





# WebEx Instructions

**1** Your name  
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More ways to join

**2**   
Connect to Audio  Call Me  
The meeting will call you.  
More Options  I Will Call In  
 Call Using Computer  
Change settings

**3** Audio Connection ×  
1. Call  
1-877-668-4493 (Call-in toll-free number (US/Canada))  
1-650-479-3208 (Call-in toll number (US/Canada))  
[All global call-in numbers](#)  
2. Enter this access code:  
#  
3. Enter your Attendee ID:  
#

1. When logging in, please include a first name and initial of your last name.
2. Once you have logged in, please select “Connect to Audio” and select any of the three options under “Audio Connection”.
3. If you select “I Will Call In”, please follow the instructions and enter your Attendee ID.

## Ask questions in two ways:

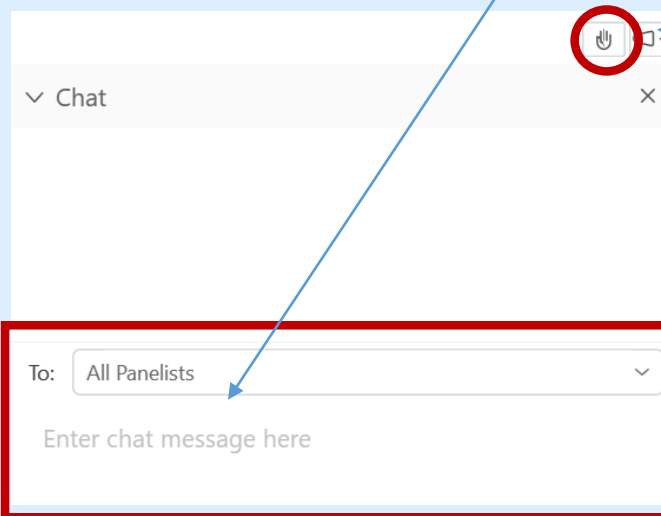
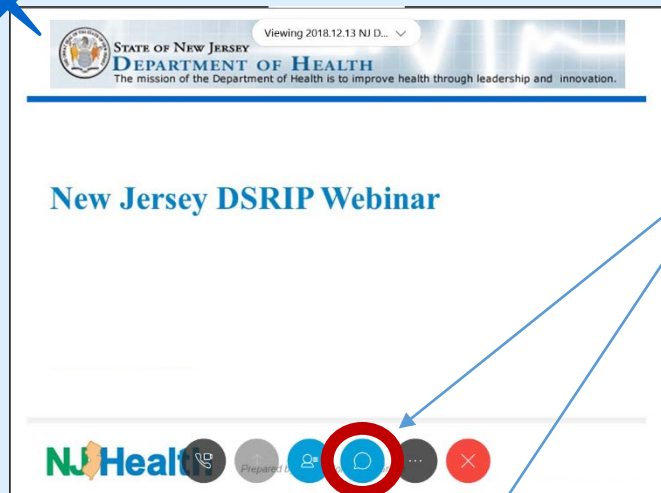
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*Prepared by Public Consulting Group*

Email [njdsrip@pcgus.com](mailto:njdsrip@pcgus.com) with any additional questions.



## Warm Up Poll

How did you celebrate the 4th of July holiday?

- a. Attended a Cookout with Family & Friends
- b. Watched a Parade or Fireworks Show
- c. Enjoyed a Beach Day
- d. Traveled Out of Town
- e. Other? Type it in the chat!

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# NJ DSRIP July 2019 Webinar

July 11, 2019

**Today's Speakers:**  
Meghan Cox, PCG

**Office of Healthcare Financing**  
Robin Ford, MS  
Executive Director

Michael D. Conca, MSPH  
Health Care Consultant

Alison Shippy, MPH



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# Today's Objectives

## By the end of today's webinar, participants should be able to:

- Share key highlights from the June In-Person Learning Collaborative
- Discuss opportunity to present on future webinars
- Identify latest performance data available in dashboard
- Locate and review the DSRIP 38 Recording
- Interpret the changes to DY7 Attribution and follow the appropriate next steps

# Proposed Agenda

1. June 26<sup>th</sup> In-Person Learning Collaborative Highlights
2. Call for Presentations & Upcoming Dates
3. Dashboard Update – DY6 Appeals Adjustments
4. DSRIP 38 Recording
5. DY7 Attribution Updates & Next Steps
6. Q&A
7. Evaluation

# **June 26th In-Person Learning Collaborative Highlights**

# 6/26 In-Person LC Highlights





# 6/26 LC Successor Plan Update

**Q1**

Will the attribution model be redesigned in the Successor Program? Is this a way to have concurrent attribution?

**A1**

The State is planning to have a new attribution model in the Successor Program. The new model is currently under development.

**Q2**

Will payment be available to extend reporting partners?

**A2**

The Successor Program is planning to have provisions that address extending payment to Network Partners.

**Q3**

Do we know where the funding will be going through? State v. MCO

**A3**

The plan is that funding will go out through the MCOs.

**Q4**

Can a successor program have only 10 focused high impact measures instead of 68 currently?

**A4**

The package of quality measures currently under consideration for the Successor Program has been refined and tailored for the specific focus areas of the new program - behavioral health and maternal health. There will likely be fewer quality measures in the new program compared to the number of measures included in current DSRIP.

**Q5**

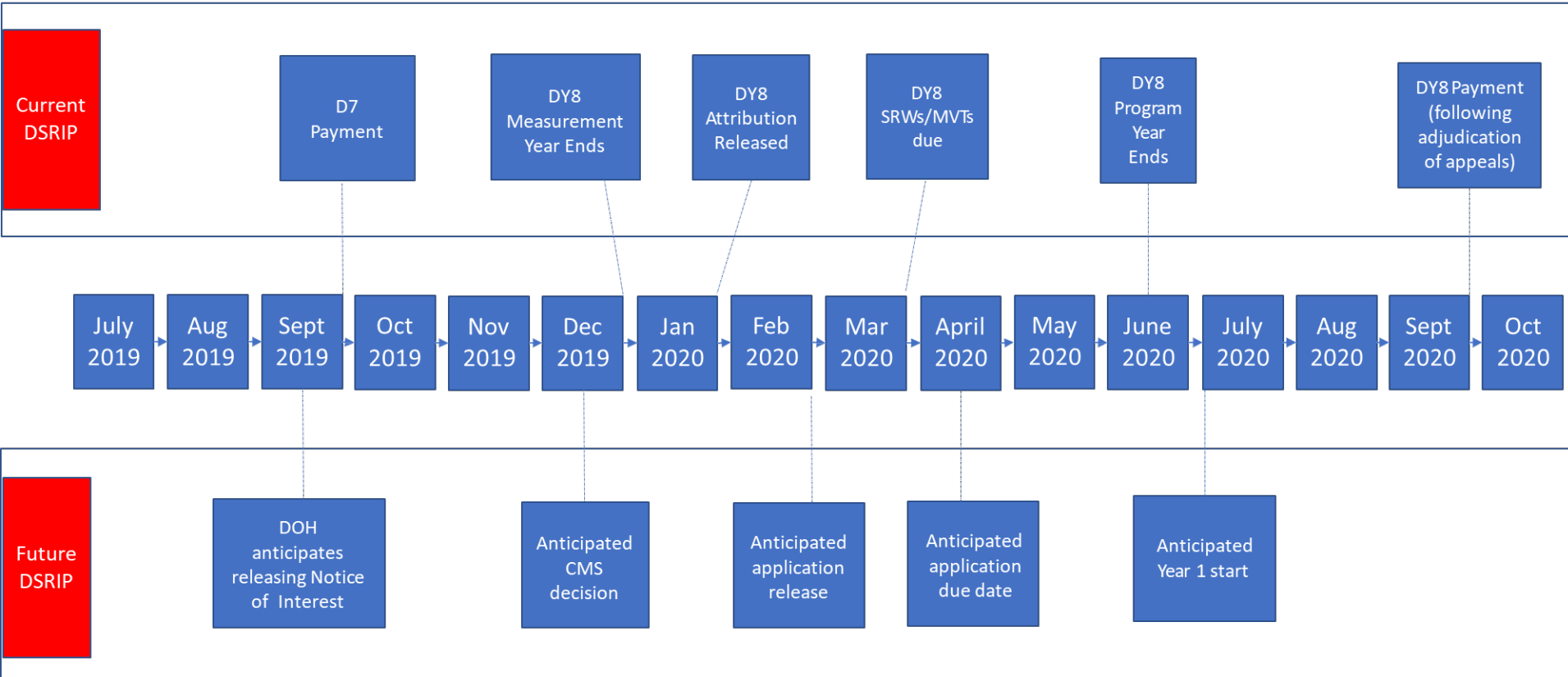
Since we are starting "new" DSRIP in July 2020 - will it be a 6 month reporting period, a 1 year reporting period (mid year) or 18 months to catch up to the calendar year cycle?

**A5**

The State is currently seeking guidance from CMS on this issue.

# 6/26 LC Successor Plan Timeline

## **\*Exact Timeline Subject to Change\***



# **Upcoming Dates & Call for Presentations!**

# Upcoming Dates

## Upcoming Webinars

- Tuesday, August 13<sup>th</sup> at 3pm
- Thursday, September 19<sup>th</sup> at 10am\*
- Tuesday, October 8<sup>th</sup> at 3pm
- Thursday, November 14<sup>th</sup> at 10am
- Tuesday, December 10<sup>th</sup> at 3pm

★ Save the Date! ★

**The next In-Person Learning Collaborative is  
Tuesday, September 10<sup>th</sup> in Princeton, NJ!**

\*Note that this webinar does not follow the typical webinar schedule due to the September 2019 In-Person Learning Collaborative

# Call for Presentations!

Measure Name	DSRIP #
Heart Failure Admission Rate	45
COPD Admission Rate	32
Ambulatory Care – Emergency Department Visits	8
Percentage of Live Births Weighing Less Than 2,500 grams	67

## *What to Expect*

- Order of topics to be based on presentation interest.
- Presentations may range from 5-15 minutes.
- Depending on interest, presentations may be single hospital or panel.
- DSRIP Team will assist you to craft and prepare presentation.
- Content can be based on reporting practices or improvement strategies.
- Share hard work, best practices, and successes with your DSRIP colleagues!

# Dashboard Updates

DY6 appeals adjustments live

## *DY6 Appeal Results*

- Only 3 performance result changes occurred after appeals process.
- Some substantiated appeals impacted hospitals' DY6 Stage 3 results.
- All eligible hospitals will have a UPP payment adjustment due to changes in the amount available in the UPP Remainder Pool.

## *DSRIP Dashboard Updates*

- Performance changes from substantiated appeals updated in dashboard on 7/10.
  - Includes small changes to DY6 Stage 3
  - Updates to UPP Payments for eligible hospitals

## *DSRIP Dashboard Resources*

1. Dashboard Tutorials: <https://dsrip.nj.gov/dashboard.html>
2. Dashboard Instructions Page: Defines data contained in Dashboard – always review!

# **DSRIP 38 Recording**

Now Available!



# DSRIP 38 Recording

- Now available on the NJ DSRIP Learning Collaborative webpage: <https://dsrip.nj.gov/lc.html>
- Reviews the current measure specification for DSRIP 38 – *Engagement of Alcohol and Other Drug Treatment*
  - Overview of key changes from Databook v4.1 to align with NCQA 2019
  - Detailed review of the measure logic, including examples of numerator compliance and non-compliance
  - These specifications are reflected in Databook v5.1
  - This recording is a companion to the [February 2019 DSRIP webinar](#)
- Please email [NJDSRIP@pcgus.com](mailto:NJDSRIP@pcgus.com) with questions regarding this recording and measure specification

February 19, 2019	DSRIP 38 & SUD Update	<a href="#">Webinar Slides</a> <a href="#">Webinar Q&amp;A</a> <a href="#">Webinar Recording</a> <a href="#">NEW! - DSRIP 38 Specification Review Recording 7/1/2019</a> <a href="#">NEW! - DSRIP 38 Specification Review Slides 7/1/2019</a>	Panel presentation by Inspira, Capital and Trinitas. DOH and DHS announcement on new substance use disorder resources and programs.
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# **DY7 Attribution Updates & Next Steps**

# DY7 Attribution

- Hospitals were notified on July 1<sup>st</sup> of an update to patient attribution rosters to account for changes in three hospital Medicaid IDs
  - Updated patient attribution rosters are available on the New Jersey DSRIP SFTP
- **For most DSRIP hospitals the change in attribution was less than 1% with most patients remaining the same**
- To ensure that performance measures are accurately calculated, DY7 results need to be calculated using these updated attribution rosters
- In order to update EHR/Chart based measures, DSRIP providers need to review these updated rosters and update and re-submit their DY7 Standard Reporting Workbooks (SRW) and Measure Validation Templates (MVT) by **July 26th**

# DY7 Attribution Methodology Refresher

- The attribution algorithm matches individuals to providers based on a hierarchical process that looks at claims over the last two years. The latest year is weighted 70%, the earlier year 30%. The model then categorizes claims in the groups listed below:

1. Hospital-based clinic
2. ED Hospital
3. Reporting Partner
4. All other non-participating provider types

- A minimum threshold 10% of utilization per category is required to be attributed to a category
  - *For example:* if a patient has received 10% of their total visits within Category 1, the patient will be assigned based on those visits. If the threshold is not met, the model cascades through the hierarchy to the category where the 10% threshold is met.
- The patient is then assigned to a provider based on a plurality (simple majority) of their visits within the category.
- In the case of a tie, the patient is attributed to the provider it has the most recent visits with.

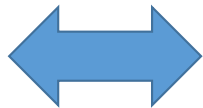
# DY7 Attribution Changes

Based on the nature of the attribution algorithm, when the Medicaid IDs were updated all claims were re-evaluated and more patients were attributed to these hospitals. However, this also impacts other hospitals as it can shift where patients had the majority of their visits.

This caused the following changes program wide:



- **0.78%** of patients are newly attributed to DSRIP providers



- **0.23%** patients switched attributed DSRIP provider



- **0.14%** patients are no longer attributed to DSRIP providers

- In order to identify the change in its patient attribution hospitals should compare the attribution roster they received in February with the new attribution roster.
  - Medicaid Patients: can be identified using the Original Medicaid ID field
  - Charity Care Patients: can be identified using the Original Medicaid ID field as well as birth date and gender

## **New Patients**

Individuals on the new roster that were not on the old roster are newly attributed patients and should be added where appropriate in the calculation of chart-based measures

## **Lost Patients**

Individuals on the old roster that are not on the new roster are no longer attributed to your facility and should be removed from chart-based measures

## *Next Steps*

1. Providers need to reconcile their attribution lists; adding newly attributed members and removing those no longer attributed
2. Providers need to review all chart-based measures in their SRWs and MVTs
  - Where members are no longer attributed remove them and if appropriate replace them with another member from the sample
  - Providers need to review their newly attributed members and assess if they should be included in any chart-based measures

**Updated SRWs and MVTs must be  
uploaded to the NJ DSRIP SFTP by  
July 26, 2019**



# Q & A



## Ask questions in two ways:

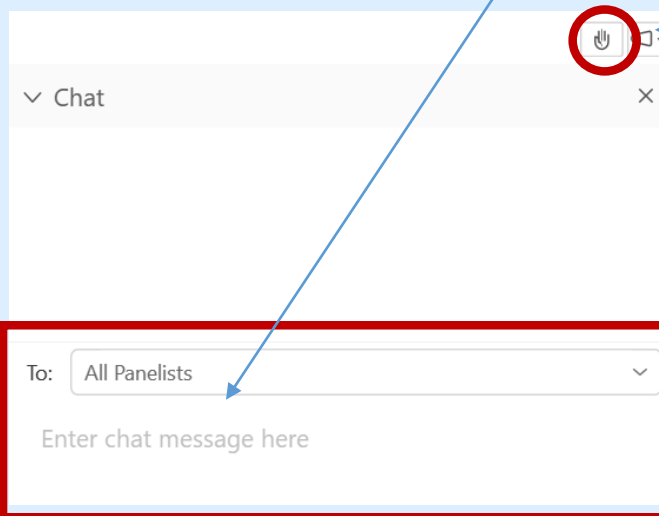
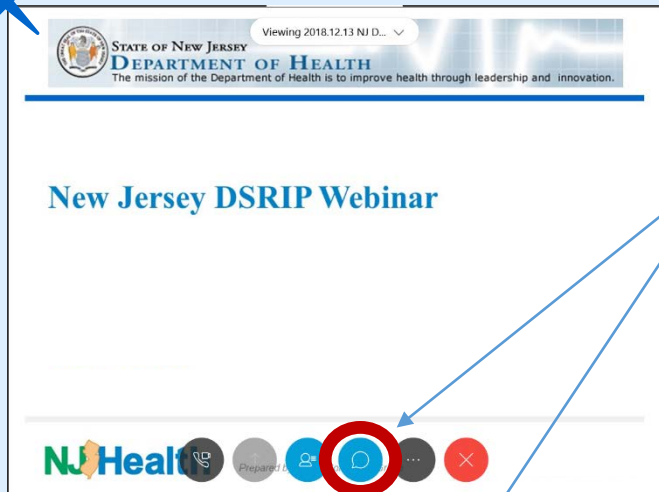
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# Evaluation

- **Please answer the following evaluation questions**
  1. How would you rate this activity?  
5 = Excellent; 1 = Very Poor
  2. Did you feel that this webinar's objectives were met?
    - Share key highlights from the June In-Person Learning Collaborative
    - Discuss opportunity to present on future webinars
    - Identify latest performance data available in dashboard
    - Locate and review the DSRIP 38 Recording
    - Interpret the changes to DY7 Attribution and follow the appropriate next steps
  3. Please provide suggestions on how to improve this educational session.