



June 2022 Quality Improvement Program-New Jersey (QIP-NJ) Announcements & Updates

Dear QIP-NJ Program Participants,

Welcome to the QIP-NJ newsletter! The Department of Health (DOH) encourages hospitals and other interested parties to review this newsletter to help ensure your teams stay up-to-date on important news and announcements regarding QIP-NJ. As always, all newsletters will be posted to the QIP-NJ Documents & Resources webpage within approximately one week of distribution.

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DOH Corner

We are now approximately halfway through MY2 of QIP-NJ, which began on January 1, 2022, and will continue through December 31, 2022. DOH appreciates all of the hard work and dedication that our hospital partners have already put into MY2, and we look forward to continuing to work in close partnership throughout the second half of the MY.

As a reminder, DOH strongly encourages all hospitals to review the generalized guidance posted to the QIP-NJ website, which is updated regularly, as well as the more detailed, hospital-specific information provided

through the Secure File Transfer Protocol (SFTP) site. Through both the QIP-NJ website and the SFTP site, DOH communicates information intended to assist hospitals as they move through the MY. In addition, regarding the SFTP specifically, the information provided for each MY will allow hospitals to gain a better understanding their baseline results, performance targets, and attribution rosters. Moreover, within the SFTP, hospitals can find the statewide total number of Medicaid Managed Care (MMC) enrolled individuals attributed for the BH and maternal health components of QIP-NJ, which will assist hospitals with projecting their share of total attribution for each MY, and thus the potential funding that they may earn for meeting QIP-NJ performance targets in each MY.

MY1 Attribution Rosters Distributed and NCB Measure Reporting Begins

DOH released MY1 attribution rosters on June 2nd, 2022, for both the BH and maternal health components of the program. As with the baseline period, this information is shared with individual hospitals through the secure SFTP. As a reminder, details on the attribution methodology may be found in the “Attribution Methodology Overview” section on Page 15 of the Databook. All MY1 attribution results are final and not expected to change.

With the release of MY1 attribution, the QIP-NJ MY1 NCB Performance Measure Submission begins and will run from **June 3, 2022 to July 22, 2022, at 5:00 PM EST**. PLEASE NOTE: The NCB Reporting process/deadlines in MY1 are slightly different than Baseline (MY0). During MY0, DOH released MY0 attribution, which was followed by a slight delay before hospitals began their MY0 non-claims-based measure reporting. With the release of MY1 attribution, hospitals can immediately begin working on their MY1 NCB Performance Measure Submission.

On the [Documents & Resources page](#) of the QIP-NJ site, the **QIP-NJ Measurement Specifications and Submission Guidelines (Databook) v1.5** and the **QIP-NJ Databook Value Set Compendium v1.5**, are now available for MY1 submission. The **Standard Reporting Template v1.3** and the accompanying data submission **Guidance Document v1.3** are also available on the QIP-NJ [Participants & Stakeholders](#) webpage for this measurement period. The Standard Reporting Template is an Excel-based reporting template for all NCB QIP-NJ measures. As a reminder, hospitals may decide on whether to submit the Excel template (“Standard Reporting Template”), the flat file, or a hybrid of the two. As noted above, the appropriate files should be uploaded to the hospital’s “Submissions” folder on the SFTP **no later than 5pm on July 22, 2022**.

If you have any questions regarding MY1 Attribution or MY1 NCB submission, please contact us at QIP-NJ@pcgus.com.

Reminder: One-Time, Targeted MY1 Bridge Payment

As a reminder, for MY1, in addition to the QIP-NJ BH and Maternal Health Performance-Based Section 438.6(c) Preprints, totaling \$168 million, DOH

also submitted a Targeted Bridge Payment 438.6(c) Preprint, for MMC inpatient bed days at acute care hospitals during the period of July 1, 2021 through December 31, 2021 (broken out by Medicaid Managed Care Organization (MMCO)), totaling \$42 million.

DOH, in partnership with the Department of Human Services (DHS), is directing this one-time payment arrangement to help ensure that hospitals with a high Relative Medicaid Percentage (RMP) have funding for continued response and recovery resulting from the COVID-19 pandemic, as well as to promote better access to care for MMC individuals in light of the COVID-19 pandemic. DOH anticipates releasing the MY1 Targeted Bridge Payment in late July or early August 2022. For more information, please refer to the [State's QIP-NJ "Bridge" Payment Memo](#).

Please note that there will not be a Targeted Bridge payment for MY2 and ongoing, and those previously allocated funds (\$42 million) will be rolled into the funding pool for performance payments (\$168 million), which means the total QIP-NJ annual available funding will remain \$210 million. To help ensure broader awareness and understanding amongst hospitals, DOH is in the process of updating our Frequently Asked Questions (FAQ) document on our QIP-NJ website.

Reminder: MY2 CMS Approval

As was first reported in last month's newsletter, CMS approved MY2 of QIP-NJ on May 18, 2022. For MY2, DOH submitted two Section 438.6(c) Preprints for QIP-NJ – one for maternal health and another for BH. For more information, please refer to the official announcement on the [Documents & Resources](#) tab of the QIP-NJ website.

Please note that based upon discussions with and direction received from CMS, MY2 and ongoing does not include approval of a Targeted Bridge 438.6(c) Pre-Print. As noted above, the MY1 Targeted Bridge was intended to be a one-time payment arrangement due to the impacts of COVID-19. That said, QIP-NJ was always envisioned to be a solely pay-for-performance (P4P) program with approximately \$210 million in funding annually. Of that \$210 million, 70% is allocated to BH, totaling \$147 million, and 30% is allocated to maternal health, totaling \$63 million. To help ensure broader awareness and understanding amongst hospitals, DOH is in the process of updating our FAQ document on our QIP-NJ website.

Lastly, in partnership with DHS, DOH has already begun working on securing necessary CMS approvals for MY3 and will provide more information as it becomes available.

QIP-NJ Dashboard Launch

The QIP-NJ Dashboard was launched on June 15, 2022. DOH has provided one Tableau license to each participating hospital with a contact that has filled out via [the QIP-NJ Tableau License Contact Information Form](#). If you have not already done so, please identify and provide to DOH (via the QIP-NJ@doh.nj.gov email inbox) one technical contact to receive this license.

MLC Kickoff

DOH, in partnership and consultation with Public Consulting Group (PCG), is excited to announce the kickoff of the QIP-NJ MLC!

DOH is offering this MLC to complement and further support participating hospitals in their QIP-NJ P4P work. DOH first launched a BH LC last year, having received positive feedback and observed encouraging results from hospitals that chose to participate. Like the BH LC, the MLC will serve as another resource/tool to support hospitals' success in meeting QIP-NJ P4P targets on certain maternal health measures, share best practices, and accelerate the implementation of systemic improvements in health outcomes for the maternal health population. In addition, this MLC is also aimed at supporting and furthering the broader goals of the Murphy Administration, and particularly those of the First Lady's Office through the Nurture NJ initiative.

DOH is excited to share that the aim of the MLC will focus on delivering treatment more expeditiously for severe hypertension among pregnant and postpartum women and birthing people, with specific attention on identifying, addressing, and eliminating racial inequities for Black women and birthing people. The MLC will follow the Institute for Healthcare Improvement's Breakthrough Series Collaborative model, which engages participating teams in learning sessions and coaching over the course of a year to accelerate improvement.

Key characteristics of the MLC will include:

- Voluntary participation by health systems and project teams.
- Peer-to-peer learning ("all teach, all learn").
- Real time data collection, regular data review and reporting.
- Implementation of rapid cycle, small tests of change through Plan, Do, Study, Act (PDSA) cycles.
- Personalized coaching from improvement advisors.

Tentative key dates for the MLC will include:

- Info Session #1: June 28, 2022, 12pm-1pm EST
- Info Session #2: August 9, 2022, 11am-12pm EST
- Participation Interest Forms Due: August 12, 2022, by 5:00 PM EST
- Prework Webinar: August 13, 2022 (Time TBA)
- Learning Session #1 (MLC Launch): October 4-5, 2022 (Time TBA)

A calendar invitation for Info Session #1 was circulated on Friday, June 17, 2022. Additional information regarding the MLC will be provided in the coming weeks. DOH and PCG look forward to a continued collaboration with hospitals for our maternal health population as we work together to implement systematic improvements in maternal care processes and reduce maternal morbidity.

Now Available: QIP-NJ Webinar

Hospitals are encouraged to review a recently released webinar, which is available on the QIP-NJ website, outlining the themes and some commonly asked questions relative to QIP-NJ, along with an overview of the MY1 measure reporting and anticipated payment timeline. Relative to the payment timeline, DOH would highlight that it is anticipated there will be approximately one year between the end of each MY and the corresponding payment for that MY. Please note that there are many payment-related activities that must occur before payment is distributed, which includes but is not limited to: claims run out, performance calculations, hospital reporting periods, appeals periods, and the MMCO transfer and distribution of payments. Prior to the release of QIP-NJ payments, DOH – in partnership with DHS – will release communications to the MMCOs and hospitals. Please reach out to QIP-NJ@pcqus.com if you have any additional questions.

June BH LC Update

In June, the BHLC team held its third and final Learning Session for Collaborative participants. Over the course of two Now Available: QIP-NJ Webinar Released three-hour afternoon sessions, hospitals were able to listen to presentations from BHLC faculty and fellow hospitals on the work that they had been doing in the BH LC. Additionally, hospitals presented storyboards to their peers and discussed how they had been implementing their tests of change that were planned at the beginning of the BH LC. Participants will now enter the third and final Action Period of the BH LC to complete the year-long Collaborative, with a wrap-up celebration event planned for September.

Other State Initiatives

- The **Nurture NJ Strategic Plan**, which aims to make NJ the safest and most equitable place in the national to deliver and raise a baby. Please check the [Nurture NJ website](#) for more information and to discover new ways to become engaged.
 - Recently, the Nurture NJ team shared an update on New Jersey's Universal Home Visiting (UHV) program implementation. As you may recall, Nurture NJ aims to reduce maternal and infant mortality and morbidity and ensure equity in care and in outcomes for mothers and infants of all ethnic groups. In July 2021, Governor Philip D. Murphy signed into law S690 to create a statewide, UHV program for newborns. This will be only the second such program in the United States through which families with a newborn can have a specially trained nurse visit their home in the first few weeks after the child's birth. The services are free, voluntary, and meant for families of all backgrounds and incomes. It will also be available to resource families, adoptive families and parents experiencing a stillbirth. During home visits, nurses will check the physical and emotional health of the parents and baby, provide information helpful to families, and provide referrals to community resources. This approach is an "evidence-based

model”, meaning research has shown that the approach is effective in helping families. If you have any questions, please email UHV@dcf.nj.gov.

- The **NJ Maternal Care Quality Collaborative (NJMCQC)** aims to achieve a significant and sustained improvement in overall maternal and infant morbidity and mortality rates statewide. The next public meeting will be held on Tuesday, June 28, 2022, from 10:00 am to 11:30 am EST via Microsoft Teams. You may register for and join the event by visiting the [link](#) available on the [NJMCQC's website](#). As always, please continue to check the NJMCQC's website for more information and instructions on how to sign-up for future public meetings. For additional information about the MCQC, please also feel free to email the team at doh-mcqc@doh.nj.gov.
- Funded by DOH, **NJ Quit Centers** provide residents of New Jersey with resources and support to stop or reduce their use of tobacco including e-cigarettes, disposables, pouches, and other related products. Staffed with Tobacco Treatment Specialists, they offer an individualized treatment planning session, individual and group counseling, Nicotine Replacement Therapy (NRT), and information and materials about lung cancer screening all free of charge. Quit Centers can and do play an integral role in helping clinical facilities meet their goal of advancing statewide quality improvements for BH under Measure BH8: Substance Use Screening and Intervention Composite. Currently, Inspira Quit Center and RWJ Barnabas Health Institute for Prevention and Recovery (IFPR) Nicotine and Tobacco Recovery Program are actively providing screening services and connection to resources for their hospital systems. Quit Center contact information can be found here: <https://www.tobaccofreenj.com/quit-smoking>.
- **DHS' Division of Mental Health and Addiction Services (DMHAS)**, which serves as the Single State Agency (SSA) for Substance Abuse and the State Mental Health Authority (SMHA) as designated by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), and also oversees NJ's adult system of community-based behavioral health services. Please [check DMHAS' website](#) for more information and discover new ways to become engaged.

Questions?

If you have any questions, concerns, or to unsubscribe please email QIP-NJ@pcgus.com.

Thank you,

QIP-NJ Team



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