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DEPARTMENT OF HEALTH

The mission of the Department of Health is to improve health through leadership and innovation.

# Session 2 – How to Apply for DSRIP?

Review of the DSRIP Application Process

July 17, 2013

New Jersey Department of Health (NJDOH)



*Prepared by: Myers and Stauffer, LC*



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## Training Session 2 Objectives

- ✓ To understand how to complete the Hospital DSRIP Plan Application
- ✓ To understand where to send the application
- ✓ To understand where to find assistance for DSRIP application process questions





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# Hospital DSRIP Plan Application

## Application Purpose:

- Serves as a universal format (framework) for the content required for the hospitals to complete their hospital-specific DSRIP plan submission
- Allows for assuring all projects incorporate required activities
- Directs the hospital to select pre-defined information (displayed as gray highlight), as well as, provides free-form text boxes (displayed as blue font) accomplishing the activities, actions and milestones required and/or elective activities





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# Hospital DSRIP Plan Application

## Application Format:

- Microsoft Excel 2007 format
- Application instructions and the Toolkit are available as a resource document to the application
- Macros **must** be allowed and enabled for the application functions to perform as intended
- Most text-entry areas on this form have a character limit. Additional documentation may be included as an attachment to the application. Each attachment document name should be clearly indicated  
(i.e. Row ID” \_ “Brief description”)  
(e.g. Row 18\_Community Needs Assessment.doc”)





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# Hospital DSRIP Plan Application

## Application Format:

- **Data Input (Tab 1) is the ONLY worksheet the hospital will utilize to enter and describe their specific hospital project.**
- The subsequent tabs will be populated from the data entered in Tab 1





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# Hospital DSRIP Plan Application

## Application Content:

- On the Data Input tab, in the first section of the application, the hospital is required to provide the following documentation :
  - Basic information such as: Hospital name, Hospital Medicaid and Medicare Identification Numbers, Contact Person name , Contact Person telephone and email information, focus area (e.g. cardiac, HIV/AIDS etc.), project selection
  - A “hospital-specific” methodology and outcomes
  - Identification of the key project components and goals including, but not limited to: objective, methodology, goals/outcomes, significance, challenges, starting point, and public input
    - This includes articulating why, and with what data, the hospital determined that the focus area is one where improvement is needed





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# Hospital DSRIP Plan Application

## Application Content:

- On the Data Input tab, for Stage I-IV sections , required and/or elective activities and the associated actions/milestones for each activity are listed
- Activities are integral to the success of the project selected by the hospital, and are the basis for hospital payment
- **Note:** Not all Stage I activities are required, while ALL Stage 2, 3 and 4 activities are required
- Actions/Milestones are the specific procedures that will be performed to achieve the selected activity
- For each Activity there may be one or more action/milestone available for selection





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# Hospital DSRIP Plan Application

## Application Content:

- The application allows the user to include any additional activities and corresponding action/milestones that will be included in their project for any stage.
- Minimum Documentation Requirement is the documentation required for submission upon completion of an activity. Each activity has a minimum documentation requirement which can be found in the Application instructions and Toolkit
- *Example:* Hospital completed the required activity of “Identify key program components and goals” and the associated action of “Identify target project population.” Hospital must provide target population inclusion/exclusion criteria and size and the rationale for such.





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# Hospital DSRIP Plan Application Submission

## What, When, Where, How

### What is required:

- Application and all attachments
- Signed Attestation Form
- Completed New Jersey Hospital DSRIP Checklist

### When application is due:

- 5:00pm Eastern Standard Time on September 6, 2013





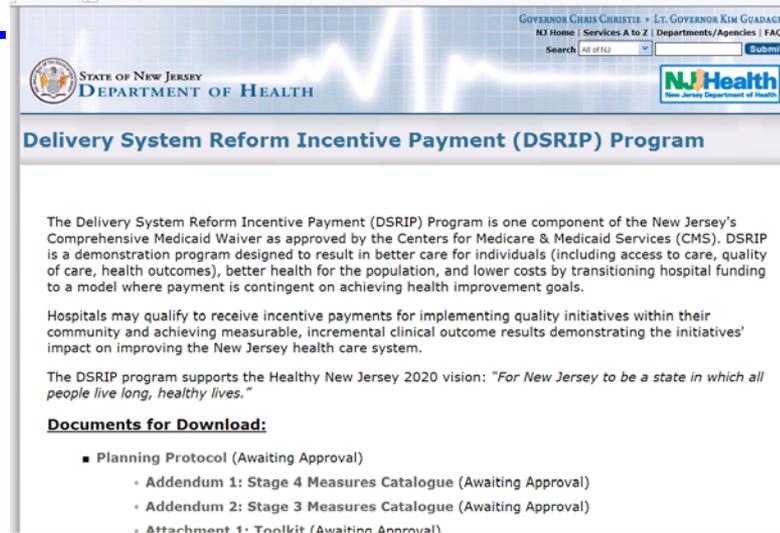
# Hospital DSRIP Plan Application Submission

## What, When, Where, How

Where does the hospital go to download materials?

DSRIP application materials are available at:

<http://dsrip.nj.gov>



The screenshot shows the website for the Delivery System Reform Incentive Payment (DSRIP) Program. At the top, it features the State of New Jersey Department of Health logo and navigation links for Governor Chris Christie and Lt. Governor Kim Guadagno. A search bar is also present. The main heading is "Delivery System Reform Incentive Payment (DSRIP) Program". Below this, there is a paragraph explaining the program as a component of the New Jersey's Comprehensive Medicaid Waiver, designed to improve care and reduce costs. Another paragraph states that hospitals may qualify for incentive payments for quality initiatives. A quote from the Healthy New Jersey 2020 vision is included: "For New Jersey to be a state in which all people live long, healthy lives." A section titled "Documents for Download:" lists three items: Planning Protocol (Awaiting Approval), Addendum 1: Stage 4 Measures Catalogue (Awaiting Approval), and Addendum 2: Stage 3 Measures Catalogue (Awaiting Approval). There is also a partially visible link for Attachment 1: Toolkit (Awaiting Approval).



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# Hospital DSRIP Plan Application Submission

## What, When, Where, How

*The DSRIP website will also house the following documents:*

- Addendum 1: Stage 3 Measures Catalogue
- Addendum 2: Stage 4 Measures Catalogue
- Attachment 1: Toolkit
- The Funding and Mechanics and Planning protocols once approved by CMS





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# Hospital DSRIP Plan Application Submission

## What, When, Where, How

### How to submit the application :

- The preferred method of submission is via the Myers and Stauffer Secure File Transfer Protocol (FTP) site

 **<https://transfer.mslc.com/>**

- Use of the FTP requires user to provide Myers and Stauffer basic information and sign an user agreement form
- Upon receipt of these documents, each individual user would receive a private username and password in order to upload documents to the site; limited to two users per hospital
  - User Agreement Forms must be received by August 16, 2013 in order to ensure access to the FTP site





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# Hospital DSRIP Plan Application Submission

## What, When, Where, How

**If there is a reason why a hospital cannot access the FTP site, then :**

**Hospital DSRIP Applications may be sent by regular mail to:**

Attention:

Brian O'Neill, Executive Director, Office of Healthcare Financing

NJ Department of Health

PO Box 360

Trenton, NJ 08625-0360

**OR**





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# Hospital DSRIP Plan Application Submission

## What, When, Where, How

### **Overnight or hand deliveries to :**

Attention:

Brian O'Neill, Executive Director, Office of Healthcare Financing

NJ Department of Health

8th Floor, Health and Agriculture Building

369 South Warren Street

Trenton, NJ 08608





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## Hospital DSRIP Plan Application Assistance

Questions regarding the NJ-DSRIP Plan Application or any other questions relating to the DSRIP program may be forwarded to [NJDSRIP@mslc.com](mailto:NJDSRIP@mslc.com)





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# Q&A

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