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

***Measurement Year (MY) 4 Claims Based Measure Appeals Guidance***

*Current August 2025*

# 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 MY4, 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 2025. The details of this process are outlined below in this guidance document.
2. **Non-claims-based** measure appeals will occur in September/October 2025. The details of this process will be communicated via email in September 2025.

As of August 14, 2025, hospitals can find details on their MY4 claims-based performance in their hospital-specific Inbound folder in the QIP-NJ [**SFTP**](https://sftphealth.pcgus.com/ThinClient/WTM/public/index.html#/main). 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**](https://sftphealth.pcgus.com/ThinClient/WTM/public/index.html#/main) no later than **5:00 PM on August 28, 2025. Hospitals must submit a completed MY4 Claims-Based Appeals Workbook (Workbook) and all necessary supporting documentation. Hospitals must email** [**QIP-NJ@pcgus.com**](mailto:QIP-NJ@pcgus.com) **following submission to ensure receipt of the files.**

### The MY4 Claims-Based Appeals Workbook

The Workbook is available on the QIP-NJ [Participants & Stakeholders](https://qip-nj.nj.gov/Home/participants) 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:** “MY4 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**](https://sftphealth.pcgus.com/ThinClient/WTM/public/index.html#/login). **Please do not send PHI to the QIP-NJ inbox.** When uploading appeals materials, please adhere to the following conventions:

* Workbook: MY4\_CBAppeals\_ [Hospital Name]\_[YYYYMMDD]
* Supporting Documentation: MY4\_CBAppeals\_[Hospital Name]\_appeal#\_measure#