STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

Quality Improvement Program – New Jersey (QIP-NJ)

Measurement Year (MY) 3 Data Submission Best Practices and FAQs

May 23, 2024

NJHealth New Jersey Department of Health

PUBLIC CONSULTING GROUP
Solutions that Matter

Agenda

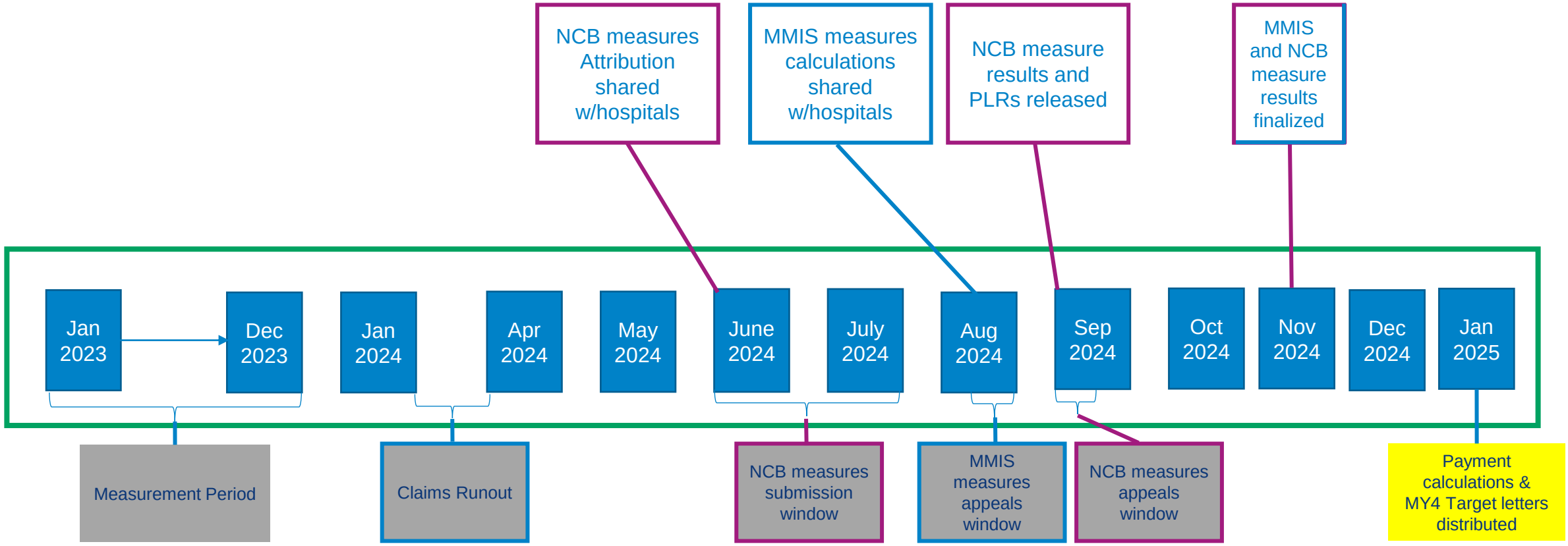
- QIP-NJ Program Background
- MY3 Data Submission Timeline
- Data Submission General Best Practices
- Published Guidance and Resources
- Appeals Process and Guidance
- Specific Measure FAQs
- Q & A

Program Overview

The New Jersey Department of Health (DOH) developed QIP-NJ, a hospital performance initiative, to support continued population health improvement across New Jersey.

QIP-NJ is being administered by DOH, in partnership with DHS, as a Medicaid pay-for-performance initiative open to all acute care hospitals in the state.

QIP-NJ MY3 Timeline*



*Unless stated otherwise, all boxes pertain to MY3 data
Grey box = Interval
Purple border = NCB-related
Blue border = Claims/MMIS-related

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QIP-NJ MY3 - Important est. date/timeframes for hospitals

- MY3 Attribution list(s) released to hospitals: ETA 6/3/2024
- NCB measures submission window: 6/4/2024 – 8/7/2024
  - Validation check due date: 7/1/2024 (See Slide “Validation Check”)
- Claims-based (MMIS) measures calculations available: 8/15/2024
  - Claims-based measures appeal window: 8/15 – 8/29/2024
- NCB measures Patient-Level Report (PLR) distribution: 9/1/2024
  - NCB measures appeal window: 9/1 – 9/18/2024

Please note:

- **Authorized SFTP users should verify SFTP access/connectivity at least two weeks before submission/review deadlines.**
- Specific dates/timeframes are subject to modification. Any date/timeframe changes will be communicated to Hospital Program Leads via QIP-NJ@pcgus.com
- Late submissions and submissions that do not match the SRT requirements may be rejected.

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Validation Check of NCB Submissions

- Hospitals that submit data by 7/1/2024 will receive a one-time validation check on the following:
  - ProviderIDs or MemberIDs that are improperly formatted, truncated, or unreadable
  - Missing Measures:
    - 12 measures for BH Measurement set;
    - 10 measure for MH Measurement set
  - Duplicate submissions across multiple files, for example, if a hospital submits multiple SRT files, but “Measure 3” appears in multiple files, the submission will have to be corrected.
- **Hospitals must notify QIP-NJ@pcgus.com if a validation request has been submitted.**
- **Important: If a validation check flags an issue, the hospital needs to resubmit the complete data file with the revisions, not just the revisions.**

Attribution Roster

- The Attribution Roster (AR) is retrospective. The AR is not measure-specific; hospitals need to apply the measure-specific exclusions/criteria as indicated in the Databook and SRT Guidance
  - **NOTE: Members submitted must match the MemberID and Names as they appear on the Attribution Roster**
  - When submitting the SRT, only report members for the measures to which they pertain
  - All SRT submissions must match the SRT submission template and formatting
- Hospitals will be ineligible to *receive funding under* the BH or maternal health portion of QIP-NJ if the hospital does not have a sufficient number of patients to satisfy the denominator requirements of *at least one measure in* the measure set.
  - For **maternal health**, the denominator requirement during a measurement period is 30 attributed births.
  - For **behavioral health**, hospitals must have a minimum of 30 individuals attributed to meet the requirements of at least one measure's denominator.
- ***MMCOs:*** *AmeriGroup = Wellpoint; Fidelis = Wellcare; Aetna; Horizon NJ Health; UnitedHealthcare NJ*
- ***Maternal Health Program Policy Reminder (from MY2):*** If an individual gives birth twice during one measurement year, at different hospitals, QIP-NJ will attribute the individual twice, once at each birthing hospital.

Best Practices for Submitting MY3 NCB-Data

- Use SRT **v3.1** and SRT Guidance document **v3.2**
- Follow directions in the SRT “Requirement Notes” tab
- Preferred file format: Flat-file
- Use a consistent naming convention for the submission file per the SRT “Requirement Notes” tab
  - If sending one consolidated workbook: MY2_*Medicaid_ID*_S;
    - For example: **MY3_3676803_S**
  - If sending multiple workbooks MY2_*Medicaid_ID*_Ex;
    - For example: **MY3_3676803_E1, MY3_3676803_E2, MY3_3676803_E3, etc.**
- For all measures, use the date format: MM/DD/YYYY
- Do not add columns to the SRT *unless your hospital has received prior approval*
- MemberIDs should be formatted as text, not numbers.
- If sampling for a measure, report only the sample.
  - **Pro-tip: We strongly recommend sampling at least 10 more records than required per the sampling instructions in the Databook in case some records are excluded/non-compliant**

Key Resources for MY3 Reporting

- The QIP-NJ website https://qip-nj.nj.gov/ is the central location for all information related to the program.
- Under *Documents & Resources*:
  - QIP-NJ Databook **v3.2**: Measure specifications for MY3 – **see Change Log pp. 112-115**
  - Value Set Compendium (VSC) **v3.3:** Codeset for MY3 – **see "Change" Log Tab**
- Under *Participants & Stakeholders:*
  - Standard Reporting Template (SRT) Guidance Document v3.2 (PDF): NCB measure reporting instructions – **see Change Log pp. 55-56**
  - SRT for **v3.1** (XLS): reporting template for all NCB measures, except BH12 and M10
  - SRT **v3.1** BH12 and M10 (XLS): reporting template for staff training measures BH12 and M10
  - MY3 NCB Measures Appeals Workbook and Guidance *(in development: ETA July 2024)*
  - MY3 Claims-based Measures Appeals Workbook and Guidance *(in development: ETA July 2024)*

VSC 3.3 Change Log – New!

Measure(s)	Tab/Sheet Name	Change	Description (if available)	Code (if available)	Measure Component	Version Effective
BH02	BH02_Nondx	Modifier UC no longer required - as long as codes	Established patient office or other outpatient visit, 30-39 mir	99214	Numerator	v3.1
BH02	BH02_Nondx	Modifier UC no longer required - as long as codes	Office or other outpatient visits for the evaluation and mana	99211	Numerator	v3.1
BH02	BH02_Nondx	Removed	Progressive Assertive Community Treatment (PACT)	H0040	Numerator	v3.1
BH03	BH03_AODTxservices	Modifier UC no longer required - as long as codes	Established patient office or other outpatient visit, 30-39 mir	99214	Numerator	v3.1
BH03	BH03_AODTxservices	Modifier UC no longer required - as long as codes	Office or other outpatient visits for the evaluation and mana	99211	Numerator	v3.1
BH03	BH03_DetailOID	Added	Hospital observation service, per hour	G0378	Denominator Exclusion	v3.1

1. Note entries in the SRT and Databook that reference the VSC's Change Log
2. Go to VSC Change Log to see the specific changes noted
3. The Change Log is cumulative. VSC v3.3 indicates changes that were made to V3.1, V3.2, and V3.3.

Appeals Process

- DOH will calculate individual hospital performance results and hospitals will have an opportunity to review results and submit appeals and appropriate supporting documentation within the Appeals Window.
- Appeals documentation must include a supporting updated SRT; if a user-error is identified in the SRT submission, the SRT must be re-submitted within the Appeal Window for the appeal to be adjudicated.
- Only computational and systemic reporting errors may be appealed.
- If submitting an appeal for either MMIS- or NCB-based measures, **hospitals must notify QIP-NJ@pcgus.com that an appeal has been submitted on the SFTP.** The team will reply to the email to confirm receipt.

Measure FAQs

MY 3 Behavioral Health Measures

Measure #	Measure Type	Measure Name and NQF #	Payment Method
BH1	MMIS (Claims)	30 Day All-Cause Unplanned Readmission Following Psychiatric Inpatient Hospitalization, Based on NQF #2860	P4P
BH2	MMIS (Claims)	Follow-Up After Hospitalization for Mental Illness – 30-Days Post-Discharge, Based on NQF #0576	P4P
BH3	MMIS (Claims)	Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence (30 day), Based on NQF #3488	P4P
BH4	MMIS (Claims)	Follow-Up After ED Visit for Mental Illness (30 day), Based on NQF #3489	P4P
BH5	MMIS (Claims)	Initiation of Alcohol and Other Drug Abuse or Dependence Treatment, Based on NQF #0004	P4P
BH6	MMIS (Claims)	Engagement in Alcohol and Other Drug Abuse or Dependence Treatment, Based on NQF #0004	P4P
BH7	Chart/EHR (Non-claims based)	Preventative Care and Screening: Screening for Depression and Follow-Up Plan, Based on NQF #0418	P4P
BH8	Chart/EHR (Non-claims based)	Substance Use Screening and Intervention Composite, Based on NQF #2597	P4P
BH9	Chart/EHR (Non-claims based)	Timely Transmission of Transition Record (BH), Based on NQF #0648	P4P
BH10	Instrument (Non-claims based)	3-Item Care Transitions Measure, Based on NQF #0228	N/A
BH11	Instrument (Non-claims based)	Use of a Standardized Screening Tool for Social Determinants of Health (4 Domains)	N/A
BH12	Instrument (Non-claims based)_	Reducing Disparities and Improving Patient Experience Through Targeted Training	N/A

BH07: Preventative Care and Screening for Depression and Follow-Up Plan (PDS)

- Added PHQ-4 as an approved screening tool for DEPS_T1 (Tool “15”)
- Screening tool has 4 questions in total; however, hospitals should only report the **cumulative score from questions 3 and 4** for DEPS_S1.

Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day	
Feeling nervous, anxious or on edge	0	1	2	3	Anxiety Subscale
Not being able to stop or control worrying	0	1	2	3	
Little interest or pleasure in doing things	0	1	2	3	Depression Subscale
Feeling down, depressed, or hopeless	0	1	2	3	
TOTAL					

BH08: Substance Use Screening and Intervention Composite

- **Q: Are HCPCS codes required for reporting numerator compliance for BH08 or are LOINC codes sufficient?**
- A: No, HCPCS codes are not necessary for this measure; LOINC codes are sufficient reporting for this measure. If there is no LOINC or HCPCS – report the tool with LOINC Homegrown Tool Code 88888-8 and RES_VAL = “L”, if your hospital received approval to use an alternate tool.
- **Q: I had an individual screen negative on an alcohol/tobacco/drug assessment, what should I report in the numerator?**
- A: You *may* report ‘00’ or a blank in the ALCS_I/TOBA_I/DRUG_I, however, we encourage hospitals to report ‘00’.
- **Q: I had an individual screen positive on an alcohol/tobacco/drug assessment, but refuse intervention, what should I report in the numerator?**
- A: You must report ‘00’ in the ALCS_I/TOBA_I/DRUG_I intervention data variable.

BH12/M010: Reducing Disparities and Improvement Patient Care Through Targeted Training

- **Q: Is payment tied to these measures?**
- A: BH12 and M010 are reporting-only measures. Hospitals must submit data to comply with this requirement and the program hopes to see directional improvement Y-o-Y.
- **Q: Who should be in the denominator for BH12?**
- A: For the measure specification, all hospital-employed healthcare professionals and patient-facing support staff that interact with BH patients. Do not include hospital staff that are not in the hospital setting. However, programmatically, QIP-NJ encourages hospitals to train all patient-facing staff, even beyond the hospital-setting.
- **Q: Who should be in the denominator for M010?**
- A: For the measure specification, all hospital-employed healthcare professionals and patient-facing support staff that interact with maternal patients. Do not include hospital staff that are not in the hospital setting. However, programmatically, QIP-NJ encourages hospitals to train all patient-facing staff, even beyond the hospital-setting.

BH12/M10: Reducing Disparities and Improvement Patient Care Through Targeted Training, *cont.*

- **Q: Should per diem employees be included in the report/denominator for M010 & BH12?**
- A: Yes, all service-line applicable staff, per diem and non-per diem should be included in the denominators.
- **Q: Should employees terminated during the MY be included in the denominator?**
- A: Yes.
- **Q: Should the denominator be employees that were employed the entire MY or anyone employed at any point during the MY regardless of length of employment?**
- A: Employees who worked for any duration during the MY should be included in the denominator(s). Employees hired between Dec 1 – Dec. 31 of the MY may be excluded from the denominator – they do not need to be reported.
- **Q: Do I need to use the same employee ID or assigned ID every year?**
- A: Hospital do not need to use the same employee ID every year, however, if possible, QIP-NJ recommends doing so to enable employee-level training review over time.
- **Specification update:** Employee 'gender' and 'date of birth' will not be required; however, hospitals must submit an employee ID or an assigned ID, that is consistent across both training modules.

MY3 Maternal Health Measures

Measure #	Measure Type	Measure Name and NQF #	Payment Method
M1	MMIS (Claims)	Severe Maternal Morbidity	P4P
M2	Chart/EHR (Non-claims based)	PC-02 Cesarean Birth, Based on NQF #0471	P4P
M3	Chart/EHR (Non-claims based)	Maternal Depression Screening, Based on NQF #1401	P4P
M4	MMIS (Claims)	Postpartum Care, Based on NQF #1517	P4P
M5	MMIS (Claims)	Treatment of SUD in Pregnant Women (Initiation of Alcohol and Other Drug Treatment), Based on NQF #0004	P4P
M6	Chart/EHR (Non-claims-based)	Timely Transmission of the Transition Record (Maternal Health), Based on NQF #0648	P4P
M7	Chart/EHR (Non-claims-based)	Treatment of Severe Hypertension	P4P
M8	Instrument (Non-claims-based)	3-Item Care Transitions Measure, Based on NQF #0228	N/A
M9	Instrument (Non-claims-based)	Use of a Standardized Screening Tool for Social Determinants of Health (5 Domains)	N/A
M10	Instrument (Non-claims based)_	Reducing Disparities and Improving Patient Experience Through Targeted Training	N/A

M007: Treatment of Severe Hypertension

- Guidance for reporting Blood Pressure (Blood Pressure) readings based on MY2 submissions/questions:
  - There must be at least 2 BP readings
  - The first reported BP reading should be taken at patient's presentation to hospital (ED or Inpatient)
    - BPs taken in the office-setting do not need to start the clock for the measure.
  - The second reported BP reading should be at least 15 mins after the first, but no more than 60 mins after the first, even if there were BP readings taken between 0 and 15 mins.

M007: Treatment of Severe Hypertension (SHTN)

- **Q: To capture First Line Agents (FLA) administered, how should NDC codes be formatted?**
- A: Hospitals should reference the updated SRT and VSC to indicate which of the following three FLAs was administered. Hospitals do not need to enter NDC codes.
  - 01 = IV Labetalol
  - 02 = IV Hydralazine
  - 03 = Immediate release oral Nifedipine

M007: Treatment of Severe Hypertension (SHTN)

Reminder of MY3 Policy Change

- **Background:** In Fall 2022, as discussed in QMC 9 and approved by DOH, QIP-NJ will adopt the American College of Obstetricians Gynecologists (ACOG) updated guidelines for the timeliness to treat for SHTN for MY3*.
- **Time period effective: This change is effective for care provided during MY3 (Jan – Dec 2023)**
- **Measure Specification Difference:**
  - MY3 numerator specification: First-line agents (Table M07_00) must be administered within one hour of the first reading of SHTN.
  - **If a first-line hypertensive agent is administered after the first reading and prior to the second reading—even if the second reading does not indicate SHTN—the patient will be both numerator- and denominator-compliant. But a second reading must be reported.**

*ACOG Guidelines: AIM SHTN in Pregnancy Patient Safety Bundle 2022 Data Collection Plan, (pub. 6/2022)

M007: Treatment of Severe Hypertension (SHTN)
Scenario Review of BP Readings and Time*

Ex. 1: Patient has two SHTN BP readings within the 60 minutes; the first line agent (FLA) was administered 15 min after the first BP reading and before the second reading was taken.	MY2 Num Compliant	MY2 Denom. Compliant	MY3 Num Compliant	MY3 Denom. Compliant
BP reading 1: 175/130	Yes	Yes	Yes	Yes
BP reading 1 time: 0100				
BP reading 2: 170/120				
BP reading 2 time: 0125				
FLA dispensation: 0115				

- MY2 numerator specification: First-line agents (Table M07_00) must be dispensed within one hour of the second reading of SHTN. **Source:** Databook v2.2
- MY3 numerator specification: First-line agents (Table M07_00) must be administered within one hour of the first reading of SHTN. **Source:** Databook v3.2
- **If a first-line hypertensive agent is administered after the first reading and prior to the second reading—even if the second reading does not indicate SHTN—the patient will be both numerator- and denominator-compliant. BUT THERE MUST BE A SECOND BP READING.**

*Assuming the individual has already met the requisite ICD-10-CM Principal Diagnosis or Other Diagnosis Code for Pre-existing or Gestational Hypertension, Eclampsia/Pre-eclampsia (Table M07_01) as defined by the Databook Specifications and there are no exclusions.

M007: Treatment of Severe Hypertension (SHTN)
Scenario Review of BP Readings and Time*

Ex. 2: The patient has one SHTN reading, 15 minutes later the first line agent (FLA) is administered. No second blood pressure reading was taken.	MY2 Num Compliant	MY2 Denom. Compliant	MY3 Num Compliant	MY3 Denom. Compliant
BP reading 1: 170/120	N/A	No, because there's only one BP reading	N/A	No, because there's only one BP reading
BP reading 1 time: 0100				
BP reading 2: None taken				
BP reading 2 time: N/A				
FLA dispensation: 0115				

*Assuming the individual has already met the requisite ICD-10-CM Principal Diagnosis or Other Diagnosis Code for Pre-existing or Gestational Hypertension, Eclampsia/Pre-eclampsia (Table M07_01) as defined by the Databook Specifications and no exclusions.

M007: Treatment of Severe Hypertension (SHTN)
Scenario Review of BP Readings and Time*

Ex. 3: Patient has one SHTN BP reading, 15 minutes later the first line agent (FLA) was administered. The second BP reading taken 10 minutes after FLA admin does not indicate SHTN.	MY2 Num Compliant	MY2 Denom. Compliant	MY3 Num Compliant	MY3 Denom. Compliant
BP reading 1: 175/130	Yes	Yes – per QMC 9 and to align w/clinical best practice per ACOG guidelines	Yes	Yes – per QMC 9 and to align w/clinical best practice per ACOG guidelines
BP reading 1 time: 0100				
BP reading 2: 120/90 (not SHTN)				
BP reading 2 time: 0125				
FLA dispensation: 0115				

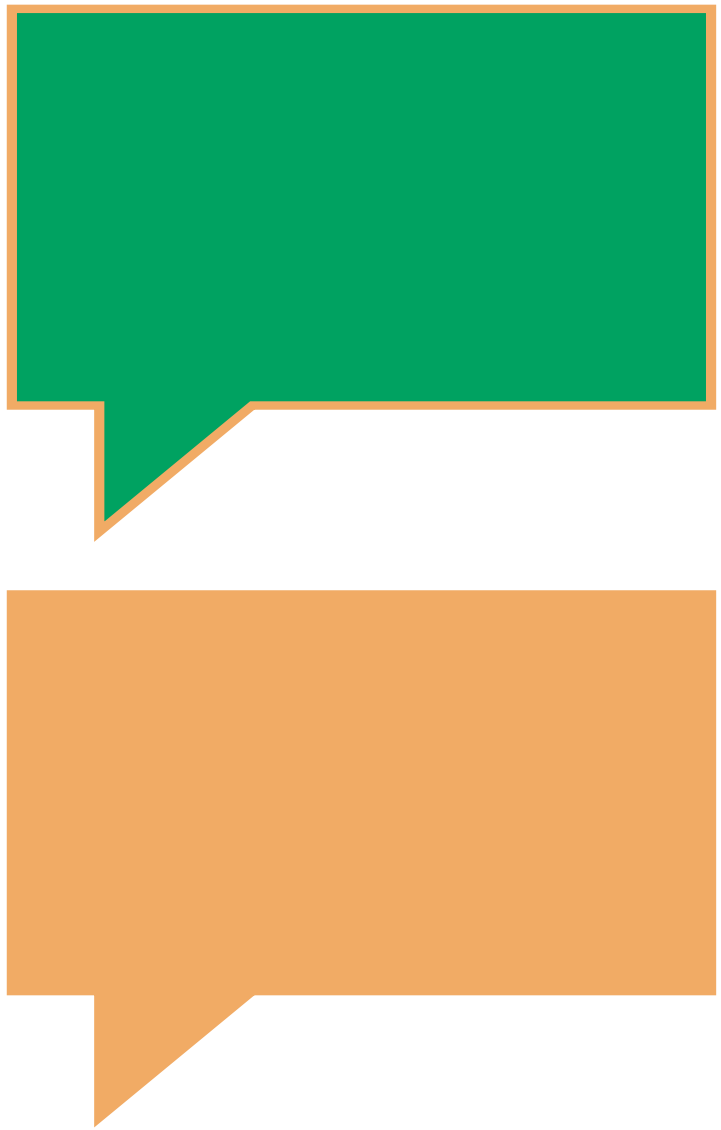
As advised by the QMC: If a first-line hypertensive agent is administered after the first reading and prior to the second reading—even if the second reading does not indicate SHTN—the patient will be both numerator- and denominator-compliant. The presumption is that the second BP reading may not be in the hypertensive range because of the timely FLA administration.

*Assuming the individual has already met the requisite ICD-10-CM Principal Diagnosis or Other Diagnosis Code for Pre-existing or Gestational Hypertension, Eclampsia/Pre-eclampsia (Table M07_01) as defined by the Databook Specifications and no exclusions.

M007: Treatment of Severe Hypertension (SHTN)
Scenario Review of BP Readings and Time*

Ex. 4: Patient has two SHTN BP readings within the 60 minutes. The first line agent was administered 55 minutes after the second reading.	MY2 Num Compliant	MY2 Denom. Compliant	MY3 Num Compliant	MY3 Denom. Compliant
BP reading 1: 175/130	Yes	Yes	No, because FLA was dispensed >60 min after first BP reading	Yes
BP reading 1 time: 0100				
BP reading 2: 170/120				
BP reading 2 time: 0125				
FLA dispensation: 0220				

*Assuming the individual has already met the requisite ICD-10-CM Principal Diagnosis or Other Diagnosis Code for Pre-existing or Gestational Hypertension, Eclampsia/Pre-eclampsia (Table M07_01) as defined by the Databook Specifications and no exclusions.



Thank you for your participation!

Questions?

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