

STATE OF NEW JERSEY

DEPARTMENT OF HEALTH

Quality Improvement Program New Jersey (QIP-NJ)

Measurement Year (MY) 5 Data Submission Best Practices and FAQs
May 28, 2026

Agenda

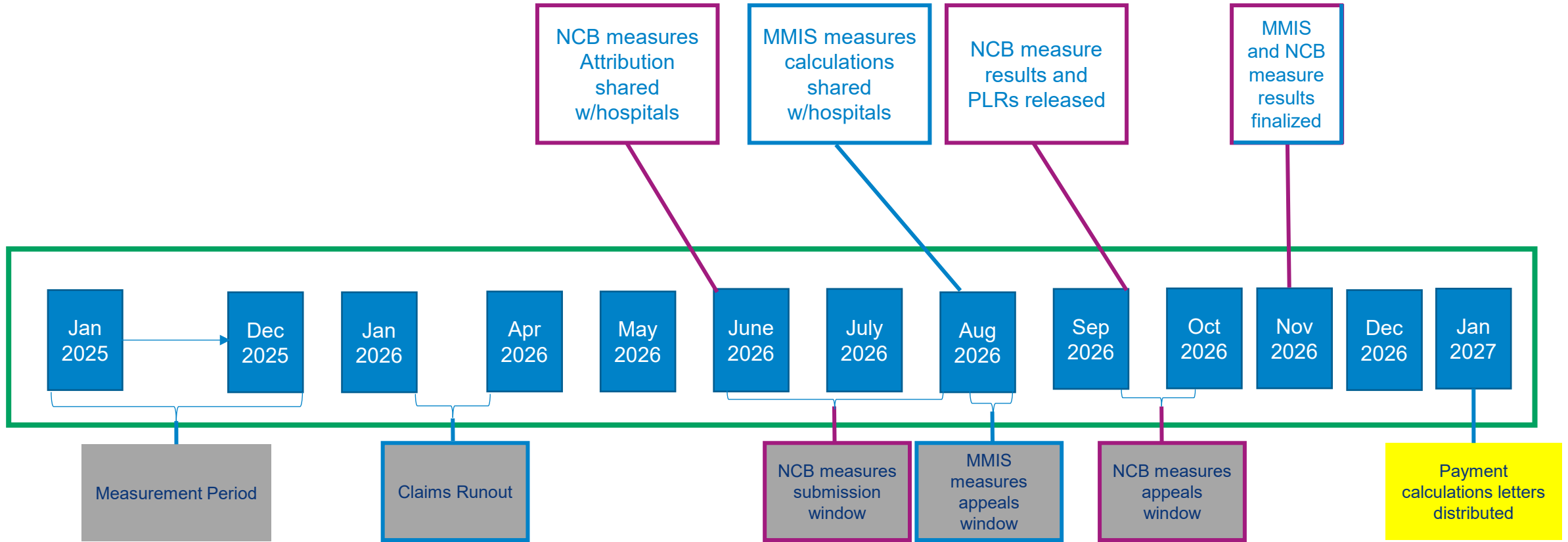
- QIP-NJ Program Background
- MY5 Data Submission Timeline
- Data Submission General Best Practices
- Published Guidance and Resources
- Appeals Process and Guidance
- Specific Measure FAQs
- Q & A

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 MY5 Timeline



Grey box = Interval
 Purple border = NCB-related
 Blue border = Claims/MMIS-related

QIP-NJ MY5 - Estimated Timeframes for Hospital Reporting

- MY5 Attribution list(s) released to hospitals: ETA 5/29/2026
- NCB measures submission window: 5/29/2026 – 8/11/2026
 - **NCB (Optional) validation checks due-date to submit validation request: 7/18/2026***
 - NCB measures data submission due date: 8/11/2026
- Claims-based (MMIS) measures results available: 8/14/2026
 - Claims-based measures appeals due date: 8/28/2026
- NCB measures Patient-Level Report (PLR) distribution: 9/27/2026
 - NCB measures appeals due date: 10/17/2026

*See next slides for important detail on Data Validation

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 the 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.*

Validation Report Timeline (est.):

- 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 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
- To be eligible for payment, a hospital must meet the denominator criteria for **at least one Pay-for-Performance measure**. While Pay-for-Reporting measures do not impact payment calculations, **they must still be submitted** to maintain eligibility for QIP-NJ funding.
- **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 MY5 NCB-Data

- Use SRT **v5** and SRT Guidance document **v5**
- 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: MY5_Medicaid_ID_S;
 - For example: **MY5_3676803_S**
 - If sending multiple workbooks MY5_Medicaid_ID_Ex;
 - For example: **MY5_3676803_E1, MY5_3676803_E2, MY5_3676803_E3, etc.**
- **Please ensure measures are labeled appropriately as mislabeling can lead to duplication or missing measures.**
- **We recommend submitting one file per measure to avoid duplicative measure reporting issues.**
- 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 recommend sending 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 MY5 Reporting

Key Resources for MY5 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 **v5.0**: Measure specifications for MY5 – **see Change Log**
 - Value Set Compendium (VSC) **v5.0**: Codeset for MY5 – **see Change Log Tab**
- Under *Participants & Stakeholders*:
 - Standard Reporting Template (SRT) Guidance Document **v5** (PDF): NCB measure reporting instructions – **see Change Log**
 - SRT **v5** (XLS): reporting template for all NCB measures, except BH12 and M10
 - SRT **v5** BH12 and M10 (XLS): reporting template for staff training measures BH12 and M10
 - MY5 NCB Measures Appeals Workbook and Guidance (*in development: ETA July 2026*)
 - MY5 Claims-based Measures Appeals Workbook and Guidance (*in development: ETA July 2026*)

VSC 5.0 Change Log

Measure(s)	Tab/Sheet Name	Change	Description (if available)	Code (if available)	Measure Component	Version Effective
BH05	BH0506M05_IET_DetailOID	Added CPT code	Consultation with Family	90887	Numerator	v5
BH06	BH0506M05_IET_DetailOID	Added CPT code	Consultation with Family	90887	Numerator	v5
M003	M03_01	Added CPT code	Consultation with Family	90887	Numerator	v5
M003	M03_01	Added CPT code	SUD counseling individual/family 45 min	90834	Numerator	v5
M003	M03_01	Added CPT code	SUD counseling individual/family 60 min	90837	Numerator	v5
M003	M03_01	Added CPT code	Family SUD counseling w/o patient present	90846	Numerator	v5
M003	M03_01	Added CPT code	Family SUD counseling with patient present	90847	Numerator	v5
M003	M03_01	Added CPT code	Group SUD counseling 60 min with patients	90853	Numerator	v5
M004	M04_DetailOID	Added CPT code	Consultation with Family	90887	Numerator	v5
M004	M04_DetailOID	Added CPT code	Family SUD counseling with patient present	90847	Numerator	v5
M004	M04_DetailOID	Added CPT code	SUD counseling individual/family 60 min	90837	Numerator	v5
M005	BH0506M05_IET_DetailOID	Added CPT code	Consultation with Family	90887	Numerator	v5

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, noting changes with each VSC version**

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

MY5 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

MY5 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

BH08: Substance Use Screening and Intervention Composite

- Not a policy change: The Standard Reporting Template Guidance Document v5 has been clarified to indicate that when reporting the use of an inclusive screening tool, (i.e. data element “INCL_T”), hospitals should note the tool code per Appendix B.

BH10/M008: 3-Item Care Measure (CTM-3)

As originally communicated in the January 2025 newsletters:

In light of CMS' removal of the CTM-3 questions from the HCAHPS survey for calendar year 2025, which would cause potentially significant administrative challenges to hospitals' collection of CTM-3 results **for MY5**, submission of these data are **optional for MY5**.

While hospitals are strongly encouraged to collect and report this data, hospitals that are unable to do so for either BH10 or M008 must indicate this on their Standard Reporting Template (SRT) for MY5.

BH11/M009: Use of Standardized Screening Tool for SDOH

- For measures BH11 or M009, **the service date data element (SVC-DT) reported for denominator compliance should reflect the encounter date on which the SDOH screening was administered**, consistent with the Databook's identification of the screening/survey date as the applicable data element.
- **Example:** Patient has a qualifying outpatient encounter → An SDOH screening is completed during that encounter
 - Encounter date: 03/15/2025
 - SDOH screening administered: 03/15/2025
 - Screening documented in EHR: 03/16/2025
 - **Report SVC-DT as: 3/15/2025**

BH12/M010: Reducing Disparities and Improving Patient Experience Through Targeted Training

- For these measures, trainings are reported in the numerator.
- These measures do not track patient encounters or services. Instead, they measure hospital workforce participation in required trainings. Therefore, completion of training events is what qualifies staff for numerator inclusion
- The denominator consists of eligible hospital staff as defined by the measure.



**Thank you for your
participation!**



**Questions?
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