



Nursing Facility Quality Incentive Payment Program (NF QIPP)

Division of Aging Services (DoAS)

Division of Medical Assistance and Health Services
(DMAHS)

November 2024

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: Continuation of Changes

The NF QIPP process for Fiscal Year 2026 (FY26) will begin with establishing a facility's eligibility for CoreQ surveys.

- All facilities able to meet the CoreQ minimum sample survey size will be permitted to initiate the CoreQ survey processes.
- The Hospital Utilization Tracking (HUT) software requirement was removed in FY25 and will not be required in FY26 or beyond.
- The family member of residents with court-appointed guardian exclusion was removed in FY25; these family members remain eligible to participate in surveys for FY26.
- All FY26 NF QIPP components including metrics and incentive values are subject to change as the Administration finalizes the Governor's FY26 budget.

FY26 NF QIPP Participation Requirements

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
 - 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 FY25 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

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-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 Long-Stay Survey Sample Size Calculation Grid

The calculation grid is collecting and calculating:

- ✓ Submitter information
- ✓ 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 **12/6/24 at 5pm EST.**

Nursing Facility Secure Reporting Portal



Main Login Screen

<https://nj-dhsas.my.site.com/NF/s/>



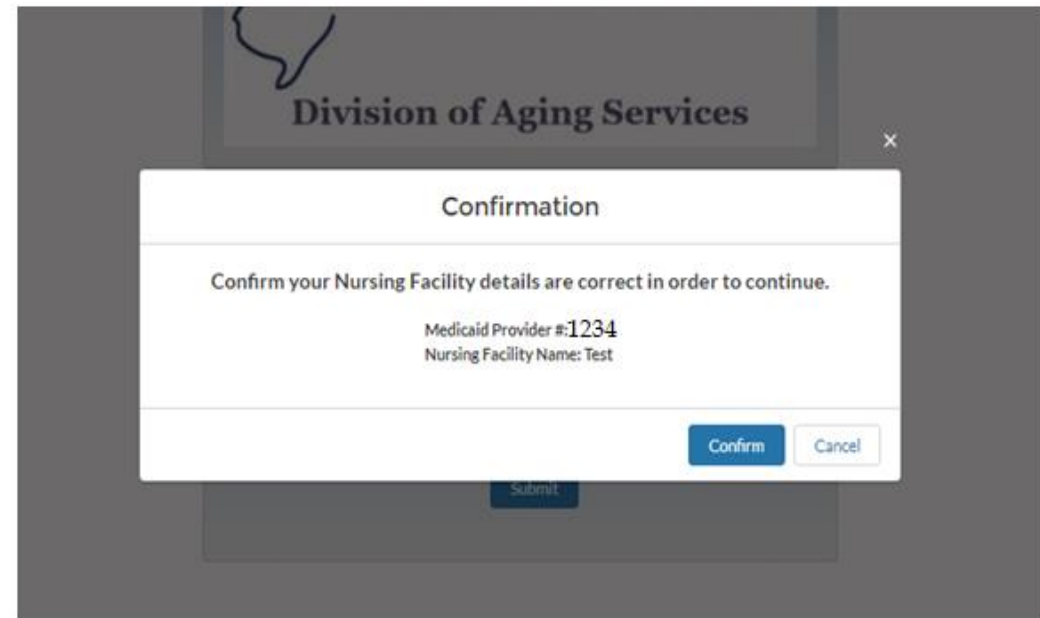
The main login screen features the New Jersey Human Services logo at the top, which includes a map of the state and the text "NEW JERSEY HUMAN SERVICES" and "Division of Aging Services". Below the logo is the title "Nursing Facility Reporting Portal". There are two input fields: "Medicaid NF Provider #" with the value "1234" and "Nursing Facility Name" with the value "Test". A "Verify" button is next to the first field, and a "Submit" button is at the bottom right.

NEW JERSEY HUMAN SERVICES
Division of Aging Services

Nursing Facility Reporting Portal

Medicaid NF Provider #
1234 **Verify**

Nursing Facility Name
Test **Submit**



A confirmation modal is displayed over the login screen. It has a title bar "Confirmation" and a close button (X). The message inside says "Confirm your Nursing Facility details are correct in order to continue." Below this, it lists "Medicaid Provider #:1234" and "Nursing Facility Name: Test". At the bottom right are "Confirm" and "Cancel" buttons. A "Submit" button from the background form is visible behind the modal.

Division of Aging Services

Confirmation

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

Medicaid Provider #:1234
Nursing Facility Name: Test

Confirm **Cancel**

Submit

Not Registered Facilities



Facilities not registered need to follow the Initial Registration process that has been used previously on the portal.

Note: Initial Registration will be allowed only by the Nursing Facility.

Registered Facilities



Facilities already registered can login using their established credentials.

Authentication



The screenshot shows the login interface for the New Jersey Human Services Division of Aging Services. At the top is the organization's logo. Below it, the title 'Nursing Facility Reporting Portal' is displayed, followed by the Medicaid NF Provider #: 1234. A message states: 'You are a registered user. Please enter your credentials below to continue to the portal.' The login fields include 'Primary Email' (username@example.com), 'Secondary Email' (vendor@example.com), and a 'Password' field with a text input box. A blue 'Log in' button is positioned below the password field. A red circle highlights the 'Forgot Password' link in the bottom left corner.

Facilities need to authenticate by using their established password.

Verification



Nursing Facility Reporting Portal

Medicaid NF Provider #: 1234

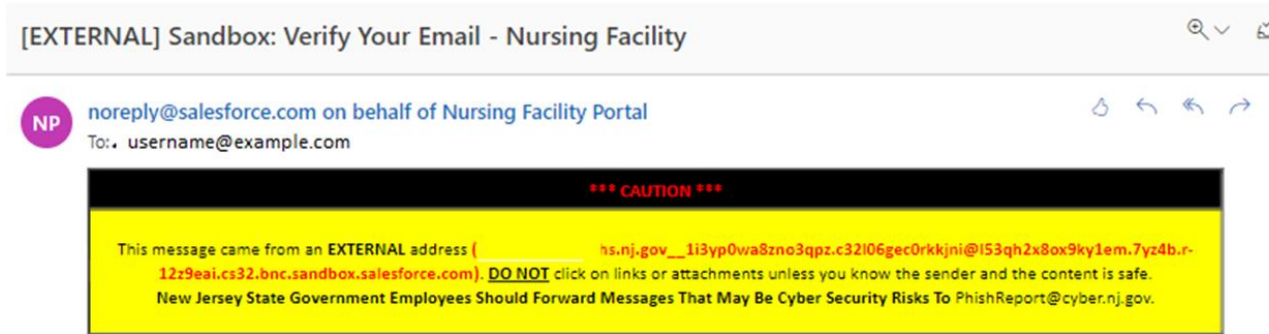
A verification code has been sent to you on your email address . Please enter it below to continue.

Verification code

[Verify](#)

[Resend Code](#)

Sample Email with Verification Code




Hello,

You recently attempted to log in to Nursing Facility Portal.

To confirm your identity, please enter the code given below on the screen where you are prompted.

Verification Code: 454786

Nursing Facility Portal



Nursing Facility Portal

Help

Logout

Welcome Test,

Here is your latest information in our records. Please reach out to DoAs if it needs to be updated:

Medicaid NF Provider #:	1234	Medicaid NF Provider Name:	Test
Primary Email Address:	username@example.com	Vendor:	vendor@example.com
License #:			

What would you like to do today?

Cost Reports Upload

QIPP Portal - Automated Version

Rate Attestation Portal

Patient Care Ratio (PCR) Portal

Download Letters


QIPP Portal

The screenshot displays the 'Nursing Facility Portal' interface. At the top left is the 'NEW JERSEY HUMAN SERVICES' logo. To the right are 'Help' and 'Logout' links. The main header area contains the title 'Nursing Facility Portal'. Below this, a blue banner reads 'Welcome Test,' followed by the text 'Here is your latest information in our records. Please reach out to DoAs if it needs to be updated:'. A table of user information follows:

Medicaid NF Provider #:	1234	Medicaid NF Provider Name:	Test
Primary Email Address:	username@example.com	Vendor:	vendor@example.com
License #:			

Below the table, a section titled 'What would you like to do today?' contains five buttons: 'Cost Reports Upload', 'QIPP Portal - Automated Version' (circled in red), 'Rate Attestation Portal', 'Patient Care Ratio (PCR) Portal', and 'Download Letters'. A large red arrow points to the right side of the dashboard area.

Help Page




NEW JERSEY
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Division of Aging Services

Nursing Facility Reporting Portal

*Medicaid NF Provider #

*Nursing Facility Name

*Type

[Help](#)


Help Page Instructions

Instructions for Nursing Facility Reporting Portal – QIPP Portal

- Before beginning the Submission process, you will need:

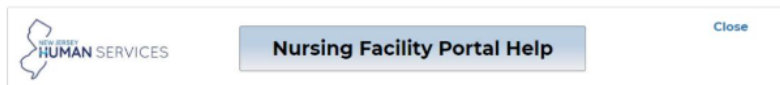
(a) Nursing Facility Name

(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.

REMINDER: The NF Portal has been enabled with two-factor authentication and password protection for security and privacy of the data. If you haven't already, facilities will be required to register an email, establish a password, and utilize a Verification Code for access to the Nursing Facility portal. If you need assistance with registering, please click the “Home” button and then “Help” for the initial registration instructions.



If you have any issues, please reach out to nfsubmissions@dhs.nj.gov

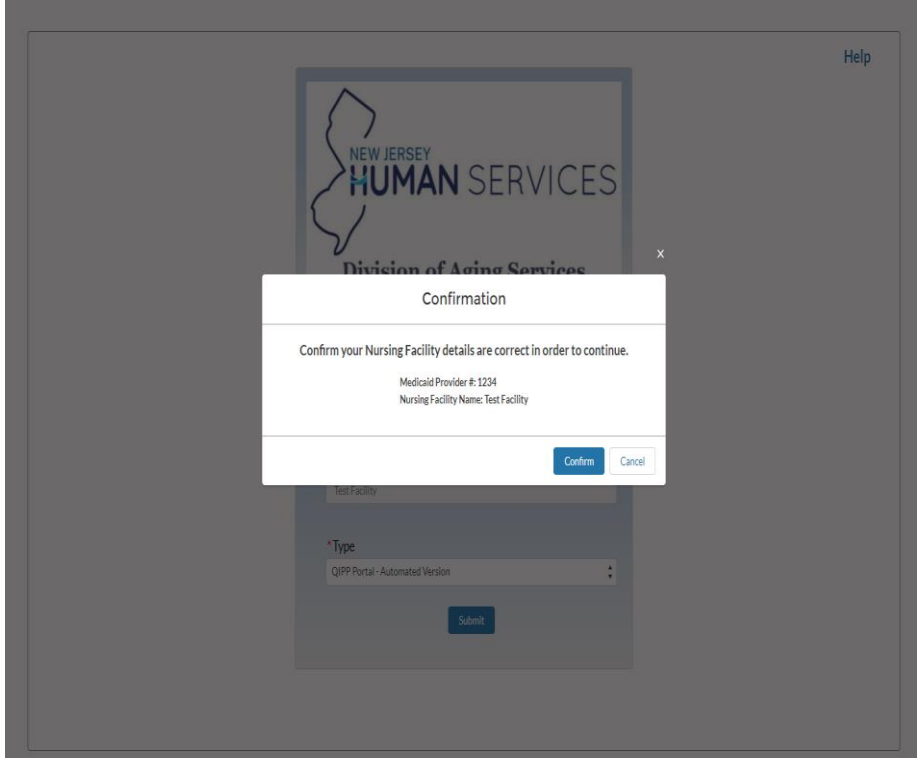
Use of the Portal to Complete the Calculation Grid



Provider Identification

- 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. 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 two buttons: "Confirm" (highlighted in blue) and "Cancel". In the background, the portal's header shows the "NEW JERSEY HUMAN SERVICES" logo and "Division of Aging Services". Below the dialog, a form field labeled "Test Facility" is visible, with a dropdown menu showing "QIPP Portal - Automated Version" and a "Submit" button.

Enter Facility Data

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.

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Nursing Facility Portal

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

Please Enter the information of the person submitting the data.

* CMS Provider#:
315500

* Email Address:
annalove@aprilmayjunenursing.com

* Who is your vendor for Resident Surveys for CoreQ?
CoreQ Vendor

* State the name of the vendor:
ABC Vendor

* Who is your vendor for Family Surveys for CoreQ?
Dr. Castle

* Name Of Person Completing Grid:
Anna Love

Save


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

CoreQ Long-Stay Sample Size Calculation Grid

+ Add Records

Enter Facility Data and then Click Save

Note: Please click the save button to enable the “Add Records.”



Nursing Facility Portal

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

Please Enter the information of the person submitting the data.

* CMS Provider#:
315500

* Name Of Person Completing Grid:
Anna Love

* Email Address:
annalove@aprilmayjunenursing.com

* Who is your vendor for Resident Surveys for CoreQ?
CoreQ Vendor

* State the name of the vendor:
ABC Vendor

* Who is your vendor for Family Surveys for CoreQ?
Dr. Castle

Save


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

CoreQ Long-Stay Sample Size Calculation Grid

+ Add Records

New Jersey Human Services

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 NEW JERSEY
HUMAN SERVICES

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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

+

SaveCancel

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	1	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

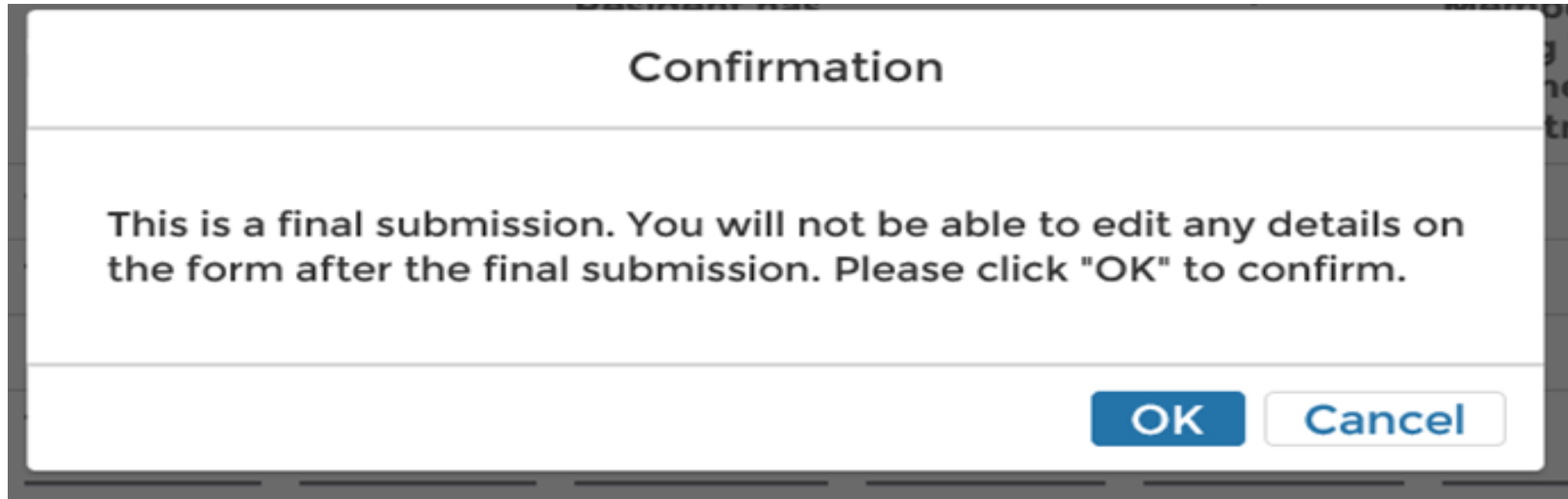
Total No. of Records : 4 < Previous Page 1 out of 1 Next > Delete Records

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
<input type="checkbox"/>	123	Y	9	N	N	Y	AB	N	Y	Y
<input type="checkbox"/>	234	Y	1	N/A	N/A	N	BC	N	N	N
<input type="checkbox"/>	345	N	N/A	N/A	N/A	N	N/A	N/A	N/A	N
<input type="checkbox"/>	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

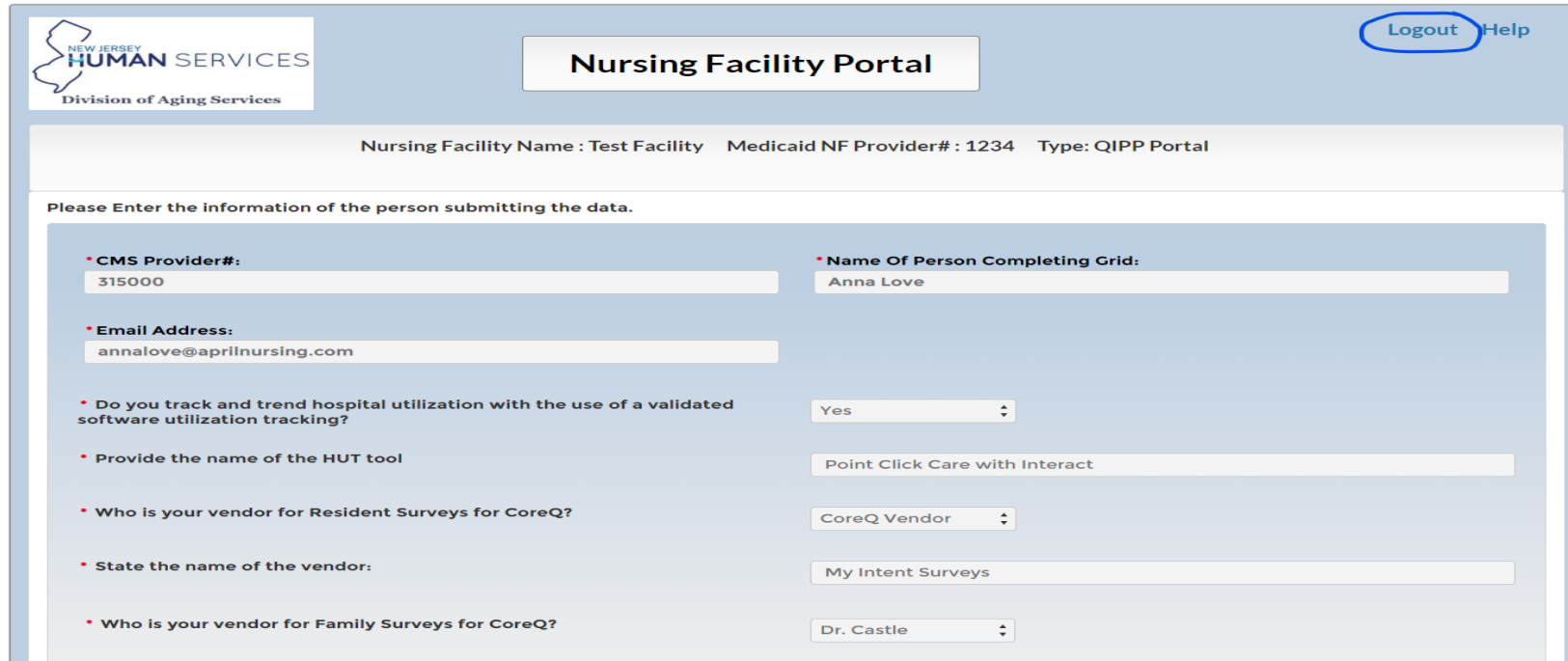
☐ By uploading form, I certify that: 1) I am an authorized representative for the above named Nursing Facility, 2) the information provided accurately reflects facility records for the full census of the facility at the time of submission, and 3) the file submission will determine the facility eligibility, 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 solid 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 that shows faint, out-of-focus text from another window.

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 the 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 information 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 **December 20, 2024 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 December 20, 2024 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 **12/6/24**
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, 2024 – February 28, 2025**
3. Contracted vendor to provide Dr. Castle with CoreQ data by established due date: **March 28, 2025**

Facilities Using the DHS CoreQ Vendor (Dr. Castle)

1. Calculate and submit to DHS the CoreQ Long-Stay Survey Sample Size Calculation Grid due **12/6/24**
2. Submit long-stay resident and family data to DHS CoreQ Vendor, Dr. Castle due **12/20/24**
3. DHS vendor to initiate and collect survey data within the data collection period on behalf of NFs without a CoreQ vendor: **November 8, 2024 – February 28, 2025**

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

FY26 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	December 6, 2024	To DHS via https://njdoas-ua.force.com/NF/s/	November 8, 2024 – December 6, 2024
CoreQ Long-Stay Demographics for Facilities	Determined by NF Contracted CoreQ Vendor	To NF Contracted CoreQ Vendor	
CoreQ Surveys Initiated	February 28, 2025		July 1, 2024 – February 28, 2025
Receive Survey Responses, Compile and Validate CoreQ Data	March 14, 2025		July 1, 2024 - March 14, 2025
CoreQ Data Submitted to DHS CoreQ Vendor	March 28, 2025	To DHS Contracted CoreQ Vendor via castle@coreq.biz	January 1, 2025 – March 28, 2025

FY26 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	December 6, 2024	To DHS via https://njdoas-ua.force.com/NF/s/	November 8, 2024 – December 6, 2024
CoreQ Long-Stay Demographics for Facilities	December 20, 2024	To DHS CoreQ Vendor via castle@coreq.biz	November 12, 2024 – December 20, 2024
CoreQ Surveys Initiated	February 28, 2025		December 6, 2024 – February 28, 2025
Receive Survey Responses, Compile and Validate CoreQ Data	March 14, 2025		December 6, 2024 - March 14, 2025
CoreQ Survey Calculations	April 4, 2025		March 15, 2025 – April 4, 2025

FY 2026 CoreQ Survey Period

The Fiscal Year 2026 CoreQ survey period for contracted vendors runs from **July 1, 2024 – February 28, 2025**

- CoreQ vendors can only use surveys collected during **July 1, 2024 through March 14, 2025**
- CoreQ vendors may submit survey result data to Dr. Castle during **January 1, 2025 through March 28, 2025**
 - 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 28, 2025:**
 - All submissions including error or data format corrections are due no later than **3/28/25**
 - No data, including requested corrections will be accepted after **3/28/25, 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/3SdkXJK>

CoreQ Vendor Contact Information

For questions regarding CoreQ, please contact:

Dr. Nicholas Castle

DHS CoreQ Vendor

Email: castlen@coreq.biz