



Quality Improvement Program – New Jersey (QIP-NJ) Measure Specifications & Submission Guidelines (Databook) Webinar

Tuesday, May 25, 2021 from 3:00pm – 4:30pm EST

Introduction

The Department of Health (DOH) has produced the following Question and Answer (Q&A) document as a follow up to the QIP-NJ Databook Webinar, held on Tuesday, May 25, 2021 from 3:00pm – 4:30pm EST. The webinar’s recording and presentation slides have also been made available on the [QIP-NJ Resources](#) webpage.

This Q&A document contains responses to questions asked during the live webinar. In developing these responses, duplicative questions were removed, and where appropriate remaining questions were grouped and slightly modified for clarity. If any webinar participants notice that a question asked during the presentation has not been addressed or addressed inadequately, please reach out to program administrators at QIP-NJ@pcgus.com.

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Measure Data Elements

- 1. If a 30-day follow-up measure index date time frame ends December 1st of the Measurement Year (MY), does the next MY start with the December 2nd Index date cases or January 1st?**
 - A. The next MY will only include index cases after the first day of that measurement period (so January 1st for MY2).
- 2. Can we get clarity on Place of Service (POS) when required for an abstracted measure?**
 - A. Your attribution list will include the POS, i.e., Emergency Department (ED), Inpatient (IP), Outpatient (OP), Outpatient Behavioral Health (OPBH)), which led to the individual being attributed for the Behavioral Health (BH) population.
- 3. As exceptions are excluded from the Denominator and Numerator if the Healthcare Common Procedure Coding System (HCPCS) code is documented, hospitals would not report the individual (e.g. BH2), correct?**
 - A. For purposes of QIP-NJ, an "exclusion" removes an individual from denominator consideration outright, but denominator exceptions are conditions that remove an individual from the denominator only if the numerator criteria are not met (e.g., depression screening not completed, medical reason for not performing a screening, etc.). DOH does not need hospitals to report the exclusions; however, DOH does need hospitals to report exceptions so that DOH can adjust the final calculated score for hospitals exhibiting higher risk populations. Please note that BH7 is the only measure that has exceptions, and should be reported in the submission template, even though they will ultimately not be included for performance calculation.
- 4. If an individual is not in Medicaid Managed Care (MMC) at the time of the Index admission, but is enrolled days 1-30 after discharge from the index admission, will the individual still be included for the follow-up portions of the measure?**
 - A. Yes, if the individual enrolls in MMC by the end of the MY (December 31st), then any associated fee-for-service (FFS) Medicaid claims from earlier in the MY would be included in performance measurement.
- 5. What is the "minimal gap" permitted with regards to continuous enrollment?**
 - A. Certain measures have specific requirements surrounding continuous enrollment during the performance period. Continuous enrollment means that individuals are enrolled in health coverage with minimal gaps to keep them in the attributable population for maternal health and/or BH. The minimal gap applies to the specific measures, as described in the Databook. Hospitals should consult and closely review each measure's "Continuous Eligibility / Sampling Methodology" section for measure-specific details.
- 6. How is primary discharge diagnosis defined?**
 - A. The primary (principal) discharge diagnosis, as defined in the National Uniform Billing Committee (NUBC) Official UB-04 Data Specifications Manual, is "the condition established after study to be chiefly responsible for occasioning the admission of the [individual] for care" and reported as primary diagnosis on the claim.
- 7. Can you provide the source of data used to develop the statewide targets?**
 - A. The benchmarks were discussed and approved for MY1 in consultation with the Quality Measurement Committee (QMC), identified state-based BH and maternal health experts and

DOH. In addition, DOH worked to align these benchmarks with national and statewide benchmarks as well as other statewide programs and initiatives.

Sampling

- 1. Are hospitals able to select more individuals than the sample percentages outlined in the Databook?**
 - A. Yes, the Databook provides minimum sampling requirements but hospitals can always elect to sample additional individuals.
- 2. Do hospitals have to submit the full population size along with the denominator for sampling?**
 - A. Each measure reported through a sample must include a description of steps taken to validate that all sampling requirements have been met. This should include how the minimum sample size was selected, based on the full population. Additional details are outlined in the Databook, and DOH encourages hospitals to review those requirements closely.
- 3. Can DOH please explain the sampling methodology as it applies to measure M8 or BH10? Specifically, what is the volume of surveys that would be required to be sent/administered, versus the amount required to be received/responded to?**
 - A. DOH recognizes and understands that the response rate for surveys after hospital discharge may be low, due to a variety of factors. As a result, DOH would expect that hospitals distribute more than the minimum number of surveys required in the sampling section of the Databook to ensure sufficient responses to provide an indicator of hospital performance.

Attribution Lists

- 1. When and how will hospitals receive their lists of attributed individuals for the maternal health and/or BH populations?**
 - A. Hospitals will receive their baseline attribution lists no later than July 1, 2021. Attribution lists will be distributed to hospitals through Secure File Transfer Protocol (SFTP). Information regarding this process is forthcoming and will be available on the [QIP-NJ website](#). Please note that hospitals will be limited to 3 SFTP users and health systems will be permitted to have an additional 2 users (for a total of 5 users for health systems); additional user requests may be submitted to DOH and evaluated on a case-by-case basis. Hospitals may request SFTP access by completing the [QIP-NJ Contact Information and Access Request Form](#). If hospitals have any questions, please email QIP-NJ@pcgus.com.
- 2. Is hospital participation in this program will be based on Medicaid Provider ID numbers?**
 - A. QIP-NJ will utilize the Medicaid Billing Provider ID as well as the hospital's billing National Provider Identifier (NPI).
- 3. Are hospitals required to report their match rate for the attribution list? If yes, what is the expected matching rate?**
 - A. No, it is not anticipated that hospitals will need to report their match rates.

Baseline Reporting

1. Should participating hospitals plan to use the Databook specifications for MY0 reports?

A. Yes. The specifications will be the same for the baseline period (“MY0”), i.e., July 1, 2020 through December 31, 2020, and MY1, i.e., July 1, 2021 through December 31, 2021.

2. For the baseline data submission, are hospitals only supposed to submit the Chart/Electronic Health Record (HER) and Instrument-Based measures? If so, does that mean that Medicaid Management Information System (MMIS) measures will not need to be submitted as DOH already has the information?

A. Yes. Non-claims based (Chart/EHR and instrument-based) measures are submitted by hospitals. Claims-based (MMIS) measures are calculated by DOH with no additional information required from hospitals.

3. When are the baseline measures data due?

A. The submission deadline for baseline data (MY0) to DOH will be in early fall 2021. More information will be forthcoming in terms of an exact due date.

4. Is it required to for a hospital to submit both the Chart/EHR and Instrument-Based measures for the baseline year?

A. Yes, hospitals are required to submit all non-claims based (Chart/EHR and instrument-based) measures for the baseline year (MY0) as the former results will be used to calculate the gap-to-goal methodology between statewide benchmark and hospital-specific targets for MY1.

5. When hospitals are asked to provide baseline data (July 2020 – December 2020), will they provide that data based on individuals who are confirmed as enrolled in MMC during that time? In other words, will DOH be giving hospitals a list?

A. Yes, DOH will be providing all hospitals participating in QIP-NJ baseline attribution lists which will be used by hospitals to submit their Chart/EHR measures for baseline.

6. When DOH indicated that hospitals will receive an attribution list prior to the program start date of July 1, 2021, how is DOH attributing individuals prior to the program start?

A. Attribution for QIP-NJ is retrospective. Therefore, the attribution lists for MY1 will not be provided until after the close of the MY and the three-months claims run out period. Please note that DOH strongly encourages hospitals to use their own internal hospital data and historic attribution to performance analyses on their patient population, measurement achievement, target funding, etc. To the extent hospitals require insight into setting up their own internal infrastructure and processes to perform these analyses, DOH will provide technical assistance via the QIP-NJ inbox and QIP-NJ Hospital Technical Contact Forums.

7. For the baseline year (MY0), do hospitals have to do chart abstraction for the EHR measures?

A. Yes, hospitals are required to submit baseline data for the Chart/EHR measures. Hospitals will be provided attribution lists and guidance documents/templates for this process soon, which will also be available on the [QIP-NJ website](#).

8. For clarity, are hospitals providing baseline data for their entire MMC population or strictly a list of attributed individuals that DOH is providing to each hospital?

- A. Baseline data need only be provided for the attributed population. DOH will be providing all hospitals participating in QIP-NJ individual hospital baseline attribution lists that includes each hospital's attributed MMC population and will be used by hospitals to submit their Chart/EHR measures for baseline.

9. Have the data submission templates been released yet?

- A. Hospitals will be provided attribution lists and guidance documents/templates for the non-claims-based measure submission process soon, which will also be available on the [QIP-NJ website](#).

Non-Claims-Based Measures & Reporting

1. For the BH measures, can DOH confirm whether the mid-year submission is no longer needed?

- A. Correct, reporting of non-claims based (Chart/EHR and instrument) measures is required once per MY for baseline and MY1. Please note that DOH reserves the right to update the Databook in the future to include mid-year submissions.

2. For reporting on non-claims-based measures, do hospitals only include the denominator population or do we include all denominators including those that meet the exclusions?

- A. Only individuals or events meeting the denominator need to be submitted. Exclusions need not be submitted. Please note that exceptions (which are different from exclusions) should be reported. For more information, please refer to question #3 in the Measure Data Elements section above.

3. Is there a requirement to use a specific screening tool for depression?

- A. The approved screening tools are listed in the Databook relative to each measure. If a hospital wants to use a tool not listed in the Databook, DOH will consider such requests on a case-by-case basis to determine if they meet QIP-NJ requirements. Any such requests may be emailed to DOH at QIP-NJ@pcgus.com, and DOH strongly encourages hospitals with such requests to submit them as soon as possible for consideration for MY1.

4. For non-claims-based-measures are hospitals to eliminate all individuals who are less than 18 years AND greater than 64 years of age?

- A. Eligible populations for QIP-NJ include all MMC enrolled individuals meeting the population criteria for maternal health and/or BH. The age criterion is specific to each measure, so DOH encourages all hospitals to refer to the measure specifications for each individual measure to determine the age requirements for the measure. That said, for all BH measures, the minimum age is 18. There are no such minimum criteria for maternal health.

5. In the Databook for MY1 (version 1.0), which was released on May 11, 2021, the information presented in Figure 5 on page 11 does not align with the "Sampling" section of Measure Collection Description for all metrics. Specifically, BH8 and M7 both state "No" in their respective measure descriptions but are both present in Figure 5 on page 11.

- A. Thank you for highlighting this discrepancy. In version 1.1 of the Databook, which will be available no later than July 1, 2021, this measure will be updated to allow sampling.

6. For the non-claims-based measures, how will the hospitals be submitting data to DOH?

- A. Hospitals will have two options to submit this information and may choose whatever option best suits their internal infrastructure and needs, as follows:
- Option 1: Use a template developed by DOH where the hospital manually enters performance results and any additional patient information required to confirm those results.
 - Option 2: Use a flat file submission following specific guidelines and instructions included in the final version of the QIP-NJ Databook and a series of informational webinars.

DOH anticipates that hospitals will be required to complete this process annually. The templates and a guidance document describing the submission process will be released by program start date.

Value Set Compendium

- 1. When trying to open the Databook Value Set Compendium (VSC), it is a protected view & showing as a blank Excel workbook. Can DOH offer guidance as to how to fix this issue?**
- A. A non-macro-enabled VSC is now available on the QIP-NJ [Documents & Resources](#) webpage. If you are still experiencing issues opening the VSC or any documents on the [QIP-NJ website](#), please email QIP-NJ@pcgus.com.

Program Policies

- 1. In regard to the gap-to-goal methodology, is the figure on page 9 of the Databook representative of the expectations of improvement year over year, or – alternatively - is that figure just an example?**
- A. As shared during the QIP-NJ Introductory webinar in April, QIP-NJ was approved by the Centers for Medicare and Medicaid Services (CMS) on May 20, 2021, and DOH is actively working with CMS to secure multi-year approval for MY2 and ongoing. As a result, the gap-to-goal methodology has been developed with the 5-year program in mind. The image on page 9 is representative of the percentage of the gap between baseline and the statewide goal over the 5 years of QIP-NJ that hospitals are expected to meet. Targets are set so that hospitals meeting all MY targets will reach the statewide goal over the anticipated 5-year program.
- 2. For MY1, hospitals are expected to improve (close the gap) by 5%, is that correct?**
- A. Hospitals must achieve the state identified uniform annual percentage of the gap between their hospital's baseline performance and the statewide goal for each measure. For MY1, the uniform annual percentage is 5% and individual hospital growth or reduction required for each measure will be based on the difference between hospital baseline for that measure and the statewide goal.
- 3. If a hospital is not participating in the maternal health portion of QIP-NJ, must the maternal health measures be reported even if we do not meet the denominator requirements?**
- A. If you are only participating in the BH portion of QIP-NJ, only the BH measures will be required to be reported to earn BH performance payment. However, please note this includes measures that do not meet the denominator requirement and therefore not drive payment. If you are not participating in the maternal health portion of QIP-NJ, then you will not be required to report on those measures (and will not earn any maternal health performance payment).

- 4. BH2 is a measure impacted heavily by COVID-19 pandemic in terms of the number of individuals who are not able to attend an in-person, follow-up visit.**
 - A. DOH understands the impacts that the COVID-19 pandemic has had on health care relative to how services are delivered. As a result, DOH believes it is important to highlight that this measure, BH2- Follow-up After Hospitalization for Mental Illness (FUH), allows follow-up visits to be delivered via telehealth modalities.

- 5. Can you comment on hospitals and the expectations for community partnerships? For example, will formal agreements with community providers be required for hospitals to contract with?**
 - A. DOH will not require and/or provide direction as to what business and/or contractual arrangements hospitals may wish to enter into with community providers relative to QIP-NJ. That said, DOH encourages collaboration between hospitals and community providers to support the coordination and increased quality of care for all individuals.

- 6. Can you elaborate on the community partners for BH with how that impacts the hospitals? If individuals do not follow-up in 30 days when appointments are given to them at discharge, does that penalize the hospital?**
 - A. DOH encourages hospitals to develop robust and meaningful connections to care with community-based partners, inclusive of effective follow-up strategies to ensure patients return for appointments in community-based settings, as it is expected that this will help foster increased quality of care for all patients. Hospitals are ultimately responsible for meeting or exceeding QIP-NJ performance targets. As a result, where individuals are referred to community partners for follow-up, there must be a final, adjudicated Medicaid claim to confirm delivery of the service (e.g., BH quality measures BH2, BH3, BH4, BH5 & BH6).