Click or tap to enter a date.

Enter Hospital Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Medical Officer (CMO), or Chief Quality Officer (CQO) Name

Enter Hospital CEO, CFO, CMO, or CQO Title

Enter Hospital Name

Enter Hospital Street Address

Enter Hospital City, NJ Enter Hospital Zip Code

Dear New Jersey Department of Health (DOH),

Enter Hospital Name intends to participate in the Quality Improvement Program – New Jersey (QIP-NJ) starting on July 1, 2021. Enter Hospital Name intends to participate in the following portion(s) of QIP-NJ:

[ ]  Behavioral Health (BH)

[ ]  Maternal Health (MH)

By intending to participate, Enter Hospital Name acknowledges and agrees to the following conditions:

1. The participating hospital acknowledges QIP-NJ has been approved by the Centers for Medicare and Medicaid Services (CMS) for one-year, starting July 1, 2021, and DOH is actively working with CMS to renew the program for future years.
2. Hospital participation in QIP-NJ is voluntary. Hospitals that elect not to participate in subsequent measurement years (MY) or hospitals that withdraw from participation in MY1 and choose to rejoin the program will be required to submit performance data in order for DOH to determine their baseline and performance target for subsequent MYs in which they are participating.
3. Continued funding of QIP-NJ is subject to receipt of any additional approvals from CMS as well as annual budget appropriations by the State of New Jersey.
4. Calculation of hospital payments and the rules governing payments for QIP-NJ are solely determined by CMS and DOH.
5. Hospitals that participate in the MH portion of QIP-NJ must maintain its labor and delivery unit for the full MY.
6. The participating hospital will submit accurate and complete data to support performance and payment calculations and any other documents, as required by DOH. Failure to submit these documents in accordance with DOH guidance and timeframes may result in loss of payment.
7. The participating hospital will submit non-claims-based (chart/electronic health record (EHR)) measures in accordance with the guidance specified in the [QIP-NJ Measurement Specifications and Submission Guidelines (Databook)](https://qip-nj.nj.gov/Documents/QIP-NJ%20Databook%20v1_0_FOR_POSTING.pdf). Failure to submit the non-claims-based measures in accordance with the Databook will result in loss of payment for the MY.
8. In addition to data submitted to assess performance on state-selected quality measures, the participating hospital may also be required to provide additional qualitative or quantitative data to DOH, as directed by DOH, to support the program evaluation process.
9. The participating hospital agrees to receive programmatic updates, as necessary, in the form of emails, newsletters, and phone calls.
10. The participating hospital will complete Table 1 below and update DOH on any changes to hospital leadership and National Provider Identifiers (NPIs) within one week of the change.

*Table 1. Hospital Contact Information*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **QIP-NJ Role** | **Name** | **Title** | **Email** | **Phone** |
| QIP-NJ Signature Authority  | Enter name here. | Enter title here. | Enter email address here. | Enter phone number here. |
| QIP-NJ Primary Contact | Enter name here. | Enter title here. | Enter email address here. | Enter phone number here. |

In signing this letter, Enter Hospital Name intends to participate in QIP-NJ, starting on July 1, 2021, and attests this letter has been completed fully and accurately by an authorized hospital representative.

Enter Name of Hospital Click or tap to enter a date.

Name of Hospital Date

Enter Name of Signatory Enter Title of Signatory

Printed Name of Signatory Title of Signatory

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature