Agenda

- NJ DHS NF QIPP
- NF QIPP Mandatory Requirements - CoreQ
- CoreQ Survey Requirements
- Eligible Survey Period
- Demographic Submission by NF
- CoreQ Survey Process
- CoreQ Survey Results
- Data Submission Process
- Timeline and Deadlines
- Questions and Answers
Nursing Facility Quality Incentive Payment Program (NF QIPP)

- Primary goal is to improve quality for individuals receiving care in a Medicaid certified Nursing Facility (NF) or Special Care Nursing Facility (SCNF) based on specific quality metrics established under the AWQP Initiative.
- Leverages performance add-ons for state set Medicaid NF rate payments
  - Dependent on budget appropriations
- Focuses on long-stay Medicaid residents
- Focuses on a fiscal year cycle
  - NJ fiscal year runs July 1 through June 30
One of several mandatory requirements for NF QIPP includes mandatory participation in calculating a CoreQ Long-Stay Minimum Survey Sample Size.

CoreQ is a short, reliable, and validated questionnaire to calculate a set of quality measures for long-stay residents of facilities.

- A long-stay resident is defined as a resident whose cumulative days in the facility is equal to or greater than 100 days.
- There are two groups included in each survey sample:
  - Long-stay residents
  - Families of long-stay residents
Following completion of the Quality Incentive Survey (QIS) via the Survey Monkey link indicating CoreQ vendor intent, the facility was responsible for identifying the long-stay census, applying the CoreQ exclusions, and identifying a minimum sample size.

- This information was recorded on the DHS “CoreQ Long-Stay Survey Sample Size Calculation Grid.”

Note: All facilities were required to submit the Calculation Grid regardless of CoreQ Vendor.
Following the submission of the CoreQ Long-Stay Survey Sample Size Calculation Grid, DoAS provided guidance to NFs on next steps:

1. DoAS provided the CoreQ Long-Stay Demographics for Residents and Families template for completion for those NFs that meet the minimum sample size.
2. Facilities were responsible for documenting the resident and family demographics and submitting the template to the applicable CoreQ vendor.

3. The CoreQ contracted vendor is responsible for initiating the CoreQ surveys for the nursing facility once eligibility has been established upon receipt of the demographics from the facility.
Facilities Currently Collecting CoreQ Information Through a Contracted Vendor:

The facility is responsible to submit resident and family member contact information to their vendor. The CoreQ contracted vendor is responsible to initiate the CoreQ surveys and submit survey response data to Dr. Castle to be calculated. It is the facility’s responsibility to ensure the vendor is complying with the requirements.
## CoreQ Exclusions

<table>
<thead>
<tr>
<th>Long-stay Resident Exclusions</th>
<th>Family Members of Long-Stay Residents Exclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Residents who have lived in the facility for less than 100 days will be identified from the MDS. This is recorded in the MDS Section A1600 and/or A1900.</td>
<td>• Families of residents who have lived in the facility for less than 100 days will be identified from the MDS. This is recorded in the MDS Section A1600 and/or A1900.</td>
</tr>
<tr>
<td>• Residents receiving hospice: This is recorded in the MDS as Hospice (O0100K2 = 2).</td>
<td>• Families of residents receiving hospice: This is recorded in the MDS as Hospice (O0100K2 = 2).</td>
</tr>
<tr>
<td>• Residents with court appointed legal guardians for all decisions will be identified from the facility health information system.</td>
<td>• Families of residents who are court appointed legal guardians for all decisions will be identified from the facility health information system.</td>
</tr>
<tr>
<td>• Residents who have poor cognition: Provider will determine if the resident is able to be interviewed (choices are yes (1) or no (0)). Then, the Brief Interview for Mental Status (BIMS) will be given. Residents with BIMS scores of equal to or less than 7 are excluded. BIMS scores equal to 99 are also excluded. (MDS Section C0200-C0500 used).</td>
<td>• Family members who reside in another country.</td>
</tr>
</tbody>
</table>
## CoreQ Long-Stay Demographics for Residents

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>CMS Provider #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Submission:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Include all eligible Residents as calculated on the CoreQ Long-Stay Survey Sample Size Calculation Grid. (Add another page if necessary.) Send to Dr. Castle at <a href="mailto:castlen@coreq.biz">castlen@coreq.biz</a> no later than 11/8/19. Submissions after 11/15/19 will not be accepted.</td>
</tr>
</tbody>
</table>

### Name of Residents:

<table>
<thead>
<tr>
<th>1</th>
</tr>
</thead>
</table>

## CoreQ Long-Stay Demographics for Families

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>CMS Provider #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Date of Submission:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Include all eligible Families as calculated on the CoreQ Long-Stay Survey Sample Size Calculation Grid. (Add another page if necessary.) Send to Dr. Castle at castlen@coreq.biz no later than 11/8/19. Submissions after 11/15/19 will not be accepted. |

### Name of Long-Stay Families:

<table>
<thead>
<tr>
<th>Ex: Jane A. Doe</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Springfield Lane, Springview, NJ 11111</td>
</tr>
</tbody>
</table>

### Addresses:

<table>
<thead>
<tr>
<th>1</th>
</tr>
</thead>
</table>

### 2 |
### CoreQ Questions

For the resident, the three questions are as follows:

1. In recommending this facility to your friends and family, how would you rate it overall?
2. Overall, how would you rate the staff?
3. How would you rate the care you receive?

For the family, the three questions are as follows:

1. In recommending this facility to your friends and family, how would you rate it overall?
2. Overall, how would you rate the staff?
3. How would you rate the care your family member receives?

The response scale is as follows with one being the lowest and five being the highest:

- One (1) – Poor
- Two (2) – Average
- Three (3) – Good
- Four (4) – Very Good
- Five (5) – Excellent
A CoreQ Composite Score is calculated by the DHS vendor based on the results of the questionnaires that meet the valid sample criteria. A valid sample is defined as:

A minimum of 30 residents and 30 families eligible to be surveyed each cycle:

1) A minimum of 20 returned and useable surveys within each survey group (e.g., the numerator must be > 20 residents and >20 families = 40 returned and useable surveys);

2) A minimum response rate of 30% or greater. The response rate is calculated by counting all the valid responses divided by the number of people who were given the survey to complete.
CoreQ Administration Requirements

NF Contracted CoreQ Vendors:

• Collect CoreQ information from long-stay residents and families of long-stay residents annually;
• Provide the number of long-stay residents and families of long-stay residents given CoreQ surveys annually during the established CoreQ cycle; and
• Provide Dr. Castle with CoreQ data results annually by established due date.
The CoreQ surveys are initiated annually.
Facilities and vendors must comply with the timeframes for submission of data.
All information is confidential and will only be used for the survey. Individual surveys completed by the resident or family member will not be shared with the facility.
Dr. Castle will provide DHS with the data results annually.
DHS will provide the CoreQ composite scores to the facilities under the NF QIPP.
The Fiscal Year 2021 CoreQ Survey Period for contracted vendors runs from July 1, 2019 – February 1, 2020.

- CoreQ vendors may initiate surveys during the following time period:
  - July 1, 2019 through January 14, 2020
- CoreQ vendors may collect survey results during the following time period:
  - July 1, 2019 through February 1, 2020
- CoreQ vendors may submit survey result data to Dr. Castle during the following time period. Please ensure that all data is collected prior to submission. Additional survey results will not be permitted after the data is accepted and validated as useable.
  - January 1, 2020 through February 7, 2020
Scoring the Survey Results

The CoreQ contracted vendor is responsible for translating each person’s response to each of the three CoreQ questions will into a numeric response.

- One (1) – Poor
- Two (2) – Average
- Three (3) – Good
- Four (4) – Very Good
- Five (5) – Excellent
- NR – No Response
CoreQ Vendor Survey Results Submission

- Electronic submission via email to Dr. Castle (castlen@coreq.biz)
  - Password protected email formats can be used
  - Email response of receipt within 3 business days of receipt
  - Email response of acceptable data within 5 business days of receipt
- By deadline of February 7, 2020:
  - Submissions are encouraged no later than February 1, 2020.
  - All submissions including error or data format corrections are due no later than 2/7/20.
  - No data, including requested corrections will be accepted after 2/14/20 COB.
Format for the Data

- Excel readable file
- Flat file preferred
- Responses coded to follow CoreQ scoring
Data Elements Required

- Elements in the file should include:
  - 2 clearly labeled and separate tabs
    - 1 tab for Resident Surveys
    - 1 tab for Family Surveys
  - Facility Name
  - Facility CMS ID Number
  - Provide the number of residents and number of families submitted for the survey process
  - Provide a line for each resident and each family included in the survey sample
  - Code scores or NR for each of the three CoreQ questions
Data Elements Excluded

- Elements in the file should NOT include:
  - Resident Names
  - Family Names
  - Family Addresses
  - Scoring Metrics
### Facility Name:

### Facility CMS ID:

### Number of Residents Submitted for Survey:

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident 4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Data Submission Format: Family Tab

**Facility Name:**

**Facility CMS ID:**

**Number of Families Submitted for Survey:**

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Member 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Member 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Member 3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Data Submission Example

**Facility Name:** April View Nursing Center  
**Facility CMS ID:** 315999  
**Number of residents submitted for survey:** 35

<table>
<thead>
<tr>
<th>Resident</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident 1</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Resident 2</td>
<td>4</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Resident 3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Resident 4</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td>Resident 5</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td>Resident 6</td>
<td>5</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Resident 35</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>
The NF and NF Contracted CoreQ vendor will collect and report out as per the timeline:

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Due Date</th>
<th>Survey Collection</th>
<th>Transmission by NF</th>
<th>Dr. Castle Reporting to DHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 2019</td>
<td>11/1/19</td>
<td>Quality Incentive Survey (QIS)</td>
<td>Survey Monkey</td>
<td>December 2019</td>
</tr>
<tr>
<td>November 2019</td>
<td>11/1/19</td>
<td>DHS CoreQ Long-Stay Survey Sample Size Calculation Grid</td>
<td>To DHS via <a href="mailto:NFIInquiry@dhs.state.nj.us">NFIInquiry@dhs.state.nj.us</a></td>
<td>N/A</td>
</tr>
<tr>
<td>November 2019</td>
<td>Determined by NF</td>
<td>CoreQ Long-Stay Demographics for Facilities</td>
<td>To NF Contracted CoreQ Vendor</td>
<td>N/A</td>
</tr>
<tr>
<td>July 1, 2019 – January 2020</td>
<td></td>
<td>CoreQ Surveys Initiated and Responses Received</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>February 2020</td>
<td>2/7/20</td>
<td>CoreQ data Submitted to DHS CoreQ Vendor</td>
<td>To DHS Contracted CoreQ Vendor via <a href="mailto:castlen@coreq.biz">castlen@coreq.biz</a></td>
<td>February 2020</td>
</tr>
<tr>
<td></td>
<td>*No CoreQ survey results will be accepted after 2/14/20 COB</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*COB: Cut-Off Date*
What if a vendor collects information for only one population - residents or families?
The NF has been informed of their need to submit utilize the DHS vendor for CoreQ surveys for the applicable population.

What if not enough responses are received?
All data results must be submitted to Dr. Castle for analysis and calculation. Inability to meet the minimum valid sample size will result in No Score for the CoreQ Composite Score for the survey period.

Will the CoreQ Composite Score be posted by DHS?
Yes, the NF QIPP data including CoreQ Scores will be posted on the DHS website in Quarter 3 2020.
For questions regarding CoreQ, please contact:

Dr. Nicholas Castle
DHS CoreQ Vendor

E-mail: castlen@coreq.biz