



State of New Jersey  
DEPARTMENT OF HEALTH  
PO BOX 360  
TRENTON, N.J. 08625-0360  
[www.nj.gov/health](http://www.nj.gov/health)

PHILIP D. MURPHY  
Governor

SHEILA Y. OLIVER  
Lt. Governor

JUDITH M. PERSICILLI, RN, BSN, MA  
Commissioner

## Quality Improvement Program – New Jersey (QIP-NJ) Measurement Year 1 (MY1) Letter of Intent Guidance Document

### QIP-NJ Background

To support continued population health improvement across the State, the Department of Health (DOH) has developed QIP-NJ, which is a Medicaid pay-for-performance initiative open to all acute care hospitals in the state. QIP-NJ will begin on July 1, 2021 and be administered by DOH, in partnership with the Department of Human Services (DHS).

The focus of QIP-NJ is to advance statewide quality improvement initiatives in maternal (MH) and behavioral health (BH). Participating hospitals will earn incentive payments by achieving performance targets on quality measures demonstrating:

- improvements in maternal care processes;
- reductions in maternal morbidity;
- improvements in connections to behavioral health services; and
- reductions in potentially preventable utilization within BH patient population.

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 more information about QIP-NJ, including additional specifics relative to the state-selected MH and BH quality measures, please visit the [QIP-NJ Website](#). Hospitals should also closely review the QIP-NJ measures and their specifications in the [QIP-NJ Measure Specifications and Submission Guidelines \(Databook\)](#), which is also available on the [QIP-NJ Resources](#) webpage.

### QIP-NJ Letter of Intent

This guidance document is meant to serve as a resource for all acute care hospitals when completing the required Letter of Intent, which requires hospitals to confirm or decline participation in QIP-NJ. Although the Letter of Intent will be considered a formal indication of whether a hospital intends to participate in QIP-NJ, it is not a legally binding document. By submitting this year's Letter of Intent, hospitals are indicating their desire to participate in MY1 of QIP-NJ from July 1, 2021 through December 31, 2021. Although MY1 only spans a six-month period, please note that all subsequent QIP-NJ MYs will be full calendar years beginning in January. Hospitals must complete and return the Letter of Intent to DOH by **June 15, 2021**, relative to participation in QIP-NJ for MY1.

Participating hospitals will be required to submit a similar Letter of Intent on an annual basis (anticipated to be December of each year) to reaffirm their desire to participate in QIP-NJ.

DOH strongly encourages that all hospitals carefully review the instructions below prior to completing and submitting the Letter of Intent. All materials have also been made available through the [QIP-NJ Participants](#) webpage.

### **Submission Instructions: QIP-NJ MY1 Letter of Intent**

All QIP-NJ MY1 Letter of Intent submissions are required to be e-mailed to DOH's dedicated inbox, [QIP-NJ@pcgus.com](mailto:QIP-NJ@pcgus.com), by **5:00 PM EST on Tuesday, June 15, 2021** with the following subject line, "Letter of Intent – [Hospital Name]".

DOH has created templates to assist hospitals with their submissions. Prior to June 15, 2021, hospitals must submit either:

1. A completed "QIP-NJ MY1 Letter of Intent – Confirming Participation" signed by the hospital's Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Medical Officer (CMO), or Chief Quality Officer (CQO); **OR**
2. A completed "QIP-NJ MY1 Letter of Intent – Declining Participation" signed by the hospital's CEO, CFO, CMO, or CQO.

For more information as to how to complete these templates, including all relevant fields, please review the below information. Should you have any questions and/or require additional assistance, please contact DOH at [QIP-NJ@pcgus.com](mailto:QIP-NJ@pcgus.com).

*QIP-NJ MY1 Letter of Intent – Confirming Participation:* This template should be completed and submitted by in-state acute care hospitals intending to participate in QIP-NJ MY1. Hospitals are required to complete the following steps:

1. Insert hospital's letterhead at the top of the document
2. At the top left-hand corner of the letter:
  - Insert Date;
  - Insert CEO, CFO, CMO, or CQO Name;
  - Insert CEO, CFO, CMO, or CQO Title;
  - Insert Hospital Name;
  - Insert Hospital Street Address;
  - Insert Hospital City; and
  - Insert Hospital Zip Code
3. In the first paragraph:
  - Insert hospital name where indicated; and
  - Select the check box next to the portion of QIP-NJ (either MH or BH) in which the hospital intends to participate. If the hospital intends to participate in both the MH and BH portions of QIP-NJ, select both boxes.
4. In the second paragraph:
  - Insert hospital name where indicated;
  - Read all conditions of QIP-NJ participation; and
  - Complete Table 1. Hospital Contact Information
    - *Note 1: Please see the definitions of QIP-NJ Roles to accurately complete Table 1.*
      - QIP-NJ Signature Authority: Individual signing the QIP-NJ MY1 Letter of Intent on behalf of the hospital
      - QIP-NJ Primary Contact: Main contact at the hospital for QIP-NJ

5. In the last paragraph:
  - Insert hospital name where indicated;
  - Insert date where indicated;
  - Insert printed name of signatory;
  - Insert title of signatory; and
  - Provide signature
    - *Note: The Letter of Intent must be signed by the CEO, CFO, CMO, or CQO of the hospital. An e-signature is acceptable.*

*QIP-NJ MY1 Letter of Intent – Declining Participation:* This template should be completed and submitted by in-state acute care hospitals who will not be participating in QIP-NJ MY1. Hospitals are required to complete the following steps:

1. Insert hospital's letterhead at the top of the document
2. At the top left-hand corner of the letter:
  - Insert Date;
  - Insert CEO, CFO, CMO, or CQO Name;
  - Insert CEO, CFO, CMO, or CQO Title;
  - Insert Hospital Name;
  - Insert Hospital Street Address;
  - Insert Hospital City; and
  - Insert Hospital Zip Code
3. In the first paragraph:
  - Insert hospital name where indicated; and
  - Read all conditions of choosing not to participate QIP-NJ
4. In the last paragraph:
  - Insert hospital name where indicated; and
  - Insert date where indicated;
  - Insert printed name of signatory;
  - Insert title of signatory; and
  - Provide signature
    - *Note: The Letter of Intent must be signed by the CEO, CFO, CMO, or CQO of the hospital. An e-signature is acceptable.*