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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2. ‘Raise your hand’ to ask a question through your audio connection.
   Once we see your hand raised, we will call on you and unmute your line.
   Please introduce yourself and let us know what organization you are from.

Email njdsrip@pcgus.com with any additional questions.
Warm Up Trivia

What company created the first heart shaped box of chocolates?

a. Cadbury
b. Hershey
c. Russell Stover
NJ DSRIP February 2020 Webinar
February 11, 2020

Today's Speakers:
Emma Trucks, PCG

Office of Healthcare Financing
Robin Ford, MS
Executive Director

Michael D. Conca, MSPH
Health Care Consultant

Alison Shippy, MPH

Prepared by Public Consulting Group
DSRIP Program Updates

• Highlight Importance of Newsletter

• Attribution / SRW / MVT FAQs and Reminders

• Dashboard Refresh – New Stage 1 Section

• DY7 Appeals CMS approval
By the end of today’s webinar, participants should be able to:

- Confirm all team members receive DSRIP newsletter;

- Avoid common issues while completing chart-based measure data extraction and reporting;

- View Stage 1 data in DSRIP performance dashboard;

- Interpret the forthcoming DY7 appeals communications.
DSRIP Program Updates

DSRIP Newsletter
January 2020 DSRIP Announcements & Updates

Dear DSRIP Program Participants,

Happy New Year! We hope that you and your DSRIP teams are ready for the final months of Demonstration Year 8 (DY8).

As the NJ DSRIP team prepares to release DY8 attribution rosters, standard reporting workbooks (SRWs), and measure validation templates (MVTs) to the hospitals later this month, we have compiled some useful information in this month’s newsletter to prepare for the completion and submission of these documents. We will also be providing an overview of these documents during the January 9th webinar.

Please continue reading on for program announcements and updates.

- DOH Corner
- January NJ DSRIP Webinar: January 9th @ 10am
- DY8 Resources for Chart Based/EHR Measures
- Be Prepared for NJ DSRIP Reporting: Test Your SFTP Account
- Learning Collaborative 4: Last Chance to Claim CME Credit
- Now Available: December Webinar Materials

Recognize this?

• Emailed monthly to provide important program updates and reminders

• Please ensure all members of your DSRIP team receive and review this newsletter

• Email njdsrip@pcgus.com if you need to add a team member to the distribution list.
DSRIP Program Updates

DY8 Chart Based Measures FAQ/Reminders
# Timeline Reminder

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 14&lt;sup&gt;th&lt;/sup&gt;, 2020</td>
<td>DY8 SRWs and MVTs distributed to hospitals via SFTP</td>
</tr>
<tr>
<td>January 15&lt;sup&gt;th&lt;/sup&gt;, 2020</td>
<td>Databook 6.0 published on DSRIP website</td>
</tr>
<tr>
<td>January 31&lt;sup&gt;st&lt;/sup&gt;, 2020</td>
<td>DY8 Attribution rosters distributed to hospitals and reporting partners via SFTP</td>
</tr>
<tr>
<td>March 31&lt;sup&gt;st&lt;/sup&gt;, 2020</td>
<td>Hospitals turn in completed SRW and MVT via SFTP</td>
</tr>
</tbody>
</table>
Use correct Medicaid ID!

Common Issues
Use correct Medicaid ID!

### Common Issues

- Ensure you are using DY8 Attribution Roster
- SRW Denominator matches number of MVT records
- Report on all measures, even if denominator is 0
- Beware of pediatric patients appearing in adult measures
Common Issues

- Use correct Medicaid ID!
- Ensure you are using DY8 Attribution Roster

Prepared by Public Consulting Group
Common Issues

Use correct Medicaid ID!

Ensure you are using DY8 Attribution Roster
Common Issues

Use correct Medicaid ID!

Ensure you are using DY8 Attribution Roster

SRW denominator matches number of MVT records
Common Issues

- Use correct Medicaid ID!
- Ensure you are using DY8 Attribution Roster
- SRW denominator matches number of MVT records
Common Issues

- Use correct Medicaid ID!
- Ensure you are using DY8 Attribution Roster
- SRW denominator matches number of MVT records

A few exceptions include:
- CLABSI measures
- Measures whose denominator is based on # of discharges instead of unique # of people
- Patients listed on the MVT who are ultimately excluded, and thus have the “Eligible for denominator but excluded” column checked off. The SRW denominator should match the MVT records that do not have this column checked off.
Common Issues

- Use correct Medicaid ID!
- Ensure you are using DY8 Attribution Roster
- SRW denominator matches number of MVT records
- Report on all measures, even if denominator is 0
Common Issues

- Use correct Medicaid ID!
- Ensure you are using DY8 Attribution Roster
- SRW denominator matches number of MVT records
- Report on all measures, even if denominator is 0
Common Issues

- Use correct Medicaid ID!
- Ensure you are using DY8 Attribution Roster
- SRW denominator matches number of MVT records
- Report on all measures, even if denominator is 0
- Ensure pediatric patients don’t appear in adult measures
Standardized Reporting Issue

CLABSI Measures

DSRIP 21: Central Line-Associated Bloodstream Infection Event
DSRIP 63: Pediatric Central-Line Associated Bloodstream Infections

• Denominators should reflect device days for NJ Low-Income Population!

• Review [webinar] content from March and April 2019 for additional info.
A hospital asked:
Should we include worker's comp encounters in our chart-based measure results?

Answer:
Patients who are attributed to Medicaid, who have a denominator eligible diagnosis/event while on Medicaid in addition to a worker's comp visit, should be included in the denominator.

If an attributed patient has no denominator eligible diagnosis/event while on Medicaid other than a worker's comp visit, this patient should not be included in the denominator.

Once you’ve determined that the patient should be in your denominator, claims related to workers comp encounters should be used to count for numerator eligibility.
Poll

Has your DSRIP team reviewed your DY8 Attribution roster?
  a. Yes
  b. No
  c. Not Sure

Has your DSRIP team begun completing your SRW/MVT?
  a. Yes
  b. No
  c. Not Sure
DSRIP Program Updates
Dashboard Update
Dashboard Update

What’s New?

Stage 1 Performance Data Now Included in Dashboard

1. Go to 
   https://dsrip.nj.gov/dashboard.html

2. Log-in  
   (authorized users email njdsrip@pcgus.com for help)

3. Click Stage 1 Tab
Dashboard Update

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1. Go to
   https://dsrip.nj.gov/dashboard.html

2. Log-in
   (authorized users email njdsrip@pcgus.com for help)

3. Click Stage 1 Tab
Dashboard Update

Use filters to select:
- Hospital
- Measure
- Measure stratification

Table displays:
- Numerator
- Denominator
- Results
- Payment information
Dashboard Update

Compare your results with other DSRIP hospitals.
Dashboard Update

Coming Soon!

DY7 Appeals Adjustment
DY8 Q3 Data Update
DSRIP Program Updates

DY7 Appeals
DY7 Appeals

- DY7 appeals have been approved by CMS!
- Appeals results will be circulated to hospitals by end of February
- Hospitals will receive up to 4 materials to conclude DY7 appeals:

<table>
<thead>
<tr>
<th>All Hospitals</th>
<th>Hospitals that Submitted Appeals</th>
<th>Hospitals with Substantiated Appeals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appeal Adjustment Letter</td>
<td>Appeals Results Letter and Spreadsheet</td>
<td>Revised Results Spreadsheet</td>
</tr>
<tr>
<td>Indicates payment adjustment based on DY7 appeals results.</td>
<td>Summary of appeals submitted, whether they were substantiated and any changes to results or AV earned status.</td>
<td>Revised version of the results spreadsheet distributed with DY7 Payment Packets.</td>
</tr>
<tr>
<td>All adjustments will be reflected in your final DY8 payment.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### TABLE 1. DY7 Appeal Adjustment Summary

<table>
<thead>
<tr>
<th></th>
<th>Initial</th>
<th>Final</th>
<th>Final - Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1</td>
<td>$46,875</td>
<td>$46,875</td>
<td>$ -</td>
</tr>
<tr>
<td>Stage 2</td>
<td>$31,250</td>
<td>$31,250</td>
<td>$ -</td>
</tr>
<tr>
<td>Stage 3</td>
<td>$36,830</td>
<td>$36,830</td>
<td>$ -</td>
</tr>
<tr>
<td>UPP Carve-out</td>
<td>$52,083</td>
<td>$52,083</td>
<td>$ -</td>
</tr>
<tr>
<td>UPP Remainder</td>
<td>$82,018</td>
<td>$80,857</td>
<td>$(1,162)</td>
</tr>
<tr>
<td>Total</td>
<td>$249,057</td>
<td>$247,895</td>
<td>$(1,162)</td>
</tr>
</tbody>
</table>

### TABLE 2. DY7 Stage 2 Appeal Adjustment

<table>
<thead>
<tr>
<th></th>
<th>Initial</th>
<th>Final</th>
<th>Final - Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieved</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Max Possible</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Percent Achieved</td>
<td>33%</td>
<td>33%</td>
<td>0%</td>
</tr>
<tr>
<td>Stage 2 Target</td>
<td>$93,750</td>
<td>$93,750</td>
<td>$ -</td>
</tr>
<tr>
<td>Stage 2 Earned</td>
<td>$31,250</td>
<td>$31,250</td>
<td>$ -</td>
</tr>
<tr>
<td>Stage 2 Forfited to UPP</td>
<td>$62,500</td>
<td>$62,500</td>
<td>$ -</td>
</tr>
</tbody>
</table>
### TABLE 3. UPP Remainder Appeal Adjustment

<table>
<thead>
<tr>
<th></th>
<th>Initial</th>
<th>Final</th>
<th>Final - Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remainder Eligible</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>(8 or more achieved UPP Carve-out)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stage 1 Earned</td>
<td>$46,875</td>
<td>$46,875</td>
<td>$ -</td>
</tr>
<tr>
<td>Stage 2 Earned</td>
<td>$31,250</td>
<td>$31,250</td>
<td>$ -</td>
</tr>
<tr>
<td>Stage 3 Earned</td>
<td>$36,830</td>
<td>$36,830</td>
<td>$ -</td>
</tr>
<tr>
<td>UPP Carve-out Earned</td>
<td>$52,083</td>
<td>$52,083</td>
<td>$ -</td>
</tr>
<tr>
<td>Total Earned by All DSRIP Hospitals</td>
<td>$112,265,017</td>
<td>$112,783,548</td>
<td>$518,531</td>
</tr>
<tr>
<td>Eligible Percent of All Earned</td>
<td>0.15%</td>
<td>0.15%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Adjusted to 100% Total</td>
<td>0.15%</td>
<td>0.15%</td>
<td></td>
</tr>
<tr>
<td>UPP Remainder Total</td>
<td>$54,334,983</td>
<td>$53,816,452</td>
<td>$(518,531)</td>
</tr>
<tr>
<td>UPP Remainder Earned (Percent of All Earned * UPP Remainder Total)</td>
<td>$82,018</td>
<td>$80,857</td>
<td>$(1,162)</td>
</tr>
</tbody>
</table>

$167,038 / $112,783,548 = .15%
### Key elements

<table>
<thead>
<tr>
<th>Q</th>
<th>R</th>
<th>T</th>
<th>U</th>
<th>V</th>
<th>W</th>
<th>X</th>
<th>AA</th>
<th>AC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Appeal (Summary)</td>
<td>Recommended Appeal Status</td>
<td>Appeal Review Summary</td>
<td>Appeal Issue Category (Computation/Reporting/Computation-Systemic/Program Design)</td>
<td>Potential Measure Achievement Amount</td>
<td>Revised DY7. Met/Not Met</td>
<td>DY7 (Revised) Measure Result</td>
<td>CMS Final Recommendation</td>
<td>FINAL RESULTS</td>
</tr>
<tr>
<td>Summary of appeal submitted by hospital.</td>
<td>DOH's determination of Substantiated or Unsubstantiated, pre-CMS review.</td>
<td>DOH's process and description for the review of your appeal.</td>
<td>Amount of funding at stake for this appeal issue.</td>
<td>If appeal is substantiated...</td>
<td>If appeal is substantiated...</td>
<td>CMS either agrees or does not agree</td>
<td>Substantiated or Unsubstantiated</td>
<td></td>
</tr>
</tbody>
</table>
Ask questions in two ways:

1. **Submit questions through the chat.**
   
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Email [njdsrip@pcgus.com](mailto:njdsrip@pcgus.com) with any additional questions.
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?
   • Confirm all team members receive DSRIP newsletter;
   • Avoid common issues while completing chart-based measure data extraction and reporting;
   • View Stage 1 data in DSRIP performance dashboard;
   • Interpret the forthcoming DY7 appeals communications.

3. Please provide suggestions on how to improve this educational session.
Glossary

• CLABSI = Central-Line Associated Blood Stream Infection
• DY = Demonstration Year
• MVT = Measure Verification Template
• SRW = Standard Reporting Workbook