

Nursing Facility Quality Incentive Payment Program Fiscal Year 2022

Division of Aging Services (DoAS)

Division of Medical Assistance and Health Services (DMAHS)

October 2020



Agenda

- Nursing Facility Quality Incentive Payment Program (NF QIPP)
- NF QIPP Mandatory Requirements
- CoreQ Survey Process
- DHS NF Reporting Portal
- CoreQ Eligibility, Demographic Submissions, and Timeline
- Quality Performance Measures
- Questions and Answers

Nursing Facility Quality Programs Review

The Department of Human Services in collaboration with the Department of Health and with participation from stakeholders will review the NF QIPP Program, Any Willing Provider provision, and opportunities for value based payment and quality improvement strategies.

\$20 million allocation available for quality funding distribution for FY22 which begins July 1, 2021

The NF QIPP process for state fiscal year 2022 will begin with the CoreQ survey period and collection of Hospital Utilization Tracking (HUT) software use. There will be no change to these two requirements but all components of the NF QIPP will be under review per recent legislation and program evolution and are subject to change.

NURSING FACILITY QUALITY INCENTIVE PAYMENT PROGRAM: FISCAL YEAR 2022



Nursing Facility Quality Incentive Payment Program (NF QIPP)

- Continued collection of established quality metrics to improve quality for individuals receiving care in a Medicaid certified Nursing Facility (NF) or Special Care Nursing Facility (SCNF)
- Streamlined CoreQ sample size calculation process based on the experience and input from last year's survey period.
- Enhancements include
 - Web-based portal for calculation grid submission
 - Same portal used for FY21 rate attestation submissions
 - Streamline and reduce administrative burden
 - Inclusion of CoreQ vendor intent and HUT software questions
 - Eliminates Quality Incentive Survey
 - Calculation Grid auto-calculations to reduce errors
 - Submission confirmation through web portal and email

Mandatory Requirement #1 for NF QIPP Consideration: Validated HUT Software Use

1. Use of a Validated Hospital Utilization Tracking Software System
 - In order to qualify for NF QIPP consideration, a facility must be utilizing a software system specifically designed for hospital utilization tracking
 - Known software includes but may not be limited to:
 - INTERACT™
 - Advancing Excellence
 - LTC Trend Trackersm
 - This information will be collected within the CoreQ calculation grid

Mandatory Requirement #2 for NF QIPP Consideration: CoreQ Minimum Survey Sample Size Calculation

2. Mandatory participation in calculating a CoreQ Long-Stay Minimum Survey Sample Size Calculation and if eligible, submit demographics to initiate the CoreQ survey process within the specified timeframes

In order to qualify for NF QIPP consideration, a facility must:

- a) Participate in establishing the number of long-stay residents and families eligible for the CoreQ survey process through the CoreQ Long-Stay Sample Size Calculation Grid and;
- b) Submit demographics to the CoreQ vendor to initiate the survey process within the specified timeframe

Mandatory Requirement #2 for NF QIPP Consideration: CoreQ Minimum Survey Sample Size Calculation

The CoreQ Long-Stay Minimum Survey Sample Size is calculated via a standardized spreadsheet that allows a facility to:

- Identify all long-term stay residents and their families
- Apply the CoreQ Exclusions
- Determine whether each long-stay resident and their family member is eligible or ineligible for surveying
- Determine the total number of eligible residents and families eligible to participate in the CoreQ survey process
- Utilize the information to submit demographic information to the CoreQ vendor, if applicable

Mandatory Requirement #2 for NF QIPP Consideration: CoreQ Minimum Survey Sample Size Calculation

2. Mandatory participation in calculating a CoreQ Long-Stay Minimum Survey Sample Size:
 - Each NJ Medicaid certified facility is required to submit a CoreQ Calculation Grid to DoAS via web portal **regardless of CoreQ vendor intent, facility type, facility size, or ability to meet minimum sample size**
 - The submitter must be a representative of the NF (Contracted CoreQ vendors not permitted to submit on behalf of NF)
 - Submitter will receive a confirmation
 - The spreadsheet is reviewed and verified for accuracy within 3 business days of receipt
 - DoAS may request corrections and resubmission which must be completed prior to due date
 - DoAS staff will notify the facility via letter of their CoreQ survey eligibility and required next steps within 10 business days of receipt

COREQ LONG-STAY SURVEYS



Mandatory Requirements for NF QIPP Consideration: CoreQ 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

CoreQ Administration

- The CoreQ surveys are initiated annually.
- Facilities must complete a CoreQ Long-Stay Survey Size Calculation Grid and receive a notification from DHS of their CoreQ survey eligibility.
- Facilities and vendors must comply with the timeframes for submission of resident demographics and data outcomes.
- 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.
- DHS has contracted with Dr. Nicholas Castle to collect data and calculate results annually.
- Dr. Castle will not provide CoreQ composite scores to individual facilities.

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

CoreQ Exclusions

Excluded from the survey are the following long-stay residents or family members of long-stay residents.

Long-Stay Resident Exclusions	Family Members of Long-Stay Residents Exclusions
<ul style="list-style-type: none"> • Residents who have lived in the facility for less than 100 days <ul style="list-style-type: none"> ○ This is recorded in the MDS Section A1600 and/or A1900. 	<ul style="list-style-type: none"> • Families of residents who have lived in the facility for less than 100 days <ul style="list-style-type: none"> ○ This is recorded in the MDS Section A1600 and/or A1900.
<ul style="list-style-type: none"> • Residents with BIMS scores of equal to or less than 7 or equal to 99 are excluded. <ul style="list-style-type: none"> ○ Residents who have poor cognition as identified through MDS assessment Section C0200-C0500. 	<ul style="list-style-type: none"> • Family members who reside in another country.
<ul style="list-style-type: none"> • Residents receiving hospice: <ul style="list-style-type: none"> ○ This is recorded in the MDS as Hospice (MDS O0100K2 = 2). 	<ul style="list-style-type: none"> • Families of residents receiving hospice: <ul style="list-style-type: none"> ○ This is recorded in the MDS as Hospice (O0100K2 = 2).
<ul style="list-style-type: none"> • Residents with court appointed legal guardians for all decisions. <ul style="list-style-type: none"> ○ Identify from the facility health information system. 	<ul style="list-style-type: none"> • Families of residents who have court appointed legal guardians for all decisions <ul style="list-style-type: none"> ○ Identify from the facility health information system.

*Family member refers to a designated authorized representative and may consist of a family member, friend, or other relation.

CoreQ Survey Valid Sample Criteria

A CoreQ score is calculated based on the results of the questionnaires that meet the valid sample criteria. A valid sample is:

- 1) A minimum of 30 residents and 30 families eligible to be surveyed each cycle;
- 2) 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)
- 3) 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 Long-Stay Survey Sample Size Calculation Grid

The calculation grid is collecting and/or calculating:

- ✓ Submitter information including date of submission
- ✓ CoreQ Vendor Intent
- ✓ Hospital Utilization Tracking Software Use
- ✓ Resident and Family Tracking
- ✓ CoreQ Exclusions
- ✓ Total Survey Sample Size
- ✓ Recommended naming convention:
 - ✓ **FY22CalculationGrid Facility Name Date of Submission**
 - ✓ i.e. **FY22CalculationGridXYZCareCenter110420**

CoreQ Long-Stay Survey Sample Size Calculation Grid

Facility Name:												
Date of Submission:									CMS Provider #:			
Name and Title of Person Completing Grid:												
Email Address:												
Do you have a contracted CoreQ Vendor? (Yes/No)	Yes											
If yes, list the name of the CoreQ vendor:												
If you entered no, will you be using the DHS vendor, Dr. Castle? (Yes/No)	Yes											
Will your CoreQ vendor collect data for residents and/or families?:	Resident Only											
Hospital Utilization Tracking (HUT) Tool: Do you track and trend hospital inpatient utilization with the use of a validated software system specific to hospital utilization tracking? (Yes/No)	Yes											
If you entered yes, provide the name of the HUT tool:												

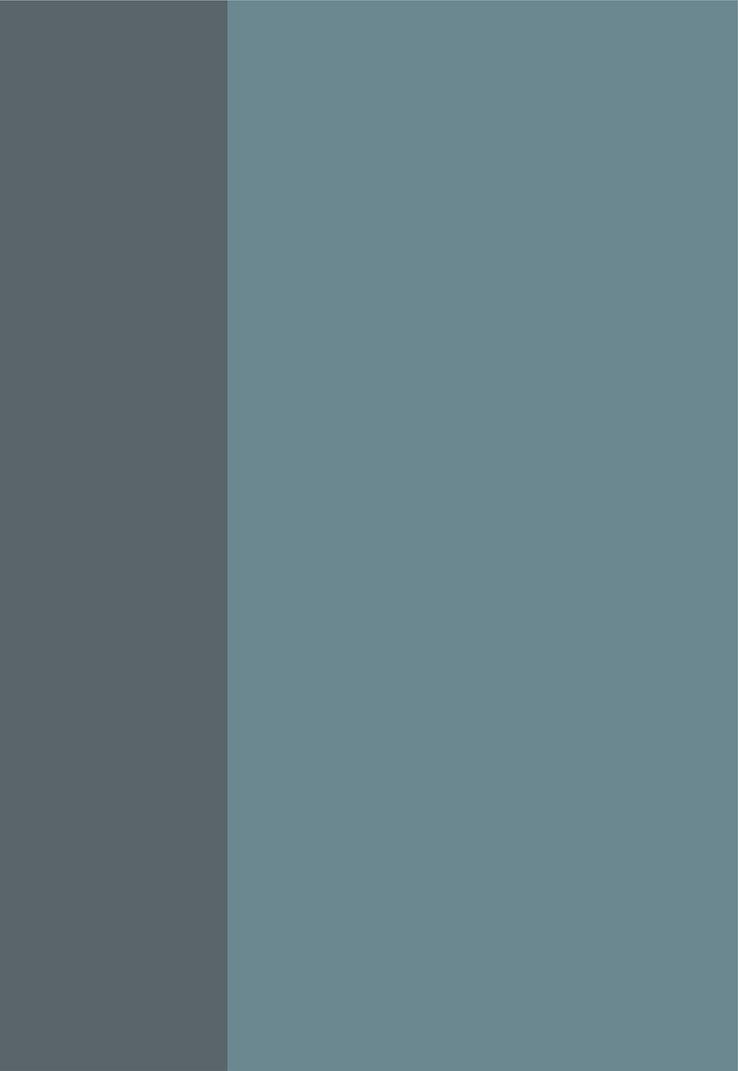
Refer to the "Instructions for Completing & Submitting the DoAS CoreQ Long-Stay Sample Size Calculation Grid" document for guidance. Return form to <http://njdoas-ua.force.com/NF> no later than 11/13/2020 at

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L
	Resident Identifier (Resident Initials or Resident Number)	LTC Resident with Stay ≥ 100 Days	Resident BIMS Score	Resident on Hospice (Y/N)	Resident has Legal Guardian (Y/N)	Resident Appropriate for CoreQ Survey (Y/N)		Family Member Initials	Family Members Living in Another Address for the family (Y/N) if No, family will be inappropriate	Family Appropriate for Survey (Y/N)	
1						Column E require value					
2						Column E require value					

250						Column E require value					
Totals:	Total # of Resident Identifier	Total # of LTC Residents with Stay ≥ 100 Days:	Total # of Residents with BIMS Score ≥ 8:	Total # of Residents on Hospice :	Total # of Residents Who Has a Legal Guardian:	Total # of Residents Appropriate for CoreQ Survey:		Total # of Family Members:	Total # of Family Members Living in	Total # of Family Members who don't have address	Total # of Family Members Appropriate for CoreQ Survey:
Totals:	0	0	0	0	0	0		0	0	0	0

Mandatory Requirements for NF QIPP Consideration: CoreQ Minimum Survey Sample Size (cont'd)

- The CoreQ Long-Stay Survey Sample Size Calculation Grid is submitted to DoAS at <http://njdoas-ua.force.com/NF>
- The Grid and Instructions including information on the CoreQ exclusions is available at <https://www.state.nj.us/humanservices/doas/resources/>
- The due date for the calculation grid is **11/13/20 at 5pm EST.**



NURSING FACILITY REPORTING PORTAL

MAIN LOGIN SCREEN

[Help](#)



New Jersey Department of
Human Services

Division of Aging Services

Nursing Facility Reporting Portal

* Medicaid NF Provider #

HELP PAGE



New Jersey Department of
Human Services

Division of Aging Services

Nursing Facility Reporting Portal

* Medicaid NF Provider #

Help



HELP PAGE

Close



Instructions for Nursing Facility Reporting Portal

- Before beginning the upload process, you will need:
 - (a) Nursing Facility Name,
 - (b) Medicaid NF Provider #, and
 - (c) the completed Attestation and Wage Schedule Excel file.
- To login, enter your Medicaid NF Provider # exactly as it appears on the Rate Notification Letter. If the code is correct, you will be able to see the Nursing Facility name associated with the code and will be able to proceed.
- Enter your First Name, Last Name, Phone, Email and Notes on the form.
- To upload the document, you will need the completed Attestation and Wage Schedule Excel file/FY22 CoreQ Long-Stay Survey file on your device. The format for Attestation and Wage Schedule File is shown in the embedded template below. Please click on below link to download the file.



[Attestation and Wage Schedule File Format](#)

- For upload process, click the "Upload File" button. Locate the document on your device and select it. Then click the "Done" button. You will see the name of your document under "File Name" once attached successfully. If you need to delete the document, click the  to delete. You will need to re-attach it.
- Click on "Submit" button to submit the application.
- The portal will retain a record of your submission that you can view by entering your information. However, you will not be able to view or download the file once it is uploaded. Please keep a copy of the Attestation and Wage Schedule for your records.

VALIDATION SCREEN – AUTO-POPULATE VALUES

[Help](#)



New Jersey Department of
Human Services
Division of Aging Services

Nursing Facility Reporting Portal

* Medicaid NF Provider #

* Nursing Facility Name

CONFIRMATION MESSAGE

Confirmation

Confirm your Nursing Facility details are correct in order to continue.

Medicaid NF Provider #: 1234
Nursing Facility Name: CARE ONE AT LIVINGSTON

*Nursing Facility Name
CARE ONE AT LIVINGSTON

Help

MAIN PORTAL PAGE

[Logout](#) [Help](#)



New Jersey Department of
Human Services
Division of Aging Services

Nursing Facility Name: CARE ONE AT LIVINGSTON Medicaid NF Provider#: 1234

Enter the information of the person submitting the data.

*Last Name	<input type="text"/>	*First Name	<input type="text"/>
Phone	<input type="text"/>	*Email	<input type="text"/>
Notes	<input type="text"/>		

Upload Excel (.XLS, .CSV, or .XLSX) file with your information.

File#	File Type	File Name	Upload	Delete
1.	Attestation and Wage Schedule		<input type="button" value="Upload Files"/>	<input type="button" value="Delete"/>
2.	CoreQ Calculation Grid		<input type="button" value="Upload Files"/>	<input type="button" value="Delete"/>

Files cannot be deleted once submitted.

USING UPLOAD BUTTONS – EITHER ONE OR BOTH FILES CAN BE ATTACHED BEFORE SUBMISSION

Logout Help



New Jersey Department of
Human Services
Division of Aging Services

Nursing Facility Name: CARE ONE AT LIVINGSTON Medicaid NF Provider#: 1234

Enter the information of the person submitting the data.

*Last Name	<input type="text"/>	*First Name	<input type="text"/>
Phone	<input type="text"/>	*Email	<input type="text"/>
Notes	<input type="text"/>		

Upload Excel (.XLS, .CSV, or .XLSX) file with your information.

File#	File Type	File Name	Upload	Delete
1.	Attestation and Wage Schedule		<input type="button" value="Upload Files"/>	<input type="button" value="Delete"/>
2.	CoreQ Calculation Grid		<input type="button" value="Upload Files"/>	<input type="button" value="Delete"/>

Files cannot be deleted once submitted.

USING SECOND UPLOAD BUTTON: COREQ CALCULATION GRID

The screenshot shows a web application interface with a file upload dialog box open. The dialog box is titled "Open" and shows the "Downloads" folder. A file named "FY22 CoreQ Long-Stay Survey file (1).xlsx" is selected. The "Open" button is highlighted in blue. Below the dialog box, a table is visible with two rows. The second row is highlighted in light blue and contains the text "CoreQ Calculation Grid". An orange arrow points to the "Upload Files" button in the second row of the table.

Enter the information

*Last Name

Phone

Notes

Upload Excel (.XLS, .CSV, .XLSX)

File#	File Type	File Name	File Size	File Type	Delete
1.	Attestation				
2.	CoreQ Calculation Grid				

FILE ATTACHMENT PROCESS

Enter the information of the person submitting the data.

*Last Name *First Name

Phone *Email

Notes

Upload Excel (.XLS, .CSV, or .XLSX) file with your information.

File#	File Type	Upload	Delete
1.	Attestation and Wage S	<input type="button" value="Upload Files"/>	<input type="button" value="Delete"/>
2.	CoreQ Calculation Grid	<input type="button" value="Upload Files"/>	<input type="button" value="Delete"/>

Upload Files

 FY22 CoreQ Long-Stay Survey file (1).xlsx
132 KB

1 of 1 file uploaded

Files cannot be deleted once submitted.

FILE ATTACHMENT SUCCESSFUL

Nursing Facility Name: CARE ONE AT LIVINGSTON Medicaid NF Provider#: 1234

Enter the information of the person submitting the data.

*Last Name *First Name

Phone *Email

Notes

Upload Excel (.XLS, .CSV, or .XLSX) file with your information.

File#	File Type	File Name	Upload	Delete
1.	Attestation and Wage Schedule	FY2021 Attestation and Wage Schedule (5).xlsx	<input type="button" value="Upload Files"/>	<input type="button" value="Delete"/>
2.	CoreQ Calculation Grid	FY22 CoreQ Long-Stay Survey file (1).xlsx	<input type="button" value="Upload Files"/>	<input type="button" value="Delete"/>

Files cannot be deleted once submitted.



CONFIRMATION MESSAGE FOR SUBMISSION

*Last Name *First Name

Phone

*Email

Notes

Upload Excel (.XLS, .CSV, or .XLSX) file with your information.

File#	File Type	Upload	Delete
1.	Attestation and Wage Sc	<input type="button" value="Upload Files"/>	<input type="button" value="Delete"/>
2.	CoreQ Calculation Grid	<input type="button" value="Upload Files"/>	<input type="button" value="Delete"/>

Files cannot be deleted once submitted.

Warning

Are you sure you want to submit the file?

DOCUMENTS CANNOT BE DELETED ONCE SUBMITTED. NO FURTHER SUBMISSION ALLOWED IN SAME SESSION

Enter the information of the person submitting the data.

*Last Name	<input type="text" value="Smith"/>	*First Name	<input type="text" value="John"/>
Phone	<input type="text"/>	*Email	<input type="text" value="example@careonelivingston.com"/>
Notes	<input type="text"/>		
		<input type="button" value="Clear"/>	

Upload Excel (.XLS, .CSV, or .XLSX) file with your information.

File#	File Type	File Name	Upload	Delete
1.	Attestation and Wage Schedule	FY2021 Attestation and Wage Schedule (5).xlsx	<input type="button" value="Upload Files"/>	<input type="button" value="Delete"/>
2.	CoreQ Calculation Grid	FY22 CoreQ Long-Stay Survey file (1).xlsx	<input type="button" value="Upload Files"/>	<input type="button" value="Delete"/>

Files cannot be deleted once submitted.

File Submission History

S.No#	File Name	File Type	Submitted Date	Submitter Name	Notes
1	FY2021 Attestation and Wage Schedule(5).xlsx	Attestation and Wage Schedule	Oct 29, 2020	John Smith	None
2	FY22 CoreQ Long-Stay Survey file (1)	CoreQ Calculation Grid	Oct 29, 2020	John Smith	None

**FILE SUBMISSION HISTORY – FILES CAN BE VIEWED & OPENED
IN HISTORY TABLE ONLY WHILE THE USER IS LOGGED IN TO
THE UPLOAD SESSION**

File Submission History

S.No#	File Name	File Type	Submitted Date	Submitter Name	Notes
1	FY2021 Attestation and Wage Schedule(5).xlsx	Attestation and Wage Schedule	Oct 29, 2020	John Smith	None
2	FY22 CoreQ Long-Stay Survey file (1)	CoreQ Calculation Grid	Oct 29, 2020	John Smith	None

EMAIL IS SENT OUT AFTER SUBMISSION PER FILETYPE – SAMPLE
EMAIL

Nursing Facility Reporting Portal :: CoreQ Calculation Grid Document Received

Hello John Smith

Following CoreQ Calculation Grid document has been received on 10-29-2020 through the Nursing Facility Reporting Portal.
FY22 CoreQ Long-Stay Survey file (1).xlsx

Thank you,
DHS

Mandatory Requirements for NF QIPP Consideration: CoreQ Eligible and CoreQ Demographic Submission

Following the submission of the CoreQ Long-Stay Survey Sample Size Calculation Grid, DoAS will provide guidance on next steps:

1. Facility does not meet the minimum sample size
 - There are no additional requirements for these facilities
2. Facility meets the minimum sample size
 - The CoreQ survey process must be initiated, completed and outcome data sent to the DHS CoreQ Vendor by established due dates

Mandatory Requirements for NF QIPP Consideration: CoreQ Survey Initiation

Following notification of CoreQ eligibility, the facility is responsible for initiating the CoreQ survey process

1. DoAS will provide eligible facilities the DHS CoreQ Long-Stay Demographics for Residents and Families standardized template for completion
2. Facilities are responsible for documenting the resident and family demographics and submitting the DHS template to the applicable CoreQ vendor
3. **Demographic submissions via email to the DHS Vendor, Dr. Nick Castle, are required no later than **November 27, 2020 at 5pm EST.****
 1. Email address: castlen@coreq.biz
 2. Submitter will receive an email confirmation of receipt from Dr. Castle
 3. Corrections may be requested by Dr. Castle and must be submitted by the submission deadline

NOTE: Submissions after 11/27/20 at 5pm EST will not be processed by Dr. Castle

CoreQ Demographic Submission

CoreQ Long-Stay Demographics for Residents for FY22

Facility Name:	CMS Provider#:	Date of Submission:
Address:		
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 11/27/20. Submissions after 11/27/20 will not be accepted.		
Name of Residents:		
1		
2		

CoreQ Long-Stay Demographics for Families for FY22

Facility Name:	CMS Provider#:	Date of Submission:
Address:		
Include all eligible Families as calculated on the CoreQ Long-Stay Survey Sample Size Calculation Grid. (Insert more rows if necessary.) Send to Dr. Castle at castlen@coreq.biz no later than 11/27/20. Submissions after 11/27/20 will not be accepted.		
Name of Long-Stay Families:	Addresses:	
Ex:	Jane A. Doe	12 Springfield Lane, Springview, NJ 11111
1		
2		

The actual names of the residents and families who are eligible for CoreQ on the calculation grid need to be submitted on the above template.

Facilities will only receive the demographics template from DHS if applicable.

CoreQ Long-Stay Survey Sample Size Calculation Grid Reminders

- ✓ Each NJ Medicaid certified facility is required to submit a CoreQ Calculation Grid to DoAS via web portal **regardless of CoreQ vendor intent, facility type, facility size, or ability to meet minimum sample size**
- ✓ Calculation Grid is available on the DoAS webpage at <https://nj.gov/humanservices/doas/resources/>



Rate Setting

Nursing Facility Quality Incentive Payment Program (NF QIPP)

- › [Fiscal Year 2022 NF QIPP Facility Letter 10.26.20](#)
- › [CoreQ Long-Stay Sample Size Calculation Grid 10.26.20](#)
- › [Instructions for Completing & Submitting the FY22 CoreQ Long-Stay Sample Size Calculation Grid 10.28.20](#)

- ✓ Submission through DHS NF Reporting Portal at <http://njdoas-ua.force.com/NF>

CoreQ Long-Stay Survey Sample Size Calculation Grid Reminders

- ✓ The submitter will receive a portal and email confirmation
- ✓ The spreadsheet is reviewed and verified for accuracy within 3 business days of receipt
- ✓ DoAS may request corrections and resubmission which must be completed prior to due date. Request will be made to submitter
- ✓ DoAS staff will notify the facility via letter of their CoreQ survey eligibility and required next steps within 10 business days of receipt
- ✓ Facilities eligible for CoreQ surveys will receive the CoreQ Survey Demographics Template and additional instructions for the state's DHS vendor, if applicable
- ✓ DoAS will record all submitted information for QIPP purposes

CoreQ Demographic Submission

- **Facilities Using the DHS CoreQ Vendor:** The facility is responsible to submit resident and family member contact information to Dr. Castle on the designated form (after receiving the notification of eligibility from DHS, if applicable) within the specified timeframe. Surveys will be sent to residents and families from Dr. Castle via the U.S. Postal Service. The resident and family member will return the survey directly to Dr. Castle.
- **Facilities Currently Collecting CoreQ Information Through a Contracted Vendor:** The facility is responsible to submit resident and family member contact information to their vendor. These vendors are responsible to initiate the CoreQ surveys and submit survey response data to Dr. Castle to be calculated. It is the facility responsibility to ensure the vendor is complying with the requirements.

***NOTE: No CoreQ Long-Stay Demographics for Facilities Templates will be accepted by Dr. Castle after 11/27/20.**

CoreQ Administration Requirements

Facilities With NF Contracted CoreQ Vendors

1. Calculate and submit to DHS the CoreQ Long-Stay Survey Sample Size Calculation Grid
2. Submit long-stay resident and family data to contracted CoreQ vendor
3. Contracted vendor to initiate and collect survey data within the data collection period
4. Contracted vendor to provide Dr. Castle with CoreQ data by established due date

Facilities using the DHS CoreQ Vendor (Dr. Castle)

1. Calculate and submit to DHS the CoreQ Long-Stay Survey Sample Size Calculation Grid
2. Submit long-stay resident and family data to DHS vendor - Dr. Castle
3. DHS vendor to initiate and collect survey data within the data collection period on behalf of NFs without a CoreQ vendor
4. DHS vendor will collect CoreQ data from CoreQ vendors contracted with NFs
5. DHS vendor will calculate CoreQ composite scores by established due date and report to DHS.

CoreQ Administration: Special Considerations

- Facilities whose vendor may have only conducted surveys on one population should work with their contracted vendor to complete the second set of surveys within the timeframe specified
 - In these instances, 2 calculation grids must be submitted
 - This is due to lack of direct alignment between reported residents and families

FY22 CoreQ Timeline for Collection, Transmission, and Reporting for Facilities using DHS CoreQ Vendor

Timeframe	Due Date	Survey Collection	Transmission by Facility	Dr. Castle Reporting to DHS
November 2020	11/13/20 *No data will be accepted after 11/13/20	DHS CoreQ Long-Stay Survey Sample Size Calculation Grid	To DHS via http://njdoas-ua.force.com/NF	N/A
November 2020	11/27/20 *No data will be accepted after 11/27/20	CoreQ-Long-Stay Demographics for Facilities	To DHS CoreQ Vendor via castlen@coreq.biz	November 2020
November 2020-February 12, 2021	2/12/21 *No surveys will be accepted after 2/12/21	CoreQ Surveys Initiated and Responses Received	N/A	February 2021

All due dates have a 5pm EST cutoff time.

FY22 CoreQ Timeline for Collection, Transmission, and Reporting for Facilities using **NF Contracted CoreQ Vendor**

Timeframe	Due Date	Survey Collection	Transmission by NF	Dr. Castle Reporting to DHS
November 2020	11/13/20 *No data will be accepted after 11/13/20	DHS CoreQ Long-Stay Survey Sample Size Calculation Grid	To DHS via http://njdoas-ua.force.com/NF	N/A
November 2020	Determined by NF Contracted CoreQ Vendor	CoreQ Long-Stay Demographics for Facilities	To NF Contracted CoreQ Vendor	N/A
July 1, 2020 – February 12, 2021		CoreQ Surveys Initiated and Responses Received	N/A	N/A
February 2021	2/12/21 *No CoreQ survey results will be accepted after 2/12/21	CoreQ data Submitted to DHS CoreQ Vendor	To DHS Contracted CoreQ Vendor via castlen@coreq.biz	February 2021

All due dates have a 5pm EST cutoff time.

QUALITY PERFORMANCE MEASURES



NF QIPP Quality Metrics

The quality metrics for NF QIPP include:

- 5 Minimum Data Set (MDS) measures collected quarterly by CMS and calculated once annually by DHS
 - MDS measures are a part of the federally mandated process for clinical assessment of all residents in Medicare and Medicaid certified nursing homes collected by CMS.
 - DHS utilizes standard quarters that are both finalized by CMS and publically available.
- 1 CoreQ Survey Composite Score: Long-stay resident and family experience survey collected by a CoreQ vendor

**NF QIPP
Quality
Performance
Measurement
Domains**

**CoreQ: Long-Stay
Resident/Family
Experience Survey**



Clinical

**Physical Restraints
Antipsychotic Medication
Falls with Major Injury
Pressure Ulcers
Influenza**



Quality Performance Measures

<u>QPS</u>	<u>Measures</u>	<u>Data Source</u>
QPS 1	Is the percentage of long-stay residents who are physically restrained at or below the average as calculated by DHS?	MDS
QPS 2*	Is the percentage of long-stay residents receiving antipsychotic medication at or below the average as calculated by DHS?	
QPS 3*	Is the percentage of long-stay residents experiencing one or more falls with major injury at or below the average as calculated by DHS?	
QPS 4*	Is the percentage of long-stay, high risk residents with a pressure ulcer at or below the average as calculated by DHS?	
QPS 5*	Is the percentage of long-stay residents who are given, appropriately, the influenza vaccination during the most recent influenza season at or above the average as calculated by DHS?	
QPS 6**	Is the long-stay resident/family CoreQ Composite score at or above the DHS established benchmark?	CoreQ Composite Score

Quality Performance Measure Criteria

<ul style="list-style-type: none"> ▪ Physical Restraints ▪ Falls with Major Injury ▪ Antipsychotic Medication ▪ Pressure Ulcers 	<p>To meet each of these four metrics, facilities must be at or below the Average for the 4 quarters of data for which an average is calculated by DHS.</p>
<ul style="list-style-type: none"> ▪ Influenza Vaccination 	<p>To meet these metric, facilities must be at or above the Average for the CMS reporting year for which an average is calculated by DHS.</p>
<ul style="list-style-type: none"> ▪ CoreQ Long-Stay Survey: A standardized and validated survey tool to capture the resident and family experience of care. 	<p>To meet this metric, facilities must be at or above the State established annual benchmark for the annual survey cycle established by DHS.</p> <p>Facilities must participate in establishing a sample size via the Calculation Grid and submit demographics for consideration of NF QIPP.</p>

NOTE: Performance measures are subject to change.

Too Small To Report/Low Volume/Fail To Report

CMS designation of “too small to report” – these facilities will have their averages calculated using the available data for the quarters in consideration.

Facilities with a low volume long-stay census who do not have a sufficient amount of CMS data to receive a calculation for any of the quarters in consideration, incentives will not be applied for that measure.

CMS designation of “failed to submit data” – a facility who fails to report data for any of the quarters in consideration, incentives will not be applied for that measure.

Question and Answer



Contact Information

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