



Quality Improvement Program - New Jersey (QIP-NJ):

Measurement Year (MY) 3 Claims Based Measure Appeals Guidance

Current August 2024

INTRODUCTION

The QIP-NJ appeals process ensures that participating hospitals have access to a meaningful and efficient process to resolve disputes relative to any computational or reporting errors of QIP-NJ performance measures. When a performance measure has not been met, hospitals have the option of submitting an appeal. For MY3, the appeals process will be separated into two separate but consistent processes, as follows:

- 1) **Claims-based (MMIS-based)** measure appeals review will occur in September/October 2024. The details of this process are outlined below in this guidance document.
- 2) **Non-claims-based** measure appeals will occur in September/October 2024. The details of this process will be communicated via email in September 2024.

As of August 15, 2024, hospitals can find details on their MY3 claims-based performance in their hospital-specific Inbound folder in the QIP-NJ [SFTP](#). Each hospital will receive measure results *and* Patient Level Reports (PLR) for all claims-based measures. Hospitals may use the PLRs to help inform their population health improvement programs and targeted quality initiatives, as well as any appeals.

As a reminder, only **reporting** and **computational** errors may be appealed in QIP-NJ. Disputes related to CMS and DOH approved QIP-NJ protocols, including but not limited to program policy, formula designs or statewide targets, are not appealable and such requests will not be reviewed.

THE CLAIMS-BASED MEASURE APPEALS PROCESS

To initiate the claims-based measure appeals process, hospitals must submit all necessary documentation using the DOH-provided template via the QIP-NJ [SFTP](#) no later than **5:00 PM on August 28, 2024**. **Hospitals must submit a completed MY3 Claims-Based Appeals Workbook (Workbook) and all necessary supporting documentation. Hospitals must email QIP-NJ@pcqus.com following submission to ensure receipt of the files.**

The MY3 Claims-Based Appeals Workbook

The Workbook is available on the QIP-NJ [Participants & Stakeholders](#) webpage. Hospitals submitting an appeal on any of their claims-based measure(s) must complete the Workbook. Hospitals must complete:

- **Tab 1:** “Contact Info & Instructions”, by providing the applicable contact information and should review the instructions for filling out Tab 2.
- **Tab 2:** “MY3 Appeal Details”, requires hospitals to provide additional details for each appeal.

Supporting Documentation

Hospitals may submit additional documentation to support their appeals. If submitted, supporting documentation should be limited to 15 pages or fewer; additional information or clarification will be requested by DOH, if needed. Please note that the same document(s) may be submitted to support several appeals; however, hospitals must clearly indicate in the Workbook the applicable page number(s) within the document(s) that address each specific appeal(s).

SUBMISSION INSTRUCTIONS

All materials must be submitted through the QIP-NJ [SFTP](#). **Please do not send PHI to the QIP-NJ inbox.** When uploading appeals materials, please adhere to the following conventions:

- ▶ Workbook: MY3_CBAppeals_[Hospital Name]_[YYYYMMDD]
- ▶ Supporting Documentation: MY3_CBAppeals_[Hospital Name]_appeal#_measure#