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Webinar: DSRIP Databook Introduction

June 19, 2014

New Jersey Department of Health (NJDOH)

Training Materials:

■ Upcoming Webinars

- Thursday, June 19, 2014, 3:00 - 4:30pm EST
- Topic: Databook Introduction
- **Webinar 5: Databook Introduction Presentation**





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Training Session Objectives

- ✓ Review each of the components of the databook
- ✓ To understand the organization and purpose of the databook
- ✓ Review and understand the measurement specification format
- ✓ To discuss the attribution model that remains under review by CMS





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Review the Five Components of the Databook:

1. NJ DSRIP Performance Measurement Databook
2. NJ DSRIP Performance Measurement Databook - Appendix A - Supplemental Code Tables
3. NJ DSRIP Performance Measurement Databook - Appendix B - Programming Assumptions
4. NJ DSRIP Standard Reporting Workbook
5. NJ DSRIP Comprehensive Measures Inventory





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1. NJ DSRIP Performance Measurement Databook

Format: Word document

Purpose: To outline information related to every DSRIP measure collected and reported (Chart/EHR and MMIS) by, or on the behalf of hospitals, including the following criteria:

- Numerator criteria
- Denominator criteria
- Exclusion criteria
- Measure Steward reference
- DSRIP incentive impact

Objective: To ensure clear, consistent performance measurement instructions through a single reference document.





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2. Appendix A - Supplemental Code Tables

Format: Excel document

Purpose: To provide diagnosis and procedure code tables for associated measures when these were too lengthy for the measure specification itself. These codes were made available by the measure steward. To provide a diagnosis-related grouper (DRG) crosswalk from MS-DRG to AP-DRG.

Objective: To minimize hospital effort to collect the measure requirements and ensure consistent usage.





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3. Appendix B - Programming Assumptions

Format: Word document

Purpose: To provide specific detail related to requirements and assumptions made to program the measures which use the MMIS claims administration data that will be reported on the behalf of hospitals.

Objective: To increase the transparency of programming steps performed on the behalf of hospitals.





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4. NJ DSRIP Standard Reporting Workbook

Format: Excel document

Purpose: To provide a single, standard workbook that will be utilized by all hospitals to submit required reported data for both Stage 3 and Stage 4 Chart/EHR measures.

Objective: To ensure consistent hospital and partner reporting so that it may be readily compiled and analyzed for trending clinical improvement and incentive payment tracking.





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5. NJ DSRIP Comprehensive Measures Inventory

Format: Excel document

Purpose: To provide a single, un-duplicated list of all DSRIP measures for reference.

Objective: To cross-check that all measures are accounted for.





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Databook – Table of Contents

I. General Overview

- Includes background and collection methods
- Includes data reporting and step-by-step measure calculation methods

II. Attribution Methodology

- Provides the current, DRAFT, proposal under CMS review

III. Sampling Methodology

- Includes standard abstraction sampling tables





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Databook – Table of Contents

IV. Specification Sheet Description and Definitions

- Defines each field included on the measure specification sheet

V. Chart/Electronic Health Record (EHR) Specification Sheets

- 52 measures
- Organized in alphabetical order

VI. MMIS Specification Sheets

- 46 measures
- Organized in alphabetical order





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Specification Sheet Description and Definitions

1. Measure Reference Section – Measure title, DSRIP #, description, data Source, NQF number if applicable, steward, steward version.
2. Measure Calculation Description – Includes fields required to calculate the measure: numerator, denominator and related criteria.
3. Measure Collection Description – Includes fields related to the collection process: the setting of care, reporting parameters, whether sampling, continuous eligibility or risk adjustment applied.
4. DSRIP Incentive Impact – This section identifies which Stage the measure applies to and whether incentive award is based on pay for reporting or pay for performance (P4P).





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Specification Sheet Description and Definitions – key definition (page 30)

- **Setting of Care** – this field lists where the service(s) was rendered and helps identify which provider type has the information available.
 - *Inpatient or Emergency Department Setting* – refers to any measure that ***only*** considers care provided within the inpatient or emergency department setting. **It is information the hospital can collect.**
 - *Outpatient Setting* –refers to any measure that ***only*** considers care that was provided in an outpatient setting. **This is information that may be collected at the hospital-based clinic if the service is offered, or the community-based reporting partner.**
 - *Multi-Setting* –refers to any *MMIS* measure that considers care that was received across multiple cares settings. **NOTE: If a chart/ EHR measure was a multi-setting measure, it has been adjusted to only consider one setting.**





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Specification Sheet Description and Definitions – (page 32)

***IMPORTANT NOTE FOR CHART/EHR MEASURE SPECIFICATIONS:**

The measure steward should be referred to for detailed analysis, flow charts and specifications. The DSRIP specification sheet provides the high level requirements for collection and reporting for DSRIP. The measure steward offers further details and rationale that may be important for the hospital to review.





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DSRIP Measure Specification Compared to Measure Steward

- Population is New Jersey Low Income (Medicaid, CHIP, Charity Care; including managed care, fee for service, and dual eligible populations)
- Measure information is re-organized, standardized and includes code tables for each measure
- Modified Age Criteria based on Adult Core if the age stratification did not fully represent the DSRIP population or project focus
 - *Example:* DSRIP #1, 30-Day Readmit for AMI was a Medicare measure with age stratification of only 65 years and older. The age stratification 18 through 64 years of age, and a Total of 18 years and above was added to more effectively capture the Low Income population. Age stratification changes are noted by measure.
 - The applicable age stratification that applies to P4P award is noted.





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DSRIP Measure Specification Compared to Measure Steward

- All measures that were based on the metropolitan or county area were adjusted to apply to the attributed DSRIP population **only**
- Cross-walked national information to New Jersey specific information as applicable
 - Medicare DRGs to NJ DRGs
 - National place of service codes to NJ place of service codes
 - *Example:* DSRIP #1, 30-Day Readmit for AMI – Risk adjustment model was developed for Medicare data and population – to use the same model, Medicaid related data were cross-walked and used
 - In computing the measures added the use of New Jersey local codes as applicable





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DSRIP Measure Specifications Compared to Measure Steward

- All chart/EHR measures utilize DSRIP-specific sampling tables provided within the DSRIP sampling section to simplify and ensure consistency across the measures
 - The exceptions to this are the CAC and VTE measures which refer to the steward due to applicable sub-populations.
- Table names are uniformly named to match the measure DSRIP number for ease of reference
- Changed references from “member” to “patient”

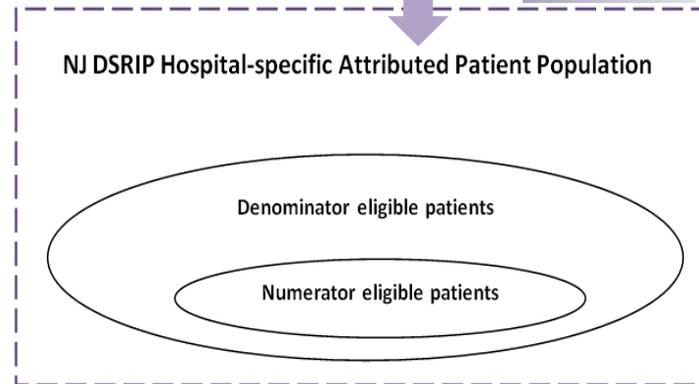




Chart/EHR Collection and Reporting Steps –

Step 1:

Step 1: The provider receives the retrospective attributed patient population list from the Department.



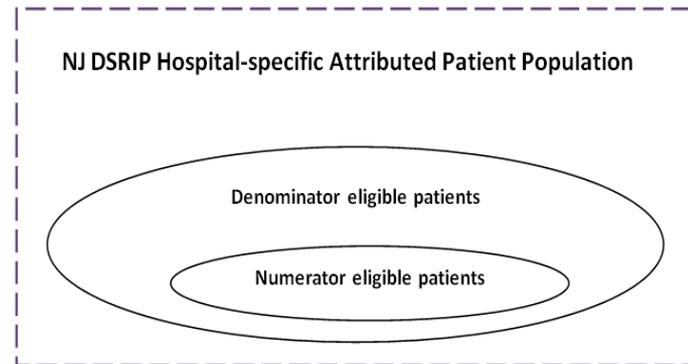
Step 2: The provider runs a query of their EHR or reporting system. The population is limited to the attributed patient population only. This query always first includes looking for the measure-specific denominator (D) criteria as outlined in the DSRIP specification sheet and detailed by the measure steward specifications.



Chart/EHR Collection and Reporting Steps –

Step 3: The provider compares the initial total population results to the sampling tables to determine the number of patient records that must be abstracted.

Step 4: The provider runs a standard random sampling query to select the specific patient records for abstraction.



Step 5: The provider staff reviews the sampled patient records to determine if the numerator (N) criteria have been met.



Chart/ EHR Collection and Reporting Steps –

Step 6: The provider enters the sampling total, numerator and denominator values into the NJ DSRIP Standard Reporting Workbook. Formulas within the workbook will automatically calculate the result.

Step 2:	Initial Patient Total [Enter the total number of patients that meet the denominator criteria.]	
Step 3:	Denominator [Enter the total number of records that are required to be sampled based off the measure's specification sampling table.]	
Step 5:	Numerator [Enter the total number of patients that meet the numerator criteria.]	





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Chart/EHR Collection and Reporting Steps –

There may be multiple reporting entities if the following applies:

➤ Inpatient measures –

- A hospital system has multiple hospital reporting sites

➤ Outpatient measures –

- A DSRIP network has a hospital-based clinic and a community-based partner reporting the same outpatient measure
- A DSRIP network has multiple hospital-based clinic sites
- A DSRIP network has multiple community-based partners reporting the same outpatient measure

****If there are multiple reporting entities the same steps apply to each entity.**





Chart/EHR Collection and Reporting Steps –

- If there are multiple reporting entities, a weighted average will be calculated.
- How much any one provider will contribute to the weighted average is based on the size of its initial eligible population for the measure.
- Providers with larger populations will contribute more toward the rate than those with smaller populations.

BH Clinic A	BH Clinic B	Total Calculated Rate =
Query identifies = 500 patients	Query identifies = 1500 patients	2000 NJ Low Income patients
Sample required = 25% = 125	Sample required = 250	375 samples
N = 38	N = 63	N + N = 38 + 63 = 101
D = 125	D = 250	D + D = 125 + 250 = 375
% = 30% (38/125 = .304)	% = 25% (63/250 = .252)	
Clinic Adjusted Rate = (Calculated Result)(Weighted Factor)		Hospital Adjusted Total Rate
Weighted Factor for Clinic A - 500/2000 = 25%	(.304)(.25) = .076	.076 + .189 = .265 = 26.50%
Weighted Factor for Clinic B - 1500/2000 = 75%	(.252)(.75) = .189	





Standard Reporting Workbook

- This is a standard document that will be used by all hospitals regardless of the Stage 3 project that has been chosen.

- Tab 1 is a Cover Sheet. Enter the Submission date, Hospital name, Medicaid number, Project and Contact information.

6	New Jersey Delivery System Reform Incentive Payment (DSRIP)- Standard Reporting Workbook				
7					
8					
9					
10					
11	SUMMARY OF HOSPITAL INFORMATION				
12					
13	Submission Date:				
14					
15	Hospital Name:		Medicaid Number:		
16					
17	Contact Person:				
18					
19	Contact Phone Number:		Contact Email Address:		
20					
21	Focus Area:				
22					
23	Project Title:				
24					
25					
26					
27	HOSPITAL SUBMISSION COMMENTS				
28					
29					



There is a box available that allows the hospital to log comments related to the measure submission if desired.



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Standard Reporting Workbook – Content

- **Tab 2** - Stage 3 Index – is based on Planning Protocol Addendum 1 and includes all projects with a hyperlink to the associated report tab
- **Tab 3** – Stage 4 Universal Index – is based on Planning Protocol Addendum 2 and includes all measures that are to be reported by, or on the behalf of, all hospital
- **Tab 4** – Measure Example – offers instructions on how to complete the workbook
- **Tabs 5 through 16** – Project-specific reporting tabs
- **Tab 17** – Universal Measures 1 – 15
- **Tab 18** – Universal Measures 16 - 45





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Standard Reporting Workbook – Content

- The majority of measures are calculated as percentages, there are a few that are expressed as a rate.
- CAC and VTE measures follows the sampling requirements of the Joint Commission, therefore the workbook has two quarters of reporting for each semi-annual period which are summed together.
- If there are multiple reporting entities, follow the instructions on Tab 4 and only enter data in the number of columns represented by your providers. Leave all other columns blank.





Standard Reporting Workbook – Content

If a hospital has three hospital sites reporting data, 3 columns should be filled out for inpatient measures.

	B	C	D	E	F
7	Measure - Format				
8					
9	Measure Name	Provider's Name	Provider's Name	Provider's Name	Provider's Name
10	[Name of Measure is Pre-populated]	[Enter the operating name of the reporting entity.]	[Enter the operating name of the reporting entity.] <i>Once all reporting entities have been entered, leave the remaining columns blank.</i>	[Enter the operating name of the reporting entity.] <i>Once all reporting entities have been entered, leave the remaining columns blank.</i>	[Enter the operating name of the reporting entity.] <i>Once all reporting entities have been entered, leave the remaining columns blank.</i>
11	DSRIP #	Provider's NJ Medicaid Identification Number	Provider's NJ Medicaid Identification Number	Provider's NJ Medicaid Identification Number	Provider's NJ Medicaid Identification Number
12	[DSRIP Number is Pre-populated]	[Enter the NJ Medicaid ID that is related to the reporting entity.]	[Enter the NJ Medicaid ID that is related to the reporting entity.] <i>Once all reporting entities have been entered, leave the remaining columns blank.</i>	[Enter the NJ Medicaid ID that is related to the reporting entity.] <i>Once all reporting entities have been entered, leave the remaining columns blank.</i>	[Enter the NJ Medicaid ID that is related to the reporting entity.] <i>Once all reporting entities have been entered, leave the remaining columns blank.</i>
13	Initial Patient Total [Enter the total number of patients that meet the denominator criteria.]	0	0	0	0
	Denominator [Enter the total number of records that are required to be	0	0	0	0





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Standard Reporting Workbook – Submission

- Submission of the workbook will be expected April and/or October of each year depending on whether the measure is an annual measure or semi-annual measure.
- Submission will be through the Myers and Stauffer secure FTP site.
Refer to the Databook, page 20 that discusses the submission process.
- The reporting period(s) for each measure can be located on the measure specification sheet and the Addendums.





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Chart/EHR Collection and Reporting Example -

Outpatient Measure with multiple reporting entities - refer to page 17 of the Databook and Tab 4 of the Standard Reporting Workbook -

- Hospital X is conducting Project 5 – Electronic Self-Assessment Decision Support Tool
- Hospital X is partnering with two behavioral health clinics, Clinic A and Clinic B, to implement the required interventions and who will report performance data
- Hospital X identifies that for Project 5 there are four Stage 3 measures required to be reported by their outpatient project partner: 5.2, 5.3, 5.5, and 5.9
- Specifically, for measure 5.2, Hospital X identifies this measure as DSRIP #15 – Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use
 - The measure identifies the percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use and must be collected by a behavioral health provider





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Chart/EHR Collection and Reporting Steps -

- Clinic A receives the attributed patient population list and runs a query to identify patients that meet the denominator criteria (age, diagnosis and treatment history as described in the measure specification criteria for DSRIP measure #15)
- Clinic A's query returns 500 patients that meet all of the denominator criteria
- Clinic B follows the same procedures and their query returns 1500 patients
- Although the total for both clinics is 2000
 - Clinic B has seventy-five (75) percent of the eligible patients
 - Clinic A has only twenty-five (25) percent of the eligible patients





Chart/EHR Collection and Reporting Steps –

Refer to page 27 of the Databook for the sampling table

- Because the measure requires an annual measurement period, Clinic A and B compare their results to the annual sampling table provided in the sampling section
 - Clinic A determines that they must sample twenty-five (25) percent of their initial population, for a total sample of 125 patient charts ($500 * .25 = 125$)
 - Clinic B completes the same steps and determines that they must sample 250 charts

Annual Denominator Patient Population "N"	Minimum Required Sample Size "n"
>1001	250
401 - 1000	25% of the Denominator Patient Population
151 - 400	100
76 - 150	75
46 - 75	45
1-45	No sampling; 100% of the Denominator Patient Population is required

Clinic B identified 1500 patients

Clinic A identified 500 patients





Chart/EHR Collection and Reporting Steps -

- Each clinic’s measure result will be multiplied by their associated population proportion for a weighted result.



BH Clinic A	BH Clinic B	Total Calculated Rate =
% = 30% (38/125 = .304)	% = 25% (63/250 = .252)	
Clinic Adjusted Rate = (Calculated Result)(Weighted Factor)		Hospital Adjusted Total Rate
Weighted Factor for Clinic A - 500/2000 = 25%	(.304)(.25) = .076	.076 + .189 = .265 = 26.50%
Weighted Factor for Clinic B - 1500/2000 = 75%	(.252)(.75) = .189	





Chart/EHR Collection and Reporting Steps -

- Clinic A and Clinic B report their results to Hospital X
- Hospital X enters the required data on the standard reporting workbook

20 **Example of Measure - Completed**

21	Project Code	Measure Name	Provider's Name	Provider's Name
22	5.2	Bi-polar Disorder and Major Depression: Appraisal for alcohol and chemical substance use	New Jersey State Community-based Clinic	New Jersey Shoreline Hospital-based Clinic
23		DSRIP #	Provider's NJ Medicaid Identification Number	Provider's NJ Medicaid Identification Number
24		15	1122334455	6677889911
25		Initial Patient Total [Enter the total number of patients that meet the denominator criteria.]	500	1500
26		Denominator [Enter the total number of records that are required to be sampled based off the measure's specification sampling table.]	125	250
27		Numerator [Enter the total number of patients that meet the numerator criteria. (D9/I8)]	38	63
28		Project Partner's Weighting Factor [The worksheet will calculate the portion of the provider's population compared to the total patient population.]	25.00%	75.00%
29		Project Partner's Measure Result [The worksheet will calculate the provider's measure result.]	30.40%	25.20%
30		Project Partner's Adjusted Rate [The worksheet will calculate the provider's adjusted rate.]	0.0760	0.1890
31				
32				

Navigation: Cover Sheet | Stage 3 Project Index | Stage 4 Universal Index | **Measure Example** | Asthma - Project 1 | Asthma - Project 2 | BH - Pro

Step 2

Step 3

Step 5





Chart/EHR Collection and Reporting Steps -

Project Partner's Weighting Factor [The worksheet will calculate the portion of the provider's population compared to the total patient population.]	25.00%	75.00%	100.00%	
Project Partner's Measure Result [The worksheet will calculate the provider's measure result.]	30.40%	25.20%		NJ DSRIP Network Weighted Measure Result Percentage
Project Partner's Adjusted Rate [The worksheet will calculate the provider's adjusted rate.]	0.0760	0.1890	0.2650	26.50%

✓ 26.50% is the measure result that will be monitored



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Attribution Model - UNDER CMS REVIEW

- ✓ Based on Evaluation and Management Visits – code list is located in the Appendix B - Programming Assumptions document
- ✓ 30/70 Weighting – most current year’s utilization has higher weighting value as it reflects more current patient behavior
- ✓ To act as evidence of an established relationship with a provider, a minimum threshold of ten percent (10%) of *utilization per category* is included in the attribution approach





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Attribution Model - hierarchical, with 10% threshold

Category 1: Visits to hospital-based clinics

A hospital-based clinic is defined as a clinic that is allowed to bill under the hospital's provider identifier, is included on the hospital's cost report, and bills on the Universal Bill (UB) claim form with specified revenue codes (510-519). (Refer to Programming Assumptions - Appendix B for further detail.)

Category 2: Visits to emergency departments

Category 3: Visits to community-based reporting partners

Category 4: All other visits to non-participating providers

- *If the patient has visited multiple providers within a category, the patient will be linked to the provider who had the plurality (i.e. simple majority) of visits*

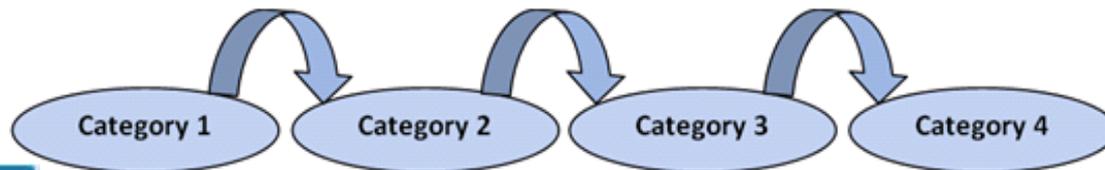




Attribution Model

The steps for the attribution approach are as follows:

- Step 1:** Review Category 1
- Step 2:** Determine if Category 1 weighted visit total meets 10% threshold
- Step 3:** If the threshold is met, identify the provider with the plurality (i.e. simple majority) of visits within Category 1
- Step 4:** If the threshold is not met, proceed to next category and repeat steps.





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Patient Smith - Attribution Example:



Provider	Visits (unweighted)	Weighted Visits	Attribution Category
Category 1: Hospital-based Clinics			
Hospital- based Clinic A	4	1.2	Hospital-based Clinic
Category Total	4	1.2	
Category %	5.19%	2.57%	Hospital-based Clinic
Category 2: Emergency Departments			
Hospital ED A	31	19.7	ED
Hospital ED B	31	19.3	ED
Hospital ED C	8	4.4	ED
Category Total	70	43.4	
Category %	90.91%	92.93%	ED
Category 3: Community-based Project Partners			
Community-based Partner	0	0	Project Partner
Category Total	0	0	
Category %	0.00%	0.00%	Project Partner
Category 4: All other providers; No attribution			
FQHC	2	1.4	Non-Hospital
Physician	1	0.7	Non-Hospital
Category Total	3	2.1	
Category %	3.90%	4.50%	Non-Hospital
Overall Total	77	46.7	





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Department Next Steps

1. Department will continue to work with CMS to finalize the attribution model.
2. Upon final approval of the attribution design, the Department will confirm with each hospital system the hospital site(s) and community-based reporting partner(s) to be included in the attribution model.
3. The improvement target goals will be set.
4. The improvement target goals will be reviewed by the Quality & Measures Committee (QMC) and approved by the Department and CMS.
5. The Expected Improvement Target Goals will be calculated for each measure.





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Hospital Next Steps

1. Complete a thorough review of your Stage 3 and Stage 4 measure specifications through the databook (include measure steward documents as necessary).
 - When planning next steps, we caution hospitals to keep in mind that the documents may change.
 - Requirements gathering and implementation for data and reporting activities should remain flexible to allow for these changes.
 - Continue to monitor the website for further information related to final CMS approval of the attribution model and databook.





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Hospital Next Steps

2. Ensure that each measure has a minimum of one reporting entity identified.
3. Identify if /which of your project partners will report data.
 - Is there a current data use agreement in place? Will one be required to be executed?
 - Prepare to present project partner reporting entity information to the Department.
4. Contact/ engage your abstraction vendor to ensure that data collection and reporting will meet required by the April/ October deadlines.





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Hospital Next Steps

5. Communication and questions related to the databook should be submitted to the njdsrip@mslc.com email address.

The link is available at: <http://dsrip.nj.gov/Home/Contact>

GOVERNOR CHRIS CHRISTIE ■ LT. GOVERNOR KIM GUADAGNO
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For more information about the New Jersey DSrip Program or if you have questions or concerns relating to this website, please contact us at:

njdsrip@mslc.com





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Q & A

