Quality Improvement Program – New Jersey (QIP-NJ)

March 13, 2020
1:00pm–2:00pm
COVID-2019

https://www.nj.gov/health/cd/topics/ncov.shtml

Today’s Presenters

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Executive Director
Office of Health Care Financing

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Agenda

QIP-NJ Design Overview

1. Program Design
2. Timeline
3. Measurement
QIP-NJ Design Overview
The information provided reflects program requirements and protocols the State *proposed* to CMS in its submission. **All program rules and requirements are subject to change pending official CMS approval.**
Goal of QIP-NJ

• The Department of Health has developed this hospital performance initiative to support continued population health improvement across New Jersey.

• The focus of the planned program is to advance statewide quality improvements in maternal health and behavioral health.

• Hospitals will earn QIP-NJ incentive payments through the achievement of performance targets on state-selected quality measures that demonstrate:
  o improvements in maternal care processes
  o reductions in maternal morbidity
  o improvements in connections to behavioral health services, and
  o reductions in potentially preventable utilization for the behavioral health population
QIP-NJ Model

• State-Directed Payment, under Managed Care authority.

• Earned performance funds to be distributed to hospitals by Managed Care Plans.

• Payments proposed to be tied to Medicaid services and utilization.
## QIP-NJ Populations of Focus

<table>
<thead>
<tr>
<th>Maternal Health Population</th>
<th>Behavioral Health Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Managed Care enrolled women who gave birth at the hospital during the measurement year</td>
<td>Medicaid Managed Care enrolled individuals, age 18 and older, with a diagnosis of SMI and/or AOD, who received inpatient or outpatient behavioral health services in the measurement year</td>
</tr>
</tbody>
</table>
QIP-NJ Program Participation

• All acute care hospitals licensed in New Jersey are eligible to earn incentive payments in QIP-NJ.
  o Only hospitals with Labor & Delivery will be eligible to receive incentive payments tied to Maternal Health Measures.

• To be eligible to earn QIP-NJ incentive payments, acute care hospitals will be required to report on a suite of non-claims-based measures.
  o If a hospital fails to submit the necessary data to support the analysis of these non-claims-based measures, the hospital forfeits its ability to earn any funds through QIP-NJ.
Eligibility

“Opt In”
- Report on non-claims-based measures
- Preserve ability to earn QIP-NJ funds
- QIP-NJ funds earned through performance achievement only

“Opt Out”
- Fail to report on non-claims-based measures
- Forfeit ability to earn any QIP-NJ funds

Prepared by Public Consulting Group
QIP-NJ Timeline

• Year 1: July 1, 2020 – December 31, 2020

• Program Duration: 5 years, July 1, 2020 - June 30, 2025 (pending annual CMS approval)
Important Timeframes

*All timeframes are estimated and subject to change*

**Year 1**
- Education and Ramp Up: March 2020 - June 2020
- Y1 Performance: July 2020 - December 2020
- Y1 Reporting & Performance Calculation: January 2021 - December 2021
- Y1 Payment to Hospitals: Early 2022

**Year 2**
- Y2 Performance: January 2021 - December 2021
- Y2 Reporting & Performance Calculation: January 2022 - December 2022
- Y2 Payment to Hospitals: Early 2023

*All timeframes are estimated and subject to change*
Performance Payment Model

Funding will be determined based upon the hospital’s proportional share of QIP-NJ attributed populations in the measurement year, and performance on State-selected quality measures.

- No payment will be earned for reporting.
- Payment will be driven by hospitals’ achievement of annual performance targets that demonstrate quality improvements.
- No partial payments will be made for partial achievement of a hospital’s annual performance target.

• Funds will be distributed to hospitals by Managed Care Plans
QIP-NJ Performance Measurement
Performance

• Achievement of performance targets will drive payment for QIP-NJ.

• Individual hospital performance targets will be based on gap-to-goal calculations.

• For each measure, targets will represent a percentage closure of the gap between an individual hospital’s performance baseline and the statewide goal.
Example Gap to Goal Methodology

Gap to Goal - Increasing Gap Closure Each of the 5 Years

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Y1</th>
<th>Y2</th>
<th>Y3</th>
<th>Y4</th>
<th>Y5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital A</td>
<td>25%</td>
<td>35%</td>
<td>6%</td>
<td>3%</td>
<td>11%</td>
</tr>
<tr>
<td>Hospital B</td>
<td>19%</td>
<td>16%</td>
<td>14%</td>
<td>9%</td>
<td>5%</td>
</tr>
<tr>
<td>Hospital C</td>
<td>17%</td>
<td>14%</td>
<td>9%</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>Hospital D</td>
<td>14%</td>
<td>23%</td>
<td>20%</td>
<td>13%</td>
<td>15%</td>
</tr>
<tr>
<td>Hospital E</td>
<td>4%</td>
<td>3%</td>
<td>2%</td>
<td>4%</td>
<td>70%</td>
</tr>
</tbody>
</table>
## Behavioral Health Measures

<table>
<thead>
<tr>
<th>Measure #</th>
<th>Measure Type</th>
<th>Measure Name and NQF #</th>
</tr>
</thead>
<tbody>
<tr>
<td>BH1</td>
<td>MMIS</td>
<td>30 Day All-Cause Unplanned Readmission Following Psychiatric Inpatient Hospitalization- NQF #2860</td>
</tr>
<tr>
<td>BH2</td>
<td>MMIS</td>
<td>Follow-Up After Hospitalization for Mental Illness – 7- &amp; 30-days Post Discharge- NQF #0576</td>
</tr>
<tr>
<td>BH3</td>
<td>MMIS</td>
<td>Potentially Preventable ED Visits BH</td>
</tr>
<tr>
<td>BH4</td>
<td>MMIS</td>
<td>Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (FUA-AD) - NQF #2605</td>
</tr>
<tr>
<td>BH5</td>
<td>MMIS</td>
<td>Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications- NQF #1932</td>
</tr>
<tr>
<td>BH6</td>
<td>MMIS</td>
<td>Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment - NQF #0004</td>
</tr>
<tr>
<td>BH7*</td>
<td>MMIS</td>
<td>Use of Pharmacotherapy for Opioid Use Disorder - NQF #3175 *P4P in Y2</td>
</tr>
<tr>
<td>BH8</td>
<td>MMIS</td>
<td>Continuity of Care for Medicaid Beneficiaries after Detoxification (Detox) From Alcohol and/or Drugs - NQF #3312</td>
</tr>
<tr>
<td>BH9</td>
<td>Chart/EHR</td>
<td>Timely Transmission of the Transition Record- NQF #0648</td>
</tr>
<tr>
<td>BH10</td>
<td>Instrument</td>
<td>3-Item Care Transitions Measure (CTM-3)</td>
</tr>
<tr>
<td>BH11</td>
<td>Instrument</td>
<td>Use of a Standardized Screening Tool for Social Determinants of Health</td>
</tr>
</tbody>
</table>

Measures BH10 & BH11 must be submitted by the hospital to receive funding, but performance on these measures will not drive payment.
## Maternal Health Measures

<table>
<thead>
<tr>
<th>Measure #</th>
<th>Measure Type</th>
<th>Measure Name and NQF #</th>
</tr>
</thead>
<tbody>
<tr>
<td>M1</td>
<td>MMIS</td>
<td>Severe Maternal Morbidity (SMM)</td>
</tr>
<tr>
<td>M2</td>
<td>Chart/EHR</td>
<td>PC-02 Cesarean Birth - NQF #0471</td>
</tr>
<tr>
<td>M3</td>
<td>Chart/EHR</td>
<td>Postpartum Depression Screening</td>
</tr>
<tr>
<td>M4</td>
<td>MMIS</td>
<td>Postpartum Care - NQF #1517</td>
</tr>
<tr>
<td>M5</td>
<td>MMIS</td>
<td>Initiation of Alcohol and Other Drug Abuse or Dependence Treatment in Pregnant Women - NQF #0004</td>
</tr>
<tr>
<td>M6</td>
<td>Chart/EHR</td>
<td>Timely Transmission of the Transition Record - NQF #0648</td>
</tr>
<tr>
<td>M7</td>
<td>Chart/EHR</td>
<td>Treatment of Severe Hypertension</td>
</tr>
<tr>
<td>M8</td>
<td>Instrument</td>
<td>3-Item Care Transitions Measure (CTM-3)</td>
</tr>
<tr>
<td>M9</td>
<td>Instrument</td>
<td>Use of a Standardized Screening Tool for Social Determinants of Health</td>
</tr>
</tbody>
</table>

Measures M8 & M9 must be submitted by the hospital to receive funding, but performance on these measures will not drive payment.
Thank you for your participation!

Questions?: QIP-NJ@pcgus.com