Question	Answer
General Questions	
Are the updates effective immediately? We can submit data whenever we are ready for 2023?	Yes, these updates are live, and you can submit 2023 data now, but it isn't due until June 7, 2024.
If we submit QI data for multiple programs, will we see both programs in the dropdown?	Yes. The dropdown will only display the programs you are assigned to.
Does the implementation changes affect historical data (2015-2022)?	The changes implemented should not impact the data you have reported for 2015-2022. You can choose to report on the new metrics QI 1c, 1d, 2b, and QI5b.iii for those years, but you do **not** have to.
For data that is already submitted monthly for 2023, should this be corrected for the entire year?	Yes, if you can stratify QI 1 and 2 by first screen and requested subsequent specimens, it would be very helpful to update that data.
Can you share the CDC vital statistic link?	The most recent report is linked here. The CDC's vital statistics main page is here. See Quality Indicator 3 | Unscreened Newborns
Quality Indicator Questions	
Can the first specimen be unsatisfactory for testing?	Yes, that would be counted in QI 1. See Quality Indicator 1 | Unsatisfactory Specimens
Are we to report all refusals as missed screens?	Refusals will be counted as unscreened newborns in QI 3b.
QI 4, if a baby has both a borderline result and a result requiring diagnostic workup, which category would you count them in? If an infant had **both** a borderline result (QI 4b) and an out-of-range requiring medical intervention with no resolution QI 4c), would that baby be counted twice?	Count the baby in QI 4b or QI4c depending on the follow-up action following the abnormal newborn screen. For instance, if the follow-up action was for an infant to get a subsequent screen (but didn't), then the infant would be counted in QI 4b. If the recommended follow-up action following the abnormal screen was the infant to get diagnostic

	testing (and didn't), then the infant would be counted in QI 4c. Since QI 4 is at the baby-level and not the specimen level, think about the actionable item requested of the infant, not necessarily what the screening results were. Either the infant was asked to get a subsequent screen, or the baby was referred to diagnostic testing. I am not sure that there would ever be an instance where both these follow-up actions would be recommended, but if so, then I would count the infant in both QI 4b and QI4c (I am assuming this would be very rare).
For QI 4 for the indicators that say "by 12 months of age", some of these babies born in 2023 will be less than 12 months of age if the due date for 2023 data is by June 2024. Is the deadline later now? It feels like we are submitting incorrect data and then just going back and correcting it instead of just waiting longer to submit the correct data.	For QI 4 reporting, you can report on a delay if you would like. Therefore, infants lost to follow-up in 2023 won't need to be reported until early 2025 to account for the 12-month period. This will not be reflected in the QI submission deadline, but programs can wait until the 12-month period concludes before reporting QI 4 data. Programs also can enter in QI 4 data during the regular submission timeframe and always have the ability to go back and update later in the year. We recognize that the QI data is not static and will often be updated/corrected during validation processes…not just for QI 4, but for all QIs.
Should an unsatisfactory specimen be included in the denominator when performing calculations such as reporting and turn-around time?	QI 5 Timeliness activities do not have a denominator. For each metric, specimens are tallied in the time buckets for each activity. The Repository will automatically sum the specimens in each timeliness activity. Unsatisfactory specimens should be tallied in the timeliness activities. For QI 5a and QI 5b, we don't know if the specimen is unsatisfactory or not at the time of specimen collection and receipt of the specimen. Therefore, unsatisfactory specimens would still be counted in QI5a

	and QI5b because we want to know the turn-around time of the first specimen despite it being unsatisfactory. The quality of the specimen is counted in QI 1. Overall, for QI5, unsatisfactory specimens should be included in these specimen counts as the goal is to capture the amount of time it takes for each activity irrelevant of the fact that the unsatisfactory specimen did not have a valid result. We also measure the timeliness of requested subsequent specimens if there is an unsatisfactory specimen.
Border babies can be very problematic. We often have the first specimens on babies born out of state and may have a screen there. Do you expect us to pull those out? They would not be counted in the CDC Vital Statistics.	In short, if you screened for the baby, then count it. This is for the specimen level quality indicators (QI 1,2,5a-d, 6) where we are looking at the performance of the NBS system and not birth prevalence or baby counts. For the baby-level QIs (QI 3, 4, 5e, 5f, 7, 8), these should be reported by the state of the baby's residence.
Could you summarize which QIs are pulled from case-level data?	QI 5e, 5f, 7, and 8 are pulled from the case entry page.