



## Quality Improvement Program – New Jersey (QIP-NJ)

### MY0 Non-Claims-Based (NCB) Measure Performance Results: Frequently Asked Questions (FAQ) Document

#### Introduction

The following are questions that were raised in response to the MY0 Non-Claims-Based (NCB) measure results. This FAQ Document was updated following the All-Hospital meeting held on March 17, 2022. Relevant questions will be added to the QIP-NJ Databook FAQ and the QIP-NJ Program FAQ Document. Please note that if you do not see your question listed, it may have been considered out of scope for purposes of the NCB measure performance discussion or – alternatively – it is possible that it was missed by our team. As a result, if you have any additional questions, please feel free to reach out to our team at QIP-NJ@pcgus.com.

#### Age Criteria

##### **1. What are the age criteria for maternal health measures?**

- A. Individuals are eligible for the denominator of M1 if they are between 12 and 55 years of age. Age should be calculated on the date of service.

Individuals are eligible for the denominator of M2 if they are between 8 and 64 years of age. Age should be calculated on the date of service.

Individuals are eligible for the denominator of M5 and M6, if they are between 18 and 64 years of age. Age should be calculated on the date of service.

Individuals are eligible for the denominator of M7 if they are between 18 and 55 years of age. Age should be calculated on the date of service.

To be included in the denominator for measure M8, the patient must be at least 18 years old.

There are no age criteria for measures M3, M4, and M9.

##### **2. What are the age criteria for behavioral health measures?**

- A. An individual is eligible to be included in denominator of BH7 and BH8 if they are between 18 and 64 years of age. Age should be calculated on the first day of the measurement period. Individuals that are 17 and younger, or 65 and older, are excluded from these measures' denominators on the basis of age.

An individual is eligible to be included in denominators for BH1, BH2, BH3, BH4, BH5, BH6, BH9, BH10, and BH11 if the individual is 18 to 64 years of age. Age should be calculated on

the last day of the measurement period. If an individual is 17 and younger, or 65 and older, on the last day of the measurement period, they should be excluded from these measures' denominators.

**3. Why is there variation in the age criteria for the measures?**

Age criteria for each measure are at the discretion of the measure stewards.

Gap to Goal Methodology

**4. How are future performance goals impacted when initial performance goals are met and then not met in subsequent years?**

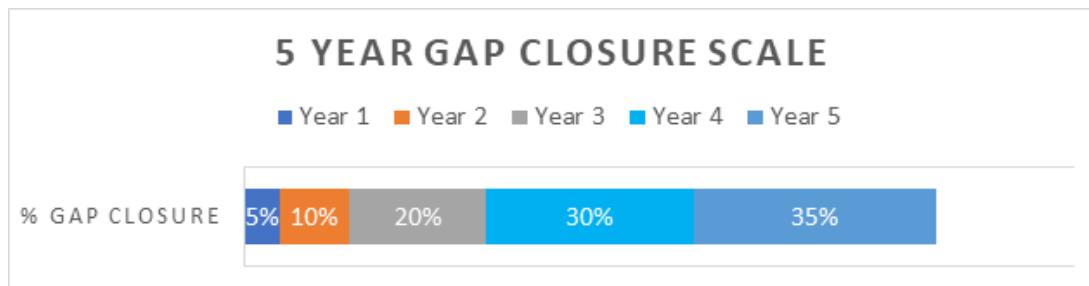
A. Each Measurement Year (MY), the expected improvement amount between a hospital's baseline to statewide goal will increase as indicated in the figure below. Each year, hospital's performance on a measure becomes the new baseline to calculate the gap to goal.

Hospitals will not have individual targets set above the statewide target in any program year.. Once a hospital reaches the statewide target, they have met the goal, and there are no goals set above the statewide target.

If a hospital does not meet its performance goal in a given MY, the next year's target will be adjusted to require the hospital to close 50% of the gap from the previous year, in addition to the full gap for the current year.

For example, if Hospital A has a 5% gap closure in Year 1 and has a 10% gap closure in Year 2 and only closes 3% of their 5% target in MY1, they will have to achieve an 11% gap closure (50% of 2% = 1% + 10% = 11%) in Year 2.

Figure 1: QIP-NJ Five Year Gap Closure Scale



**5. How does not meeting the minimum denominator requirement during the baseline period (MY0) affect a hospital's potential to earn payment?**

A. Where a hospital does not meet the minimum denominator requirement for a measure, the measure must still be reported (for non-claims-based measures) but will be removed from performance payment consideration for the MY and the subsequent MY. Hospital payments will be based on only measures where they have met the minimum denominator



requirement. When a hospital does not reach the minimum denominator requirement for a measure(s), incentive payments tied to the associated measure(s) gets redistributed across all other measures for which the hospital has met the minimum denominator requirement. This includes measures where the hospital may not have achieved performance targets. To restate, hospitals do not lose any potential funding by not meeting the minimum denominator requirement in any year; there is just a higher dollar amount tied to the other measures in this case.

**6. How are targets recalculated for future years of the program when the denominator is not met during MY0?**

- A. If a hospital fails to meet the minimum denominator requirement for any measure and performance targets are not set during the baseline period, the hospital’s MY1 performance will be used as the baseline for the measure. In addition, the measure shall not be considered towards the overall performance of the hospital, and the Target Funding shall be spread across the remaining measures. Where the measure requires hospital submission of data, submission shall still be required, but with no impact on the performance calculation for incentive funds.

Gap closures for this measure, for subsequent years of the program, will be set using the same methodology that was used for the original calculations. The figure below shows an example of how Hospital E has an improvement target of 62.5% for MY2 given a 20% difference between its baseline and the statewide goal.

Measurement Year	Calculation Step	Calculation Definition	Calculation
MY0	Baseline for Measure Y	Hospital does not meet minimum denominator requirement for the measure.	N/A
MY0	Statewide Goal for Measure Y	Final QIP-NJ aim for Measure Y	80%
MY1	Baseline for Measure Y	Hospital’s performance on Measure Y during baseline period.	60%
MY1	Hospital E Measure Y Gap	Subtract hospital baseline from statewide goal	20%
MY2	Program-wide MY2 Gap Closure Goal	Uniform annual percentage that hospital must achieve for MY2 (50% of 5%=2.5% +10%=12.5%)	12.5%
MY2	Hospital E MY2 Improvement Target	Multiply hospital gap by the MY2 gap closure goal	2.5%
MY2	Hospital E MY2 Target Performance	Add hospital baseline to their improvement target for MY1	62.5%



## Attribution

- 7. For the maternal health population, can you clarify the attribution process for patients that give birth one measurement year and are discharged in another measurement year? For example, a patient gives birth on December 31 and is discharged on January 1.**
- A. For the baseline period, birth admission date was used to calculate attribution. Moving forward, after taking hospital feedback into consideration, both admission date and discharge date will be used to calculate attribution. This individual in the example would not be attributed in either MY1 or MY2 attribution due to the dates landing in different measurement periods. Thus, both the admission date and the discharge date must occur in the same measurement period for an individual to be attributed for the maternal health population.
- 8. Why is admission date being used instead of discharge date to pull the roster?**
- A. Changes are being made to how attribution is run. Rosters will be run on both admission and discharge, so patients discharged after the end of the MY will not be included.

## Appeals

- 9. Will there be a similar appeals process with the MY1 measure submissions?**
- A. Yes, there will be a formal appeals process for both claims-based and non-claims-based measures for MY1 and all MYs.

## MY0 Non-Claims-Based (NCB) Measure Performance Results

- 10. Hospitals may have multiple records on file for a measure. Which file is the NCB Results Notification document referencing?**
- A. The NCB Results Notification document includes results from a combination of both the hospital's original non-claims-based measure submission and resubmission, where applicable. If a hospital replaced the data for a measure in their original submission with data from the resubmission, data from the resubmission is used. If the resubmission did not contain updated data for a measure that was submitted in the hospital's original submission, the original submission data is used. Where hospitals have appealed this decision, and requested their original submission be removed, we have approved that request.
- 11. In the "Result Interpretation" field of the NCB Results Notification, some measures are marked as "Submission Not Accepted". What does this mean?**
- A. "Submission Not Accepted" implies that the minimum denominator (30) for that measure was not met and therefore a baseline for the measure was not established. Please note, this determination is made using the "Denominator Approved" number, not the "Denominator Reported" number.
- 12. When a hospital does not meet the minimum denominator for a measure, how does this affect financial performance?**



- A. Payment for measures that did not meet the minimum denominator threshold will be redistributed to other measures. As explained on page 7 of the QIP-NJ Governing Document, when a hospital is eligible to participate for the population (Behavioral Health (BH) and/or Maternal) but does not meet the minimum denominator requirement for a particular measure, the measure must still be reported (for non-claims-based measures) but will be removed from performance payment consideration for the MY. Incentive payments attached to measures that have been removed will be reallocated across the hospital's remaining measures for that population for a given MY. The measure will be reinstated for payment in the next MY for which the hospital meets the denominator requirement(s). The baseline for the measure will be the previous MY in which the denominator requirement was met. To earn payment on this measure in future MY(s), hospitals will be expected to meet the full performance target for the MY in addition to 50% of the gap from any previous MY in which they did not meet the minimum denominator requirement.

**13. Are the hospitals going to get error reports for each non-claims-based measure submission?**

- A. The Department will not be sending additional error reports for purposes of Baseline (MY0). Hospitals received detailed error reports in November 2021 after their original submission of baseline non-claims-based measure data. The original error reports, along with revised Standard Reporting Template (SRT) guidance and targeted webinars for each non-claims-based measure, were made available to assist hospitals remediate their original submissions and resubmit their MY0 non-claims-based data. The detailed error reports and MY0 resubmission was a one-time process due to the significant and material issues with the vast majority of hospital initial MY0 data submissions.

Measurement Year 1

**14. What is the timeline for the dashboard for both participant claims and chart abstracted measures?**

- A. The dashboard will be released this summer.

**15. Can hospitals get an idea of the revenue per attributed patient a hospital might stand to gain if a patient successfully performed on all the measures?**

- A. The QIP-NJ team cannot gauge this, as we cannot know how many patients will meet the denominator until the measures are run.