



Nursing Facility Quality Incentive Payment Program (NF QIPP)

Division of Aging Services (DoAS)

Division of Medical Assistance and Health Services
(DMAHS)

October 2023

Agenda

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

Nursing Facility Quality Program: Consideration for Changes

The Department of Human Services in collaboration with the Department of Health continues to evaluate opportunities for quality improvement strategies and value based payment investments for long-term care facilities. As part of this commitment, DHS has convened a workgroup of providers and advocates to research quality incentive programs and quality metrics with the goal of making both short and long-term recommendations for DHS consideration. Recommendations may include continuation or discontinuation of current metrics as well as new program elements or evaluation methods.

While final recommendations and decisions have not yet been made for the program, the CoreQ process will begin in October to allow sufficient time to initiate and collect resident and family experience survey data.

The NF QIPP process for Fiscal Year 2025 (FY25) will begin with establishing a facility's eligibility for CoreQ surveys.

- Initial identification of NF QIPP exclusion due to lack of Hospital Utilization Tracking (HUT) software will not be applied at this time. All facilities able to meet the CoreQ minimum sample survey size will be permitted to initiate the CoreQ survey processes.
- All FY25 NF QIPP components including metrics, incentives, and exclusions are to be determined.

NF QIPP Participation Requirements

Fiscal Year 2025



Eligibility

- Class I, II, and III facilities who accept Medicaid payment are potentially eligible for NF QIPP consideration.
- Facilities must complete an online form by established due date to establish CoreQ eligibility
 - Facilities that fail to submit an acceptable and useable online form may be excluded from NF QIPP consideration
- The CoreQ Long-Stay Minimum Survey Sample Size Calculation Grid online form collects the following information:
 - Facility specific information including primary contact person
 - Hospital Utilization Tracking software
 - CoreQ Vendor Intent
 - Long-stay census data (de-identified)
 - CoreQ survey eligibility
 - Total Eligible CoreQ Sample Size

Enhancements to Online Data Collection

- Continued streamlined data collection via additional automation based on the experience and input from last year's survey period
- Enhancements include:
 - NF QIPP CoreQ Survey Eligibility via online form
 - Same portal used for FY24 rate attestation submissions
 - Requires data entry directly into online form
 - Eliminate spreadsheet upload to reduce errors and improve response times
 - Submission confirmation via web portal and email notification
 - Failure to submit may result in a facility's ineligibility for NF QIPP consideration

Validated HUT Software Use

Facilities are required to indicate their present use of a Validated Hospital Utilization Tracking (HUT) Software System

- A validated software system is specifically designed for hospital utilization tracking and offers reporting capability
- Many electronic health record systems also offer hospital utilization tracking functionality and can be listed as the HUT system
- Known software includes but may not be limited to:
 - INTERACT™
 - Advancing Excellence
 - LTC Trend Trackersm

Validated HUT Software Use

- In prior NF QIPP years, HUT software use has served as a mandatory requirement.
- DHS has not yet determined if there will be changes to this requirement.
- Facilities must accurately report their use/non-use of HUT software through the online form.
 - There will be no identification/alert of potential NF QIPP eligibility based on the facility HUT response
 - FY25 NF QIPP exclusions have not been determined at this time

CoreQ Minimum Survey Sample Size Calculation Grid

The CoreQ Long-Stay Minimum Survey Sample Size Calculation Grid is utilized by the facility to:

- Identify all long-term stay residents and their families
- Determine CoreQ survey eligibility or exclusion for each long-stay resident and their family member
- Determine the total number of eligible residents and families eligible to participate in the CoreQ survey process
- Specify CoreQ vendor intent

CoreQ Minimum Survey Sample Size Calculation (cont'd)

- Each NJ Medicaid certified facility (Class I, II, and III) is required to complete the online CoreQ Calculation Grid **regardless of CoreQ vendor intent, 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 an email confirmation
- The calculation grid is reviewed and verified for accuracy within 3 business days of receipt
 - DoAS may request corrections and resubmission which must be completed and submitted by the required due date
- A NF QIPP CoreQ Eligibility Determination Letter will be emailed to the submitter within 10 business days of receipt of all required information
- The NF QIPP CoreQ Eligibility Determination Letter will identify required next steps related to the CoreQ survey process.

CoreQ Survey Initiation

Facilities that meet the CoreQ minimum sample size as determined by DoAS:

- Provider must submit demographic information for the eligible residents and families to the CoreQ vendor
- The CoreQ vendor is responsible to initiate the Long-Stay Surveys during the specified survey timeframes
- The DHS contracted vendor is available to facilities at no cost
 - The provider must complete and submit the CoreQ demographic to the DHS CoreQ vendor by specified date.

CoreQ Long-Stay Surveys



What is CoreQ?

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.
- DHS has contracted with Dr. Nicholas Castle to collect data and calculate results annually for NF QIPP purposes.
 - 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.

CoreQ Questions

For the resident, the three questions are as follows:	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?	1. In recommending this facility to your friends and family, how would you rate it overall?
2. Overall, how would you rate the staff?	2. Overall, how would you rate the staff?
3. How would you rate the care you receive?	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: Long-Stay Residents

- Resident who has lived in the facility for less than 100 days
 - This is recorded in the MDS Section A1600 and/or A1900
- Resident with BIMS Score of equal to or less than 7; or equal to 99
 - Residents who have poor cognition as identified through MDS assessment Section C0200-C0500
- Resident receiving hospice
 - This is recorded in the MDS as Hospice; MDS O0100K2=2
- Resident with a court appointed legal guardian for all decisions
 - Identify from facility health information system

CoreQ Exclusions: Family Members of Long-Stay Residents

- Family member of long-stay resident who has lived in the facility for less than 100 days
 - This is recorded in MDS Section A1600 and/or A1900
- Family member of long-stay resident who resides in another country
- Family member of long-stay resident receiving hospice
 - This is recorded in the MDS as Hospice; O0100K2=2

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

CoreQ Exclusion Removal: Family Members of Long-Stay Residents

The following Family Member exclusion is being removed and will not be applied for FY25:

- Family member of resident who has a court appointed legal guardian for all decisions

CoreQ Long-Stay Survey Sample Size Calculation Grid

The calculation grid is collecting and calculating:

- ✓ Submitter information
- ✓ Hospital Utilization Tracking Software Use
- ✓ CoreQ Vendor Intent
- ✓ Long-Stay Resident and Family Census
- ✓ CoreQ Eligibility and Exclusions
- ✓ Total CoreQ Survey Sample Size

CoreQ Survey Minimum Sample Size

A facility must have a minimum number of eligible residents and families to initiate the CoreQ process for NF QIPP.

- A minimum sample is 30 residents and 30 families eligible to be surveyed each cycle;
- This enables the return of a minimum of 20 returned and useable surveys within each survey group for a total of 40 returned and useable surveys

CoreQ Minimum Survey Sample Size Calculation Grid: Access and Due Date

- The CoreQ Long-Stay Survey Sample Size Calculation Grid is completed online by the provider at:
<http://njdoas-ua.force.com/NF>
- Calculation grid documents will not be accepted for upload
- The grid will auto-calculate resident and family eligibility based on entries
- The due date for the calculation grid completion is **11/13/23 at 5pm EST.**

Nursing Facility Reporting Portal



Main Login Screen

<http://njdoas-ua.force.com/NF>



The screenshot shows a web portal for the New Jersey Human Services Division of Aging Services. The header features the state of New Jersey logo and the text "NEW JERSEY HUMAN SERVICES" and "Division of Aging Services". Below this, the title "Nursing Facility Reporting Portal" is displayed. A form section contains a label "* Medicaid NF Provider #" and a text input field with the placeholder "Medicaid NF Provider #". To the right of the input field is a blue button labeled "Verify".

Help Page



NEW JERSEY
HUMAN SERVICES
Division of Aging Services

Nursing Facility Reporting Portal

*Medicaid NF Provider #

*Nursing Facility Name

*Type

Help



Help Page Instructions



Close

Instructions for Nursing Facility Reporting Portal – QIPP Portal

- Before beginning the Submission process, you will need:
 - (a) Nursing Facility Name
 - (b) Medicaid Provider #
 - To login, enter your Medicaid Provider # exactly as it appears on the Rate Letter. If the provider number is correct, you will be able to see the Nursing Facility name associated with the provider number and will be able to proceed.
NOTE: This info may not reflect recent ownership, provider name, or provider number changes. The provider can proceed with data entry in the event of a "mismatch." DoAS matches provider data in a "back-end process." The provider is not required to report recent changes and await a system update.
 - Under Type, select the **"QIPP Portal – Automated Version"**
 - Enter your CMS Provider #, Name of Person Completing Grid, Email Address
 - Answer the mandatory questions on the form –
 - o "Do you track and trend hospital utilization with the use of a validated software utilization tracking?"
 - o "Provide the name of the HUT Tool"
 - o "Who is your vendor for Resident Surveys for CoreQ?" Select Dr. Castle or CoreQ Vendor
 - o If you are using a CoreQ vendor, state the name of the vendor
 - o "Who is your vendor for Family Surveys for CoreQ?" Select Dr. Castle or CoreQ Vendor
 - o If you are using a CoreQ vendor, state the name of the vendor
- Click on "Save" button to update information and enable "Add Records". If the details are saved successfully, it will enable "Add Records".

Use of the Portal to Complete the Calculation Grid



Select “Select QIPP Portal – Automated Version”

[Help](#)



Nursing Facility Reporting Portal

* Medicaid NF Provider #

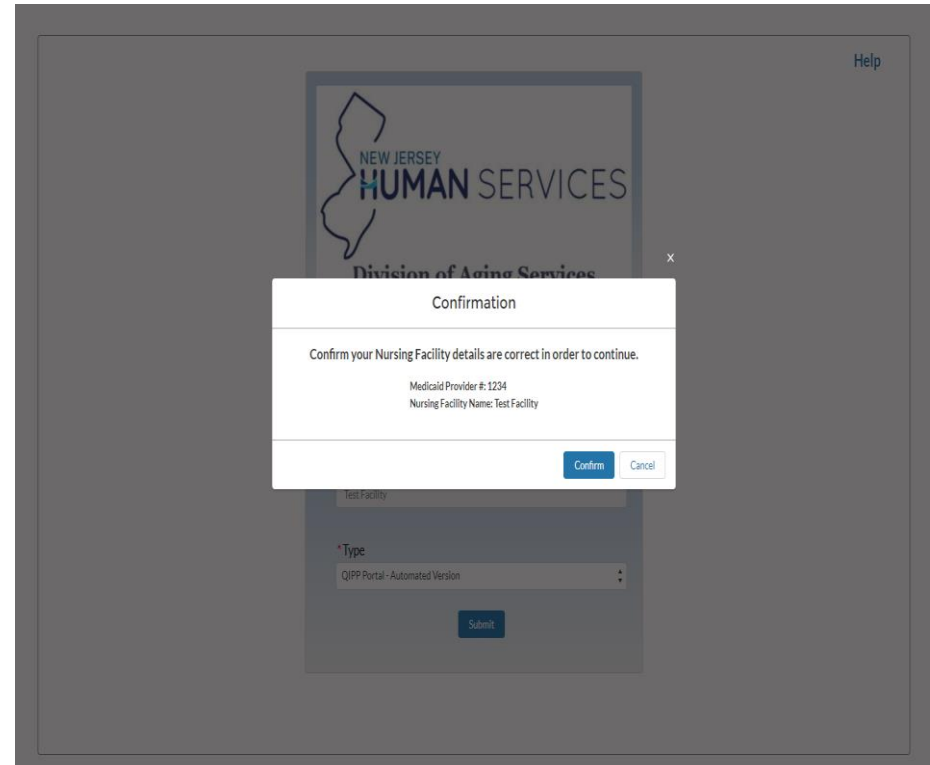
* Nursing Facility Name

* Type

Provider Identification

- The DoAS inputs each provider profile based on the information registered in the NJ Medicaid Management Information System (MMIS) at the time of NF QIPP Kick-off
- This info may not reflect recent ownership, provider name, or provider number changes
- The provider can proceed with data entry in the event of a “mismatch”
- DoAS matches provider data in a “back-end process.” The provider is not required to report recent changes and await a system update

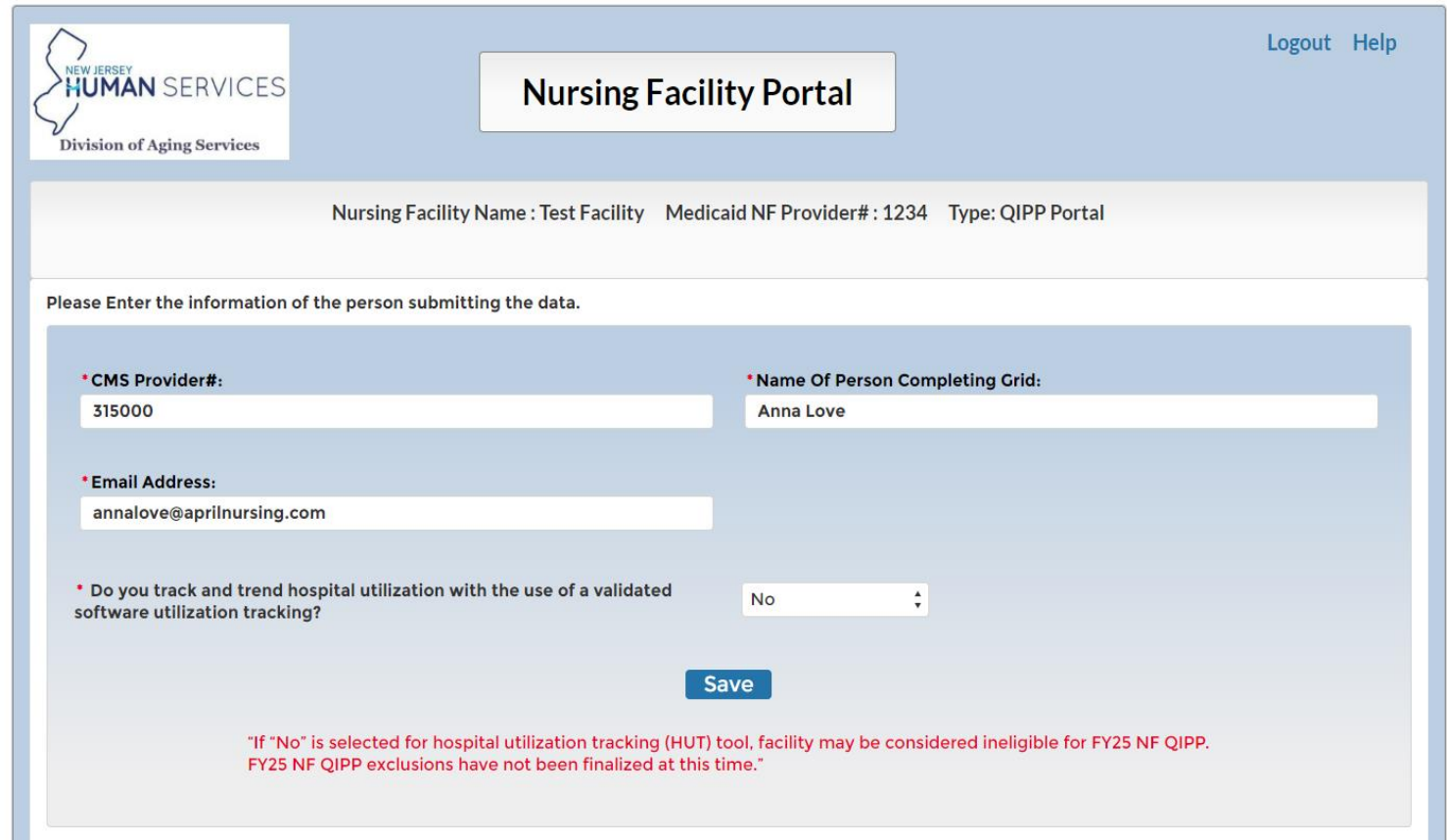
- Confirm Provider Details



The screenshot displays the New Jersey Human Services QIPP Portal interface. A modal dialog box titled "Confirmation" is centered on the screen, prompting the user to confirm their Nursing Facility details. The dialog contains the text: "Confirm your Nursing Facility details are correct in order to continue." Below this, it lists "Medicaid Provider #: 1234" and "Nursing Facility Name: Test Facility". At the bottom of the dialog are "Confirm" and "Cancel" buttons. In the background, the portal header shows the "NEW JERSEY HUMAN SERVICES" logo and "Division of Aging Services". Below the dialog, a form field labeled "Test Facility" is visible, followed by a dropdown menu for "Type" with "QIPP Portal - Automated Version" selected. A "Submit" button is located at the bottom of the form.

Enter Facility Data and HUT Intent, then Click Submit

Note: If “No” is selected for hospital utilization tracking (HUT) tool, facility may be considered ineligible for FY25 NF QIPP. FY25 NF QIPP exclusions have not been finalized at this time.



The screenshot shows the 'Nursing Facility Portal' interface. At the top left is the 'NEW JERSEY HUMAN SERVICES' logo with 'Division of Aging Services' below it. At the top right are 'Logout' and 'Help' links. The main header area contains the title 'Nursing Facility Portal'. Below this, a summary bar displays 'Nursing Facility Name : Test Facility', 'Medicaid NF Provider# : 1234', and 'Type: QIPP Portal'. The main form area is titled 'Please Enter the information of the person submitting the data.' and contains four fields: 'CMS Provider#' with value '315000', 'Name Of Person Completing Grid:' with value 'Anna Love', 'Email Address:' with value 'annalove@aprilnursing.com', and a dropdown for 'Do you track and trend hospital utilization with the use of a validated software utilization tracking?' set to 'No'. A 'Save' button is located below these fields. A red warning message at the bottom states: 'If "No" is selected for hospital utilization tracking (HUT) tool, facility may be considered ineligible for FY25 NF QIPP. FY25 NF QIPP exclusions have not been finalized at this time.'

Enter Facility Data and HUT Intent, Then Click Save

Note: The “Email Address” will be the point of contact for all communications regarding NF QIPP process including eligibility determinations.

This individual is responsible for sharing the information received with facility administration.

Nursing Facility Name : Test Facility Medicaid NF Provider# : 1234 Type: QIPP Portal

Please Enter the information of the person submitting the data.

* CMS Provider#:	315000	* Name Of Person Completing Grid:	Anna Love
* Email Address:	annalove@aprilnursing.com		
* Do you track and trend hospital utilization with the use of a validated software utilization tracking?	Yes		
* Provide the name of the HUT tool	Point Click Care with Interact		
* Who is your vendor for Resident Surveys for CoreQ?	CoreQ Vendor		
* State the name of the vendor:	My Intent Surveys		
* Who is your vendor for Family Surveys for CoreQ?	Dr. Castle		

Save

* Please click on "Save" to update information and enable "Add Records" below.

Add Resident Records

CoreQ Long-Stay Sample Size Calculation Grid

+ Add Records

Total No. of Records :

< Previous

Page 1 out of

Next >

Delete Records

Sr. No	Resident Identifier	LTC Resident with Stay $\geq$ 100 Days	Resident BIMS Score	Resident on Hospice	Resident has Legal Guardian	Resident Appropriate for CoreQ Survey	Family Member Identifier (Initials Only)	Family Members Living in Another Country	Address for the family	Family Appropriate for CoreQ Survey
	Total # of Resident Identifier	Total # of LTC Residents with Stay $\geq$ 100 Days:	Total # of Residents with BIMS Score = 8-15	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 Another Country:	Total # of Family Members who don't have address	Total # of Family Members Appropriate for CoreQ Survey:
	0	0	0	0	0	0	0	0	0	0

☐ By uploading form, I certify that: 1) I am an authorized representative for the above named Nursing Facility, 2) the information provided accurately reflects facility records for the full census of the facility at the time of submission, and 3) the file submission will determine the facility eligibility, including supplemental payments, for the Nursing Facility Quality Incentive Payment Program (NF QIPP) and CoreQ resident and family experience survey. I understand that the date, time and device IP address used for submission will be recorded.

Submit

Click the “+” Sign at the End of the First Line to Add More Records

CoreQ Calculation grid

S.No	• Resident Identifier	• LTC Resident with Stay ≥ 100 Days	• Resident BIMS Score (0-15,99)	• Resident on Hospice	• Resident has Legal Guardian	Resident Appropriate for CoreQ Survey	• Family Member Identifier (Initials Only)	• Family Members Living in Another Country	• Address for the family ⓘ	Family Appropriate for CoreQ Survey
1										

+

Save

Cancel

Responses Will Result in Auto-Complete as Per CoreQ Exception Rules. Select Save to Save Entries

nj-dhsas--uat.sandbox.my.site.com says
CoreQ details saved successfully.
OK

Save

If "No" is selected for hospital utilization tracking (HUT) tool, facility may be considered ineligible for FY25 NF QIPP.

CoreQ Calculation grid

S.No	Resident Identifier	LTC Resident with Stay ≥ 100 Days	Resident BIMS Score (0-15,99)	Resident on Hospice	Resident has Legal Guardian	Resident Appropriate for CoreQ Survey	Family Member Identifier (Initials Only)	Family Members Living in Another Country	Address for the family	Family Appropriate for CoreQ Survey	
1	123	Y	9	N	N	Y	AB	N	Y	Y	+
2	234	Y		N	N	N	BC	N	N	N	✖
3	345	N	N/A	N/A	N/A	N	N/A	N/A	N/A	N	✖
4	456	Y	13	N	Y	Y	CD	N	Y	Y	✖

Save

Cancel

Review Totals, Details, and Verify All Info is Recorded and Accurate. Certify Data by Checking Off the Attestation and Select Submit

• Will you be using the DHS vendor, Dr.Castle?

Save

• Please click on "Save" to update information and enable "Add Records" below.

CoreQ Long-Stay Sample Size Calculation Grid

+ Add Records

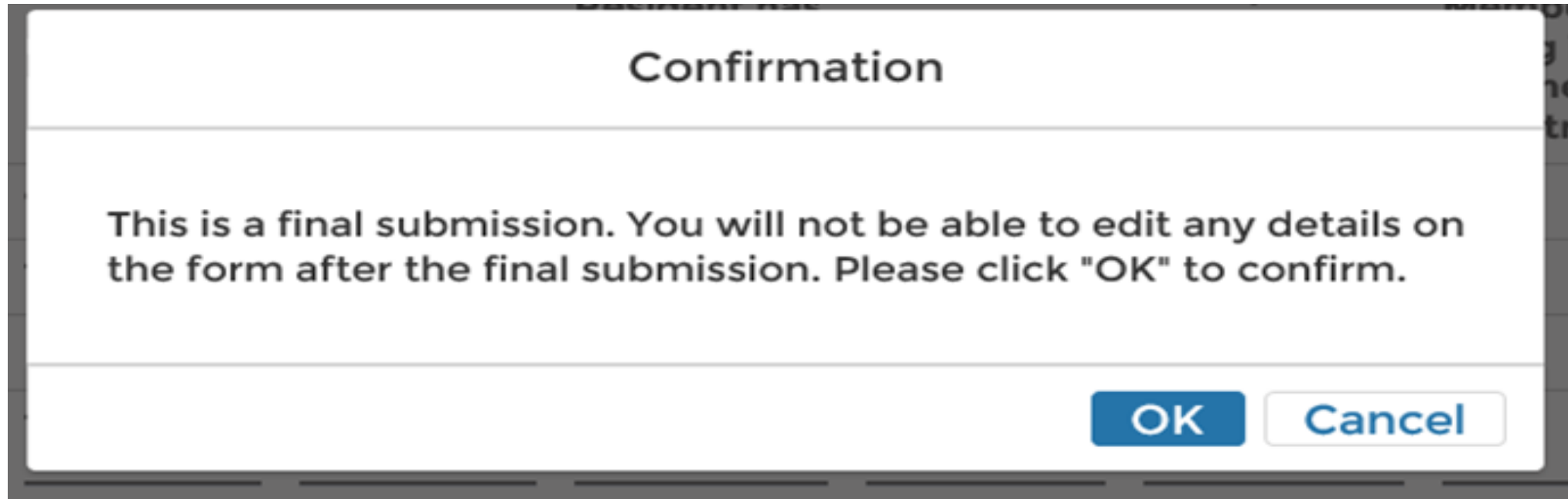
Total No. of Records : 4 < Previous Page 1 out of 1 Next > Delete Records

Sr. No	Resident Identifier	LTC Resident with Stay ≥ 100 Days	Resident BIMS Score	Resident on Hospice	Resident has Legal Guardian	Resident Appropriate for CoreQ Survey	Family Member Identifier (Initials Only)	Family Members Living in Another Country	Address for the family	Family Appropriate for CoreQ Survey
☐	123	Y	9	N	N	Y	AB	N	Y	Y
☐	234	Y	1	N/A	N/A	N	BC	N	N	N
☐	345	N	N/A	N/A	N/A	N	N/A	N/A	N/A	N
☐	456	Y	13	N	Y	N	N/A	N/A	N/A	N
Total # of Resident Identifier		Total # of LTC Residents with Stay ≥ 100 Days:	Total # of Residents with BIMS Score = 8-15	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 Another Country:	Total # of Family Members who don't have address	Total # of Family Members Appropriate for CoreQ Survey:
4		3	2	0	1	1	2	0	1	1

☐ By uploading form, I certify that: 1) I am an authorized representative for the above named Nursing Facility, 2) the information provided accurately reflects facility records for the full census of the facility at the time of submission, and 3) the file submission will determine the facility eligibility, including supplemental payments, for the Nursing Facility Quality Incentive Payment Program (NF QIPP) and CoreQ resident and family experience survey. I understand that the date, time and device IP address used for submission will be recorded.

Submit

Confirm for Final Submission.
Once OK is Clicked, Submission is Final and Ready for State Review.

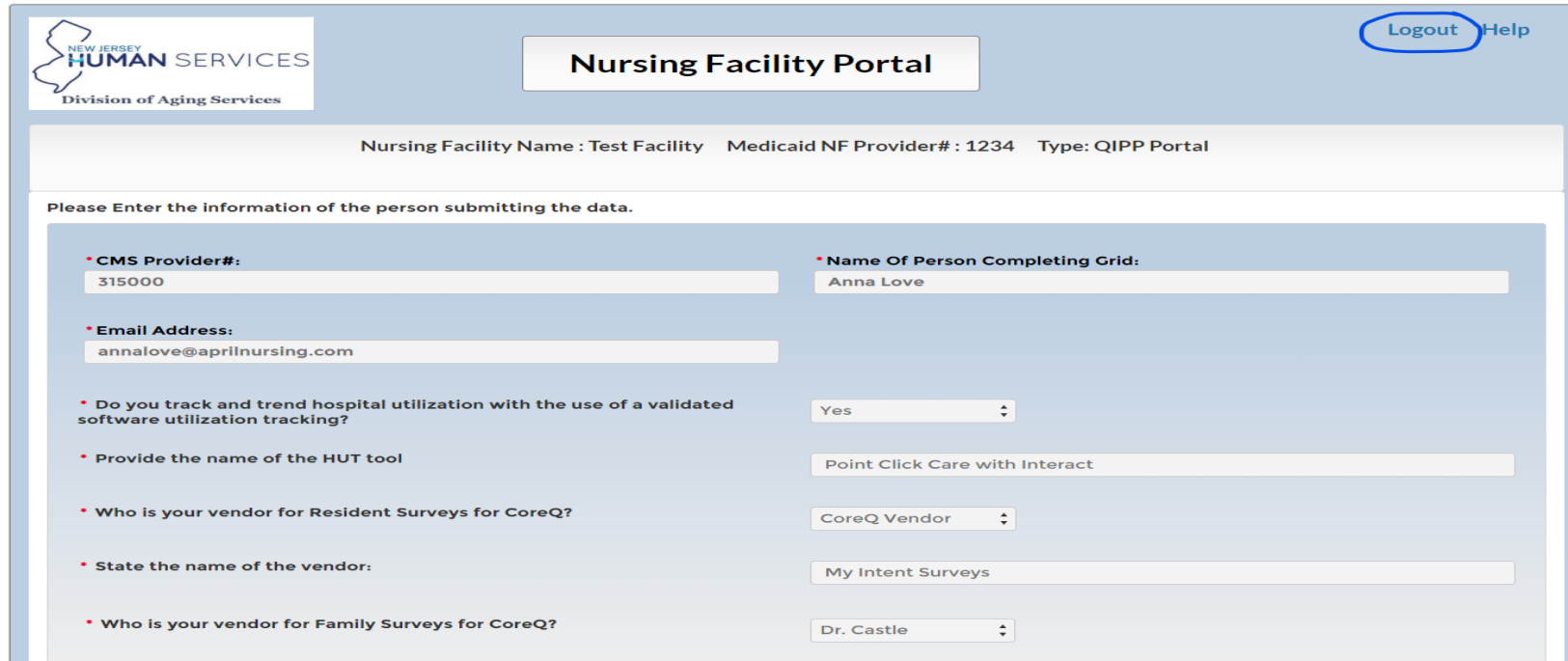
A screenshot of a web-based confirmation dialog box. The dialog has a white background with a thin grey border. At the top, the word "Confirmation" is centered in a bold, black, sans-serif font. Below this, a horizontal line separates the title from the main text. The main text, also in a black sans-serif font, reads: "This is a final submission. You will not be able to edit any details on the form after the final submission. Please click 'OK' to confirm." At the bottom of the dialog, another horizontal line separates the text from the buttons. There are two buttons: a blue button with the text "OK" in white, and a white button with a grey border and the text "Cancel" in blue. The dialog is set against a dark grey background.

Confirmation

This is a final submission. You will not be able to edit any details on the form after the final submission. Please click "OK" to confirm.

OK Cancel

Final Submission Data Will Display. Select Logout



The screenshot shows the 'Nursing Facility Portal' interface. At the top left is the 'NEW JERSEY HUMAN SERVICES Division of Aging Services' logo. At the top right are 'Logout' and 'Help' links, with 'Logout' circled in blue. Below the header, a status bar displays 'Nursing Facility Name : Test Facility', 'Medicaid NF Provider# : 1234', and 'Type: QIPP Portal'. The main section is titled 'Please Enter the information of the person submitting the data.' and contains several form fields:

- CMS Provider#:** 315000
- Name Of Person Completing Grid:** Anna Love
- Email Address:** annalove@aprilnursing.com
- Do you track and trend hospital utilization with the use of a validated software utilization tracking?** Yes
- Provide the name of the HUT tool** Point Click Care with Interact
- Who is your vendor for Resident Surveys for CoreQ?** CoreQ Vendor
- State the name of the vendor:** My Intent Surveys
- Who is your vendor for Family Surveys for CoreQ?** Dr. Castle

Note: The page will be “greyed out” and changes cannot be made once you hit the submit button. In order to make changes, you must email Nfinquiry@dhs.nj.gov.

Submission Review and Outcome

- Within 3 business days of submission, DoAS will review data for accuracy and request corrections if applicable.
- Within 10 business days of submission, DoAS will provide a letter to registered email address outlining NF QIPP CoreQ eligibility and next steps:
 1. Facility meets NF QIPP CoreQ survey requirements - process is to be initiated.
 2. Facility does not meet NF QIPP CoreQ survey requirements due to lack of minimum sample size.
- Facilities that fail to submit the CoreQ online form by the due date will not receive a NF QIPP CoreQ eligibility letter

Calculation Grid Worksheet

- A calculation grid worksheet is available on the DoAS webpage for facilities use to record data for portal entry
- Worksheet validations may not be the same as they are in the portal
- Worksheets cannot be uploaded to the portal or emailed in lieu of portal data entry

CoreQ Survey Initiation

Following notification of NF QIPP 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 to the DHS Vendor, Dr. Nick Castle, are required no later than November 27, 2023 at 5pm EST.**
 - i. Email address: castlen@coreq.biz
 - ii. Submitter will receive an email confirmation of receipt from Dr. Castle
 - iii. Corrections may be requested by Dr. Castle and must be submitted by the submission deadline

Note: Submissions after November 27, 2023 at 5pm EST will not be processed by Dr. Castle

CoreQ Administration Requirements

Facilities With NF Contracted CoreQ Vendors

1. Calculate and submit to DHS the CoreQ Long-Stay Survey Sample Size Calculation Grid due **11/13/23**
2. Submit long-stay resident and family data to contracted CoreQ vendor - **Determined by NF**
Contracted vendor to initiate and collect survey data within the data collection period: **July 1, 2023 – March 1, 2024**
3. Contracted vendor to provide Dr. Castle with CoreQ data by established due date: **March 28, 2024**

Facilities Using the DHS CoreQ Vendor (Dr. Castle)

1. Calculate and submit to DHS the CoreQ Long-Stay Survey Sample Size Calculation Grid due **11/13/23**
2. Submit long-stay resident and family data to DHS CoreQ Vendor, Dr. Castle due **11/27/23**
3. DHS vendor to initiate and collect survey data within the data collection period on behalf of NFs without a CoreQ vendor: **November 13, 2023 – March 1, 2024**

CoreQ Demographic Submission

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 related to NF QIPP.

CoreQ Demographics Template

CoreQ Long-Stay Demographics for Residents

Facility Name:		CMS Provider#:		Date of Submission:	
Address:					
Include all eligible Residents as calculated on the CoreQ Long-Stay Survey Sample Size Calculation Grid. (Add additional rows after 135 if necessary.) Send to Dr. Castle at castlen@coreq.biz no later than 12/1x/23 . Submissions after 12/1x/23 will not be accepted.					
Name of Residents:					
1					
2					
3					

CoreQ Long-Stay Demographics for Families

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 additional rows after 134 if necessary.) Send to Dr. Castle at castlen@coreq.biz no later than 12/1x/23 . Submissions after 12/1x/23 will not be accepted.					
Name of Long-Stay Families:			Addresses:		
Ex:	Jane A. Doe	12 Springfield Lane, Springview, NJ 11111			
1					
2					

Facilities will only receive the demographics template from DHS if they meet the CoreQ minimum survey sample size.

The template is required for providers using the DHS Vendor, Dr. Castle. All required information related to residents and families determined eligible as coded on the calculation grid form is to be submitted on the provided template to Dr. Castle by the due date.

CoreQ Long-Stay Survey Sample Size Calculation Grid Reminders

- ✓ Each NJ Medicaid certified facility (Class I, II and III) is required to complete the CoreQ Calculation Grid via online portal **regardless of facility size, CoreQ vendor intent, or ability to meet minimum sample size**
- ✓ Submission through DHS NF Reporting Portal at <http://njdoas-ua.force.com/NF>

CoreQ Long-Stay Survey Sample Size Calculation Grid Reminders (cont'd)

- ✓ The online NF portal is to be used for submission of all calculation grid data
- ✓ The data 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 submitter via emailed letter of their CoreQ survey eligibility and required next steps. This notification will be within 10 business days of receipt of an error free calculation grid.
- ✓ Facilities eligible for CoreQ surveys will receive the CoreQ Demographics Template and additional instructions for the state's DHS vendor, if applicable.
- ✓ DoAS will record all submitted information for QIPP purposes.

CoreQ: 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

FY25 CoreQ Timeline for Collection, Transmission, and Reporting for Facilities using **NF Contracted** CoreQ Vendor

<u>Survey Collection</u>	<u>Due Date</u>	<u>Transmission by NF</u>	<u>Timeframe</u>
DHS CoreQ Long-Stay Survey Sample Size Calculation Grid	November 13, 2023	To DHS via https://njdoas-ua.force.com/NF/s/	October 12, 2023 – November 13, 2023
CoreQ Long-Stay Demographics for Facilities	Determined by NF Contracted CoreQ Vendor	To NF Contracted CoreQ Vendor	
CoreQ Surveys Initiated	March 1, 2024		July 1, 2023 – March 1, 2024
Receive Survey Responses, Compile and Validate CoreQ Data	March 15, 2024		July 1, 2023 - March 15, 2024
CoreQ Data Submitted to DHS CoreQ Vendor	March 28, 2024	To DHS Contracted CoreQ Vendor via castle@coreq.biz	January 1, 2024 – March 28, 2024

FY25 CoreQ Timeline for Collection, Transmission, and Reporting for Facilities using **DHS CoreQ Vendor**

<u>Survey Collection</u>	<u>Due Date</u>	<u>Transmission by Facility</u>	<u>Timeframe</u>
DHS CoreQ Long-Stay Survey Sample Calculation Grid	November 13, 2023	To DHS via https://njdoas-ua.force.com/NF/s/	October 12, 2023 – November 13, 2023
CoreQ Long-Stay Demographics for Facilities	November 27, 2023	To DHS CoreQ Vendor via castle@coreq.biz	October 13, 2023 – November 27, 2023
CoreQ Surveys Initiated	March 1, 2024		November 13, 2023 – March 1, 2024
Receive Survey Responses, Compile and Validate CoreQ Data	March 15, 2024		November 13, 2023 - March 15, 2024
CoreQ Survey Calculations	April 5, 2024		March 15, 2024 – April 5, 2024

FY 2025 CoreQ Survey Period

The Fiscal Year 2025 CoreQ survey period for contracted vendors runs from **July 1, 2023 – March 1, 2024**.

- CoreQ vendors can only use surveys collected during **July 1, 2023 through March 15, 2024**
- CoreQ vendors may submit survey result data to Dr. Castle during **January 1, 2024 through March 29, 2024**
 - Submission data is dependent on survey initiation 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 by Dr. Castle.

Scoring the Survey Results

- The CoreQ contracted vendor is responsible for translating each person's response to each of the three CoreQ questions 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 March 29, 2024:**
 - All submissions including error or data format corrections are due no later than **3/29/24**
 - No data, including requested corrections will be accepted after **3/29/24, 5pm.**

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 total 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, regardless of survey responses
 - Code scores or NR (no response/return) for each of the three CoreQ questions

Data Submission Format: Resident Tab

Facility Name:			
Facility ID:			
Number of Residents for Attempted Survey:			
	Q1	Q2	Q3
Resident 1			
Resident 2			
Resident 3			
Resident 4			

Data Submission Format: Family Tab

Facility Name:			
Facility ID:			
Number of Families for Attempted Survey:			
	Q1	Q2	Q3
Family Member 1			
Family Member 2			
Family Member 3			
Family Member 4			

Frequently Asked Questions

- **What if a vendor collects information for only one population - residents or families?**

The NF should select a vendor to survey the second 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, DHS will post NF QIPP data including CoreQ Scores on the DHS website.

- **Is there any ability for facilities to print a PDF of the records submitted in the portal instead of taking screenshots?**

We do not have the PDF generation functionality with this portal currently. However, we will consider this in the future.

- **Last fiscal year my facility did not qualify for the QIPP add-on. Will my facility be able to qualify this fiscal year?**

Yes, each fiscal year facilities will start off with a clean slate in order to qualify for QIPP.

- **Which web browser is recommended for the Portal?**

Google Chrome is the recommended web browser for the portal.

Question & Answer



DHS Contact Information

For questions regarding this presentation and NF QIPP, please contact:

Division of Aging Services: NFINquiry@dhs.nj.gov

DoAS Webpage: <https://bit.ly/2nmh2y8>

CoreQ Vendor Contact Information

For questions regarding CoreQ, please contact:

Dr. Nicholas Castle

DHS CoreQ Vendor

Email: castlen@coreq.biz