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Quality Improvement Program – New Jersey (QIP-NJ) Measurement Year 2 (MY2) Letter of Intent (LOI) Guidance Document

QIP-NJ MY2 LOI Information

As we near the end of MY1 of QIP-NJ on December 31, 2021, DOH is actively working with the Centers for Medicare and Medicaid Services (CMS) to renew for MY2, which begins on January 1, 2022 and continues through December 31, 2022. As a result, this guidance document is meant to serve as a resource for all acute care hospitals when completing the required QIP-NJ MY2 LOI, which requires hospitals to confirm or decline participation in QIP-NJ. Although the LOI 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 LOI, hospitals are indicating their desire to participate in MY2 of QIP-NJ.

Hospitals will be required to submit a LOI on an annual basis (anticipated to be due in December of each year) to either confirm continued and/or new participation in QIP-NJ or to decline participation in QIP-NJ. DOH strongly encourages that all hospitals carefully review the instructions below prior to completing and submitting the MY2 LOI. All materials have also been made available through the [QIP-NJ Participants](#) webpage. For more information on QIP-NJ, please visit the [QIP-NJ website](#).

Submission Instructions: QIP-NJ MY2 LOI

All QIP-NJ MY2 LOI submissions must be received via e-mail to DOH's dedicated inbox, QIP-NJ@pcgus.com, no later than **5:00 PM EST on December 10, 2021**. All MY2 LOI submissions should use the following subject line, "QIP-NJ MY2 LOI – [Hospital Name]".

DOH has created templates to assist hospitals with their submissions. Prior to 5:00 PM ET on December 10, 2021, hospitals must submit one of the following documents that is signed by the hospital's Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Medical Officer (CMO), or Chief Quality Officer (CQO):

1. A completed "QIP-NJ MY2 Letter of Intent – Confirming Participation"; **OR**
2. A completed "QIP-NJ MY2 Letter of Intent – Declining Participation".

NEW FOR MY2:

As part of the MY2 LOI process, hospitals must review and validate: (1) the hospital contact information and (2) the list of Medicaid IDs and Billing Provider National Provider Identifiers (NPIs) provided by DOH in the tables below. This process will help ensure that DOH has the most up-to-date contact information and the IDs on file are accurate for purposes of calculating QIP-NJ attribution for MY1 (July 1, 2021 to December 31, 2021). For more information on how QIP-NJ uses Medicaid IDs and billing provider NPIs to generate attribution, including what billing provider NPIs are appropriate for inclusion for purposes of QIP-NJ, please visit the [QIP-NJ FAQs](#).

Table 1. [Hospital Name] Contact Information – This table includes the current contact information on file.

QIP-NJ Role	Name	Title	Email	Phone
QIP-NJ Signature Authority				
QIP-NJ Primary Contact				

Table 2. [Hospital Name] Medicaid IDs and Billing Provider NPIs for MY1 Attribution – This table reflects the current Medicaid IDs and Billing Provider NPIs on file.

[Hospital Name]	[Medicaid ID]	[Billing Provider NPI]

IMPORTANT: Please note that following submission of the MY2 LOIs and continuing for the duration of QIP-NJ, if there are any changes to contact information or Medicaid Billing IDs and/or Provider NPIs used for QIP-NJ purposes, hospitals must notify DOH in writing within 30 days by sending an email to QIP-NJ@pcgus.com.

QIP-NJ MY2 LOI Template Instructions

For each template, 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, fill out all of the requested information
3. In the first paragraph:
 - Insert hospital name where indicated; and
 - Select the check box next to the portion of QIP-NJ (either maternal or BH) in which the hospital intends to participate. If the hospital intends to participate in both the maternal 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;
 - Review Table 1. [Hospital Name] Contact Information provided above and in the template:
 - If information is correct, check the box to confirm OR
 - If information is incorrect, insert all corrections into Table 1 for any Contact Information that may be inaccurate or missing. This table should only be

completed if corrections are necessary to the Contact Information on file for the purposes of QIP-NJ.

- *Note: Please see the definitions of QIP-NJ Roles to accurately complete Table 1.*
 - QIP-NJ Signature Authority: Individual signing the QIP-NJ MY2 Letter of Intent on behalf of the hospital
 - QIP-NJ Primary Contact: Main contact at the hospital for QIP-NJ
 - Review Table 2. [Hospital Name] Medicaid ID and Billing Provider NPIs provided above and in the template:
 - If information is correct, check the box to indicate that the Medicaid ID and billing provider NPIs on file are appropriate and complete to calculate the hospital's attribution for MY1 (July 1, 2021 through December 31, 2021) OR
 - If information is incorrect, insert all corrections into Table 2 for any Medicaid IDs and/or billing provider NPIs that may be inaccurate or missing. This table should only be completed if corrections are necessary to the Medicaid ID and/or Billing Provider NPIs on file for the purposes of QIP-NJ.
5. In the last paragraph, insert all of the requested information and provide a signature.
- *Note: All LOIs must be signed by the CEO, CFO, CMO, or CQO of the hospital. E-signatures are acceptable.*