State of New Jersey
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
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CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

ELIZABETH CONNOLLY
Acting Commissioner

MEGHAN DAVEY
Director

October 2, 2017

Dear Nursing Facility Provider:

When Managed Long Term Services and Supports (MLTSS) began in July 2014, the NJ Department of Human Services (DHS) launched the Any Willing Provider (AWP) policy, which helped shift the payment system from Fee-for-Service to a capitated (i.e. managed care) payment system. AWP required the managed care organizations (MCOs) to contract with nursing facilities (NFs) that applied and conformed to the MCO contract provisions at a minimum Medicaid rate.

Now, as the transition to managed care advances, DHS is announcing an enhanced NF quality improvement initiative, called Any Willing Qualified Provider (AWQP). This plan updates and upgrades NF provider requirements and uses specific quality indicators to determine which NFs will engage with the MCOs in the MLTSS contracting process.

This means that AWP will expire and AWQP will become the new standard. AWQP has a multi-year rollout at which time the annual designation will be provided for the first time and the MCOs will become involved with oversight and collaboration on Quality Performance Programs (QPPs). Initially, DHS will collect and distribute data that will inform NFs of their performance and help them to design and to implement quality improvement plans, as needed.

DHS has confirmed that the seven performance measures outlined in Appendix A on the next page will be used as the basis for MCOs to determine which NF providers are eligible to enter into MLTSS contracts. The NFs will have to meet at least four out of the seven measures to be considered AWQP-designated. The first five measures are part of Centers for Medicare & Medicaid Services' (CMS) federally mandated tool, the Minimum Data Set (MDS 3.0) and process for clinical assessment of residents in NFs.

The enclosed chart shows how each facility performed as of September 2017 on the five MDS quality measures described in Appendix A compared with statewide averages. NFs are identified on the chart by name and six-digit Medicare number as reported on each individual resident's MDS assessment and serves as the data source in CMS' Five-Star Rating System known as Nursing Home Compare.

All policy decisions related to the initiative are under development in collaboration with the MLTSS Steering Committee, stakeholders and advocates. Training opportunities on the initiative will begin this fall and will explain network exclusions, a process for quality performance plans, appeals, and contract negotiations with the MCOs.

On the website, at http://www.state.nj.us/humanservices/dmahs/home/mltss_nhq.html, there is a document of frequently asked questions (FAQS) for providers. For other questions, please email us at dhs.awqpinitiative@dhs.state.nj.us, or call the Division of Aging Services' Quality Assurance Coordinator, Leah Rogers, at 609-588-6510.

Sincerely,

Meghan Davey
Director

Laura Otterbourg
Director

APPENDIX A

NURSING FACILITY QUALITY METRICS

MDS-BASED MEASURES

(1) Is the percentage of long-stay residents who are immunized against influenza at or above the statewide average? (Statewide average; Updated September 2017: 96.45%) *This metric is calculated once a year during the influenza season (October 1 – June 30).*

The next four measures, in which four of the most recently available six quarters are analyzed each quarter, are looked at independently of one another. The measure could be met in any four of the most recent six quarters examined. For the purposes of this demonstration, DHS looked at quarter four of 2015; quarters one, two, three and four in 2016 and quarter one in 2017.

(2) Is the percentage of long-stay residents who received an antipsychotic medication at, or below, the statewide average on a quarterly basis for 4 of the last 6 quarters for which data is available? (Statewide average; Updated September 2017: 11.75%)

(3) Is the percentage of long-stay, high-risk residents with a pressure ulcer at, or below, the statewide average on a quarterly basis for 4 of the last 6 quarters for which data is available? (Statewide average; Updated September 2017: 6.43%)

(4) Is the percentage of long-stay residents who are physically restrained at or below the statewide average on a quarterly basis for 4 of the last 6 quarters for which data is available? (Statewide average; Updated September 2017: 0.74%)

(5) Is the percentage of long-stay residents experiencing one or more falls with major injury at, or below, the statewide average on a quarterly basis for 4 of the last 6 quarters for which data is available? (Statewide average; Updated September 2017: 2.40%)

OTHER MEASURES

There are two other measures that are not from the MDS. The sixth measure uses CoreQ as the standardized and validated tool to measure resident and family experience with your NF. The MLTSS stakeholders recommended that the State move forward with CoreQ, a nationally validated NF resident and family experience survey tool. DHS has finalized a Memorandum of Understanding (MOU) with the CoreQ lead developer, Dr. Nick Castle, to distribute, collect and analyze the survey for your residents and their families

The last measure will ask if your NF is using INTERACT, Advancing Excellence tools, TrendTracker or another validated tool to measure 30-day hospitalizations and overall hospital utilization so that you can share data with the MCOs.