



Microsoft Teams Instructions

To ask a question:

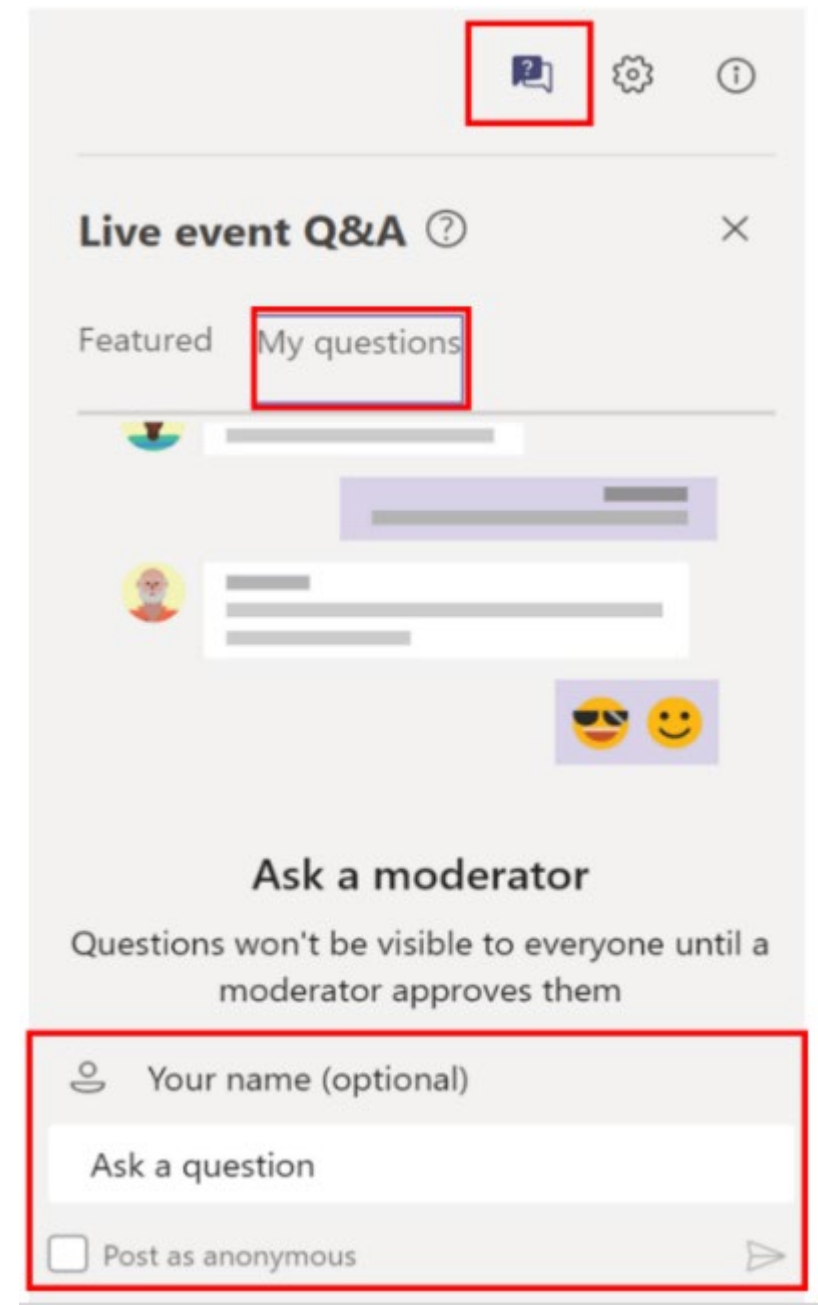
1. Select Q&A  on the right side of the screen.
2. Type your question in the compose box, and then select Send. If you want to ask your question anonymously, select Ask anonymously.

To see all questions and responses:

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

Quality Improvement Program – New Jersey (QIP-NJ) Introductory Webinar

April 15, 2021

3:00pm – 4:00pm



Solutions that Matter

DOH Leadership



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Office of the Commissioner

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Agenda:

Program Details

- Goals & Populations of Focus
- Performance Payment Model
- Eligibility & Reporting Requirements
- Timelines

Performance Payment Model

- Performance Measures
- Gap to Goal Methodology
- Payment Model

Attribution

- Behavioral Health Population & Attribution Hierarchy
- Maternal Health Population & Attribution Hierarchy

Learning Collaborative

- Program Operations Support
- Breakthrough Series Collaborative (BTS) Model
- Recruitment

REMINDER

The information provided reflects program requirements and protocols the State *proposed* to CMS in its submission. **All program rules and requirements are subject to change pending official CMS approval.**

QIP-NJ Program Details

Erica Bonnifield & Michael Conca, Office of Health Care Financing

Goal of QIP-NJ

- The Department of Health has developed this hospital performance initiative to support continued population health improvement across New Jersey.
- The focus of the QIP-NJ is to advance statewide quality improvements in maternal health and behavioral health.
 - Efforts to improve maternal health aligns with New Jersey First Lady Tammy Murphy's [Nurture NJ Maternal and Infant Health Plan](#)
 - Efforts to improve behavioral health aligns with the broader goals of the Murphy administration and its focus on mental health
- Hospitals will earn QIP-NJ incentive payments through the achievement of performance targets on state-selected quality measures that demonstrate:
 - Improvements in maternal care processes;
 - Reductions in maternal morbidity;
 - Enhancements in connections to behavioral health services; and
 - Declines in potentially preventable utilization for the behavioral health population
- Hospitals receive technical assistance to achieve program goals through a robust learning collaborative design.

QIP-NJ Populations of Focus

Maternal Health Population

Medicaid Managed Care enrolled women 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 behavioral health diagnosis

Note: 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.

QIP-NJ Performance Payment Model

- State-Directed Payment, under Managed Care authority.
- Funding is determined by:
 - Hospital's proportional share of QIP-NJ attributed populations in the measurement year;
 - Hospital performance on State-selected quality measures.
- Funds will be distributed to hospitals by Managed Care Plans.

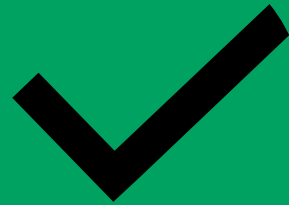
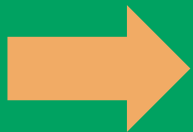


Eligibility

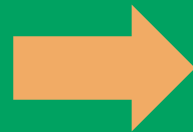
“Opt In”



Report on non-claims-based measures

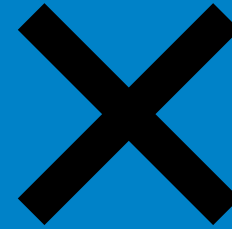


Preserve ability to earn QIP-NJ funds

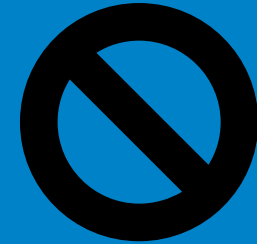


QIP-NJ funds earned through performance achievement only

“Opt Out”



Fail to report on non-claims-based measures



Forfeit ability to earn **any** QIP-NJ funds

Eligibility

Eligibility to earn QIP-NJ incentive payments

- All acute care hospitals licensed in New Jersey are eligible to earn QIP-NJ incentive payments.
 - Only hospitals with Labor and Delivery services are eligible to earn incentive payments through the achievement of performance on the QIP-NJ maternal health measure set.
- There is no application or application process.

Reporting requirement to earn QIP-NJ incentive payments

- To earn incentive payments, hospitals are required to submit sufficient data on a suite of non-claims-based measures each measurement year.
 - It is possible for a hospital to meet this requirement for only the QIP-NJ Behavioral Health measures or only the QIP-NJ Maternal Health measures. In this case, the hospital would only be eligible to earn funding associated with the set of measures it completely reported on.

Forfeiting eligibility to earn QIP-NJ incentive payment

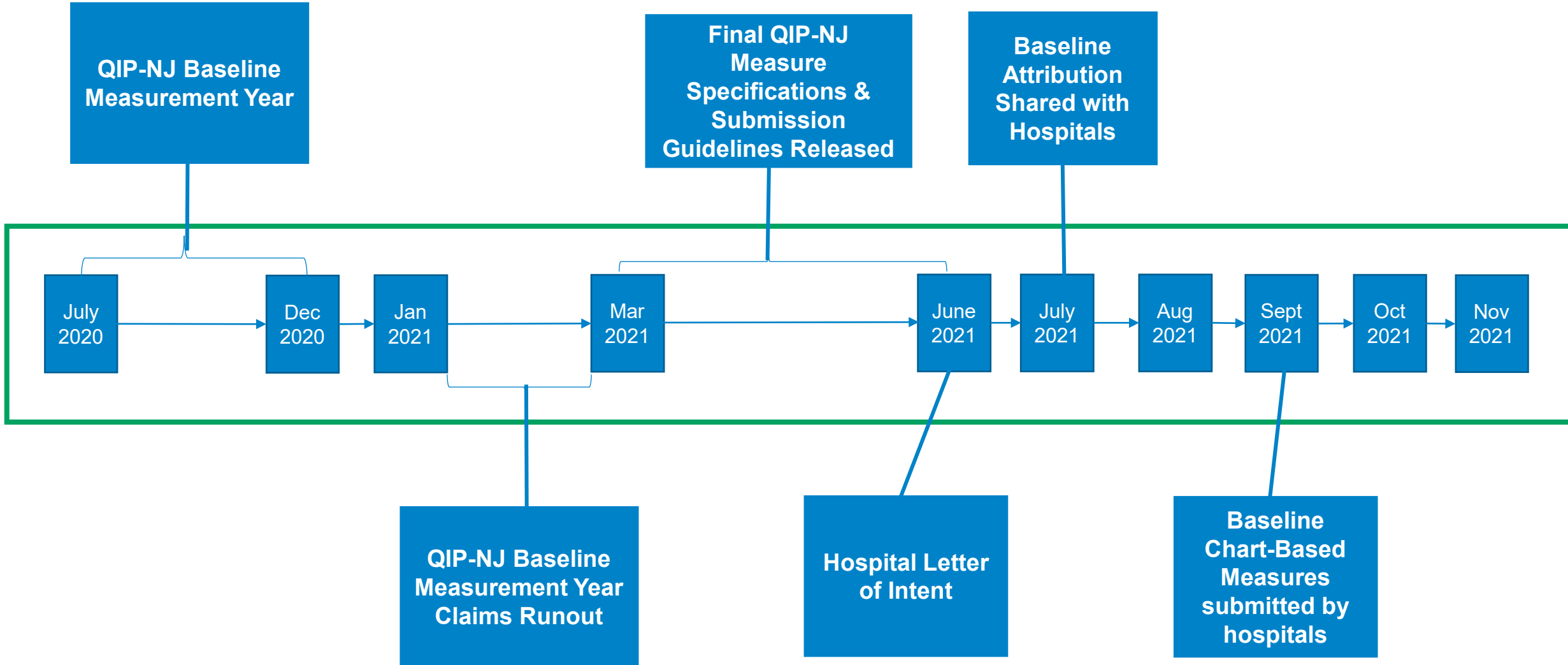
- Failure to submit the necessary, annual non-claims-based data will preclude the hospital from earning incentive payments in that measurement year
 - The hospital may become eligible to earn future QIP-NJ incentive payments in subsequent measurement years so long as the hospital submits all necessary data to support the analysis of the non-claims-based measures in that measurement year.

QIP-NJ Reporting Requirements

- Chart-Based Measure Submissions
 - Baseline
 - Due Summer/Fall 2021
 - To include non-claims-based data for July 2020 – December 2020 baseline measurement year
 - The measure results calculated based on this submission will serve as the hospital's baseline and inform the hospital's individual Measurement Year 1 performance targets
 - Final
 - Anticipated to be due from hospitals in July of each measurement year
 - Hospitals will submit final non-claims-based data for each measurement year
 - This data will be used to determine final measures calculations for the measurement year
- DOH does not anticipate requiring any budget or financial data to be reported by hospitals for QIP-NJ.

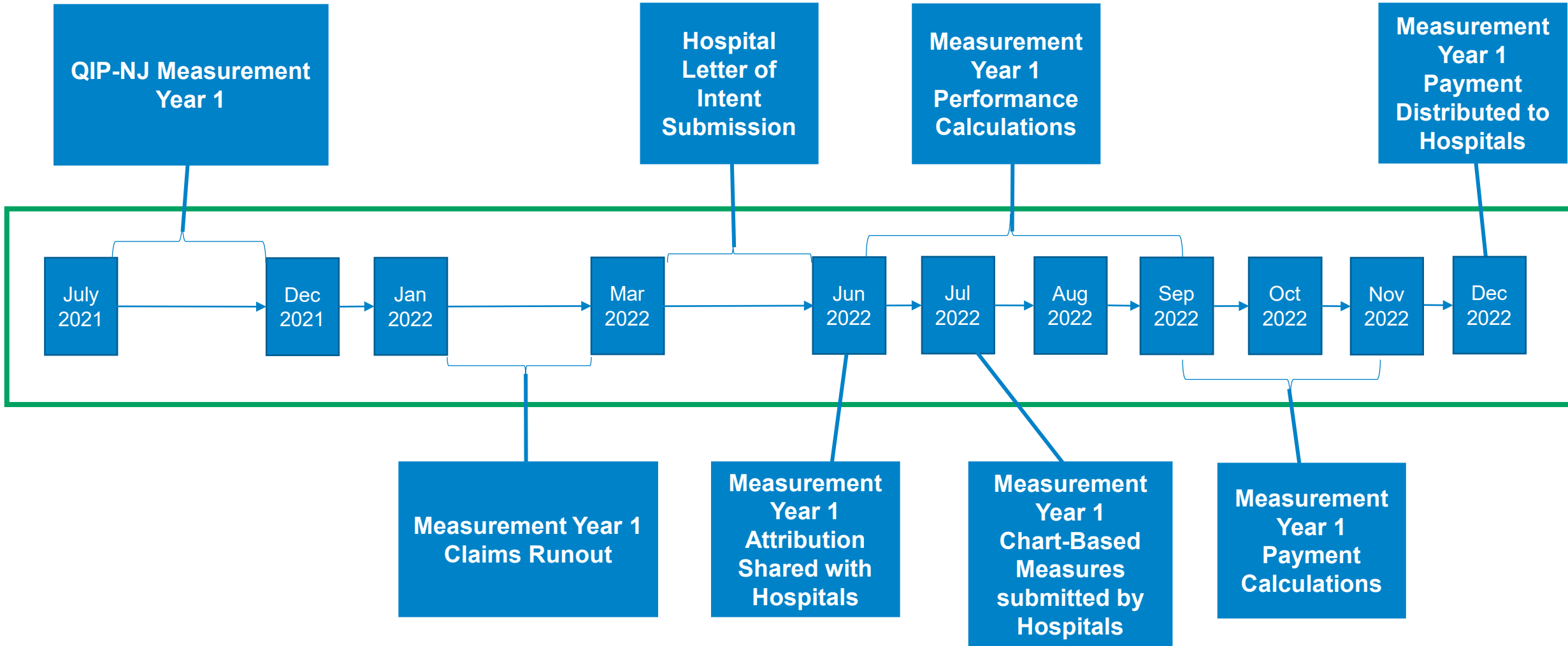
QIP-NJ Baseline Calculation Process

Exact Timeline Subject to Change



QIP-NJ Measurement Year 1 Timeline

Exact Timeline Subject to Change



Performance and Payment

Jenna Wahl, Public Consulting Group

Performance Calculation

- Achievement of performance targets will drive payment for QIP-NJ.
- Individual hospital performance targets will be based on gap-to-goal calculations.
- For each measure, an individual hospital's performance target will represent a percentage closure of the gap between the individual hospital's performance baseline and the statewide goal.

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.

QIP-NJ Behavioral Health 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.

Gap-to-Goal Background

- Statewide Goal: Cumulative aim for each measure, to be achieved by the end of the five-year* program.
- Hospital Baseline: An individual hospital's performance on a measure in the baseline period (Y0; 7/1/2020 – 12/31/2020).
- Hospital Target: Assigned hospital-specific aim for each measure, to be achieved annually; calculated using a gap-to-goal methodology, using the hospital's baseline performance and the Statewide Goal to define the gap.

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

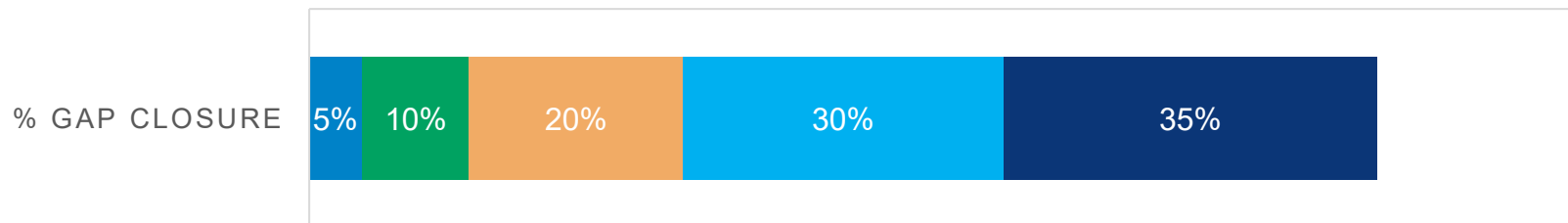
Gap to Goal Methodology

- Hospitals must achieve the state identified uniform annual percentage of the gap between the baseline performance and the statewide goal for each measure.
- Individual hospital growth or reduction required will be based on the difference between hospital baseline for that measure and the statewide goal.

Example:

5 YEAR GAP CLOSURE SCALE

■ Year 1 ■ Year 2 ■ Year 3 ■ Year 4 ■ Year 5



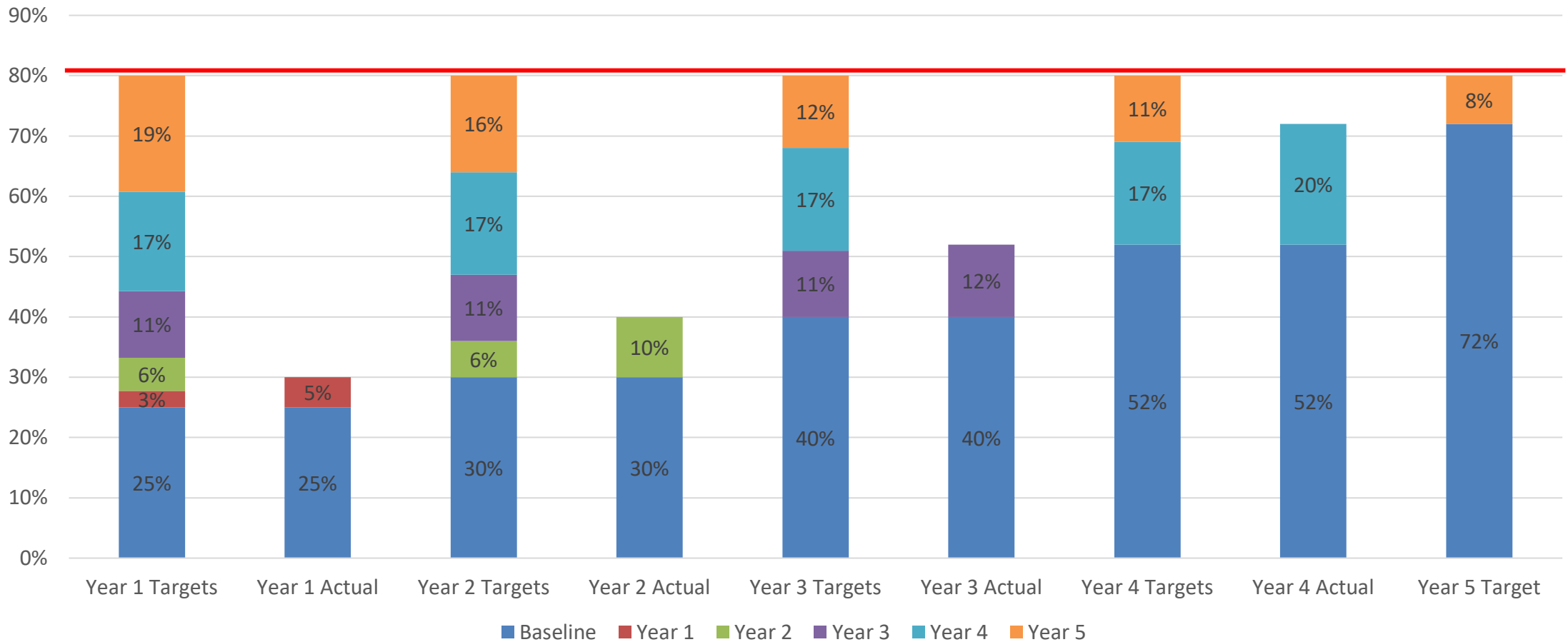
Gap to Goal Methodology

- Increasing closure of the gap between baseline and the statewide goal over the 5 years* of the program:
 - MY1: 5% of gap Y0 baseline to statewide goal, over baseline
 - MY2: 10% of gap Y0 baseline to statewide goal, over previous year achievement
 - MY3: 20% of gap Y0 baseline to statewide goal, over previous year achievement
 - MY4: 30% of gap Y0 baseline to statewide goal, over previous year achievement
 - MY5: 35% of gap Y0 baseline to statewide goal, over previous year achievement
- Targets are set so that hospitals meeting all measurement year targets will reach the statewide goal over the 5-year* program
- If a hospital fails to meet a performance goal, the next measurement year's target is adjusted to require the hospital close 50% of performance gap in the prior measurement year, in addition to the full next measurement year's goal
 - Hospitals failing to meet their annual targets may not have a target in Measurement Year 5 that aligns with the statewide goal.

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

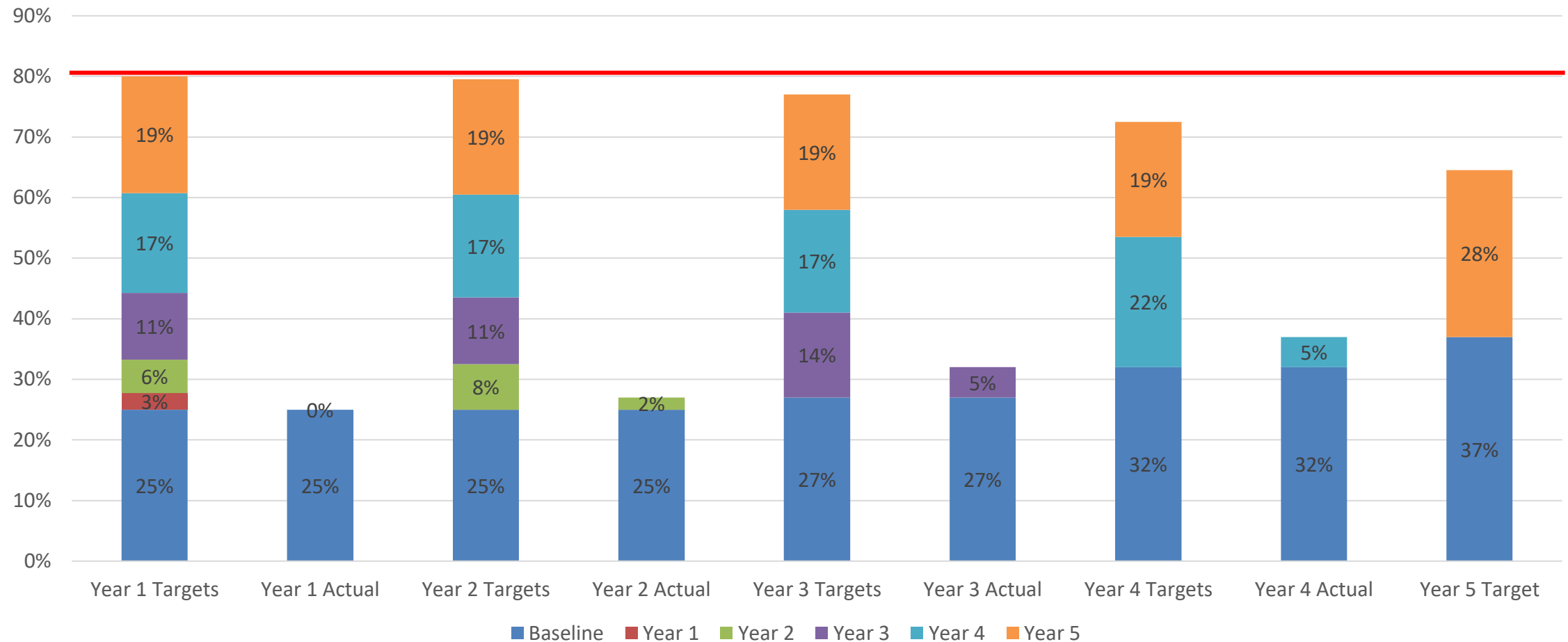
Example Target Setting – Met Target

Gap to Goal - Increasing Gap Closure Each of the 5 Years



Example Target Setting – Did Not Meet Target

Gap to Goal - Increasing Gap Closure Each of the 5 Years



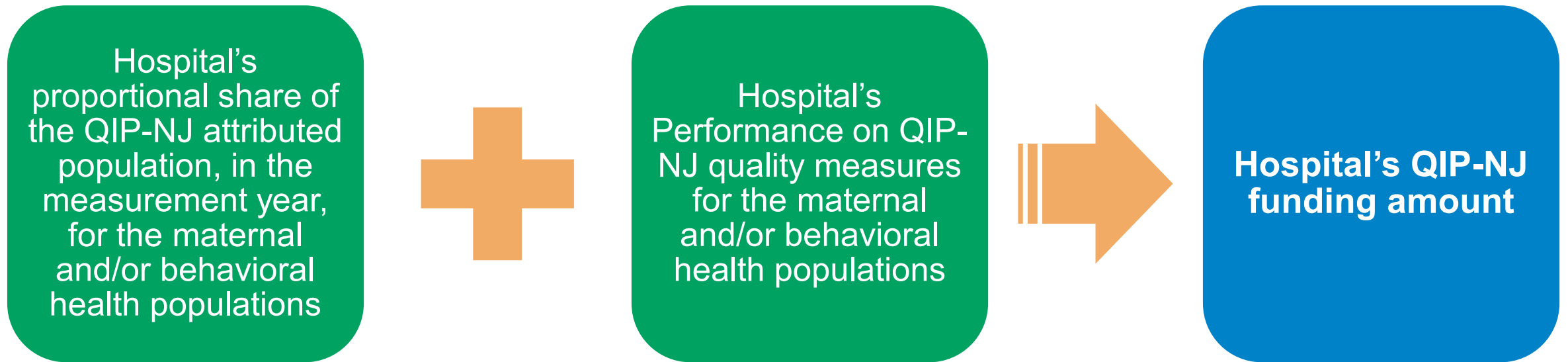
Payments to Hospitals Exceeding the Statewide Goal

- Hospitals meeting or exceeding the statewide goal will receive performance payments, even if performance is lower than in previous measurement year.
- Example: If a hospital achieves 95% on a measure in Measurement Year 1, but only achieved 90% in Measurement Year 2, they still receive payment in Measurement Year 2, if the statewide target is 80%.

Payment Model

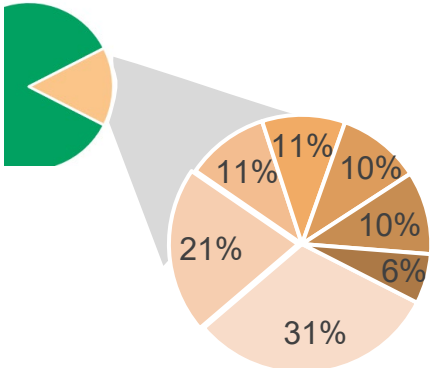
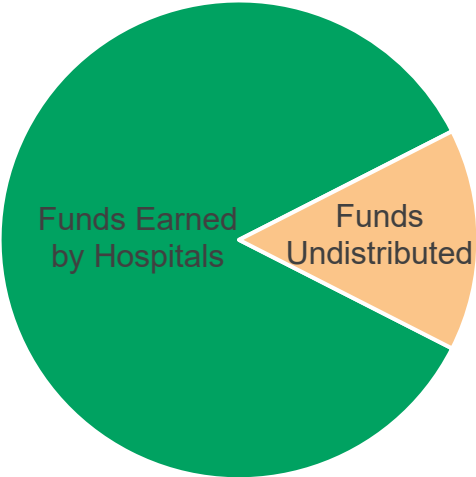
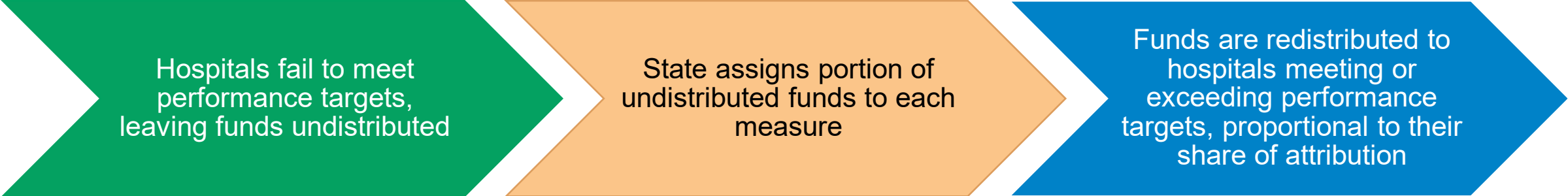
- QIP-NJ incentive payments will only be earned through hospital achievement of performance targets for QIP-NJ quality measures.
 - 70% of the total QIP-NJ funding will be distributed based on performance on behavioral health measures.
 - 30% of the total QIP-NJ funding will be distributed based on performance on maternal health measures.
- In each measurement year of the program all QIP-NJ funds will be fully distributed to hospitals that achieve performance targets through the program's redistribution methodology.

Hospital Funding Targets

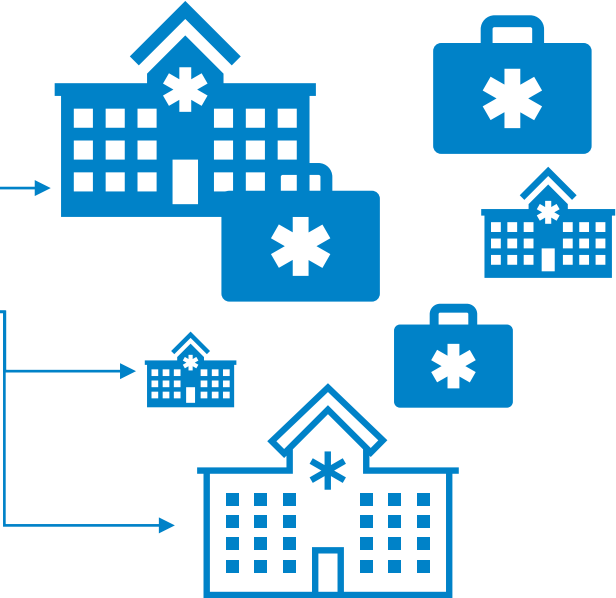


- The State will not be releasing hospital funding targets ahead of the measurement year, as funding amounts are based on the hospital's delivery of services to the QIP-NJ populations in the measurement year.
- The State plans to provide hospitals with historical attribution data for reference.
- Baseline attribution will be provided in May/June 2021.

All Funding to be Distributed Based on Performance: Redistribution Process



- Measure 1
- Measure 2
- Measure 3
- Measure 4
- Measure 5
- Measure 6
- Measure 7



All Funding to be Distributed Based on Performance: Redistribution Process

Hospitals fail to meet performance targets, leaving funds undistributed

- Hospitals failing to meet all performance targets will leave a portion of program funds undistributed.

DOH assigns portion of undistributed funds to each measure

- The State will take these undistributed funds and will distribute them across a portfolio of QIP-NJ performance measures that will be determined at the discretion of the State to promote an equitable distribution of funds.

Funds are redistributed to hospitals meeting or exceeding performance targets, proportional to their share of attribution

- The funds are then redistributed to hospitals that have met or exceeded performance targets on the State selected QIP-NJ measures, proportional to the hospital's share of attribution.

For example, if it is determined that there is three million dollars in undistributed funds that will be redistributed based on performance on the measure BH1, the three million dollars would be divided amongst the hospitals that met their individual target for the BH1 measure, based on their share of attribution within the group of hospitals who also met their targets for BH1.

Attribution

Emma Trucks, Public Consulting Group

QIP-NJ Attribution Model

- Attribution will be retrospective.
 - Retrospective attribution is defined as assigning individuals to a hospital at the end of the measurement year based on individuals' use of care during the actual measurement year.
- All individuals attributed under this program must be enrolled in Medicaid Managed Care by the close of the measurement year.
 - Presumptive Eligibility: Only individuals who enroll in Medicaid Managed Care before the close of the measurement year will be included in attribution.
 - Behavioral Health FFS Claims: Pending CMS approval, FFS behavioral health outpatient claims for Medicaid Managed Care enrolled individuals will be included in QIP-NJ attribution and performance calculation.
- An individual's whole service history during the measurement year is examined when determining if an individual meets the behavioral health population criteria, however, only services delivered by a hospital will be used to attribute an individual to that hospital.
 - Whole service history is defined as services provided to an individual in the community in addition to those received at the hospital.

Behavioral Health Population

Age

- Adult population, ages 18+

Diagnosis

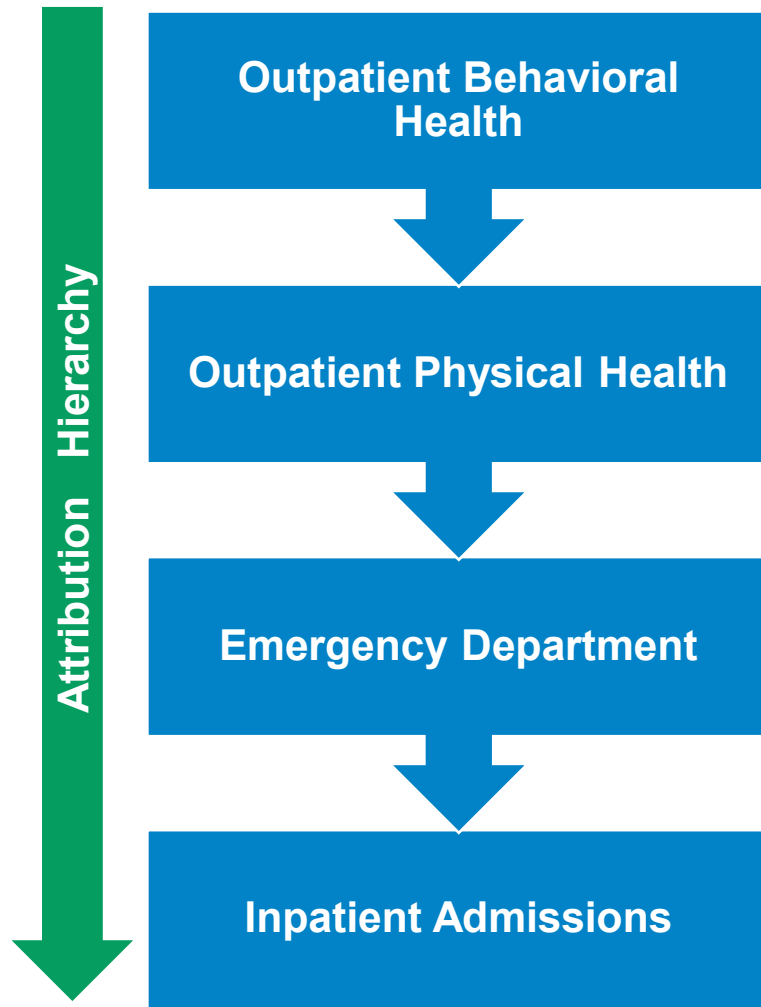
- Individuals with a primary diagnosis of SMI and/or AOD use disorder
- The QIP-NJ definition of SMI is based on the CMS definition of SMI* and includes:
 - Anxiety Disorders, Impulse Control Disorders, Mood Disorders, Personality Disorders, Schizophrenia and Psychotic Disorders, Dissociative Disorders, Somatoform Disorders, Factitious Disorders and Eating Disorders.

Utilization

- The individual must have received either 1 inpatient or 2 outpatient behavioral health services during the measurement year.

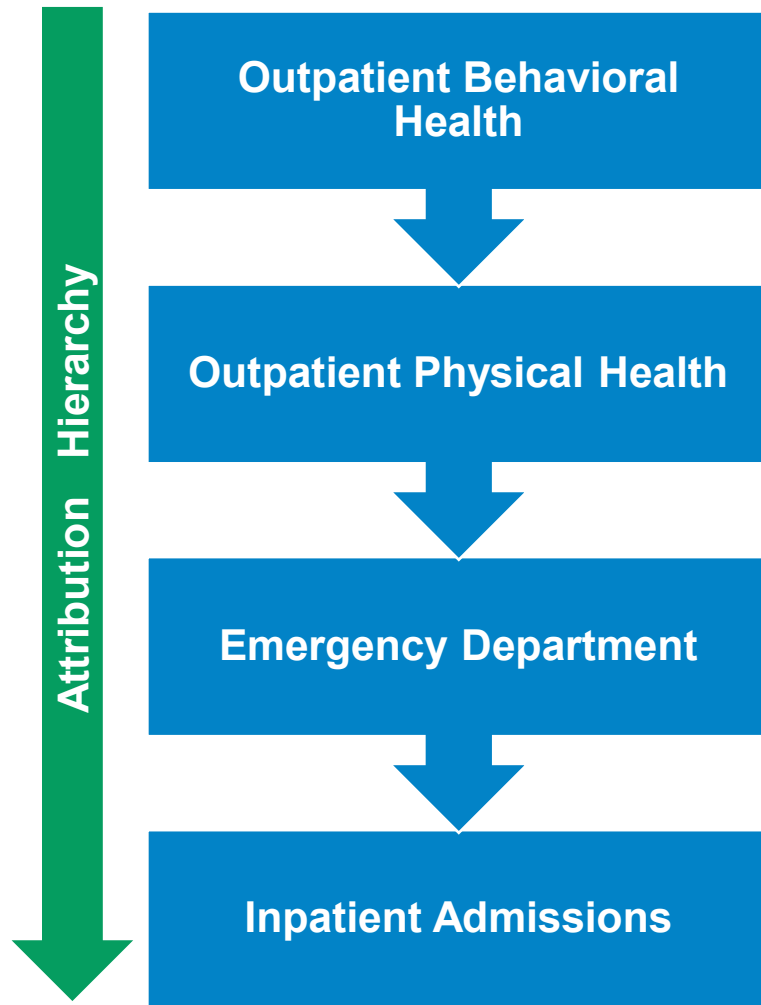
**Based on the 2019 CMS definition of SMI.*

Attribution for the Behavioral Health Population



- For individuals who have 3 or more outpatient behavioral health claims during the measurement year, AND 2 or more outpatient behavioral health claims with a single hospital, the individual will be attributed to the hospital with the majority of the individual's outpatient behavioral health claims.
- For individuals not attributed above who have 3 or more outpatient physical health claims during the measurement year, AND 2 or more outpatient physical health claims with a single hospital, the individual will be attributed to the hospital with the majority of the individual's outpatient physical health claims.

Attribution for the Behavioral Health Population



- For individuals not attributed above who have 3 or more emergency department claims during the measurement year, AND 2 or more emergency department claims with a single hospital, the individual will be attributed to the hospital with the majority of the individual's emergency claims.
- For individuals not attributed above, if the individual has any inpatient claims (Maternity, Psych or Med/Surg) , the individual will be attributed to the hospital with the majority of the individual's inpatient claims.
- If above criteria not met, individual will not be attributed.
- Where 2 hospitals have the same number of claims in any category above, most recent visit of that type will be used as a tie-breaker.

Maternal Health Population

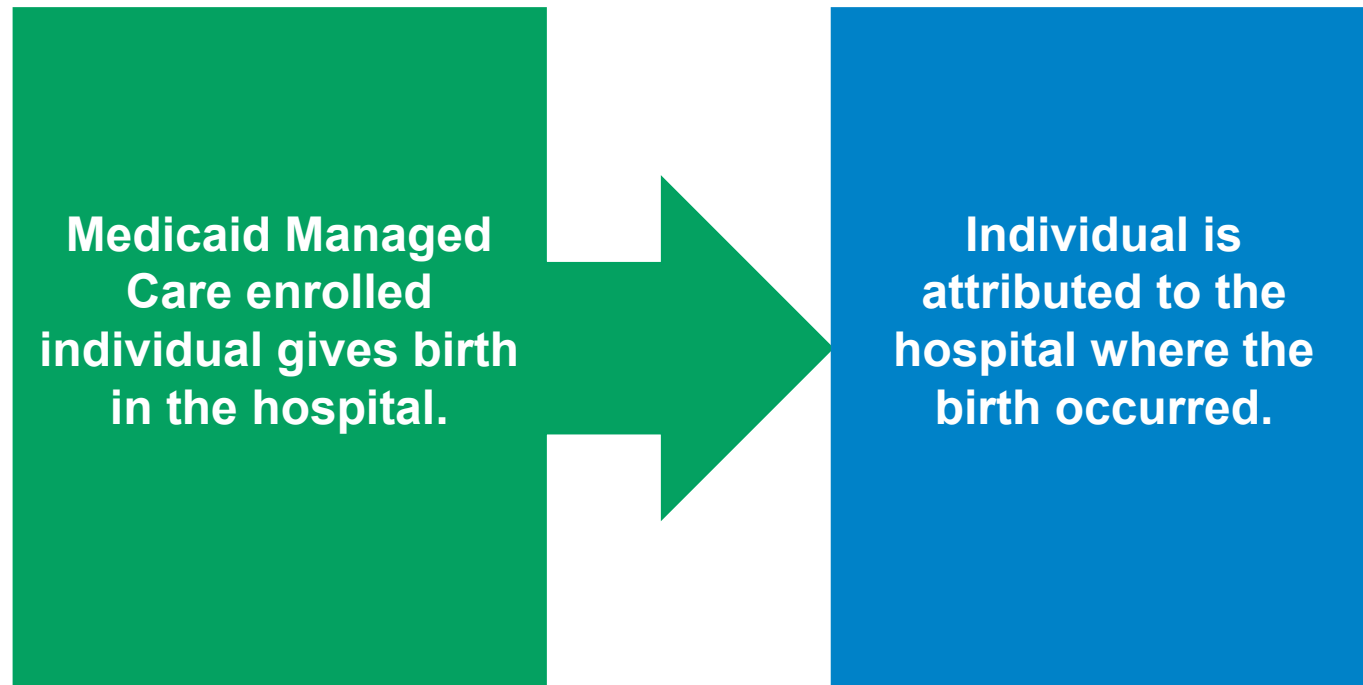
Age

- There are no age requirements that an individual must meet to be included in the maternal health population

Utilization

- The individual must have given birth in a hospital during the measurement year to be included in the maternal health population

Attribution for the Maternal Health Population



Support for Hospitals

Emma Trucks, Public Consulting Group

Program Operations Support



1. Webinars

- Provides guidance to prepare hospitals for programmatic milestones related to:
 - Interpretation of program measure specifications;
 - Preparations for chart-based measure data submission;
 - Interpretation of interim and annual performance results.

2. Email (QIP-NJ@pcgus.com)

- Email for hospitals to submit questions regarding program operations, measure, payments, etc.

3. Website (QIP-NJ.nj.gov)

- Website containing program resources, guidance documents, submission materials, etc.

4. Newsletter

- Monthly newsletter sent by QIP-NJ email to keep hospitals abreast of program developments.

Learning Collaboratives

Hospitals are invited to form teams and participate in QIP-NJ learning collaboratives.

Collaboratives provide an outcomes driven learning and improvement experience with a targeted clinical focus.

- Fall 2021 – Behavioral Health
- Summer 2022 – Maternal Health

Each Collaborative will follow an evidence-based model to:

- increase the impact of improvement teams;
- make the QIP improvement process easier for frontline care teams; and
- help hospitals achieve performance targets to earn QIP-NJ funds.

Each Collaborative will run for approximately 12-15 months.

Learning Collaborative Resources and Support

Participation is voluntary. Interested hospitals will complete a readiness assessment before joining.

By choosing to participate in a QIP Collaborative, a Hospital will receive the following support:

- Targeted education from subject matter experts for frontline care team and hospital leadership;
- Personalized quality improvement coaching from seasoned improvement advisors;
- Peer-to-peer networking and learning;
- Quality improvement capacity building for staff.

Collaborative teams should include:

- Frontline care team and administrative personnel
- Quality staff
- Executive sponsor

BH Learning Collaborative – Fall 2021

Start Date	Fall 2021
Target Population	Patients seen in the Emergency Department
Target Participants	ED frontline care team and support staff
Topic	Improving connections to care for individuals with a mental health or SUD diagnosis within 30 days of an ED discharge
Primary Drivers for Improvement Strategy	<ol style="list-style-type: none">1. Standard, evidence-based care processes in the ED2. Relationships with community providers and organizations3. Trauma informed care delivery4. Engaging patients and chosen families in care process

Next Steps

Jenna Wahl, Public Consulting Group

Next Steps

1. QIP-NJ Letter of Intent

- May 2021: A form Letter of Intent will be shared with all NJ acute care hospitals
- Mid-June 2021: Completed Letter of Intent signed by Hospital CEO or CFO submitted to QIP-NJ team

2. Learning Collaborative Overview Webinar will be hosted in May. More details will be announced soon!


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

4. QIP-NJ Monthly Newsletter: First QIP-NJ newsletter expected the last Friday of April!


- Share your contact information with us: QIP-NJ@pcgus.com

Question and Answer

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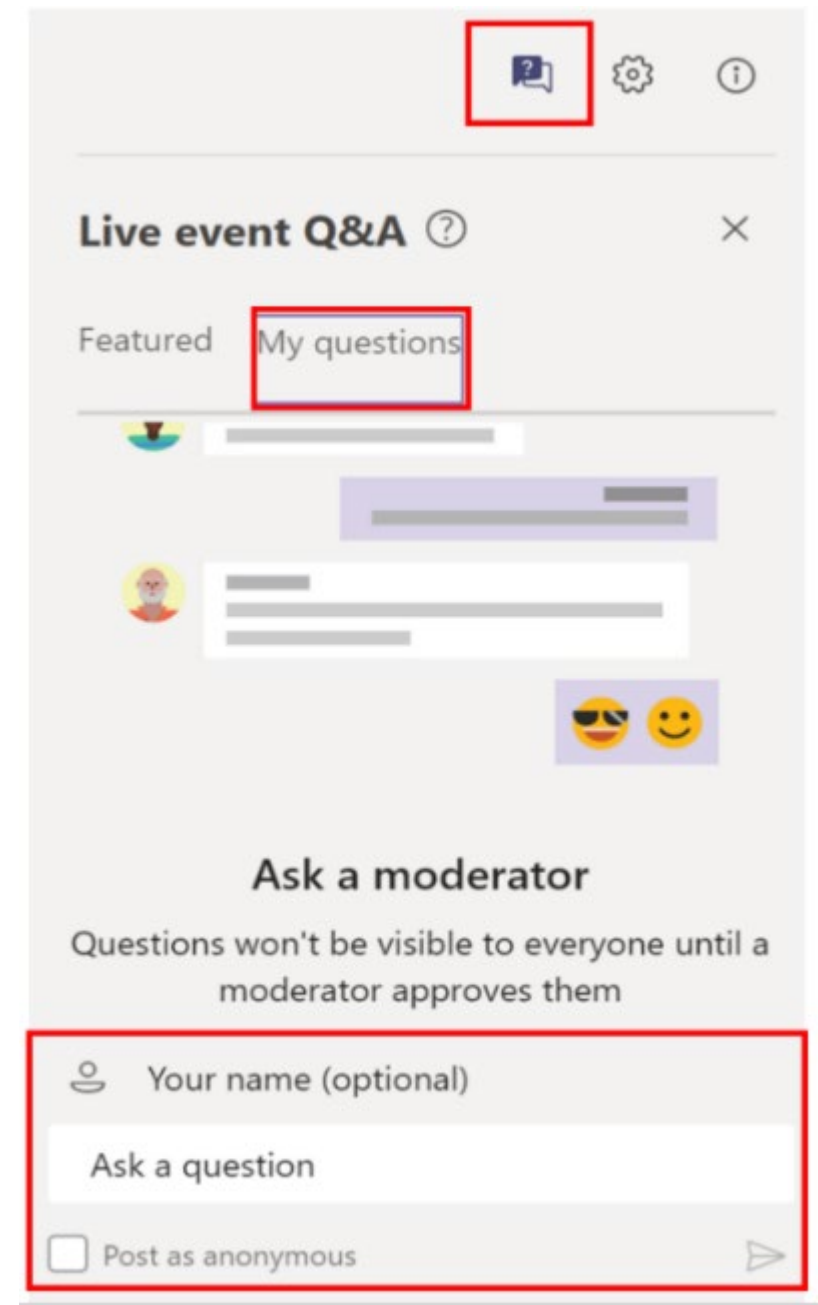
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**Thank you for your
participation!**



**Questions?:
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