



**MYERS** AND  
**STAUFFER** LC  
CERTIFIED PUBLIC ACCOUNTANTS

**NJ DSRIP User Guide**  
DSRIP Web-based Progress Report

NJ DSRIP 2.1.1

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## 1.1 Prerequisite(s)

1. User must have permissions (username and password) to NJDSRIP website.
2. If you are a new user for the NJ DSRIP website, instructions on how to log-on to the NJ Website are included.

### **Purpose**

The purpose of this Login Portal is to give the provider participants a means of accessing their data through the current DSRIP website. Because the desired information is specific to individual hospitals, a protected Login function is needed for role identification. This new Login Portal will open up new capabilities for the program provider participants.

### **New Jersey DOH Password Standards**

General Rules for passwords

- a. Password should expire every 45 days. System will present a pop-up. Informational box with a countdown of the days prior to the 45 day expiration date.
- b. The system will lock account after 3 invalid entries. The system will present a message for the user to contact the MSLC NJDSRIP Business Team at 1-844-325-7811 regarding their login ability.

Password must meet the following standards:

- At least one letter.
- At least one number.
- At least one special character.
- Minimum of eight (8) characters.
- Should not repeat last 3 passwords.
- Password cannot contain more than 2 consecutive characters of user's Name or account login.

If the password meets the above criteria you will see the following message:  
"Password Successfully Changed. Please use new password to login."

### **Initial Portal Entry**

#### **Website Portal**

"DSRIP Program Management" to the current DSRIP website. You can access the website portal menu by:

- Clicking on the Login button to the bottom right of the header.

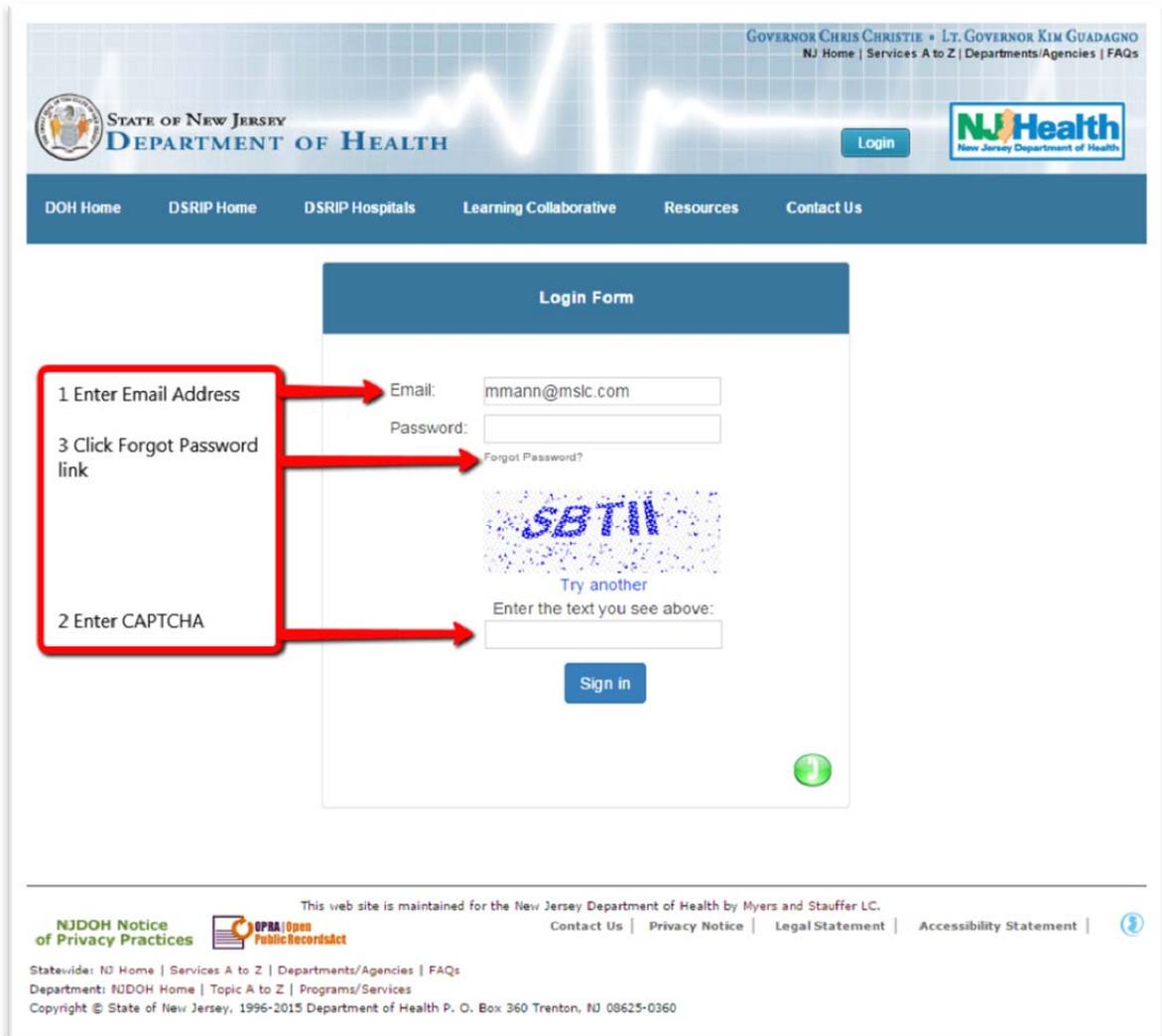


The screenshot shows the top portion of a website. At the top right, it reads "GOVERNOR CHRIS CHRISTIE • LT. GOVERNOR KIM GUADAGNO" with links for "NJ Home", "Services A to Z", "Departments/Agencies", and "FAQs". On the left is the "STATE OF NEW JERSEY DEPARTMENT OF HEALTH" logo. A red arrow points from the logo area to a "Login" button. To the right is the "NJ Health" logo. Below this is a dark blue navigation bar with links: "DOH Home", "DSRIP Home", "DSRIP Hospitals", "Learning Collaborative", "Resources", and "Contact Us".

## Delivery System Reform Incentive Payment (DSRIP)

The Delivery System Reform Incentive Payment (DSRIP) Program is one component of the New Jersey's Comprehensive Medicaid Waiver as approved by the Centers for Medicare & Medicaid Services (CMS). DSRIP is a demonstration program designed to result in better care for individuals (including access to care, quality of care, health outcomes), better health for the population, and lower costs by transitioning hospital funding to a model where payment is contingent on achieving health improvement goals.

After you click on the Login button, the system will display the following screen.



The screenshot shows the NJ DSRIP Login Form. A red box highlights three instructions with arrows pointing to the corresponding fields:

- 1 Enter Email Address (points to the Email field containing "mmann@mslc.com")
- 3 Click Forgot Password link (points to the "Forgot Password?" link)
- 2 Enter CAPTCHA (points to the CAPTCHA field containing "SBTII")

The form includes fields for Email, Password, and a CAPTCHA field. A "Sign in" button is located below the fields. The page header includes the State of New Jersey Department of Health logo and navigation links. The footer contains privacy notices and contact information.

### Login Scenario 1

If this is your first time logging in to the DSRIP Login Portal, then proceed as follows:

- Enter your Email address.
- Enter the CAPTCHA security code (Code is not case sensitive).
- Click the 'Forgot Password?' link. Once clicked, the system presents the 'Send Forgot Password Screen'. Follow instructions on pages 7-8.

### Login Scenario 2

If you have logged in to this system previously and have an approved password, then proceed as follows:

- Enter your Email address.
- Enter your Password.
- Enter the CAPTCHA (Code is not case sensitive).

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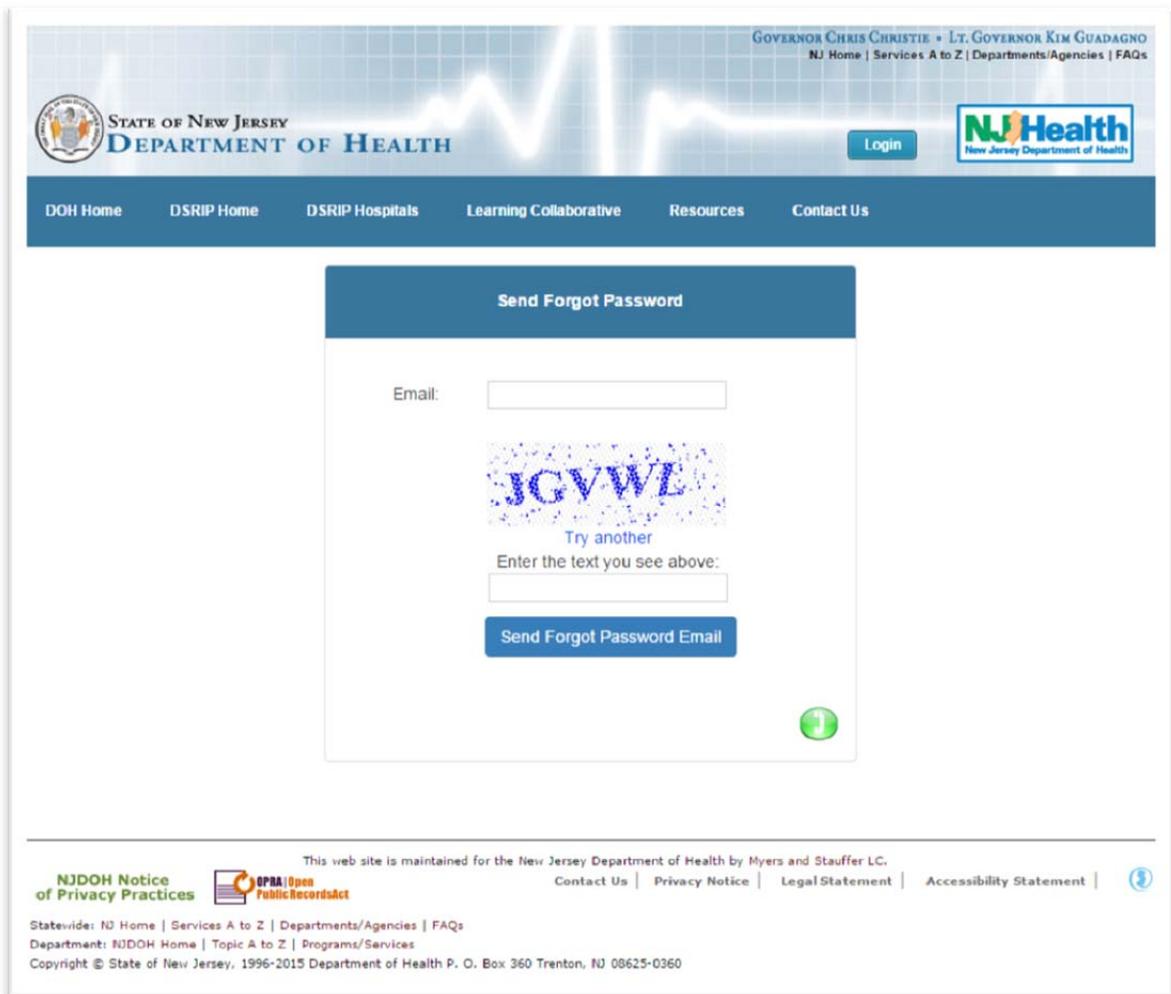
- Click the Sign In button.

### Login Scenario 3

If you have logged in to this system previously but have forgotten your password, then proceed as follows:

- Enter your Email address.
- Enter the CAPTCHA security code (Code is not case sensitive.)
- Click the 'Forgot Password?' link. Once clicked, the system presents the "Send Forgot Password" Screen.

If you clicked the 'Forgot Password?' link in Login Scenario 1 or Login Scenario 3, the system will display the following screen.



The screenshot shows the 'Send Forgot Password' form on the NJ Department of Health website. The form is titled 'Send Forgot Password' and contains the following elements:

- An 'Email:' label followed by an empty text input field.
- A CAPTCHA image displaying the code 'JGVWL'.
- A 'Try another' link below the CAPTCHA image.
- An 'Enter the text you see above:' label followed by an empty text input field.
- A blue 'Send Forgot Password Email' button.
- A green circular icon with a white arrow pointing down, located at the bottom right of the form area.

The page header includes the State of New Jersey Department of Health logo, the text 'GOVERNOR CHRIS CHRISTIE • LT. GOVERNOR KIM GUADAGNO', and a 'Login' button. The footer contains the 'NJDOH Notice of Privacy Practices' logo, the 'OPRA Open Public Records Act' logo, and various links including 'Contact Us', 'Privacy Notice', 'Legal Statement', and 'Accessibility Statement'.

When the Send Forgot Password page is displayed, please enter your Email Address, the CAPTCHA code and then click the "Send Forgot Password Email" button.

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The system will send a message to the Myers and Stauffer LC system to ask for a link to create a new password. The Myers and Stauffer LC system will send an email message to your email inbox. The email will contain a link to connect you with a 'Change Password' screen.

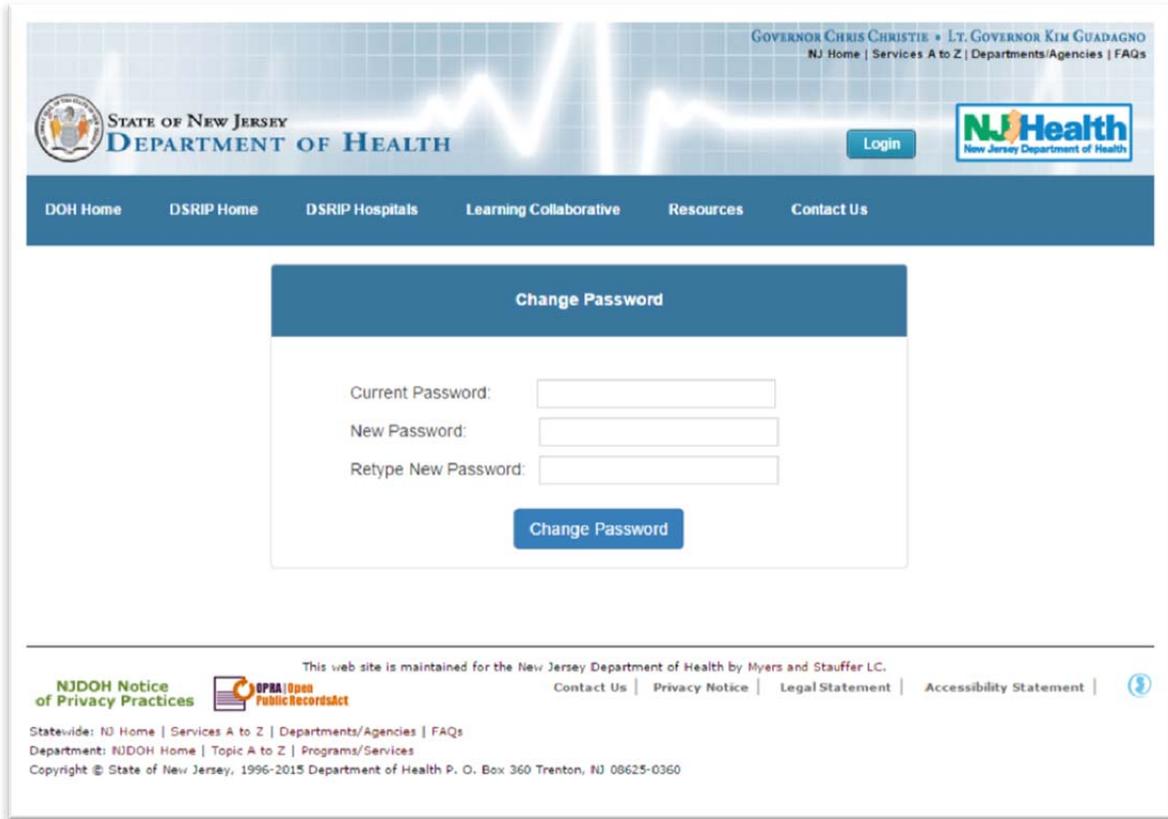


Once you have received the email message in your email inbox, please either:

- Click on the blue link in the email message.
- OR copy the blue link in the email message and paste it into the address bar of Your browser.

**Note:** *this link will only be active for a couple of days. If you do not use this link soon, it will expire and you will need to repeat the Forgot Password Process to receive a new link.*

The system will display a Change Password screen like below:



GOVERNOR CHRIS CHRISTIE • LT. GOVERNOR KIM GUADAGNO  
NJ Home | Services A to Z | Departments/Agencies | FAQs

STATE OF NEW JERSEY  
DEPARTMENT OF HEALTH

Login

NJ Health  
New Jersey Department of Health

DOH Home | DSRIP Home | DSRIP Hospitals | Learning Collaborative | Resources | Contact Us

**Change Password**

Current Password:

New Password:

Retype New Password:

**Change Password**

This web site is maintained for the New Jersey Department of Health by Myers and Stauffer LC.  
Contact Us | Privacy Notice | Legal Statement | Accessibility Statement

NJDOH Notice of Privacy Practices | SPRA/Open Public Records Act

Statewide: NJDOH Home | Services A to Z | Departments/Agencies | FAQs  
Department: NJDOH Home | Topic A to Z | Programs/Services  
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If you do not remember your initial or current password, or do not have a password, then you do not need to fill in the 'Current Password' field.

If you are actually changing your current password, then you may enter your current password in the 'Current Password' field.

- Enter your new password in the 'New Password' field.
- If your new password does not meet defined standards (see page 3), an error message will display.
- Enter your new password in the 'Retype New Password' field.
- Click the 'Change Password' button.
- System will display the initial login screen where you may use your:
  - o Email Address.
  - o New Password.
  - o Displayed CAPTCHA code.

For first time users, the system will display the Terms of Use page.

## 1.2 User Roles

1. Users:
  - a. Hospital Representative(s).
  - b. Hospital Representative(s) for >1 hospital.

## 1.3 Progress Report

Starting with the DY4 Q2 progress report and moving forward, the Stage 1 and Stage 2 quarterly progress reports will be accessed and completed on-line. This User Guide was developed to walk the hospitals through the completion of the on-line progress report.

There have not been any changes to the activities your hospital is required to report on. The quarterly activities selected at the time of application are the activities you will continue to report on for the remainder of the demonstration.

## 1.4 DSRIP Project Management

1. The progress report can be located under DSRIP Program Management >Project Management > Progress Report.
2. Progress Report tab will appear at the top of list under Project Management (See Figure 1).
3. Selecting the Progress Report tab will direct the user to Progress Report selection criteria and questions page.

**Figure 1**

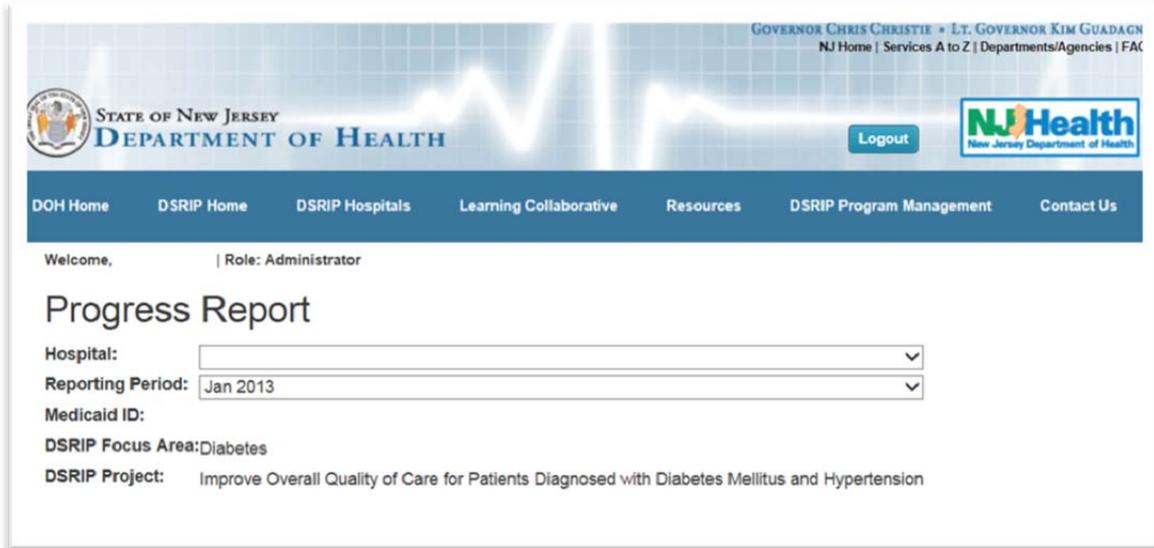


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## 1.5 Progress Report Selection Criteria (Figure 2)

1. The selection criteria page will have the following fields:
  - a. Hospital.
  - b. Reporting Period.
  - c. Medicaid ID.
  - d. DSRIP Focus Area.
  - e. DSRIP Project.

Figure 2



GOVERNOR CHRIS CHRISTIE • LT. GOVERNOR KIM GUADAGN  
NJ Home | Services A to Z | Departments/Agencies | FAC

STATE OF NEW JERSEY  
DEPARTMENT OF HEALTH

Logout

DOH Home | DSRIP Home | DSRIP Hospitals | Learning Collaborative | Resources | DSRIP Program Management | Contact Us

Welcome, | Role: Administrator

### Progress Report

Hospital:

Reporting Period:

Medicaid ID:

DSRIP Focus Area: Diabetes

DSRIP Project: Improve Overall Quality of Care for Patients Diagnosed with Diabetes Mellitus and Hypertension

## 1.6 Progress Report Selection Criteria Fields

1. Hospital:
  - a. For the hospital representative users completing a report for a single hospital the hospital name, Medicaid ID, DSRIP Focus Area, and DSRIP Project will be auto-populated; the drop-down option will not be available and will not have a drop down.
  - b. For Hospital Representative(s) completing a report for >1 hospital, a drop down of hospitals listed alphabetically will be available for user to choose hospital.

## ***1.7 Progress Report Functionality***

1. All text boxes will have a 1500 character limit. If your documentation is greater than 1500 characters, please provide documentation as an attachment.
2. All text boxes will display how many characters are available to type.
3. All questions will have the ability to upload an attachment. Please do not attach files larger than 50 MB.
4. Minimum submission requirements will be listed for all activities.
5. If Stage 1, Activity 13 or Stage 1, Activity 14 was **not** elected by hospital, the question **will not** be populated on the hospital's progress report.

**Note:** Types of files that can be submitted are:

- Word documents, 2003, 2007, 2010
- Excel documents, 2003, 2007, 2010
- PDF documents

### **Attachment Document Naming Limitations**

- Document names are now limited to 70 characters.
- Document names cannot include the following special characters: Tilde (~), Number sign (#), Percent (%), Ampersand (&), Asterisk (\*), Braces ({}), Backslash (\), Colon (:), Angle brackets (< >), Question mark (?), Slash (/), Plus sign (+), Pipe (|), Quotation mark (").
- Document names cannot contain multiple periods (...).
- Document names can use underscore (\_), dash (-), and period (.).
- Document naming recommendation
  - Abbreviated Hospital Name\_Activity Number
    - Example: RBH\_Activity13
  - Naming convention when all activities are in one attached document
    - Example: RBH\_Activities\_All

## ***1.8 Progress Report Questions***

Hospitals will be required to provide a response to Questions 1-7.



1. Please provide a comparison of your year-to-date (Q1 - current quarter) budget including actual totals to your current quarterly budget including actual totals. Additionally, please provide a comparison of your year-to-date (Q1 - current quarter) return on investment (economic value) analysis to your current quarterly return on investment (economic value). **Note: Please use required budget template on NJ DSRIP Website under the resource tab.**
2. Are you on track to meet your hospital's prescribed goals and objectives for your DSRIP project?
3. How many patients (whole number) did you enroll in your project this quarter? Of the patients enrolled, how many (whole number) were attributed to your hospital? If zero/ no attributed patients have been enrolled this quarter, please provide a detailed explanation.
4. Please provide a summary of hospital stakeholder engagement and activities.
5. Please describe the work accomplished with external partners. These are partners that help your hospital and your patients achieve the aims of the DSRIP program.
6. Please provide a summary of rapid-cycle evaluations that were used for improvement.
7. Please state any changes or modifications that are required to be made to your DSRIP Plan.

**For the following activities please provide the minimum submission requirements:**

8. Stage 1, Activity 13 – Conduct patient satisfaction survey. ***(Hospital Elective)***

Action/Milestone 1 -- Conduct patient satisfaction survey to track the patient satisfaction of DSRIP patients.

Minimum Submission Requirements:

Patient satisfaction surveys conducted.

Provide documentation of the patient satisfaction survey results. Documentation must include:

- o The number of surveys sent to patients.
- o The method of survey delivery (email, text, mail, etc.).
- o Incentives provided to patients/family members to complete the survey.
- o The number of surveys returned.
- o The satisfaction scale (satisfied/not satisfied; good/fair/bad) used.
- o Summary of survey results, by question.



9. Stage 1, Activity 14 – Conduct staff education/training sessions on all applicable project tools, checklists, processes, protocols and intervention procedures.  
**(Hospital Elective)**

Action/Milestone 1 -- Training/education sessions on applicable project tools, checklists, processes, protocols and intervention procedures are conducted.

Minimum Submission Requirements:

Project staff education/training conducted

- Documentation must include:

- o Name and overview of the training topic, including the overall goal of the training.
- o Staff level required to attend.
- o Training dates and times.
- o Place of training.
- o List of attendees (i.e. sign in sheets).
- o Plan for training project staff members who were absent during training.

10. Stage 1, Activity 15 – Project Staff Evaluation/Assessment. (Required)

Action/Milestone 1 -- Perform an evaluation of project staff member’s performance on the project.

Minimum Submission Requirements:

Evaluation completed for each project staff member.

- List of all project staff members.
- Identify whether staff member should be retained for project and the rationale for the decision to retain.
- Identify whether staff member’s project hours should be increased, reduced or eliminated and the rationale.
- Identify the number (if any) additional staff members required for the project, noting the type of staff required (i.e. health care professional, administrative/support) and the rationale for the addition.
- Identify additional project staff hired since last submission and for each, Indicate.
  - o Employment status (full-time, part-time, contracted).
  - o The approximate expected project hours worked per week.

11. Stage 2, Activity 4 – Ongoing monitoring of program outcomes. (Required)

Action/Milestone 1 -- Trending and tracking of data reporting.

Minimum Submission Requirements:

Trend report developed and implemented.

- Number of data points being monitored.
- Trending monitored.
- Frequency of monitoring.



12. Stage 2, Activity 5 – Provide feedback to hospital administrators and participating providers. (Required)

Action/Milestone 1 -- Provide review of project to hospital administration and participating providers.

Minimum Submission Requirements:

Communication on project achievement to hospital administrators and participating providers completed.

- Documentation, such as meeting minutes, attendees, and supporting correspondence providing feedback with hospital administrators and participating providers.

13. Stage 2, Activity 6 – Provide feedback to the learning collaborative. (Required)

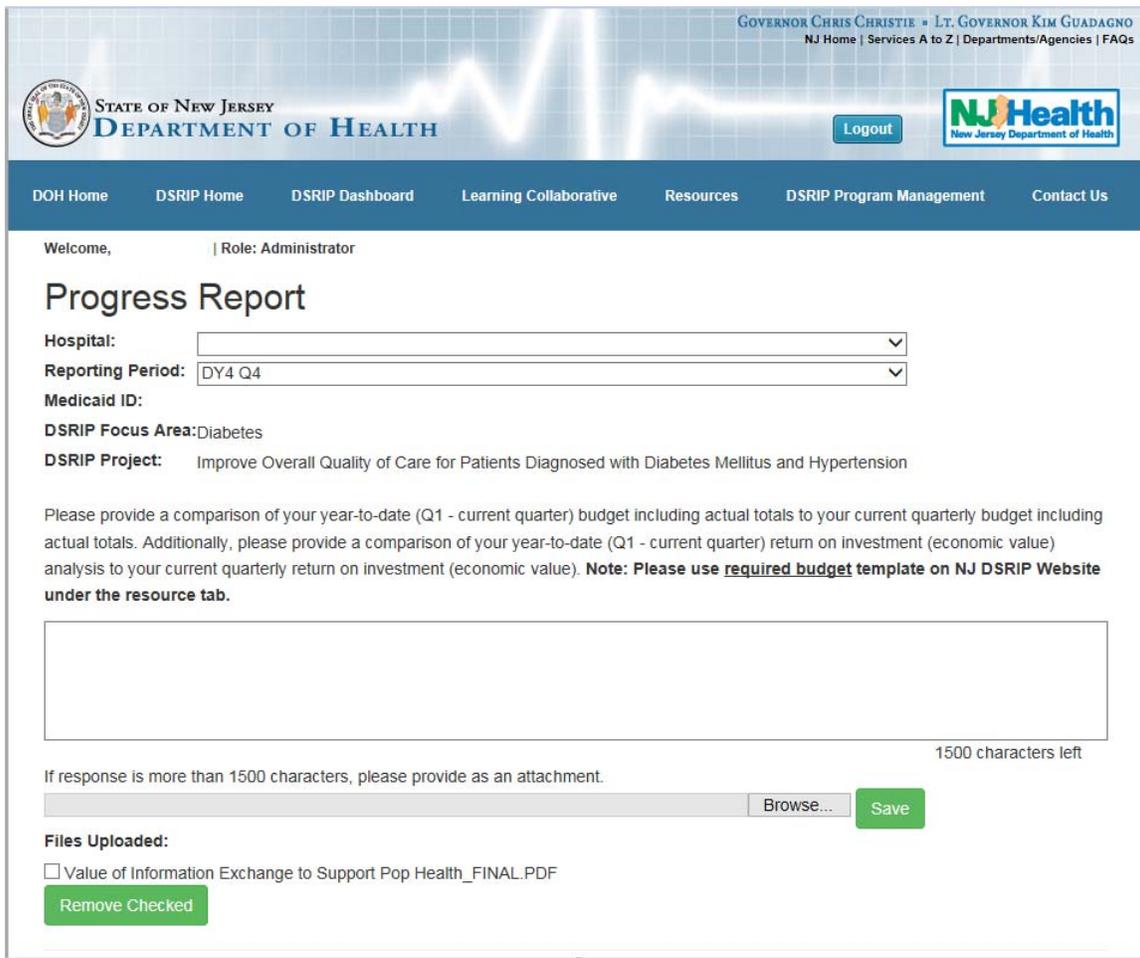
Action/Milestone 1 -- Participating providers engage in learning collaborative for the DSRIP program to promote sharing of best practices and resolutions to problems encountered.

Minimum Submission Requirements:

Number of monthly phone calls attended.

Number of attended quarterly webinars.

- Documentation supporting participation with the New Jersey Learning Collaborative such as copies of correspondence and meeting attendance/attendees.
- Summary of Learning Collaborative engagement and results.



The screenshot shows the NJ DSRIP Progress Report form. At the top, it displays the Governor and Lt. Governor names, along with navigation links for Home, Services A to Z, Departments/Agencies, and FAQs. The State of New Jersey Department of Health logo is on the left, and the NJ Health logo is on the right. A navigation bar includes links for DOH Home, DSRIP Home, DSRIP Dashboard, Learning Collaborative, Resources, DSRIP Program Management, and Contact Us. The user is logged in as an Administrator. The form title is "Progress Report". It includes dropdown menus for Hospital, Reporting Period (DY4 Q4), and Medicaid ID. The DSRIP Focus Area is Diabetes, and the DSRIP Project is "Improve Overall Quality of Care for Patients Diagnosed with Diabetes Mellitus and Hypertension". A text area for the report is provided, with a 1500 character limit. Below the text area is a "Browse..." button and a "Save" button. A "Files Uploaded:" section shows a file named "Value of Information Exchange to Support Pop Health\_FINAL.PDF" with a "Remove Checked" button.

## 1.9 Save Button

1. There is a save button after each question.
  - a. If uploading multiple files for each question, click on save after each upload.
  - b. If you want to delete a upload before you submit, click on box next to file that was uploaded and click on "Remove Checked"

## 1.10 Progress Report Footer

1. Save Button:
  - a. Click the save button to save your progress report.
  - b. Users will be able to log back in and resume working on their progress report from the location last saved.
  - c. Any designated user for the hospital (for example: Hospital A has two users with credentials to access the website) will be able to log into the website and see the saved responses and files.
2. Submit Progress Report button:

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- a. Select when you are ready to submit the progress report.
- b. Users will receive an error if they attempt to submit progress report without all required questions answered.

**Please Note:** The ‘Submit Progress Report’ button only appears if the save button has been clicked and all required information has been supplied in the text boxes and/or a file has been uploaded. Once ‘Submit Progress Report’ button has been clicked, no changes to the report will be allowed.

If in the event something has been submitted incorrectly, please notify the NJ DSRIP team at njdsrip@mslc.com.

Once the report has been submitted, the system will show the date the report was submitted and the user that submitted the report. See Figure 3 below.

**Figure 3**

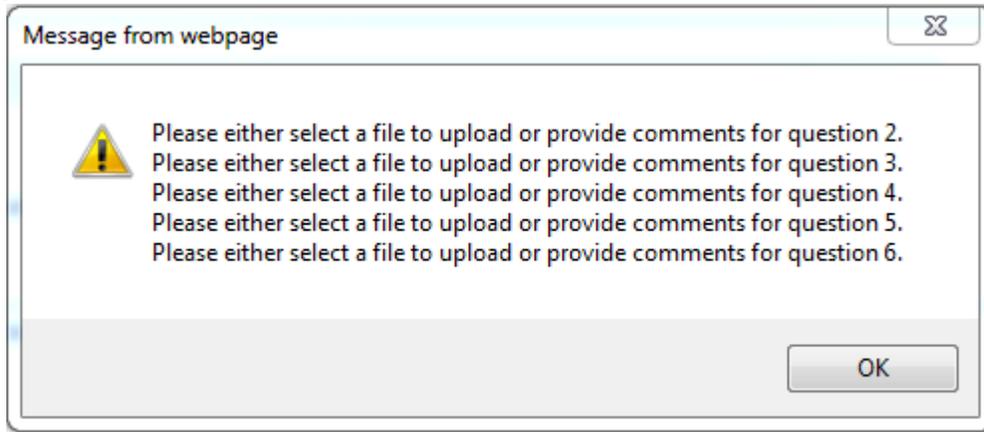


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### ***1.11 Progress Report Error Message***

1. Error message (see example in Figure 4 below) will be triggered when users hit submit and all required questions are not answered.
2. The error message will list all questions required to be corrected.
3. Error message will read “Please either select a file to upload, or provide comments for question (question number)”.
4. There will be one line per question not answered.

**Figure 4**

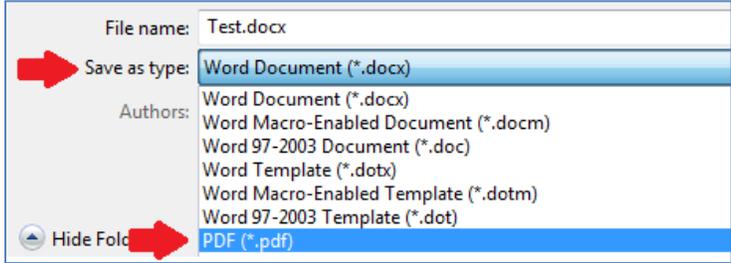


### ***1.12 Attachment file size limitation***

1. Please do not attach files larger than 50 MB to the progress report page. If you have a file that is larger than 50 MB, here are some ways to shrink it.
2. If the file is in Microsoft Word or Excel and contains many pictures, the file can be saved as a PDF to save space. Figures 1 and 2 show common ways to do this.
3. If the file is still larger than 50 MB, please break the document into smaller parts so that each individual file is less than 50 MB. These files can then be sent to the NJ DSRIP team either via the FTP site or by adding the files to a zipped folder.

Figure 1

In Microsoft Office (2010 and newer): File > Save As > Save as type: PDF



Select Optimize for: "Minimum Size"

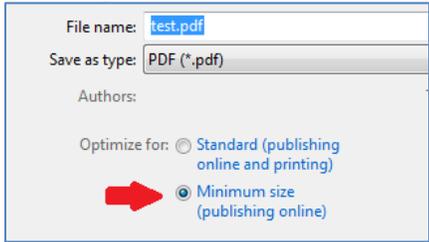


Figure 2

If you do not see this option in your version of Office, or are converting a different file type, you can look for a PDF "printer" and select "Printer properties" to find a similar option.

