No	No
9	Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/ Platelet Count Monitoring by Protocol or Nomogram	Not Found	Joint Commission	Chart/ EHR		No	No
10	Venous Thromboembolism Warfarin Therapy Discharge Instructions	Not Found	Joint Commission	Chart/ EHR		No	No
11	Follow-up After Hospitalization for Mental Illness – 7 Days	0576	NCQA	MMIS		No	No
12	Engagement of alcohol and other drug treatment	0004	NCQA	MMIS		No	No
13	Percent of patients who have had a visit to an Emergency Department (ED)/ Urgent Care office for asthma in the past six months	Not Found	HRSA	MMIS		No	No
14	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic*	0068	NCQA	Chart/ EHR		No	No
15	Preventive Care and Screening: High Blood Pressure*	Not Found	CMS	Chart/ EHR		No	No
16	Controlling High Blood Pressure*	0018	NCQA	Chart/ EHR		No	No
17	Comprehensive Diabetes Care: LDL-C Control <100mg/dL*	0064	NCQA	Chart/ EHR		No	No

NJ DSRIP Planning Protocol Addendum 2 - Stage 4 Measures Catalogue

Measure Count	Measure Description	NQF	Measure Steward	NJ Data	Reporting Period (Placeholder)	Eligible for Universal Performance Pool?	Eligible for Substitution for UPP?
18	Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL-C Control <100mg/dL*	0075	NCQA	Chart/ EHR		No	No
19	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention*	0028	AMA-PCPI	Chart/ EHR		No	No
20	Annual Pediatric Hemoglobin A1C Testing	0060	NCQA	Chart/ EHR		No	No
21	CD4 T-Cell Count	Not Found	HRSA	MMIS		No	No
22	Gap in HIV Visits	2080	HRSA-HAB	MMIS		No	No
23	Breast Cancer Screening	0031	NCQA	MMIS		No	No
24	Cervical Cancer Screening	0032	NCQA	MMIS		No	No
25	Chlamydia Screening in Women Age 21 – 24	0033	NCQA	MMIS		No	No
26	Childhood Immunization Status	0038	NCQA	MMIS		No	No
27	Well-Child Visits in the First 15 Months of Life	1392	NCQA	MMIS		No	No
28	Child and Adolescent Access to Primary Care Practitioners	Not Found	NCQA	MMIS		No	No
29	Antenatal Steroids	0476	Joint Commission	Chart/ EHR		No	No
30	Hospital Acquired Potentially-Preventable Venous Thromboembolism	Not Found	Joint Commission	Chart/ EHR		UPP	No
31	Asthma in Younger Adults Admission	0283	AHRQ	MMIS		UPP	No
32	Diabetes Short-Term Complications Admission Rate	0272	AHRQ (Patient Quality Indicators)	MMIS		UPP	No
33	Ambulatory Care – Emergency Department Visits	Not Found	NCQA	MMIS		UPP	No
34	COPD Admission Rate	0275	AHRQ	MMIS		UPP	No
35	CHF Admission Rate	0277	AHRQ	MMIS		UPP	No
36	Central Line-Associated Bloodstream Infection (CLABSI) Event	0139	CDC	Chart/ EHR		UPP	No
37	Postoperative Sepsis	Not Found	AHRQ (Patient Safety Indicator)	Chart/ EHR		UPP	No

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Measure Count	Measure Name	NQF	Measure Steward	NJ Data Source	Reporting Period (Placeholder)	Eligible for Universal Performance Pool?	Eligible for Substitution for UPP?
38	Pediatric Central-Line Associated Bloodstream Infections (CLABSI) – Neonatal Intensive Care Unit and Pediatric Intensive Care Unit**	0139	CDC	Chart/ EHR		UPP	No
39	Percentage of Live Births Weighing Less Than 2,500 grams**	Not Found	CDC	MMIS		UPP	No
40	Cesarean Rate for Nulliparous Singleton Visits**	Not Found	California Maternal Quality Care Collaborative	MMIS		UPP	No
41	Elective Delivery**	0469	Joint Commission	MMIS		UPP	No
42	30-Day All-Cause Readmission Following Heart Failure (HF) Hospitalization	0330	Joint Commission	MMIS		No	Yes
43	30-Day All-Cause Readmission Following Acute Myocardial Infarction (AMI) Hospitalization	0505	Joint Commission	MMIS		No	Yes
44	30-Day All-Cause Readmission Following Pneumonia (PN) Hospitalization	0506	Joint Commission	MMIS		No	Yes
45	30-Day All-Cause Readmission Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	1893	Joint Commission	MMIS		No	Yes

*This measure is included in the Million Hearts measure list. It may be used as a substitution for a cardiac measure when substitution is required.

**This measure may be replaced by a measure from the substitution list, but only if your hospital does not perform such services.

Acronym Key:

AHRQ – Agency for Healthcare Research and Quality
 AMA- PCPI – American Medical Association – Physician Consortium for Performance Improvement
 CDC – Centers for Disease Control and Prevention
 CMS – Centers for Medicare & Medicaid Services
 EHR – Electronic Health Record
 HRSA – Health Resources and Services Administration
 MMIS – Medicaid Management Information System
 NCQA – National Committee for Quality Assurance
 UPP – Universal Performance Pool