



Microsoft Teams Instructions

To ask a question:

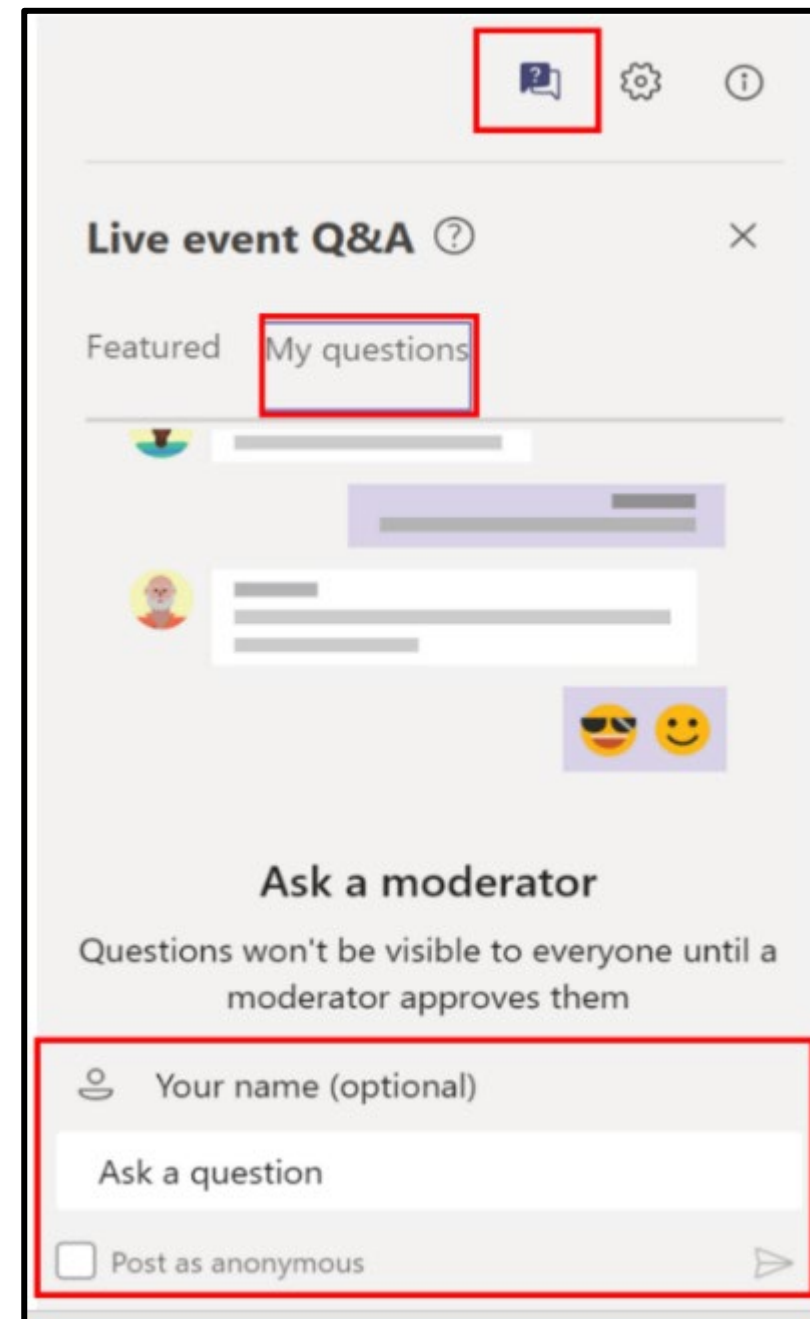
1. Select Q&A  on the right side of the screen.
2. Type your question in the compose box, and then select Send. If you want to ask your question anonymously, select Ask anonymously.

To see all questions and responses:

1. Select Q&A  on the right side of the screen.
2. Go to “Featured” to see questions and responses.

Please note:

- All attendees are muted.
- There is no chat functionality.
- The slides, recording, and a Q&A document will be available within a week on the [QIP-NJ Resources](#) webpage.





STATE OF NEW JERSEY

DEPARTMENT OF HEALTH

QIP-NJ Measure Specifications & Submission Guidelines (Databook) Overview

May 25, 2021

3:00 pm – 4:30 pm EST

Agenda

Overview

- Background & Development
- Major Components
- Question and Answer (Q&A) Session

Measure Specification Elements

- Detailed walkthrough of each element of the QIP-NJ measure specifications
- Q&A Session

Measure Submission & Calculation Process

- Calculation of Medicaid Management Information System (MMIS) Measures & Example Workflow
- Calculation of Non-Claims-Based Measures & Example Workflow
- Q&A Session

Next Steps & Upcoming Dates

- Hospital Technical Contact Forum
- Letter of Intent (LOI) Reminder
- Measure Specification Recordings

Today's Speakers

**Erica
Bonnifield, Esq.**

Legal Specialist
*Department of
Health*

**Patricia
Perazzelli, MPH**

Senior
Consultant
*Public Consulting
Group*

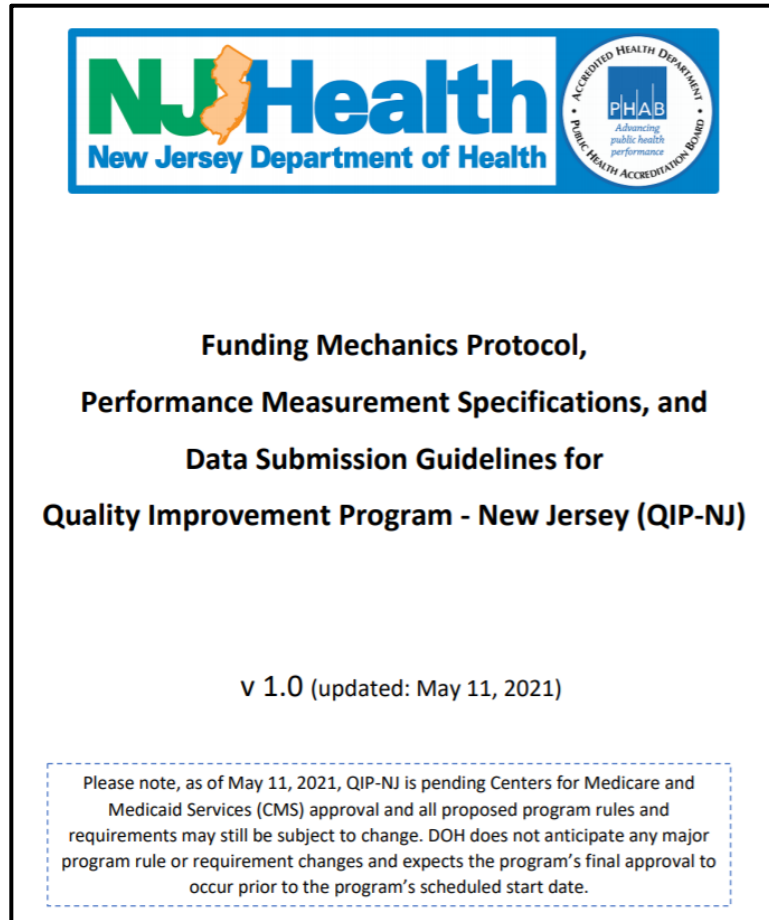
**Karen Wallace,
MPH**

Senior Data and
Reporting Analyst
*Public Consulting
Group*

Overview

Erica Bonnifield, Department of Health

Measure Specifications & Submission Guidelines (Databook)



- The [QIP-NJ Databook v 1.0](#) for Measurement Year (MY) 1 (July 1, 2021 – December 31, 2021), was posted to the QIP-NJ [Documents & Resources](#) webpage on May 11, 2021.
- The Databook contains:
 - Overview of program and funding mechanics
 - Measure submission guidelines and timelines
 - Specifications for the behavioral health (BH) and maternal health measure sets

Value Set Compendium (VSC)

- The [Databook VSC](#) was posted to the QIP-NJ [Documents & Resources](#) webpage on May 11, 2021.
- The VSC accompanies the Databook and contains:
 - Value sets for the BH and maternal health measures
 - Instructions for how to use the VSC and find value sets
 - Crosswalk between tabs and code set tables in the VSC (Table of Contents (TOC))
 - Crosswalk between measures and values sets and information on inclusion in the numerator/denominator or as exclusion (Index)

Measure Name	Sheet Name	Table Name
BH01	BH01_00	AHRQ Modified CCS-Mapped to ICD-10-CM Psychiatric Principal Discharge Diagnosis categories
BH01	BH01_01	AHRQ Modified CCS-Mapped to ICD-10-PCS Procedure categories that are always planned
BH01	BH01_02	AHRQ Modified CCS-Mapped to ICD-10-CM Diagnosis categories that are always planned
BH01	BH01_03	AHRQ Modified CCS-Mapped to ICD-10-PCS Procedure categories that are potentially planned
BH01	BH01_04	AHRQ Modified CCS-Mapped to ICD-10-CM Diagnosis categories that are considered planned if not coinciding with principal discharge diagnosis
BH02	BH02_POS	Mental Health Follow-Up Revenue Value Set
BH02	BH02_Nondx	Mental Health Follow-Up CPT/HCPCS Value Set
BH02	BH02_AMHR	Adult Mental Health Rehabilitation (AMHR) Value Set
BH02	BH02_DetailOID	Follow-up After Hospitalization for Mental Illness (FUH) – 30 Days After Discharge
BH03	BH03_AODTxservices	AOD Treatment Service Follow-Up CPT/HCPCS
BH03	BH03_POS	NJ Place of Service Value Set
BH03	BH03_DetailOID	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) (30 day)
BH04	BH04_POS	NJ Place of Service Value Set
BH04	BH04_Nondx	Mental Health Follow-Up Revenue Value Set
BH04	BH04_AMHR	Mental Health Follow-Up CPT/HCPCS Value Set
BH04	BH04_DetailOID	Follow-Up After Emergency Department Visit for Mental Illness (FUM) (30 day)
BH05, BH06, M5	IET_DetailOID	IET Master Table
BH05, BH06, M5	Opioid_OID_List	Opioid Use Disorder Treatment Medications List
BH05, BH06, M5	Alcohol_List	Alcohol Use Disorder Treatment Medications List

Measure(s)	Sheet Name	Value Set OID	Value Set	Measure Component
BH01	BH01_00	N/A	AHRQ Modified CCS-Mapped to ICD-10-CM Psychiatric Principal Dis Denominator	Denominator
BH01	BH01_01	N/A	AHRQ Modified CCS-Mapped to ICD-10-PCS Procedure categories t Denominator Exclusion	Denominator Exclusion
BH01	BH01_02	N/A	AHRQ Modified CCS-Mapped to ICD-10-CM Diagnosis categories th Denominator Exclusion	Denominator Exclusion
BH01	BH01_03	N/A	AHRQ Modified CCS-Mapped to ICD-10-PCS Procedure categories tl Denominator Exclusion	Denominator Exclusion
BH01	BH01_04	N/A	AHRQ Modified CCS-Mapped to ICD-10-CM Diagnosis categories th Denominator Exclusion	Denominator Exclusion
BH02	BH02_POS	N/A	NJ Place of Service Value Set	Numerator
BH02	BH02_NonDx	N/A	Mental Health Follow-Up Revenue Value Set	Numerator
BH02	BH02_NonDx	N/A	Mental Health Follow-Up CPT/HCPCS Value Set	Numerator
BH02	BH02_AMHR	N/A	Adult Mental Health Rehabilitation (AMHR) Value Set	Denominator Exclusion
BH02	BH02_DetailOID	2.16.840.1.113883.3.464.1004.1761	Hospice Encounter	Denominator Exclusion
BH02	BH02_DetailOID	2.16.840.1.113883.3.464.1004.1762	Hospice Intervention	Denominator Exclusion
BH02	BH02_DetailOID	2.16.840.1.113883.3.464.1004.1395	Inpatient Stay	Denominator
BH02	BH02_DetailOID	2.16.840.1.113883.3.464.1004.1468	Intentional Self-Harm	Denominator
BH02	BH02_DetailOID	2.16.840.1.113883.3.464.1004.1178	Mental Health Diagnosis	Denominator
BH02	BH02_DetailOID	2.16.840.1.113883.3.464.1004.1179	Mental Illness	Denominator
BH02	BH02_DetailOID	2.16.840.1.113883.3.464.1004.1398	Nonacute Inpatient Stay	Denominator
BH03	BH03_Detail_OID	2.16.840.1.113883.3.464.1004.1013	AOD Abuse and Dependence	Numerator
BH03	BH03_Detail_OID	2.16.840.1.113883.3.464.1004.1086	ED	Denominator

Databook Development & Stakeholders



- Quality Measures Committee (QMC)
 - The QMC was established in 2018 to support DOH in the design, measurement, and implementation of QIP-NJ.
 - To date, the QMC has undertaken activities including but not limited to:
 - Determining the areas of focus for QIP-NJ
 - Completing a driver diagram to select measures for BH and maternal health
 - Finalizing the measure lists and reviewing the final specifications
 - DOH is currently reviewing QMC membership using a data-driven approach to identify additional NJ acute care hospitals to ensure a greater diversity of representation from numerous perspectives.

Databook Development & Stakeholders (Cont.)



- State-Based Experts
 - DOH identified state-based experts in BH and maternal health to support development of specifications and statewide benchmarks and will continue to engage these experts to make process improvements throughout the lifecycle of QIP-NJ.



- NJ Hospitals
 - In November 2020, DOH shared the draft Databook with hospitals for review and comment, and – as applicable – incorporated the feedback received into the final version of the Databook for MY1.

Measure Stewards

- QIP-NJ measure specifications were determined based on nationally recognized measure stewards in alignment with and furthering the goals of other state initiatives.
- Necessary adjustments to measure specifications were made to better align with the goals and populations of QIP-NJ.
- Material deviations from measure steward specifications have been specifically identified in the Databook, along with the reason(s) underlying the change(s).

QIP-NJ MY1 Measure Stewards
Alliance for Innovation on Maternal Health (AIM)
American Medical Association – Physician Consortium for Performance Improvement (AMA-PCPI)
American Society of Addiction Medicine (ASAM)
Centers for Medicare and Medicaid Services (CMS)
The Joint Commission
National Committee for Quality Assurance (NCQA)
DOH
University of Colorado Denver Anschutz Medical Campus

Future Databook Updates



- *Measure Steward Annual Updates*
 - Each measure steward is responsible for the maintenance of the measure(s) they develop.
 - DOH will evaluate the most recent finalized version made publicly available prior to October 15 of each calendar year.
 - As necessary, the Databook will be updated in a way which indicates whether a newer or older version is to be followed and what additional changes may be relevant to QIP-NJ. DOH reserves the right to adjust elements of the measurement specifications and the statewide benchmark based on performance prior to the start of the next MY.
- *Hospital Technical Contacts Forum*
 - Review of measure stewards' annual updates
 - Provide recommendations to QMC
- *QMC*
 - Review of measure stewards' annual updates
 - Provide recommendations to DOH

QIP-NJ BH Measures

Measure #	Measure Type	Measure Name and NQF #
BH1	MMIS	Measure BH1: 30 Day All-Cause Unplanned Readmission Following Psychiatric Inpatient Hospitalization 1, Based on NQF #2860
BH2	MMIS	Follow-up After Hospitalization for Mental Illness (FUH) – 30-Days Post-Discharge, Based on NQF #0576
BH3	MMIS	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD) (30 day), Based on NQF #3488
BH4	MMIS	Follow-Up After Emergency Department Visit for Mental Illness (FUM) (30 day), Based on NQF #3489
BH5	MMIS	Initiation of Alcohol and Other Drug Abuse or Dependence Treatment (IET – I), Based on NQF #0004
BH6	MMIS	Engagement in Alcohol and Other Drug Abuse or Dependence Treatment (IET – E), Based on NQF #0004
BH7	Chart/EHR	Preventative Care and Screening: Screening for Depression and Follow-Up (PDS), Based on NQF #0418
BH8	Chart/EHR	Substance Use Screening and Intervention Composite, Based on NQF #2597
BH9	Chart/EHR	Timely Transmission of Transition Record (Behavioral Health), Based on NQF #0648
BH10	Instrument	3-Item Care Transitions Measure (CTM-3), Based on NQF #0228
BH11	Instrument	Use of a Standardized Screening Tool for Social Determinants of Health

Measures BH10 & BH11 must be submitted by the hospital to receive funding, but performance on these measures will not drive payment.

QIP-NJ Maternal Health Measures

Measure #	Measure Type	Measure Name and NQF #
M1	MMIS	Severe Maternal Morbidity (SMM)
M2	Chart/EHR	PC-02 Cesarean Birth, Based on NQF #0471
M3	Chart/EHR	Postpartum Depression Screening (PDS-E)
M4	MMIS	Postpartum Care (PPC), Based on NQF #1517
M5	MMIS	Treatment of SUD in Pregnant Women (Initiation of Alcohol and Other Drug Treatment) (IET – I), Based on NQF #0004
M6	Chart/EHR	Timely Transmission of the Transition Record (Maternal Health), Based on NQF #0648
M7	Chart/EHR	Treatment of Severe Hypertension
M8	Instrument	3-Item Care Transitions Measure (CTM-3), Based on NQF #0228
M9	Instrument	Use of a Standardized Screening Tool for Social Determinants of Health

Measures M8 & M9 must be submitted by the hospital to receive funding, but performance on these measures will not drive payment.

Measure Types

1. MMIS

- Measures based on administrative claims data submitted for payment to the New Jersey Department of Medical Assistance and Human Services (DMAHS).



2. Chart/Electronic Health Record (EHR)

- Measures determined by retrospective collection of information from charts to be completed and submitted by participating hospitals



3. Instrument-Based

- Measures collected based on survey responses to be completed and submitted by participating hospitals



Data Specification Conditions

Maternal Health Population

Medicaid Managed
Care enrolled
individuals who gave
birth at the hospital
during the
measurement year

Behavioral Health Population

Medicaid Managed
Care enrolled
individuals, age 18 and
older, with a primary
BH (mental health or
substance use
disorder) diagnosis

Note: Fee-for-Service (FFS) individuals enrolled in Medicaid managed care during the year are eligible and FFS claims for Medicaid managed care individuals are also included for measurement purposes.

Calculation & Time Periods

Performance Period

- The time-period for which the dates of service must take place to be considered to meet measure criteria; please note that this may differ from the MY.
- For example, for measures where follow up must occur within 30 days, the last date of the performance period where the index visit may occur is December 1st, not December 31st which is the last day of the MY.

Reporting Period

- The time-period for which the measure must be reported.
- Measures must be reported annually, unless otherwise specified. Each measure specification indicates the reporting period, as well as when the report is due to be reported by, or on the behalf of, the hospital.

Baseline Period

- The time-period for which the first measurement will be computed. Future performance will then be compared against the baseline period.

Sampling

- Hospitals may choose to report the measures based on a sampling methodology or may report on all patients.
- Sampling may be permitted based upon of the volume of attributed individuals.
 - For BH, this is determined by the total number of individuals in the attributed population with an encounter in an appropriate setting during the MY.
 - For maternal health, sampling is determined by the total number of attributed individuals admitted to the hospital for labor and delivery during the MY.
- Hospitals must ensure that all sampling requirements associated with the measure have been met.
 - Each measure reported through a sample must include a description of steps taken to validate that all sampling requirements have been met.

QIP-NJ Measures Eligible for Sampling:

BH7, BH8, BH9, BH10, BH11

M2, M3, M6, M7, M8, M9

Attributed Individuals Population Size (Denominator)	Calculated Minimum Random Sample Size
>= 501	101
126 – 500	20% of the population
30 – 125	30
< 30	No sampling permitted. 100% of the attributed individuals meeting the measure criteria must be reported.

Small Denominators

- Minimum denominator requirements will vary by measure, so please consult the Databook for specific details.
- Hospitals must report on all measures even if it does not meet the minimum denominator requirement for a particular measure
 - If denominator requirement is not met, the measure will be removed from performance payment consideration for the MY and subsequent MY.
 - Payments associated with measures with small denominators will be reallocated to the hospital across remaining measures for that population in which the hospital meets minimum denominator requirements as well as meets its performance targets.
 - Hospitals must be able to satisfy the denominator reporting requirements of at least one measure per participating population (BH or Maternal health populations) to remain eligible for payments associated with that population.

MMIS Measures


- Denominator with fewer than 30 will not be included in payment calculations

Chart/EHR Measures


- All measures must be reported.
- Measures with denominators with fewer than identified in the sampling table will not be included in payment calculations.

Question and Answer

To ask a question:

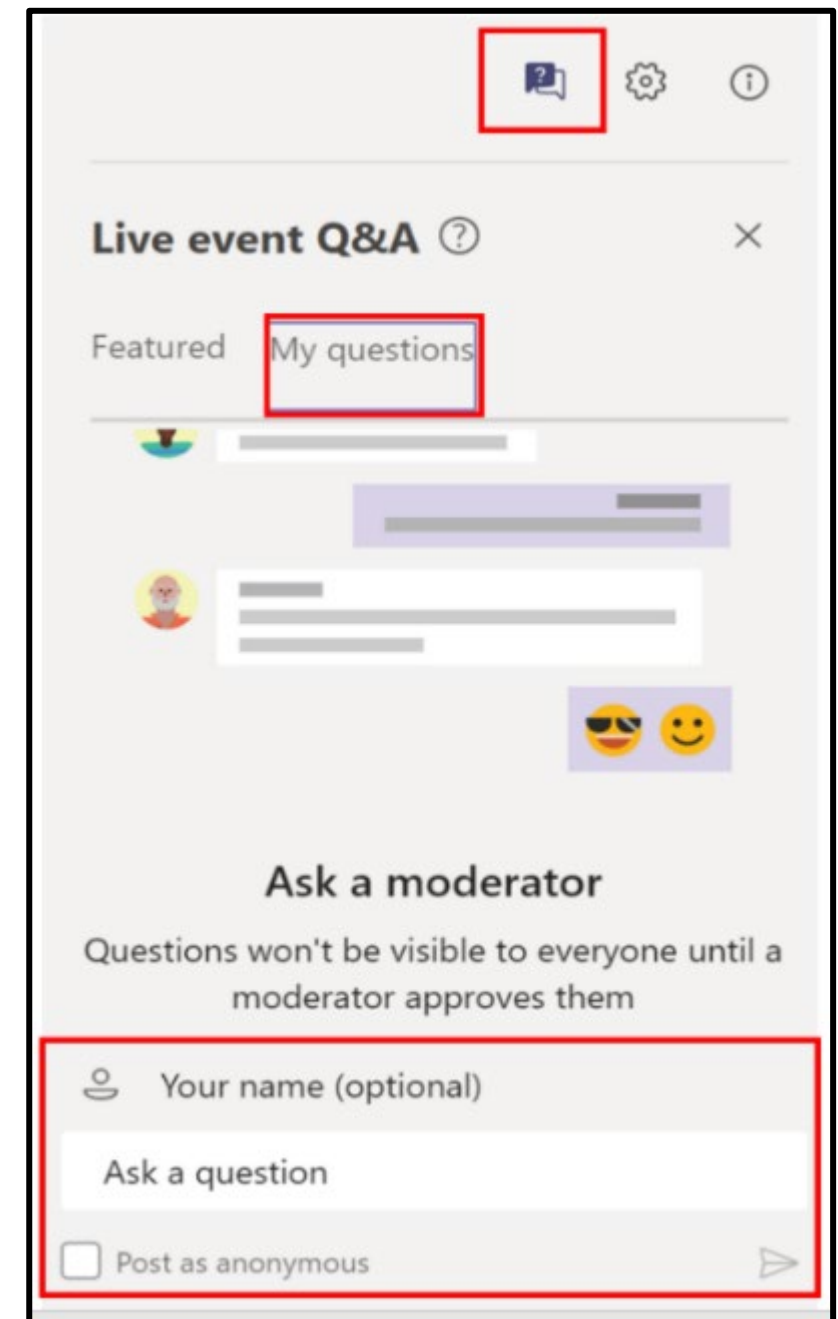
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- All attendees are muted.
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Measure Specification Elements

Patricia Perazzelli, Public Consulting Group

Measure Name & Description

Measure and designated domain / number: Provides the name of the measure, the domain, and the respective measure number

Measure Description: Provides a short explanation of the purpose of the measure.

Measure BH2: Follow-up After Hospitalization for Mental Illness (FUH) – 30-Days Post-Discharge

Measure Description:

The percentage of discharges for individuals 18 to 64 years of age who were hospitalized for treatment of selected mental health disorders or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 30 days after discharge.

Data Source:

MMIS

NQF #:

Based on 0576

Measure Steward:

NCQA

Measure Steward Version:

**HEDIS® MY 2020 & MY 2021
June 28, 2017**

Statewide Target:

75%

Measure Data Source & Measure Steward

Data Source: Indicates the method of the data collection (MMIS, Chart/EHR, Instrument-based)

Measure Steward: Identifies the entity that developed and maintains the original measure specifications.

Measure BH2: Follow-up After Hospitalization for Mental Illness (FUH) – 30-Days Post-Discharge

Measure Description:

The percentage of discharges for individuals 18 to 64 years of age who were hospitalized for treatment of selected mental health disorders or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 30 days after discharge.

Data Source:

MMIS

NQF #:

Based on 0576

Measure Steward:

NCQA

Measure Steward Version:

**HEDIS® MY 2020 & MY 2021
June 28, 2017**

Statewide Target:

75%

Measure Steward Version

Measure BH2: Follow-up After Hospitalization for Mental Illness (FUH) – 30-Days Post-Discharge

Measure Description:

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Data Source:

MMIS

NQF #:

Based on 0576

Measure Steward:

NCQA

Measure Steward Version:

HEDIS® MY 2020 & MY 2021

June 28, 2017

Statewide Target:

75%

Measure Steward Version: Through the measure maintenance process, measure specifications are adjusted and refined based on the most currently available clinical and technical information. This results in different specification versions in use for the same measure. To ensure that hospitals can compare the QIP-NJ measure specification to the measure steward's version, the version number is provided. When codes were referenced from multiple versions of the measure, the source for each code type is noted.

NQF # & Statewide Target

Measure BH2: Follow-up After Hospitalization for Mental Illness (FUH) – 30-Days Post-Discharge

Measure Description:

The percentage of discharges for individuals 18 to 64 years of age who were hospitalized for treatment of selected mental health disorders or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 30 days after discharge.

Data Source:

MMIS

NQF #:

Based on 0576

Measure Steward:

NCQA

Measure Steward Version:

HEDIS® MY 2020 & MY 2021

June 28, 2017

Statewide Target:

75%

Statewide Target: Cumulative aim for each measure, to be achieved by the end of the five-year* program.

**QIP-NJ has received CMS approval for one year, but the model contemplates a five-year program, and the State intends to work with CMS for approval for a multi-year program.*

NQF #: The National Quality Forum (NQF) is a non-profit organization that endorses and publicly reports health care quality measure specifications. If the NQF has endorsed a measure, the NQF # is provided to assist the hospital in determining whether the hospital currently collects and reports the measure for other programs. Use this [link](#) to access the NQF Measures Search.

Measure Calculation Description

Numerator: Defines the specific criteria that identifies the portion of the population that meet the specific performance measurement.

Denominator: Defines the general criteria which identifies the population eligible for measurement.

Measure Calculation Description

Numerator:

Individuals who received a mental health follow-up visit within 30 days after discharge. Does not include visits that occurred on the date of discharge.

Any one of the following meets the criteria for a mental health follow-up visit:

- For services provided in the community in the following settings (NJ Place of Service Value Set):
 - Outpatient Hospital (7)

Individuals must have received a qualifying mental health follow up service (Mental Health Follow-Up Revenue Value Set)

- For services provided in the community in the following settings (NJ Place of Service Value Set):
 - Doctors Office (1)
 - Patient's Home (2)
 - Clinic (8); or
 - Other (9)

Individuals must have received a qualifying mental health follow up service (Mental Health Follow-Up CPT/HCPCS Value Set).

Denominator:

Of the hospital's attributed population, those individuals discharged alive from an acute inpatient setting (including acute care psychiatric facilities) with a principal mental illness or intentional self-harm diagnosis (Mental Illness Value Set; Mental Health Diagnosis Value Set; Intentional Self-Harm Value Set) on or between July 1 and December 1 of the MY with continuous enrollment through 30 days post-discharge.

To identify acute inpatient discharges:

- Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
- Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).
- Identify the discharge date for the stay.

Measure Calculation Description (Cont.)

Exclusions:

- Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).
- Exclude both the initial discharge and the readmission/direct transfer discharge if the last discharge occurs after December 1 of the MY.
- Exclude both the original and the readmission/direct transfer discharge if the readmission/direct transfer to the acute inpatient care setting was for any other principal diagnosis (use only the principal diagnosis on the discharge claim).
- Exclude discharges followed by readmission or direct transfer to a nonacute inpatient care setting within the 30-day follow-up period, regardless of principal diagnosis for the readmission.
- Exclude individuals receiving Adult Mental Health Rehabilitation (AMHR) within the same calendar month or calendar month subsequent to the index admission (Adult Mental Health Rehabilitation (AMHR) Value Set).
- Exclude if used hospice during the measurement period (Hospice Encounter, Hospice Intervention Value Set).
- Exclude individuals under age 18 or over age 64 at time of initial admission.

Exclusions:

Criteria used to remove an individual from the denominator. These are absolute; therefore, clinical judgment does not enter into the decision-making process.

Measure Achievement

Result: Identifies the calculated performance result, which can be expressed as either a rate or percentage, depending on the specific measure.

Improvement Direction: Identifies the direction (i.e., “higher” or “lower”) in which the measure must move to improve depending on the measure.

Result:
The result is expressed as a percentage.
Improvement Direction:
Higher

Measure Qualifications

Measure Deviations from Original Specifications:

- Limited to individuals aged 18 -64.
- Deleted from the numerator: Mental Health Practitioner Value Set, which removed the mental health provider requirement for follow-up visits; mental health services are identified using the [Mental Health Fee-for-Service Program Provider Manual](#) (Version 4.8.2, January 2021).
- Deleted values sets: Ambulatory Surgical Center POS, Behavioral Healthcare Setting, BH Outpatient, Community Mental Health Center POS, Electroconvulsive Therapy, Observation, Outpatient POS, Partial Hospitalization or Intensive Outpatient, Partial Hospitalization POS.
- Two rates, one for 30 day and 7 day, are traditionally reported; only the 30 day is required. The performance period has been shortened to between July 1 and December 31 to align with the QIP-NJ reporting timeline.

Data Elements:

- Attributed to the BH population
- Place of Service (020300 2019 NJMMIS Quick Guide)
- Mental Health Outpatient Billing (Revenue, CPT, HCPCS) Code
- Index admission date
- Principal discharge diagnosis
- Discharge disposition status
- Follow up visit category
- Follow up visit date
- Readmission date (if applicable)

Measure Deviations from Original Specifications:

Where applicable, material deviations from measure steward specifications have been indicated along with the reason underlying the change. Measure specifications and referenced code sets will be reviewed annually and updated, as needed, prior to the start each MY.

Data Elements: Designed to be a starting point for data collection from the medical chart and/or EHR. As it may not be inclusive of every item needed to report the measure accurately and completely, a thorough study of the measure's numerator and denominator, inclusion and exclusion criteria and collection procedures will be required to determine all of the data elements needed from the medical chart and/or EHR.

Measure Collection Description

Setting of Care:

Identifies where the service(s) was/were rendered and helps identify which provider type(s) has/have the information available.

Measurement Period:

Identifies the time-period for which the measure is being calculated.

Payment Method:

Identifies how the measure will be paid.

Measure Collection Description			
<u>Setting of Care:</u> Multi-setting (see claim types below)		<u>Reporting Period:</u> Annual	
<u>Measurement Period:</u> July 1, 2021 – December 31, 2021		<u>Baseline Period:</u> July 1, 2020 – December 31, 2020	
<u>Payment Method:</u> P4P		<u>Measure Weight:</u> 11.11%	
<u>Claim Type(s):</u> 01, 03, 04, 06, 14, 15, 18, 19, 22	01 – Inpatient Hospital 02 – Long Term Care 03 – Outpatient Hospital 04 – Physician 05 – Chiropractor 06 – Home Health 07 – Transportation 08 – Vision	09 – Supplies, DME 10 – Podiatry 11 – Dental 12 – Pharmacy 13 – EPDST/Healthstart 14 – Institutional Crossover 15 – Professional Crossover	16 – Lab 17 – Prosthetic and Orthotics 18 – Independent Clinic 19 – Psychologists 21 – Optometrists 22 – Mid Level Practitioner 23 – Hearing Aid
<u>Continuous Eligibility Period:</u> Yes		<u>Risk Adjustment:</u> No	<u>Sampling:</u> No
Continuous Eligibility / Sampling Methodology: The individual must be continuously enrolled from the date of discharge through 30 days after discharge without a gap in coverage to be eligible. Following, December 1 is the last day in the calendar year that an individual is eligible for consideration into this measurement cohort. No sampling is permitted.			

Measure Collection Description (Cont.)

Measure Collection Description			
<u>Setting of Care:</u> Multi-setting (see claim types below)		<u>Reporting Period:</u> Annual	
<u>Measurement Period:</u> July 1, 2021 – December 31, 2021		<u>Baseline Period:</u> July 1, 2020 – December 31, 2020	
<u>Payment Method:</u> P4P		<u>Measure Weight:</u> 11.11%	
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Continuous Eligibility / Sampling Methodology: The individual must be continuously enrolled from the date of discharge through 30 days after discharge without a gap in coverage to be eligible. Following, December 1 is the last day in the calendar year that an individual is eligible for consideration into this measurement cohort. No sampling is permitted.			

Reporting Period: Identifies the time-period for which the measure must be reported.

Baseline Period: Identifies the time-period for which the first measurement will be computed.

Measure Weight: Identifies how much the measure is worth (as a percentage) within its measure suite (BH and maternal health).

Measure Collection Description (Cont.)

Claim Type(s):

Represents the required data components utilized for the adjudication of a claim for payment. The NJ claim type values that were used for programming the MMIS measures are identified for each MMIS measure.

Measure Collection Description			
<u>Setting of Care:</u> Multi-setting (see claim types below)		<u>Reporting Period:</u> Annual	
<u>Measurement Period:</u> July 1, 2021 – December 31, 2021		<u>Baseline Period:</u> July 1, 2020 – December 31, 2020	
<u>Payment Method:</u> P4P		<u>Measure Weight:</u> 11.11%	
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Measure Collection Description (Cont.)

Measure Collection Description			
<u>Setting of Care:</u> Multi-setting (see claim types below)		<u>Reporting Period:</u> Annual	
<u>Measurement Period:</u> July 1, 2021 – December 31, 2021		<u>Baseline Period:</u> July 1, 2020 – December 31, 2020	
<u>Payment Method:</u> P4P		<u>Measure Weight:</u> 11.11%	
<u>Claim Type(s):</u> 01, 03, 04, 06, 14, 15, 18, 19, 22	01 – Inpatient Hospital 02 – Long Term Care 03 – Outpatient Hospital 04 – Physician 05 – Chiropractor 06 – Home Health 07 – Transportation 08 – Vision	09 – Supplies, DME 10 – Podiatry 11 – Dental 12 – Pharmacy 13 – EPDST/Healthstart 14 – Institutional Crossover 15 – Professional Crossover	16 – Lab 17 – Prosthetic and Orthotics 18 – Independent Clinic 19 – Psychologists 21 – Optometrists 22 – Mid Level Practitioner 23 – Hearing Aid
<u>Continuous Eligibility Period:</u> Yes		<u>Risk Adjustment:</u> No	<u>Sampling:</u> No
Continuous Eligibility / Sampling Methodology: The individual must be continuously enrolled from the date of discharge through 30 days after discharge without a gap in coverage to be eligible. Following, December 1 is the last day in the calendar year that an individual is eligible for consideration into this measurement cohort. No sampling is permitted.			

Continuous Eligibility Period: Indicates whether continuous eligibility applies to the measure. If it does not, “N/A” will be marked.

Risk Adjustment: Indicates whether risk adjustment applies to the measure. If it does not, “N/A” will be marked.

Sampling: Indicates whether sampling applies to the measure. If it does not, “N/A” will be marked.


Measure Collection Description (Cont.)

Measure Collection Description			
<u>Setting of Care:</u> Multi-setting (see claim types below)		<u>Reporting Period:</u> Annual	
<u>Measurement Period:</u> July 1, 2021 – December 31, 2021		<u>Baseline Period:</u> July 1, 2020 – December 31, 2020	
<u>Payment Method:</u> P4P		<u>Measure Weight:</u> 11.11%	
<u>Claim Type(s):</u> 01, 03, 04, 06, 14, 15, 18, 19, 22	01 – Inpatient Hospital 02 – Long Term Care 03 – Outpatient Hospital 04 – Physician 05 – Chiropractor 06 – Home Health 07 – Transportation 08 – Vision	09 – Supplies, DME 10 – Podiatry 11 – Dental 12 – Pharmacy 13 – EPDST/Healthstart 14 – Institutional Crossover 15 – Professional Crossover	16 – Lab 17 – Prosthetic and Orthotics 18 – Independent Clinic 19 – Psychologists 21 – Optometrists 22 – Mid Level Practitioner 23 – Hearing Aid
<u>Continuous Eligibility Period:</u> Yes		<u>Risk Adjustment:</u> No	<u>Sampling:</u> No
Continuous Eligibility / Sampling Methodology: The individual must be continuously enrolled from the date of discharge through 30 days after discharge without a gap in coverage to be eligible. Following, December 1 is the last day in the calendar year that an individual is eligible for consideration into this measurement cohort. No sampling is permitted.			


Continuous Eligibility / Sampling Methodology: Indicates how these elements applies to the measure (if applicable).

Question and Answer

To ask a question:

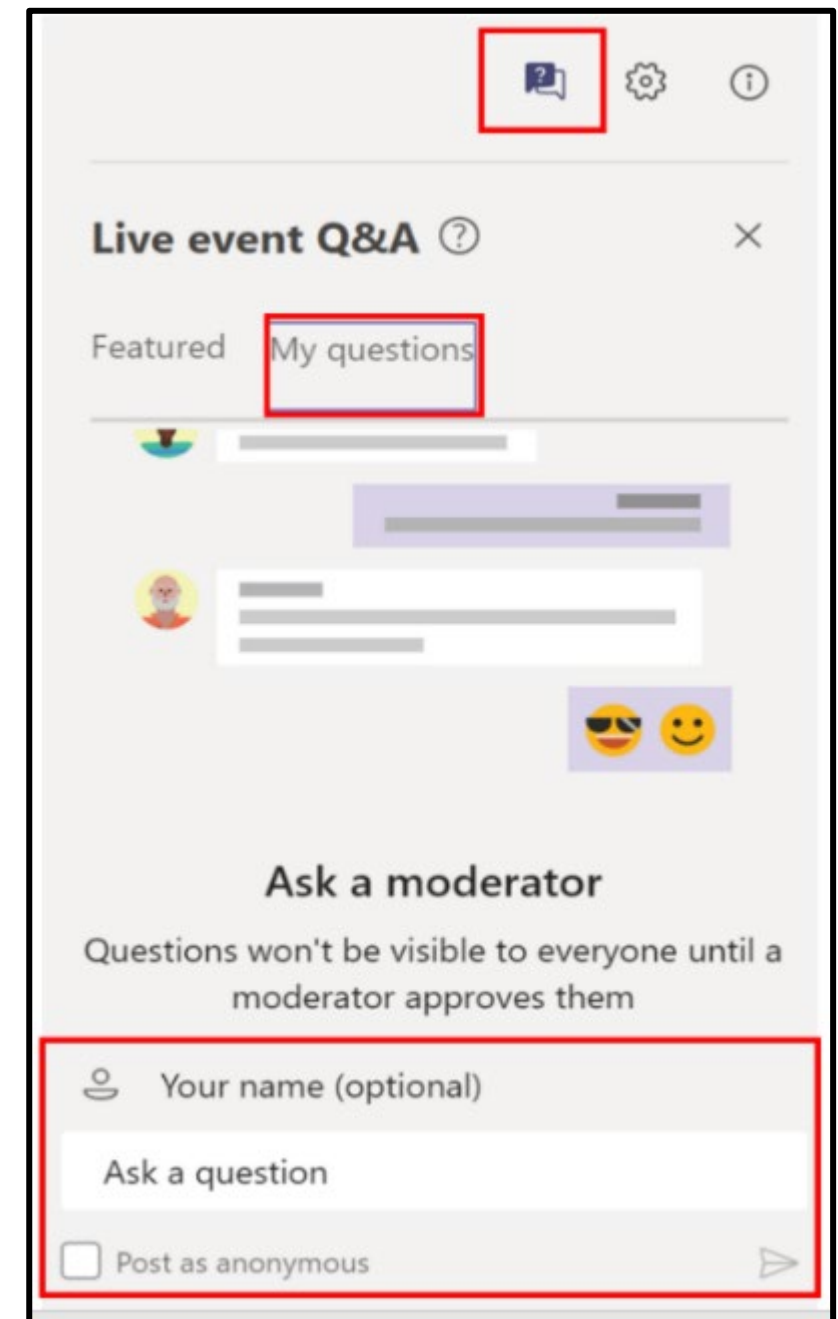
1. Select Q&A  on the right side of the screen.
2. Type your question in the compose box, and then select Send. If you want to ask your question anonymously, select Ask anonymously.

To see all questions and responses:

1. Select Q&A  on the right side of the screen.
2. Go to “Featured” to see questions and responses.

Please note:

- All attendees are muted.
- There is no chat functionality.
- The slides, recording, and a Q&A document will be available within a week on the [QIP-NJ Resources](#) webpage.



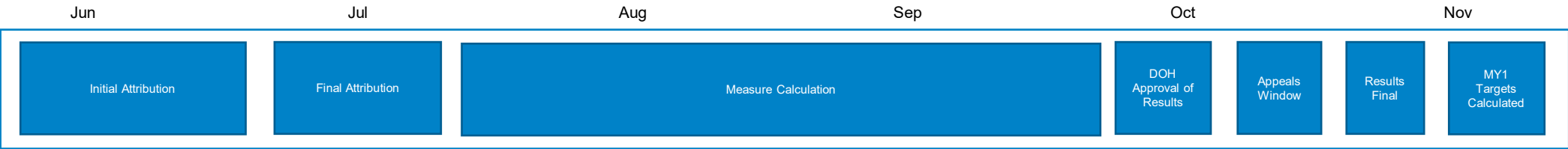
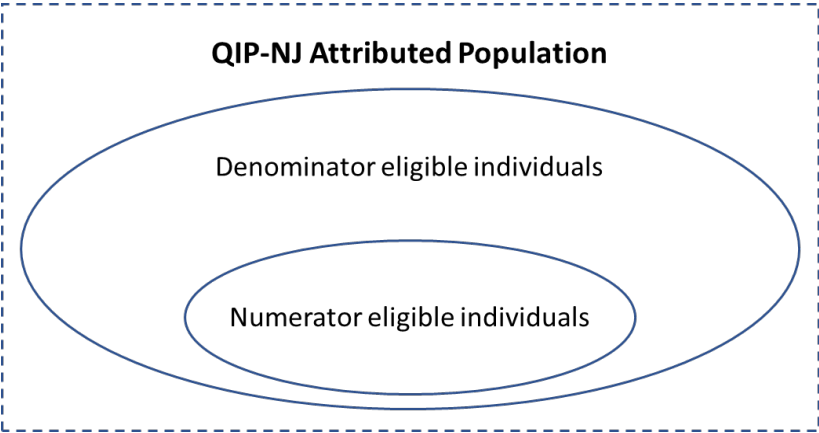
Measure Calculation & Data Submission Process

Karen Wallace, Public Consulting Group

Calculation of MMIS Measures

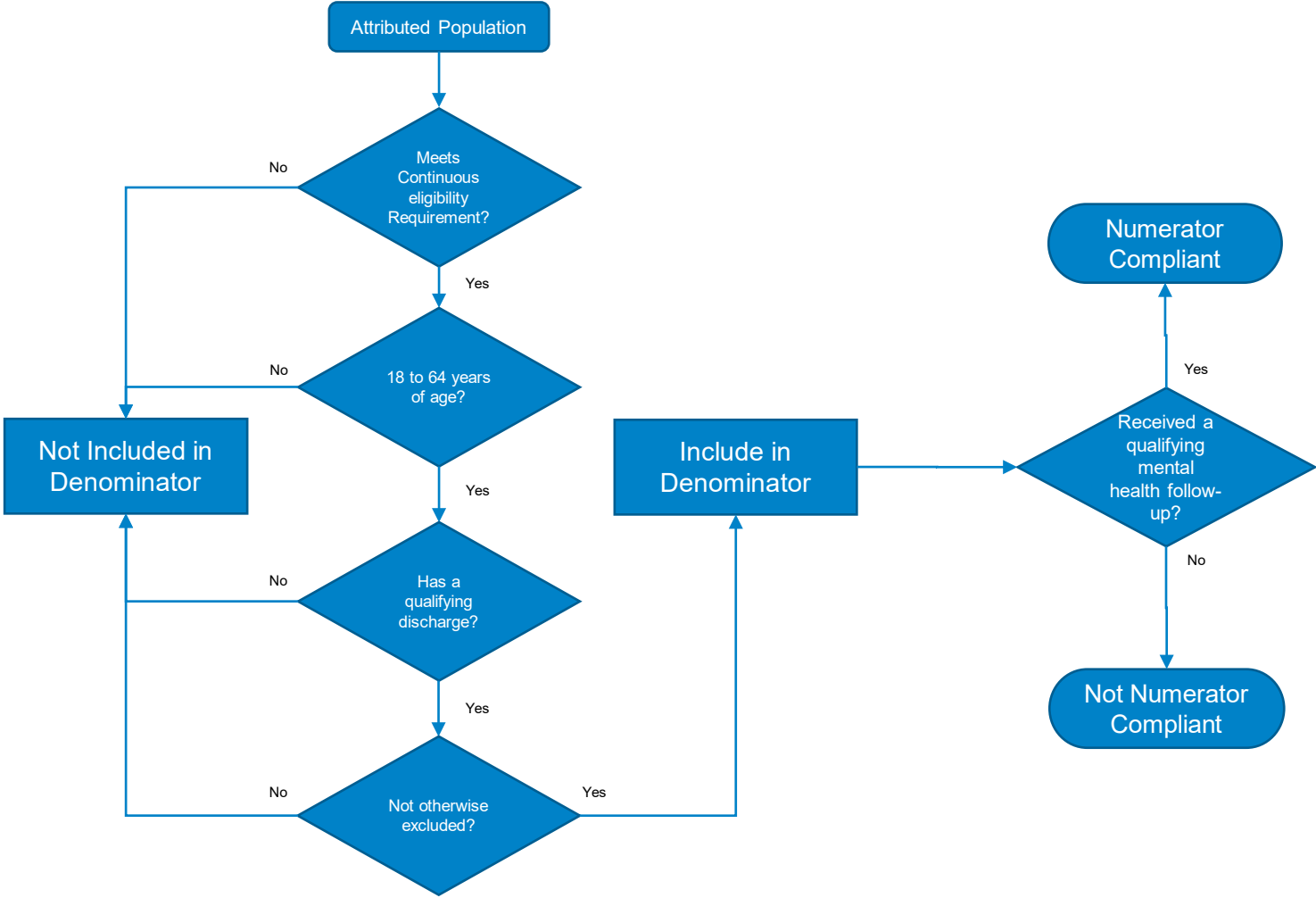
Within a hospital's attributed population, DOH will:

- 1. Identify those individuals meeting continuous eligibility criteria, and individuals not otherwise excluded based on measure criteria (e.g., age, diagnosis, utilization).
- 2. Determine which individuals are numerator and denominator eligible, based on the criteria described in the measure specification.
- 3. Calculate the rate or percentage for the hospital's result.
- 4. Compare result against the hospital specific target, and the statewide target for the measure.



QIP-NJ Measurement Timeline for Baseline (MY0: 7/1/2020 – 12/31/2020)

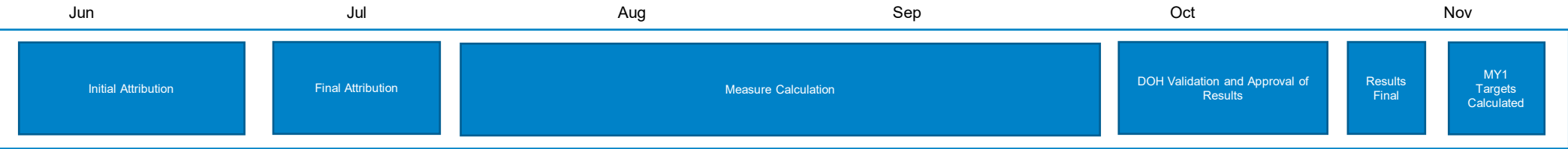
Example Using BH2 Workflow



Calculation of Non-Claims-Based Measures

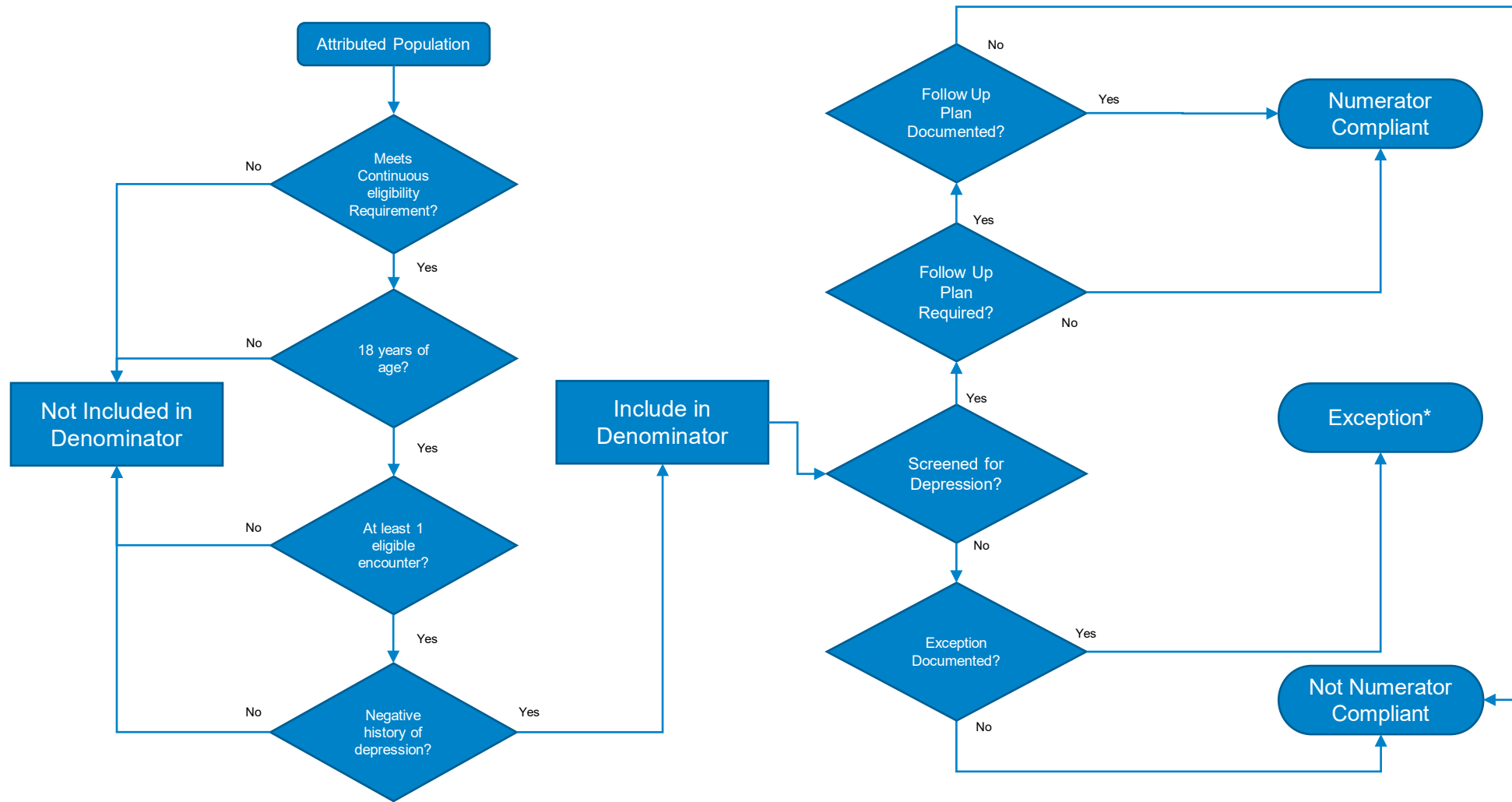
Within a hospital's attributed population, hospitals will be expected to:

- 1. Review Attribution Roster and identify those individuals meeting continuous eligibility criteria, and individuals not otherwise excluded based on measure criteria (e.g., age, diagnosis, utilization, site of care, index date).
- 2. Where sampling is permitted, select a representative sample, in accordance with the sampling guidance put forward by DOH.
- 3. Determine which individuals are numerator and denominator eligible, based on the criteria described in the measure specification.
- 4. Extract patient-level data to support calculation of measure results through chart abstraction or other means.
- 5. Provide DOH with patient-level data to support measure calculation in either the DOH-approved template or a flat file.



QIP-NJ Measurement Timeline for Baseline (MY0: 7/1/2020 – 12/31/2020)


Example Using BH7 Workflow




*Will be removed from both numerator and denominator.

Question and Answer

To ask a question:

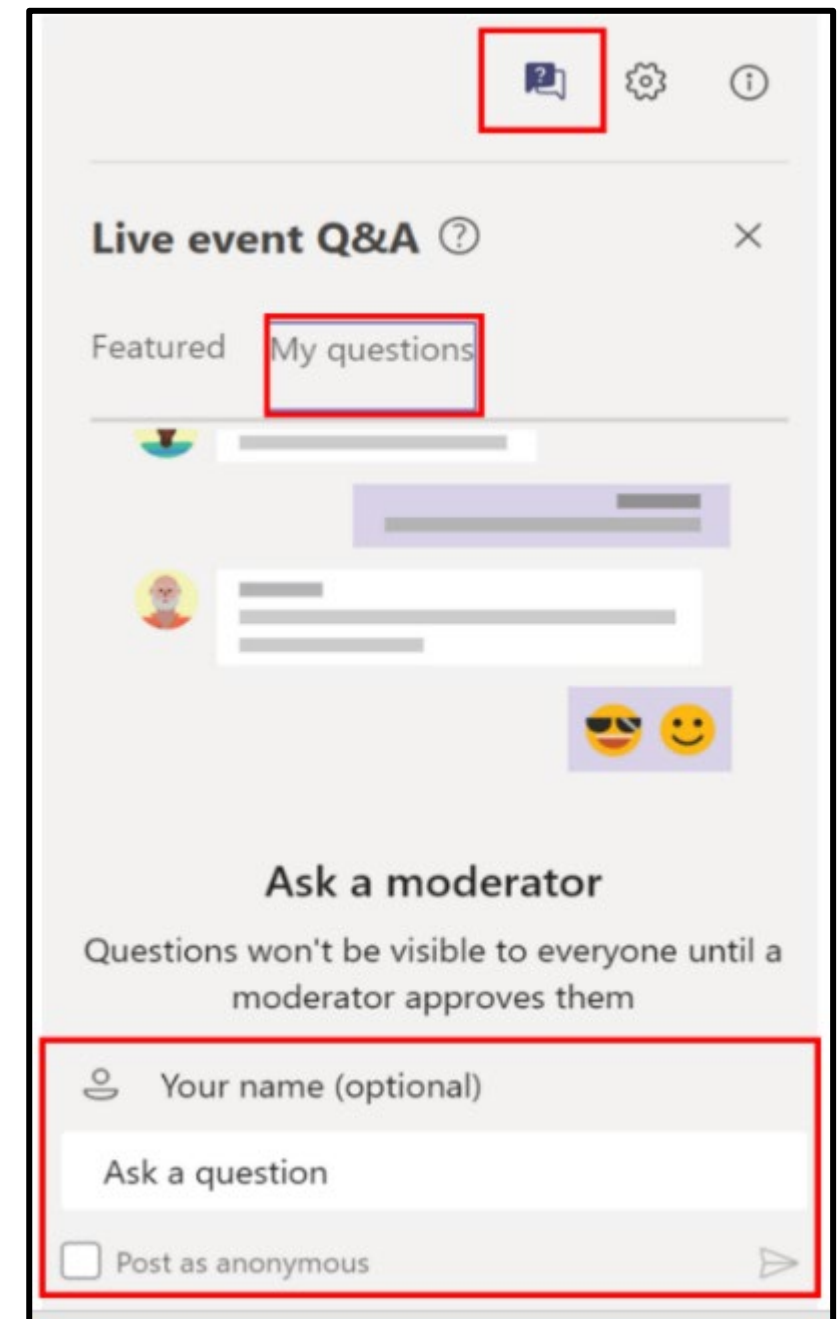
1. Select Q&A  on the right side of the screen.
2. Type your question in the compose box, and then select Send. If you want to ask your question anonymously, select Ask anonymously.

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1. Select Q&A  on the right side of the screen.
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Next Steps

Erica Bonnifield, Department of Health

Next Steps

- Carefully review the [QIP-NJ Databook](#) and [VSC](#)!
- Do a side-by-side comparison of the measure specifications against your own individual hospital coding/billing practices and take note of any areas of concern and/or misalignment.
- Ensure your hospital/health system has submitted its one Technical Contact via the [form](#) on the [DOH website](#).
- Plan to have your one Technical Contact attend the Technical Contact Forums starting in June 2021 and bring your hospital-specific concerns/flags to this discussions.
- Submit questions to QIP-NJ@pcgus.com.



Upcoming Dates & Resources Available

1. QIP-NJ Letter of Intent

- Materials are available on the QIP-NJ [Participants & Stakeholders](#) webpage.
- Completed and signed Letter of Intent to be submitted to QIP-NJ@pcgus.com by **Tuesday, June 15, 2021**.

2. Measure Specification Webinar Recordings will be available on [QIP-NJ website](#) soon!

3. Share your contact information with us: [QIP-NJ Contact Information and Access Request Form](#)



**Thank you for your
participation!**



**Questions?:
QIP-NJ@pcgus.com**