STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

Quality Improvement Program – New Jersey (QIP-NJ)

Measurement Year (MY) 4 Data Submission Best Practices and FAQs
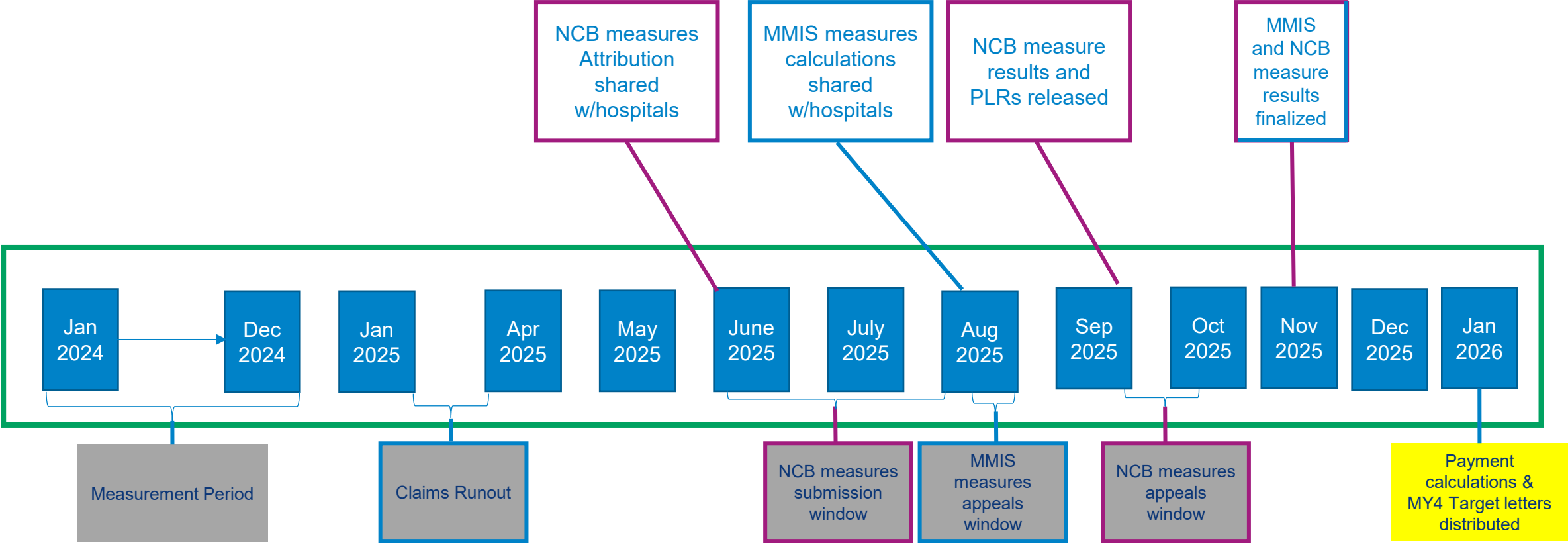
May 29, 2025

Agenda

- QIP-NJ Program Background
- MY4 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 MY4 Timeline*

*Unless stated otherwise, all boxes pertain to MY4 data
Grey box = Interval
Purple border = NCB-related
Blue border = Claims/MMIS-related

QIP-NJ MY4 - <u>Estimated</u> Timeframes for Hospital Reporting

- MY4 Attribution list(s) released to hospitals: ETA 6/4/2025

- NCB measures submission window: 6/4/2025 – 8/5/2025
    - NCB (Optional) validation checks due-date to submit validation request: 7/3/2025*
    - NCB measures data submission due date: 8/5/2025

- Claims-based (MMIS) measures results available: 8/14/2025
    - Claims-based measures appeals due date: 8/28/2025

- NCB measures Patient-Level Report (PLR) distribution: 9/26/2025
    - NCB measures appeals due date: 10/10/2025

> *See next slides for important detail on Validation Reports

Please note:

- **Authorized SFTP users should verify their 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 and the QIP-NJ newsletter.

- Late submissions and submissions that do not match the SRT requirements may be rejected.

Optional: NCB Validation Check

Validation Check of NCB Submissions

- Hospitals may receive a one-time validation check for feedback on opportunities to refine/adjust NCB submissions.

- Validation Checks for:
  - 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 e given measure (e.g. M003) appears in multiple files, the submission will have to be corrected.
  - Field-level validation for accepted values

Validation Check of NCB Submissions, *cont'd.*

<u>Validation Report Timeline (est.):</u>

- Validation Reports will be batch-processed in approx. 1-week

- Sample data will be ingested on Mondays, so hospitals should submit data by the preceding Friday in order to expect validation report results by the following Friday

- **IMPORTANT: Hospitals must notify QIP-NJ@pcgus.com if a validation request has been submitted.**

Attribution Roster

- The Attribution Roster (AR) is <u>retrospective.</u> The AR is not measure-specific; hospitals need to apply the measure-specific exclusions/criteria as indicated in the Databook and SRT Guidance
  - **<u>NOTE: Members submitted must match the MemberID and Names as they appear on the Attribution Roster</u>**
  - 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, <u>QIP-NJ will attribute the individual twice</u>, once at each birthing hospital.

Best Practices for Submitting MY4 NCB-Data

- Use SRT **v4** and SRT Guidance document **v4**

- 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: MY4_*Medicaid_ID*_S;
    - For example: **MY4_3676803_S**
  - If sending multiple workbooks MY2_*Medicaid_ID*_Ex;
    - For example: **MY4_3676803_E1, MY4_3676803_E2, MY4_3676803_E3, etc.**

- For all measures, use the date format: MM/DD/YYYY

- Do not add/remove columns to the SRT

- MemberIDs should be formatted as text, not numbers.

- **NOTE: Members submitted must match the MemberID and Names as they appear on the Attribution Roster**

- If sampling for a measure, report only the sample.
  - **We strongly recommend sampling <u>at least 10 more records than required per the sampling instructions in the Databook</u> in case some records are excluded/non-compliant**

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Key Resources for MY4 Reporting

Key Resources for MY4 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 **v4.1**: Measure specifications for MY4 – **see Change Log**
  - Value Set Compendium (VSC) **v4.1:** Codeset for MY4 – **see Change Log Tab**

- Under *Participants & Stakeholders:*
  - Standard Reporting Template (SRT) Guidance Document v4 (PDF): NCB measure reporting instructions – **see Change Log**
  - SRT **v4** (XLS): reporting template for all NCB measures, except BH12 and M10
  - SRT **v4** BH12 and M10 (XLS): reporting template for staff training measures BH12 and M10
  - MY4 NCB Measures Appeals Workbook and Guidance *(in development: ETA July 2025)*
  - MY4 Claims-based Measures Appeals Workbook and Guidance *(in development: ETA July 2025)*

VSC 4.1 Change Log

Measure(s)	Tab/Sheet Name	Change	Description (if available)	Code (if available)	Measure Component	Version Effective
BH02	BH02_Detail_OID	Added Diagnosis Code	Alcohol abuse counseling and surveillance of alcoholic	Z71.41	Denominator	v4
BH02	BH02_Detail_OID	Added Diagnosis Code	Drug abuse counseling and surveillance of drug abuser	Z71.51	Denominator	v4
BH02	BH02_DetailOID	Added Diagnosis Code	Prolonged grief disorder	F43.81	Denominator	v4
BH02	BH02_DetailOID	Added Diagnosis Code	Other reactions to severe stress	F43.89	Denominator	v4
BH03	BH03_Detail_OID	Added Diagnosis Code	Alcohol abuse counseling and surveillance of alcoholic	Z71.41	Denominator	v4
BH03	BH03_Detail_OID	Added Diagnosis Code	Drug abuse counseling and surveillance of drug abuser	Z71.51	Denominator	v4
BH05	BH0506M05_IET_DetailOID	Added Diagnosis Code	Alcohol abuse counseling and surveillance of alcoholic	Z71.41	Denominator	v4
BH05	BH0506M05_IET_DetailOID	Added Diagnosis Code	Drug abuse counseling and surveillance of drug abuser	Z71.51	Denominator	v4
BH05	BH0506M05_Opioid_OID_Lis	Added Medication	Injection, buprenorphine extended-release (brixadi), less than or equal to 7 days of therapy	J0577	Numerator	v4
BH05	BH0506M05_Opioid_OID_Lis	Added Medication	Injection, buprenorphine extended release (brixadi), greater than 7 days and up to 28 days of	J0578	Numerator	v4
BH06	BH0506M05_IET_DetailOID	Added Diagnosis Code	Alcohol abuse counseling and surveillance of alcoholic	Z71.41	Denominator	v4
BH06	BH0506M05_IET_DetailOID	Added Diagnosis Code	Drug abuse counseling and surveillance of drug abuser	Z71.51	Denominator	v4
BH06	BH0506M05_Opioid_OID_Lis	Added Medication	Injection, buprenorphine extended-release (brixadi), less than or equal to 7 days of therapy	J0577	Numerator	v4
BH06	BH0506M05_Opioid_OID_Lis	Added Medication	Injection, buprenorphine extended release (brixadi), greater than 7 days and up to 28 days of	J0578	Numerator	v4
BH07	BH07_02a	Added Exclusion	Schizoaffective disorder, bipolar type	F25	Denominator Exclusion	v4
BH07	BH07_02a	Added Exclusion	Schizoaff, dep type	F25.1	Denominator Exclusion	v4
BH07	BH07_02a	Added Exclusion	Oth schizoaff	F25.8	Denominator Exclusion	v4
BH07	BH07_02a	Added Exclusion	Oth schizoaff, unspecified	F25.9	Denominator Exclusion	v4
BH08	BH08_00	Added Tool	NJ Perinatal Risk Assessment	88888-8	Numerator	v4
BH09	BH09_00	Added Diagnosis Code	Depression unspecified	F32A	Denominator	v4
M005	BH0506M05_IET_DetailOID	Added Diagnosis Code	Alcohol abuse counseling and surveillance of alcoholic	Z71.41	Denominator	v4
M005	BH0506M05_IET_DetailOID	Added Diagnosis Code	Drug abuse counseling and surveillance of drug abuser	Z71.51	Denominator	v4
M005	BH0506M05_Opioid_OID_Lis	Added Medication	Injection, buprenorphine extended-release (brixadi), less than or equal to 7 days of therapy	J0577	Numerator	v4
M005	BH0506M05_Opioid_OID_Lis	Added Medication	Injection, buprenorphine extended release (brixadi), greater than 7 days and up to 28 days of	J0578	Numerator	v4
M007	M07_00	All NDC Codes Removed	For reporting simplification, QIP-NJ no longer requires NDC Codes to report numerator-compli	Various, n=228	Numerator	v4
M007	M07_00	For reporting simplification, drug name added per Databook v3.2	IV Labetalol		Numerator	v4
M007	M07_00	For reporting simplification, drug name added per Databook v3.2	IV Hydralazine		Numerator	v4
M007	M07_00	For reporting simplification, drug name added per Databook v3.2	Immediate-release oral Nifedipine		Numerator	v4
BH07	BH07_03	Added LOINC for PHQ-4	Patient Health Questionnaire (PHQ-4)	70272-0	Numerator	v4.1
BH07	BH07_03	Added LOINC for PHQ-4	Patient Health Questionnaire (PHQ-4)	69724-3	Numerator	v4.1

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 v4.1 indicates changes that were made to V4.**

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.
  - **Please note:** EMR/EHS Screenshots cannot be used as substantiating documentation for MMIS-based measures.

- 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.

Highlighted Measure Updates to NCB Measures

MY4 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)

- Four denominator exclusions have been added to Table BH07_02a: Codes for Exclusionary Diagnoses in **VSC v4.1**.

Code Type	Code Listing	Code Description
ICD-CM-10	F25	Schizoaffective disorder, bipolar type
ICD-CM-10	F25.1	Schizoaff, dep type
ICD-CM-10	F25.8	Oth schizoaff
ICD-CM-10	F25.9	Oth schizoaff, unspecified

- Two numerator-compliant LOINC codes for PHQ-4 have been added to Table BH07_03: LOINC Codes for Validated Screen Tools in **VSC v4.1**.

LOINC	LOINC Description	C	D	E
70272-0	Patient Health Questionnaire (PHQ-4)			
69724-3	Patient Health Questionnaire (PHQ-4)			

Note: If LOINC is not captured in the EHR, the Standard Reporting Template has lookup options for the tool name

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

- Updated scoring guidance for EPDS follow-up trigger score to 13 in SRT Guidance Document v4:

- A score of 13 is now considered "a more serious indicator," whereas a score of 10 typically signals possible depression and the need for further evaluation.

- **For Reporting: QIP-NJ will use a score of 13 to determine a positive screen for numerator compliance.**

- **For Internal QI: Hospitals may choose to use a trigger score of 10 internally for a more conservative or sensitive approach to referrals and care delivery.**

BH08: Substance Use Screening and Intervention Composite

- Added the NJ Perinatal Risk Assessment (PRA) as an approved inclusive screening tool <u>for obstetric patients</u>.
  - The new tool can be found in the SRT Guidance Document v4 under INCL_T

05	PRA (for obstetric patients only)	00-10	If patient screens negative, report '00'; If patient screens positive for any substance, report '01'	≥01

- The PRA has also been added to Table BH08 Value Set: Health Visits & Screening Tools & SBIRT in **VSC v4.1**.

Value Set Name	Value Set OID	Code System Version
NJ Perinatal Risk Assessment (PRA)	N/A	N/A

BH09: Timely Transmission of Transition Record (Behavioral Health)

- One denominator-compliant diagnosis code has been added to Table BH09_00: Codes to Identify a Behavioral Health Diagnosis in **VSC v4.1**.

MULTI CCS LVL 2	MULTI CCS LVL 2 LABEL	ICD-10-CM CODE	ICD-10-CM CODE DESCRIPTION
		F32A	Depression Unspecified

BH11/M009:

- Q: When do screenings (re: numerator) have to occur to be numerator-compliant?

- A: Screenings have to occur during MY4, i.e. 1/1/2024 – 12/31/2024. Please note, however, that for maternal health patients, the screening window extends back into the preceding measurement year.

MY4 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

M006: Timely Transmission of Transition Record (Maternal Health)

- RES_VAL and CODE_VAL clarification
  - The first of the three denominator-compliant rows for transition of care should include the following:
    - An individual's birth-related diagnosis/procedure will be documented as RES_VAL = I, *AND* CODE_VAL equals an appropriate ICD-10-CM code; **OR**
    - RES_VAL = J, *AND* CODE_VAL equals an appropriate ICD-10-PCS code; **OR**
    - RES_VAL = C, *AND* CODE_VAL equals an appropriate CPT code.

- Refer to diagnosis codes in VSC table M06_00 or procedure codes in VSC table M03_Deliveries.

Thank you for your participation!

Questions?
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