

State of New Jersey Department of Health Delivery System Reform Incentive Payment (DSRIP) Program

Application Instructions

1.0 General Information

- 1.1 The purpose of this document is to provide a tool for New Jersey Hospital Providers to assist as they prepare NJ DSRIP Plans for submission to the New Jersey Department of Health (the “Department”) and to the Centers for Medicare & Medicaid Services (CMS) for approval. The Plan Application Instruction Document is a living document and will be updated as additional information becomes available.

Questions regarding the NJ DSRIP Plan Application may be forwarded to NJDSRIP@mslc.com.

2.0 Before You Get Started

2.1. PLEASE NOTE THE FOLLOWING:

- 2.1.1 **FILE TYPE:** This Application has been developed in Microsoft Excel 2007. If you need to convert the application from Microsoft 2007 to another file type, it is recommended that the ‘Save As’ option be used to save a copy and convert to Microsoft Excel 2003 or other file types.
- 2.1.2 **MACROS:** Macros **must** be allowed and enabled for the application functions to perform as intended to assist you in the completion of the document.

Macro Instructions

- a. Excel should prompt you upon opening if you want to enable macros, if this occurs, click “Yes”.
- b. It is possible you may need to enable macros manually as follows:

Excel 2003 Users:

1. From the Tools menu, select Macro, and then Security.
2. Select Medium security.
3. Close and re-open the application document.
4. Upon re-opening, Excel should prompt you if want to enable macros, click “Yes” or “Enable”.

Excel 2007/2010 Users:

1. From the File menu, select Options.
2. Select Trust Center, then Macro Settings.
3. Select “Disable all Macros with Notification” or “Enable all Macros”.
4. Close and re-open the application document.
5. Upon re-opening, macros will either be automatically enabled or Excel will prompt you to enable macros, click “Yes” or “Enable”.

3.0 Application Information

3.1 The application must be completed in its entirety in order to develop the final NJ DSRIP project plan which will be submitted for Department and CMS approval. Saving the application as a copy is recommended; this will allow you to save entered information and return at a later time to complete, if necessary.

3.1.1. The application comment boxes are identified in gray. By clicking into the gray field in some comment boxes, you may be prompted by a drop-down arrow to select from a pre-populated list. In other comment boxes you will be allowed to enter free-form text. Most text-entry areas on this form have a character limitation.

Should you need additional space; there are two options available:

1. You may include additional documentation as an attachment to the application. The document should be labeled as: “Row ID”_“Brief description”

Example: “Row 48_Community Needs Assessment.doc”

When completing Rows 37-64, this document should be referenced within the comment box. When completing Rows 71-473, Column L is available to reference the Documentation Attachment Reference # as applicable. Insert the page number(s) in the document where information can be located either in the comments box for Rows 37-64 or in Column M for Rows 71-473.

Or;

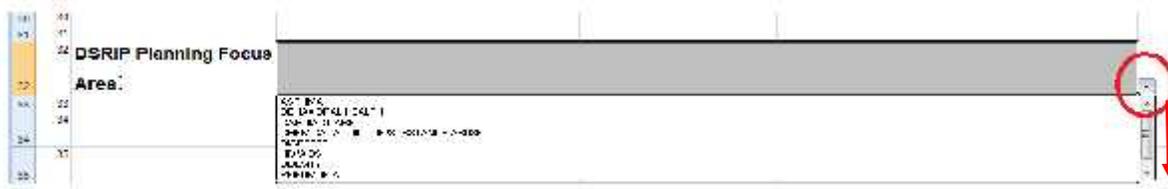
2. For Rows 71-473, there is an “Additional Notes” row in each activity section that allows the user to enter additional information. The user must enter “SEE NOTES” in the Documentation Attachment Reference (Column L) for that row. Once “SEE NOTES” is entered, the user must enter notes in the “Additional Notes” section of the application for that activity. As indicated above in 3.1.1, page number(s) must also be included.

Figure 1. Example – Documentation Attachment Reference



Entering the attachment reference number or “SEE NOTES” into this field – removes the error message at the end of the row indicating a need for documentation

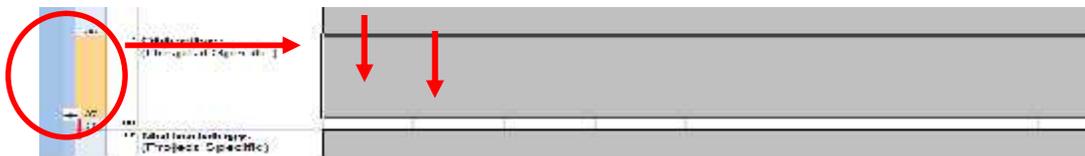
Figure 2. Example - Drop-Down Arrow for Pre-Populated List



You may expand the comment box to accommodate multiple lines of free-form text within the row. To expand the comment box.

Select the comment box and enter free-form text; select the 'excel' row for the comment box and pull field downward to expand the row to the desired size (Fig. 3). Prior to printing this document, please be sure to follow these same directions for the coordinating comment box in the Executive Summary Tab.

Figure 3. Example – Expanding Comment Box (Excel Row)



- 3.2 Within the application, there are specific directions denoted in 'red' font that provide the user documentation requirements for that row.
- 3.3 Some actions/milestone are denoted as "other." These rows are considered 'optional' and provide the user an opportunity to add additional actions/milestone that the hospital considers instrumental in achieving project activities and are viewed with the same level of importance as required actions/milestone.
- 3.4 Please review the completed application to ensure the information is entered correctly and completely prior to submission for review and/or approval.
- 3.5 Please ensure all documents listed on the Application Checklist are submitted with the application once it is completed.
- 3.6 To print the completed application: Select the 'PRINT APPLICATION' button at the bottom of the Data Input tab. This will take you directly to the Print Preview window for review prior to printing. Each tab may be printed separately by selecting the 'excel' print option for each tab.

4.0 Hospital DSRIP Plan Template

- 4.1 The Hospital DSRIP Plan Template included in Attachment 1: Toolkit was developed to serve as a companion document to the application. The Template's purpose is to assist hospital DSRIP participants in the completion of their DSRIP application. The template includes:

- The menu of activities for each stage, including the application stage, is included in the Hospital DSRIP Plan Template, along with the associated metric(s) and minimum documentation requirements for each activity/metric.
- For each stage, the required and/or elective activities, the associated actions/milestones for each activity, as well as the guideline for completion by month and year is included. While the targeted completion by month/year will be determined by the participating hospital for most action/milestones in the DSRIP Plan, the noted completion date by month/year in the Hospital DSRIP Plan Template will serve as a guide for the Department's expected completion date for each stage's activities.

5.0 Completing the Application

5.1 This application contains eight separate tabs A description and specific instructions for each tab is listed below. **Data Input - Tab 1** is the worksheet hospitals will utilize to enter and describe their specific hospital project. Tabs 2 through 7 will be populated from the data entered in Tab 1. These tabs will incorporate the entered information to formulate a completed DSRIP plan suitable for submission.

- **Data Input - Tab 1** — Only worksheet in the application that allows direct user input.
- **Executive Summary - Tab 2** (Read only) Data here will be populated from data entered in Tab 1. The only exception is related to expanded comment boxes. (Please refer to 3.1.1)
- **Application DY 2 - Tab 3** (Read only) Data here will be populated from data entered in Tab 1.
- **Application Stage I - Tab 4** (Read only) Data here will be populated from data entered in Tab 1.
- **Application Stage II - Tab 5** (Read only) Data here will be populated from data entered in Tab 1.
- **Application Stage III Part 1- Tab 6** (Read only) Data here will be populated from data entered in Tab 1.
- **Application Stage III Part 11- Tab 7**(Read only) Data here will be populated from data entered in Tab 1.
- **Application Stage IV- Tab 8** (Read only) Data here will be populated from data entered in Tab 1.

6.0 Data Input - Tab 1

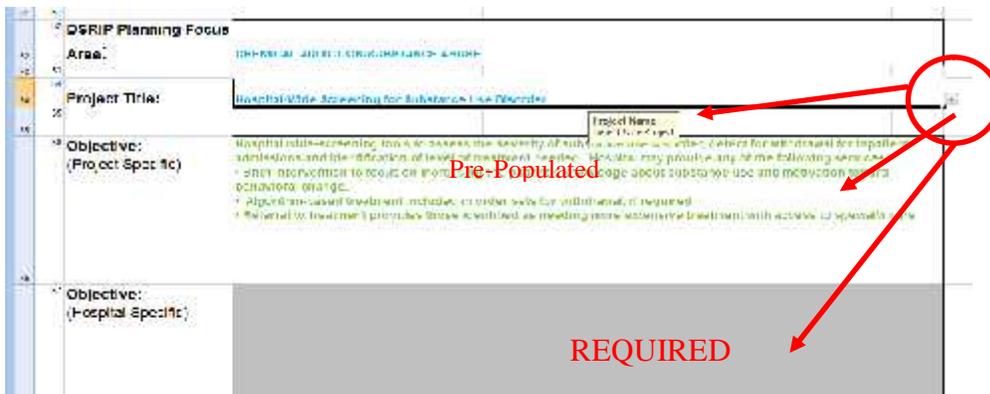
6.1 The Data Input worksheet is located on Tab 1 and is the only worksheet where data entry is manually entered. After completion of the Data Input worksheet, the information entered will automatically populate the related tabs (Tabs 2-7) in the application resulting in the development of a completed DSRIP Plan. When completed, the document will be available for saving and printing in its entirety, and will then be utilized as the Formal Plan Submission to the Department and CMS to request approval.

Entering information:

- All data/text fields are displayed in **gray highlight** to allow the user to enter text or select from the drop-down menu.
- Moving between selections is performed using the arrow keys.

- Data entered manually will be displayed as **blue font** (Fig. 4). This is for the user only and will transfer to the Plan as traditional black font color.
- All data that is pre-populated or restricted to a selection choice are displayed in **green** or **gray** font and is not available for editing (Fig. 4).
- Throughout the “Data Input” worksheet or Tab 1, there are free-form text boxes. These are indicated as ‘Hospital Specific’ and are designed for the hospital to provide detailed information specific to their DSRIP Plan. These ‘Hospital Specific’ fields are **required** (Fig. 4).
- Actions/Milestone are **not** synonymous with Activities. For each Activity there may be one or more actions/milestone available for selection.
- Activities which are required are denoted with a “Yes” in Column K labeled as “**Included**” and each hospital must include them in their DSRIP plan. The remaining activities are considered to be elective. Each hospital will determine and select the activities that are important for the successful demonstration of their hospital DSRIP Plan.

Figure 4. Example – Entered and Pre-populated data



- All activities listed in Stages II - IV are required activities.
- For each activity, as well as, actions/milestone there are **Minimum Documentation Submission Requirements**. This is the documentation the hospital must provide upon completion of an activity or actions/milestone. These requirements can be found in the Toolkit.
- No Protected Health Information (PHI) should be entered into the application.
- In the Application DY 2 Section, Completion Month/Year (Column N) will be pre-populated based on the due date of the application.
- In the remaining sections, Target Completion Month/Year (Column N) a due date is indicated. However, the user must determine and then input when the hospital expects to complete the selected activity. The user will be directed through a note to “**ENTER Target Completion Month/Year.**” Drop-Down selections will be available.

Figure 5. Example – Targeted Completion Month/ Year data

Included?	Documentation Attachment Reference #	Type	Targeted Completion Month/Year	Funding Year
			Sept. 30, 2014	DY2

Figure 6. Example – Targeted Completion Month/ Year Drop-Down List

Included?	Documentation Attachment Reference #	Type	Targeted Completion Month/Year	Funding Year
				REQUIRED

Note: the time period in which you complete an activity may not directly correspond to a demonstration year.

- The Application lists the Demonstration Year (DY) funding will be received. When a provider enters their target completion date (Column N), Column O will auto-populate indicating when the DY funding will occur. For example, if a provider selects April, May, or June as a target date, these activities will be tied to the following DY funding. The following table illustrates this:

Activity Completion Date	DY Funding
Plan approval-March 31, 2014	DY 2
April 1, 2014-March 31, 2015	DY3
April 1, 2015-March 31, 2016	DY4
April 1, 2016-March 31, 2017	DY5

- 6.2 **Other Focus Area/Off-Menu Projects** – For hospitals who have selected a other focus area/off-menu project, data entry requirements for the application will differ slightly from the requirements of the users who have selected a pre-defined project.

Of note:

- For the Application Cover section, the “Project Specific” fields of Objective, Methodology and Goal/Outcome will remain blank. The hospital must complete all other fields for Rows 12-64.
- All activities listed on the application that state “REQUIRED” are required for all projects regardless if the project selected is an other focus/off-menu project.
- The “Stage III. Other Focus Area/Off-Menu Projects- Proposed Measures” (see Application Rows 494-509) are only applicable to hospitals who have selected an other focus area/off-menu project. This section is required. This is where the hospital will list the minimum of 4 or up to a maximum of 8 measures they have selected for their other focus area/off-menu. Data elements (Rows 494- 509) for the measure must include:
 1. Measurement name
 2. National Quality Forum (NQF) # (if applicable)
 3. Measure Steward – originator of the measure (e.g. NCQA, AMA)
 4. NJ Data Source – indicate data collection method by entering either : “Claims” or “Non-Claims”
 5. P4P (Pay for Performance) – indicate “Yes” if you wish to have the measure tied to funding or “No” if you do NOT wish to have the measure tied to funding. **A minimum of 2 measures must be tied to funding and marked as P4P.**
 6. Row 508- Indicate the hospital’s rationale for the measures selected, as well as, a link to the technical specifications that will be used for each measure. Technical specifications may also be included as an attachment. See Section 3.1.1. for documentation guidelines.
 7. Row 509- Any documentation that will be submitted as an attachment must have a Documentation Reference number. See Section 3.1.1for documentation requirements.

The tables below describe the type of action required for each row within the Data Input worksheet tab. (Note: Data Input is the only worksheet in the application that allows direct user input.)

Table 1. Data input for Executive Summary Rows 12-64

Row #	Title	Description	Input Instructions
12	Hospital Name	Self-explanatory	Click inside the gray comment box, which will make the drop-down menu arrow visible at the edge of the box. A list of pre-determined hospital names is available via the drop-down menu. Please select your hospital name from the list.
14	Hospital Medicaid Number	Self-explanatory	The Hospital Medicaid Number is the individual hospital NPI and will be auto-populated.
16	Date	Self-explanatory	Date format must be entered as mm/dd/yyyy
18	Contact Person	Primary contact	Please enter here the name of the contact person(s); this may be different than the submitting person.
20	Contact Address	Self-explanatory	
21	Street 1	Self-explanatory	
22	Street 2	Self-explanatory	
23	City	Self-explanatory	
24	State	Auto-populated	Auto-populated to state : New Jersey
25	Zip	Zip Plus 4	5 plus 4 format (xxxxx-xxxx)
27	Contact Phone Number	Primary contact (see row 18)	Phone Number format must be entered as (xxx) xxx-xxxx
29	Contact Email Address	Primary Contact	Add email address for contact(s).
32	DSRIP Planning Focus Area	Drop-down menu. Select one Focus Area from the drop-down menu.	Click inside the gray comment box, which will make the drop-down menu arrow visible at the edge of the box. A list of pre-determined focus areas is available via the drop-down menu. Please select one Focus Area.
34	Project Title	Drop-down menu. Select one Project from the drop-down menu. For Other Focus Area/Off-Menu Projects, enter the project title.	The options available for the Project Title will be within the pre-determined drop-down menu and available based upon the Focus Area selected in row 32.
36	Objective (Project Specific)	This field is restricted and does not allow input or changes, see row 37 to include additional information or clarification.	The Project Objective will automatically populate based upon the Project Title selection in the previous fields. The populated font in this field will be green. For Other Focus Area/Off-Menu Projects, this field will remain <u>blank</u> .
37	Objective (Hospital Specific)	Required. Free-form text box.	This area is designed for the hospital to provide detailed information related to the objective of the project specific to their DSRIP Plan as specified in the Toolkit.
39	Methodology (Project Specific)	Provides the framework for the planning, executing and measurements of the selected project.	The Project Methodology will automatically populate based upon the Project Title selection in row 32. For Other Focus Area/Off-Menu Projects, this field

Row #	Title	Description	Input Instructions
			will remain <u>blank</u> .
41	Methodology (Hospital Specific)	Required. Free-form text box.	This area is designed for the hospital to provide detailed information related to the Methodology of the project specific to their DSRIP Plan. The methodology must be clear and detailed as to how the hospital plans to achieve their stated objective and outcomes as specified in the Toolkit.
45	Goal/ Outcome (Project Specific)	Statements that describe what the project will accomplish, or the business value the project will achieve.	The Goal/Outcome (Project Specific) in this row will automatically populate based upon the Project Title selection in row 32. For Other Focus Area/Off-Menu Projects, this field will remain <u>blank</u> .
46	Goal/ Outcome (Hospital Specific)	Required. Free-form text box.	This area is designed for the hospital to provide detailed information related to the Goal/Outcome of the project specific to both their hospital and the targeted population. Goals for each Demonstration Year are to be included as specified in the Toolkit. Please see the Toolkit for specified documentation requirements.
48	Significance	Required. Free-form text box.	The hospital will include the rationale for their project selection based on significance of the population their hospital serves and results of their community needs assessment (for further requirements on the Community Needs Assessment please see the Application Checklist). Please see the Toolkit for additional documentation requirements.
52	Challenges	Required. Free-form text box.	The user will be prompted to enter what they consider to be the challenges in implementing their projects. Challenges must be specifically listed, e.g., “ <i>search for additional qualified staff to hire</i> ” or “ <i>large population of uninsured patients</i> ” etc. Please see the Toolkit for specified documentation requirements.
56	Starting Point	Required. Free-form text box.	The hospital will enter their starting point for their project. Participating hospitals must implement new or significantly enhance their existing health care initiatives; to this end, hospitals must identify the CMS and HHS funded initiatives in which they participate, and explain how their proposed DSRIP activities are not duplicative of activities that are already funded. Please see the Toolkit for specified additional documentation requirements.
60	Public Input	Required. Free-form text box.	The hospital will enter a description of the processes used to engage and reach out to stakeholders (for further requirements on Public Input please see the Application Checklist). Please see the Toolkit for additional documentation requirements.
64	Project Monitoring	Required. Free-form text box.	The hospital will enter a description of the processes they will use to monitor the progress of their DSRIP program. Please see the Toolkit for specified documentation requirements.

Table 2. Stage I Rows 70 – 173 Data input for Application DY 2

Row #	Title	Description	Input Instructions
70	Application <u>Required Activity 1:</u>	Identify key program components and goals.	Application Activity ‘Identify key program components and goals’ will automatically populate and is a <u>required</u> activity for each project application. This activity has 4 <u>required</u> actions/milestone. See Rows 71-74. Documentation is required for each required action/milestone (Fig. 4) and may be entered on the application or as an attachment. See Section 3.1.1 for documentation requirements.
71	<u>Required –Activity 1</u> Actions/Milestone 1	Conduct Gap Analysis (#1 of 4 key program components and goals for selection.)	<ul style="list-style-type: none"> This action must be completed by September 20, 2013. Please see the Toolkit for Minimum Submission Requirements. <ul style="list-style-type: none"> Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
72	<u>Required –Activity 1</u> Actions/Milestone 2	Complete Budget Analysis (#2 of 4 key program components and goals for selection.)	<ul style="list-style-type: none"> This action must be completed by September 20, 2013. Please see the Toolkit for Minimum Submission Requirements. <ul style="list-style-type: none"> Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
73	<u>Required –Activity 1</u> Actions/Milestone 3	Identify Partners (#3 of 4 key program components and goals for selection.)	<ul style="list-style-type: none"> This action must be completed by September 20, 2013. Please see the Toolkit for Minimum Submission Requirements. <ul style="list-style-type: none"> Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
74	<u>Required –Activity 1</u> Actions/Milestone 4	Identify Target Population (#4 of 4 key program components and goals for selection.)	<ul style="list-style-type: none"> This action must be completed by September 20, 2013. Please see the Toolkit for Minimum Submission Requirements. <ul style="list-style-type: none"> Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
75-78	Actions/Milestone (Optional-Hospital specific)	Free form text box. <i>Optional</i> Hospital specific actions/milestone	This actions/milestone is <i>optional</i> for each hospital project. These are the actions/milestone the hospital will complete in order to achieve Activity 1. These actions/milestone must be separate from the actions/milestone listed in Rows 71-74 and must be completed by September 20, 2013. Enter a brief description in the ‘Identify project protocols and interventions’ field. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.

Row #	Title	Description	Input Instructions
80	Additional Notes	<i>Optional field</i>	The hospital may use this notes section to further define or explain any of the actions and how they will be completed in this field. Lengthy documentation submission must be submitted as an attachment as directed in Section 3.1.1. of this document.
83	Application - Required Activity 2:	Identify Project Protocols and Interventions	The activity "Identify project protocols and interventions" is a <u>required</u> activity that will facilitate the required activities for Stage I. There are a total of 12 actions/milestone (Rows 84-95) associated with this activity. A minimum of 1 Actions/Milestone must be selected. This activity must be completed by September 20, 2013.
84-95	Application - Required Activity 2: Actions/Milestone 1-12 (A minimum of 1 selected)	Identify Intervention: Selection Options (Note: The Activity is 'Identify Project Protocols and Interventions': These rows are a subset of possible interventions the hospital may select as pertinent to their project.)	Please select the specific interventions the hospital will use by selecting "Yes". If an intervention is not required for the project, select "NA". A minimum of 1 Actions/Milestone must be selected. These actions must be completed by September 20, 2013. Please see the Toolkit for Minimum Submission Requirements. <ul style="list-style-type: none"> Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
96-99	Actions/Milestone (Optional-Hospital specific)	Free-form text box. Hospital specific intervention	This actions/milestone is <i>optional</i> for each hospital project. These are the actions/milestone the hospital will complete in order to achieve Activity 2. These actions/milestone must be separate from the actions/milestone listed in Rows 84-95 and completed by September 20, 2013. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
101	Additional Notes	<i>Optional field</i>	The hospital may use this notes section to further define or explain any of the actions and how they will be completed in this field. Lengthy documentation submission must be submitted as an attachment as directed in Section 3.1.1 of this document.
104	Application Required Activity 3:	Identify multi-therapeutic medical and support team	This activity is <u>required</u> . There is one actions/milestone (Row 104) associated with this activity. This activity must be completed by September 20, 2013.
105	Required Activity 3 Actions/Milestone 1	Determine project staffing needs, including identifying whether project requires utilizing existing staff or hiring new staff or a combination of the two.	This Actions/Milestone is <u>required</u> for each hospital project. This action must be completed by September 20, 2013. Please see the Toolkit for Minimum Submission Requirements. <ul style="list-style-type: none"> Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
106-109	Actions/Milestone (Optional-Hospital specific)	Free-form text	This is a free-form text box used to identify hospital-specific actions/milestone for those hospitals that chose to develop additional actions/milestone relevant to the success of their Hospital DSRIP Plan. Targeted date for completion must be selected from the drop-down menu. Detailed documentation must be provided via attachment or in the notes section for this activity.

Row #	Title	Description	Input Instructions
			See Section 3.1.1 for documentation requirements.
111	Additional Notes	<i>Optional field</i>	The hospital may use this notes section to further define or explain any of the actions and how they will be completed in this field. Lengthy documentation submission must be submitted as an attachment as directed in Section 3.1.1 of this document.
114	Application <u>Required Activity 4:</u>	Identify multi-therapeutic medical and support team.	This activity is <u>required</u> . There is one actions/milestone (Row 115) associated with this activity. This activity must be completed by September 20, 2013.
115	<u>Required Activity 4</u> Actions/Milestone 1	Assess education needs and determine education/communication methods, including duration, frequency and timelines.	This Actions/Milestone is <u>required</u> for each hospital project. This action must be completed by September 20, 2013. Please see the Toolkit for Minimum Submission Requirements. • Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
124-171	Describe Application <u>Elective Activity 5 – 9</u> Actions/Milestone	Free-form text	Describe the Hospital’s Plan for executing elective activity and associated actions/milestone. (These Activities (4-9) and corresponding actions/milestone are <i>optional</i> for each hospital project. These are the Activities and actions/milestone the hospital will complete in order to achieve their specific project. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
174	Application <u>Required Activity 10:</u>	Report Baseline Data for Non-Claims Based Stage 3 and Stage 4 Metrics.	This Activity is <u>required</u> for each hospital project. This action must be completed by September 20, 2013. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
176-179	Actions/Milestone (Optional-Hospital specific)	Free-form text	This is a free-form text box used to identify hospital-specific actions/milestone for those hospitals that chose to develop additional actions/milestone relevant to the success of their Hospital DSRIP Plan. Targeted date for completion must be selected from the drop-down menu. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
181	Additional Notes	<i>Optional field</i>	The hospital may use this notes section to further define or explain any of the actions and how they will be completed in this field. Lengthy documentation submission must be submitted as an attachment as directed in Section 3.1.1 of this document.

Table 3. Rows 186–382 Data Input for Application Stage I (*Infrastructure Development*)

Row #	Title	Description	Input Instructions
186	Stage I <u>Required Activity 1</u>	Develop methodology to identify pilot/target population	Stage I Required Activity ‘Develop methodology to identify pilot/target population’ will automatically populate and is a <u>required</u> activity for each project application. This activity must be completed by Sept 30, 2014.
187	<u>Required Activity 1</u> - Actions/Milestone 1	Select all applicable population criteria and develop algorithms to determine pilot population.	This Actions/Milestone is <u>required</u> for each hospital project. This action must be completed by September 30, 2014. Please see the Toolkit for Minimum Submission Requirements. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
188-191	Actions/Milestone 2-5	Actions/Milestone 2-5	These are free-form text boxes used to identify hospital-specific actions/milestone for those hospitals that chose to develop additional actions/milestone relevant to the success of their Hospital DSRIP Plan. Targeted date for completion must be selected from the drop-down menu. This activity must be completed by Sept 30, 2014. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
193	Hospital plan for activity/actions/milestone execution	Free-form Text	Describe the Hospital’s Plan for executing required Activity 1 and associated actions/milestone. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
196	Stage I Activity 2 (Required)	Develop health assessment/ risk stratification tool to assist in identifying the health risk of project participants.	This activity must be completed by Sept 30, 2014. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
197	<u>Required Activity 2</u> - Actions/Milestone 1	Develop algorithms and/or decision tree to assist clinician in identifying the health risk of project participants.	This Actions/Milestone is <u>required</u> for each hospital project. This action must be completed by September 30, 2014. Please see the Toolkit for Minimum Submission Requirements. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
198-201	Actions/Milestone 2-5 (Optional-Hospital Specific)	Actions/Milestone 2-5	These are free-form text boxes used to identify hospital-specific actions/milestone for those hospitals that chose to develop additional actions/milestone relevant to the success of their Hospital DSRIP Plan. Targeted date for completion must be selected from the drop-down menu. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
203	Hospital plan for activity/actions/milestone execution	Free-form Text	Describe the Hospital’s Plan for executing required Activity 2 and associated activity/ actions/milestone. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
206	Stage I Activity 3 (Required)	Procure multi-therapeutic medical and support team that will be dedicated to the DSRIP project.	Stage I Required Activity ‘Procure multi-therapeutic medical and support team that will be dedicated to the DSRIP project’ will automatically populate and is a <u>required</u> activity for each project application. This activity

Row #	Title	Description	Input Instructions
			must be completed by Sept 30, 2014. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
207-208	Required Activity 3 - Actions/Milestone 1or 2 (Minimum of at least 1 actions/milestone is required)	Utilize existing staff – and/or Utilize new staff	Select one or both actions/milestone as relevant to the success of the hospitals DSRIP plan. This field requires at least one (1) selection. Targeted date for completion must be selected from the drop-down menu. This activity must be completed by Sept 30, 2014. Please see the Toolkit for Minimum Submission Requirements. <ul style="list-style-type: none"> Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements
209-212	Actions/Milestone 3-6 (Optional- Hospital Specific)	Actions/Milestone 3-6	These are free-form text boxes used to identify hospital-specific actions/milestone for those hospitals that chose to develop additional actions/milestone relevant to the success of their Hospital DSRIP Plan. Targeted date for completion must be selected from the drop-down menu. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
214	Hospital plan for activity/actions/milestone execution	Free-form Text	Describe the Hospital’s Plan for executing required Activity 3 and associated activity/ actions/milestone. <ul style="list-style-type: none"> Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
217	Stage I Activity 4 (Required)	Procure Partners	Stage I Required Activity ‘Procure Partners’ will automatically populate and is a <u>required</u> activity for each project application. This activity must be completed by Sept 30, 2014. <ul style="list-style-type: none"> Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
218	Required Activity 4 - Actions/Milestone 1	Partnerships required to conduct the project are established	This Actions/Milestone is <u>required</u> for each hospital project. This action must be completed by September 30, 2014. Please see the Toolkit for Minimum Submission Requirements. <ul style="list-style-type: none"> Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
219-222	Actions/Milestone 2-5 (Optional-Hospital Specific)	Actions/Milestone 2-5	These are free-form text boxes used to identify hospital-specific actions/milestone for those hospitals that chose to develop additional actions/milestone relevant to the success of their Hospital DSRIP Plan. Targeted date for completion must be selected from the drop-down menu. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
224	Hospital plan for activity/actions/milestone execution	Free-form Text	Describe the Hospital’s Plan for executing required Activity 4 and associated activity/ actions/milestone. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.

Row #	Title	Description	Input Instructions
227	Stage I Activity 5 (Required)	Procure staff education needs	Stage I Required Activity 'Procure staff education needs' will automatically populate and is a <u>required</u> activity for each project application. This activity must be completed by Sept 30, 2014. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
228-230	Required Activity 5 - Actions/Milestone 1-3	Required actions/milestone for activity 5	All three Actions/Milestone are <u>required</u> for each hospital project. This action must be completed by September 30, 2014. Please see the Toolkit for Minimum Submission Requirements. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
231-234	Actions/Milestone 4-7 (Optional-Hospital Specific)	Actions/Milestone 4-7	These are free-form text boxes used to identify hospital-specific actions/milestone for those hospitals that chose to develop additional actions/milestone relevant to the success of their Hospital DSRIP Plan. Targeted date for completion must be selected from the drop-down menu. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
236	Hospital plan for activity/actions/milestone execution	Free-form Text	Describe the Hospital's Plan for executing required Activity 5 and associated activity/ actions/milestone. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
239	Stage I Elective Activity 6	Procure physical settings/supplies	This activity is optional and must be completed by Sept 30, 2014.
240	Activity 6 - Actions/Milestone 1	Physical space, setting and/or supplies are in place.	Stage I Optional associated action/milestone. This activity is optional and must be completed by Sept 30, 2014. Please see the Toolkit for Minimum Submission Requirements. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
241-244	Actions/Milestone 2-5 (Optional-Hospital Specific)	Actions/Milestone 2- 5	These are free-form text boxes used to identify hospital-specific actions/milestone for those hospitals that chose to develop additional actions/milestone relevant to the success of their Hospital DSRIP Plan. Targeted date for completion must be selected from the drop-down menu. This activity must be completed by Sept 30, 2014. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
246	Hospital plan for activity/actions/milestone execution	Free-form Text	Describe the Hospital's Plan for executing required Activity 6 and associated activity/ actions/milestone.
249	Stage I Elective Activity 7	Procure patient supplies and equipment	This activity is optional and must be completed by Sept 30, 2014.
250	Activity 7 - Actions/Milestone 1	Patient supplies for both the outpatient and home setting are purchased	Stage I Optional associated action/milestone. This activity is optional and must be completed by Sept 30, 2014. Please see the Toolkit for Minimum Submission Requirements. Detailed documentation must be provided via attachment

Row #	Title	Description	Input Instructions
			or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
251-254	Actions/Milestone 2-5 (Optional-Hospital Specific)	Actions/Milestone 2-5	These are free-form text boxes used to identify hospital-specific actions/milestone for those hospitals that chose to develop additional actions/milestone relevant to the success of their Hospital DSRIP Plan. Targeted date for completion must be selected from the drop-down menu. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
256	Hospital plan for activity/actions/milestone execution	Free-form Text	Describe the Hospital's Plan for executing required Activity 7 and associated activity/ actions/milestone.
259	Stage I Elective Activity 8	Procure technical needs.	This activity is optional and must be completed by Sept 30, 2014. <ul style="list-style-type: none"> • Please see the Toolkit for Minimum Submission Requirements. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
260	<u>Activity 8-</u> Actions/Milestone 1	Technical resources are in place (may include software, hardware or other technology).	Stage I Optional associated action/milestone. This activity is optional and must be completed by Sept 30, 2014. Please see the Toolkit for Minimum Submission Requirements. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
261-264	Actions/Milestone 2-5 (Optional-Hospital Specific)	Actions/Milestone 2-5	These are free-form text boxes used to identify hospital-specific actions/milestone for those hospitals that chose to develop additional actions/milestone relevant to the success of their Hospital DSRIP Plan. Targeted date for completion must be selected from the drop-down menu. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
266	Hospital plan for activity/actions/milestone execution	Free-form Text	Describe the Hospital's Plan for executing required Activity 8 and associated activity/ actions/milestone.
269	Stage I Elective Activity 9	Procure data needs.	This activity is optional and must be completed by Sept 30, 2014.
270	<u>Activity 9-</u> Actions/Milestone 1	Existing and new data sources are in place.	Stage I Optional associated action/milestone. This activity is optional and must be completed by Sept 30, 2014. Please see the Toolkit for Minimum Submission Requirements. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
271-274	Actions/Milestone 2-5 (Optional-Hospital Specific)	Actions/Milestone 2- 5	These are free-form text boxes used to identify hospital-specific actions/milestone for those hospitals that chose to develop additional actions/milestone relevant to the success of their Hospital DSRIP Plan. Targeted date for completion must be selected from the drop-down menu. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
276	Hospital plan for activity/actions/milestone execution	Free-form Text	Describe the Hospital's Plan for executing required Activity 9 and associated activity/ actions/milestone.

Row #	Title	Description	Input Instructions
279	Stage I Elective Activity 10	Procure marketing/outreach needs.	This activity is optional and must be completed by Sept 30, 2014.
280	<u>Activity 10-</u> Actions/Milestone 1	Marketing and outreach tools are produced.	Stage I Optional associated action/milestone. This activity is optional and must be completed by Sept 30, 2014. Please see the Toolkit for Minimum Submission Requirements. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
281- 284	Actions/Milestone 2-5 (Optional-Hospital Specific)	Actions/Milestone 2- 5	These are free-form text boxes used to identify hospital-specific actions/milestone for those hospitals that chose to develop additional actions/milestone relevant to the success of their Hospital DSRIP Plan. Targeted date for completion must be selected from the drop-down menu. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
286	Hospital plan for activity/actions/milestone execution	Free-form Text	Describe the Hospital's Plan for executing required Activity 10 and associated activity/ actions/milestone.
289	Stage I Activity 11 (Required)	Establish project protocols and interventions.	Stage I Required Activity 'Establish project protocols and interventions' will automatically populate and is a <u>required</u> activity for each project application. This activity must be completed by Sept 30, 2014.
290- 301	Activity 11 Actions/Milestone 1- 12	See application Actions/Milestone descriptions	Stage I Required associated action/milestone will automatically populate as 'Yes' or 'NA' based on the selection(s) made in Activity 2. The user must select the targeted time for completion from the drop-down menu for each 'Yes' indicator. Should the plan determine this actions/milestone is N/A, the hospital must provide an attachment with detailed explanation. (Each line will contain 'Yes' or 'NA'). Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
302- 305	Actions/Milestone 13- 16 (Optional-Hospital Specific)	Actions/Milestone 13- 16	These are free-form text boxes used to identify hospital-specific actions/milestone for those hospitals that chose to develop additional actions/milestone relevant to the success of their Hospital DSRIP Plan. Targeted date for completion must be selected from the drop-down menu and must be completed by Sept 30, 2014. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
307	Hospital plan for activity/actions/milestone execution	Free-form Text	Describe the Hospital's Plan for executing required Activity 11 and associated activity/ actions/milestone.
310	Stage I Activity 12 (Required)	Develop quality improvement activities	Stage I Required Activity 'Develop quality improvement activities' will automatically populate and is a <u>required</u> activity for each project application. This activity must be completed by Sept 30, 2014.
311	<u>Activity 12-</u> Actions/Milestone 1	Develop of a comprehensive quality improvement plan.	Stage I Required associated action/milestone will automatically populate and is a required actions/milestone for each project application. This activity is required and must be completed by Sept 30, 2014. Please see the Toolkit for Minimum Submission

Row #	Title	Description	Input Instructions
			<p>Requirements. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.</p>
312 - 315	Actions/Milestone 2 - 5 (Optional-Hospital Specific)	Actions/Milestone 2 - 5	<p>These are free-form text boxes used to identify hospital-specific actions/milestone for those hospitals that chose to develop additional actions/milestone relevant to the success of their Hospital DSRIP Plan. Targeted date for completion must be selected from the drop-down menu and</p> <p>Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.</p>
317	Hospital plan for activity/actions/milestone execution	Free-form Text	Describe the Hospital's Plan for executing required Activity 12 and associated activity/ actions/milestone.
320	Stage I Elective Activity 13	Conduct patient satisfaction survey	This activity is optional and must be completed quarterly throughout the demonstration. See application for required dates.
321	<u>Activity 13-</u> Actions/Milestone 1	Conduct patient satisfaction survey to track the patient satisfaction of DSRIP patients.	<p>Stage I Optional associated action/milestone. Action/milestones must be completed quarterly throughout the demonstration. See application for required dates.</p> <p>Please see the Toolkit for Minimum Submission Requirements.</p> <p>Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.</p>
334- 337	Actions/Milestone 2 - 5 (Optional-Hospital Specific)	Actions/Milestone 2 - 5	<p>These are free-form text boxes used to identify hospital-specific actions/milestone for those hospitals that chose to develop additional actions/milestone relevant to the success of their Hospital DSRIP Plan. Targeted date for completion must be selected from the drop-down menu and must be completed on a quarterly basis throughout the demonstration.</p> <p>Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.</p>
339	Hospital plan for activity/actions/milestone execution	Free-form Text	Describe the Hospital's Plan for executing required Activity 13 and associated activity/ actions/milestone.
342	Stage I Elective Activity 14	Conduct staff education/training sessions on all applicable project tools, checklists, processes, protocols and intervention procedures.	<p>This activity is optional and must be completed on a quarterly basis throughout the demonstration.</p> <p>Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.</p>
343	<u>Activity 14-</u> Actions/Milestone 1	Training/education sessions on applicable project tools, checklists, processes, protocols and intervention procedures are conducted	<p>Stage I Optional associated action/milestone. This action/milestone is optional and must be completed on a quarterly basis throughout the demonstration.</p> <p>Please see the Toolkit for Minimum Submission Requirements.</p> <p>Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.</p>
356- 359	Actions/Milestone 2 - 5 (Optional-Hospital Specific)	Actions/Milestone 2 - 5	These are free-form text boxes used to identify hospital-specific actions/milestone for those hospitals that chose to develop additional actions/milestone relevant to the

Row #	Title	Description	Input Instructions
			success of their Hospital DSRIP Plan This action/milestone must be completed on a quarterly basis throughout the demonstration. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
361	Hospital plan for activity/actions/milestone execution	Free-form Text	Describe the Hospital's Plan for executing required Activity 14 and associated activity/ actions/milestone.
364	Stage I Activity 15 (Required)	Project Staff Evaluation/Assessment.	Stage I Required Activity 'Project Staff Evaluation/Assessment.' will automatically populate and is a <u>required</u> activity for each project application. This activity must be completed quarterly throughout the demonstration. See application for required dates.
365	<u>Activity 15-</u> Actions/Milestone 1	Perform an evaluation of project staff member's performance on the project.	Stage I Optional associated action/milestone. This action/milestone must be completed quarterly. (See application for required dates). The plan must include a detail description of the process(es) to be used for the project. Should the plan determine this actions/milestone is N/A, the hospital must provide an attachment with detailed explanation. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
378-381	Actions/Milestone 2 - 5 (Optional-Hospital Specific)	Actions/Milestone 2 - 5	These are free-form text boxes used to identify hospital-specific actions/milestone for those hospitals that chose to develop additional actions/milestone relevant to the success of their Hospital DSRIP Plan. This activity must be completed quarterly throughout the demonstration. See application for required dates. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
383	Hospital plan for activity/actions/milestone execution	Free-form Text	Describe the Hospital's Plan for executing required Activity 15 and associated activity/ actions/milestone.

Table 4. Rows 388–475 Data Input for Application Stage II (*Chronic Medical Condition Redesign and Management*)

Row #	Title	Description	Input Instructions
389	Stage II Activity 1 (Required)	Initiate pilot program.	Stage II Required Activity 'Initiate pilot program.' will automatically populate and is a <u>required</u> activity for each project application. This activity must be completed by March 31, 2015.
390	<u>Activity 1-</u> Actions/Milestone 1	Pilot program started.	Stage II Required associated action/milestone will automatically populate and is a <u>required</u> actions/milestone for each project application. Please see the Toolkit for Minimum Submission Requirements. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements. This actions/milestone must be completed by March 31, 2015.

Row #	Title	Description	Input Instructions
391-394	Actions/Milestone 2 - 5 (Optional-Hospital Specific)	Actions/Milestone 2 - 5	These are free-form text boxes used to identify hospital-specific actions/milestone for those hospitals that chose to develop additional actions/milestone relevant to the success of their Hospital DSRIP Plan. Targeted date for completion must be selected from the drop-down menu and completed no later than March 31, 2015. actions/milestone. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
396	Hospital plan for activity/actions/milestone execution	Free-form Text	Describe the Hospital's Plan for executing required Activity 1 and associated activity/ actions/milestone.
399	Stage II Activity 2 (Required)	Evaluate pilot program and re-engineer and/or re-design based on pilot results.	Stage II Required Activity 'Evaluate pilot program and re-engineer and/or re-design based on pilot results.' will automatically populate and is a <u>required</u> activity for each project application. This activity must be completed by March 31, 2015.
400	<u>Activity 2-</u> Actions/Milestone 1	Determine metric-driven changes and initiate adjustments and redesign of program requirements as needed.	Stage II Required associated action/milestone will automatically populate and is a required actions/milestone for each project application. Please see the Toolkit for Minimum Submission Requirements. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements. This actions/milestone must be completed by March 31, 2015.
401-404	Actions/Milestone 2 - 5 (Optional-Hospital Specific)	Actions/Milestone 2 - 5	These are free-form text boxes used to identify hospital-specific actions/milestone for those hospitals that chose to develop additional actions/milestone relevant to the success of their Hospital DSRIP Plan. Targeted date for completion must be selected from the drop-down menu and completed by March 31, 2015. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
406	Hospital plan for activity/actions/milestone execution	Free-form Text	Describe the Hospital's Plan for executing required Activity 2 and associated activity/ actions/milestone.
409	Stage II Activity 3 (Required)	Initiate program protocols and interventions for entire population.	Stage II Required Activity 'Initiate program protocols and interventions for entire population.' will automatically populate and is a <u>required</u> activity for each project application. This activity must be completed by March 31, 2015.
410	<u>Activity 3-</u> Actions/Milestone 1	Determine metric-driven changes and initiate adjustments and redesign of program requirements as needed.	Stage II Required associated action/milestone will automatically populate and is a required actions/milestone for each project application. Please see the Toolkit for Minimum Submission Requirements. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements. This actions/milestone must be completed by March 31, 2015.
411-	Actions/Milestone 2 - 5	Actions/Milestone 2 - 5	These are free-form text boxes used to identify

Row #	Title	Description	Input Instructions
414	(Optional-Hospital Specific)		hospital-specific actions/milestone for those hospitals that chose to develop additional actions/milestone relevant to the success of their Hospital DSRIP Plan. Targeted date for completion must be selected from the drop-down menu and completed no later than March 31, 2015. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
416	Hospital plan for activity/actions/milestone execution	Free-form Text	Describe the Hospital's Plan for executing required Activity 3 and associated activity/ actions/milestone.
419	Stage II Activity 4 (Required)	Ongoing monitoring of program outcomes.	Stage II Required Activity 'Ongoing monitoring of program outcomes.' will automatically populate and is a <u>required</u> activity for each project application. This activity must be completed quarterly throughout the demonstration. See application for required dates.
420	<u>Activity 4 -</u> Actions/Milestone 1	Trending and tracking of data reporting	Stage II Required associated action/milestone will automatically populate and is a required actions/milestone for each project application. Please see the Toolkit for Minimum Submission Requirements. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements. This actions/milestone must be quarterly throughout the demonstration.
431-434	Actions/Milestone 2 - 5 (Optional- Hospital Specific)	Actions/Milestone 2 - 5	These are free-form text boxes used to identify hospital-specific actions/milestone for those hospitals that chose to develop additional actions/milestone relevant to the success of their Hospital DSRIP Plan. Targeted date for completion must be entered. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
436	Hospital plan for activity/actions/milestone execution	Free-form Text	Describe the Hospital's Plan for executing required Activity 4 and associated activity/ actions/milestone.
439	Stage II Activity 5 (Required)	Provide feedback to hospital administration and participating providers.	Stage II Required Activity 'Ongoing monitoring of program outcomes.' will automatically populate and is a <u>required</u> activity for each project application. This activity must be completed quarterly throughout the demonstration. See application for required dates.
440	<u>Activity 5-</u> Actions/Milestone 1	Provide review of project to hospital administration and participating providers.	Stage II Required associated action/milestone will automatically populate and is a required actions/milestone for each project application. Please see the Toolkit for Minimum Submission Requirements. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements. This actions/milestone must be completed quarterly throughout the demonstration.
451-454	Actions/Milestone 2 - 5 (Optional- Hospital Specific)	Actions/Milestone 2 - 5	These are free-form text boxes used to identify hospital-specific actions/milestone for those

Row #	Title	Description	Input Instructions
			hospitals that chose to develop additional actions/milestone relevant to the success of their Hospital DSRIP Plan. Targeted date for completion must be entered. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
456	Hospital plan for activity/actions/milestone execution	Free-form Text	Describe the Hospital's Plan for executing required Activity 5 and associated activity/actions/milestone.
459	Stage II Activity 6 (Required)	Provide feedback to the learning collaborative.	Stage II Required Activity 'Provide feedback to the learning collaborative.' will automatically populate and is a <u>required</u> activity for each project application. This activity must be completed quarterly throughout the demonstration. See application for required dates.
460	<u>Activity 6-</u> Actions/Milestone 1	Participating providers engage in learning collaborative for the DSRIP program to promote sharing of best practices and resolutions to problems encountered.	Stage II Required associated action/milestone will automatically populate and is a required actions/milestone for each project application. Please see the Toolkit for Minimum Submission Requirements. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements. This actions/milestone must be completed quarterly throughout the demonstration.
471- 474	Actions/Milestone 2 - 5 (Optional- Hospital Specific)	Actions/Milestone 2 - 5	These are free-form text boxes used to identify hospital-specific actions/milestone for those hospitals that chose to develop additional actions/milestone relevant to the success of their Hospital DSRIP Plan. Targeted date for completion must be entered. Detailed documentation must be provided via attachment or in the notes section for this activity. See Section 3.1.1 for documentation requirements.
476	Hospital plan for activity/actions/milestone execution	Free-form Text	Describe the Hospital's Plan for executing required Activity 6 and associated activity/actions/milestone.

Table 5. Stage III – IV Rows 481 – 520 Data input for Application Stages III – IV

Row #	Title	Description	Input Instructions
482	Stage III Required Activity 1	Report Stage III Project-Specific Metrics for DY2	Stage III Required Activity ‘Report Stage III Project-Specific Metrics for DY2.’ will automatically populate and is a <u>required</u> activity for each project application. See Metric Reporting Requirements
483	Actions/Milestone 1 (Required)	Report Stage III Project-Specific Metrics for DY2	Stage III Required associated action/milestone will automatically populate. <i>Please note the reporting date identified in ‘green’ font.</i>
485	Stage III Required Activity 2	Report Stage III Project-Specific Metrics for DY3	Stage III Required Activity ‘Report Stage III Project-Specific Metrics for DY3.’ will automatically populate and is a <u>required</u> activity for each project application. See Metric Reporting Requirements
486	Actions/Milestone 1 (Required)	Report Stage III Project-Specific Metrics for DY3	Stage III Required associated action/milestone will automatically populate. <i>Please note the reporting date identified in ‘green’ font.</i>
488	Stage III Required Activity 3	Report and Meet Stage III Project-Specific Metric Improvement Target for DY4	Stage III Required Activity ‘Report Stage III Project-Specific Metrics for DY4.’ will automatically populate and is a <u>required</u> activity for each project application. See Metric Reporting Requirements
489	Actions/Milestone 1 (Required)	Report and Meet Stage III Project-Specific Metric Improvement Target for DY4	Stage III Required associated action/milestone will automatically populate. <i>Please note the reporting date identified in ‘green’ font.</i>
491	Stage III Required Activity 4	Report and Meet Stage III Project-Specific Metric Improvement Target for DY5	Stage III Required Activity ‘Report Stage III Project-Specific Metrics for DY4.’ will automatically populate and is a <u>required</u> activity for each project application. See Metric Reporting Requirements
492	Actions/Milestone 1 (Required)	Report and Meet Stage III Project-Specific Metric Improvement Target for DY5	Stage III Required associated action/milestone will automatically populate. <i>Please note the reporting date identified in ‘green’ font</i>
494	Stage III Other Focus Area/Other Menu Projects-Proposed Measures	Report 4 Measures ONLY IF you have selected an Other Focus Area/Other Menu Project	<i>If you have selected one of the 17 pre-defined projects, this section is NOT applicable to your hospital and you will leave this section blank. If you have selected a Other Focus Area/Other Menu Project, this is a required activity for your project. See additional instructions on Lines 499-506 below.</i>
499-506	Other Focus Area/Other Menu Project Measurements (Required)	Report 4 Stage III Measures for Other Focus Area/Other Menu Project	Hospital selecting an Other Focus Area/Other Menu Project will need to complete rows 499-506. Five data elements are required for each row. <ol style="list-style-type: none"> 1. Measurement name 2. National Quality Forum (NQF) # (if applicable) 3. Measure Steward – creator of the measure 4. NJ Data Source – indication data collection method; Enter “Claims” or “Non-Claims” 5. P4P (Pay for Performance) – indicate “Y” if measure is tied to funding or “No” if measure is NOT tied to funding. A minimum of 4 measures must be indicated and at least 2 of the measures must be tied to funding and marked as P4P.

Row #	Title	Description	Input Instructions
508	Hospital's rationale for the measures selected and measure technical specifications	Free-form text	Describe rationale for measure selection, as well as, a link to the technical specifications that will be used for each measure. Hospital must include the technical specifications via electronic link or as a attachment. See Section 3.1.1. for documentation guidelines
509	Documentation Attachment Reference #	Free-form text	For any measurement documentation that will be attached, please follow the documentation identification nomenclature listed in Section 3.1.1 of this document.
515	Stage IV Required Activity 1	Report Stage IV Universal Metrics for DY2	Stage IV Required Activity 'Report Stage IV Universal Metrics for DY2.' will automatically populate and is a <u>required</u> activity for each project application. See Metric Reporting Requirements.
516	Actions/Milestone 1 (Required)	Report Stage IV Universal Metrics Improvement Target for DY2	Stage IV Required associated action/milestone will automatically populate. <i>Please note the targeted reporting date identified in green font and corresponding Demonstration Year (DY) when funding would be received for completion of this actions/milestone.</i>
518	Stage IV Required Activity 2	Report Stage IV Universal Metrics for DY3	Stage IV Required Activity 'Report Stage IV Universal Metrics for DY3.' will automatically populate and is a <u>required</u> activity for each project application. See Metric Reporting Requirements
519	Actions/Milestone 1 (Required)	Report Stage IV Universal Metrics Improvement Target for DY3	Stage IV Required associated action/milestone will automatically populate. <i>Please note the targeted reporting date identified in green font and corresponding Demonstration Year (DY) when funding would be received for completion of this actions/milestone.</i>
521	Stage IV Required Activity 3	Report Stage IV Universal Metrics for DY4	Stage IV Required Activity 'Report Stage IV Universal Metrics for DY4.' will automatically populate and is a <u>required</u> activity for each project application. See Metric Reporting Requirements.
522	Actions/Milestone 1 (Required)	Report Stage IV Universal Metrics Improvement Target for DY4	Stage IV Required associated action/milestone will automatically populate. <i>Please note the targeted reporting date identified in green font and corresponding Demonstration Year (DY) when funding would be received for completion of this actions/milestone.</i>
524	Stage IV Required Activity 1	Report Stage IV Universal Metrics for DY5	Stage IV Required Activity 'Report Stage IV Universal Metrics for DY5.' will automatically populate and is a <u>required</u> activity for each project application. See Metric Reporting Requirements
525	Actions/Milestone 1 (Required)	Report Stage IV Universal Metrics Improvement Target for DY5	Stage IV Required associated action/milestone will automatically populate. <i>Please note the targeted reporting date identified in green font and corresponding Demonstration Year (DY) when funding would be received for completion of this actions/milestone.</i>

Please confirm data has been entered correctly on all tabs. Corrections are made only on Tab 1 Data Input worksheet. Upon completion of the application, each hospital must save and submit their application, along with the DSRIP checklist and signed attestation to the Department no later than 5:00 p.m. Eastern

Time on September 20, 2013. Please reference the Toolkit for submission instructions, as well as, a copy of the required DSRIP checklist and signed attestation documents.

Should you wish to print the application, each tab may be printed separately or the entire application is printed as one document by selecting the 'PRINT APPLICATION' button at the bottom of the Data Input tab (you will be directed to the 'Print Preview' window) where you may continue printing by selecting 'Print' from the document window.