Learning Objective

- The purpose of this presentation is to provide clarification and understanding of the NJ DSRIP DY5 (2016) appeal process.

- The appeal process* presentation includes:

  1. Request for Information (RFI) changes
  2. The basis for initiating an appeal
  3. Non-Appealable Issues
  4. Appeal submission forms
  5. Guidance for completing the appeal form, workbook and documents
  6. Appeal Timelines

* The initiation of appeals, timelines, information and direction is provided on behalf of the New Jersey Department of Health (NJDOH/Department) and the Centers for Medicare and Medicaid Services (CMS).
DY5 Appeal Process

Request for Information Process (RFI)

Patient Level Reports (PLR)
NJ DSRIP hospitals are no longer required to submit a Request for Information (RFI) form to receive Patient Level Reports (PLR).

- Patient Level Reports (PLR) for all measure(s) that fail to achieve a met status are now included in the DY5 Payment Summary packets.
  - PLR for prior demonstration years is not provided
  - PLR for measure with a ‘Met’ status is not provided

For additional information regarding Patient Level Reports (PLR) please refer to the PLR Training webinar located at: https://dsrip.nj.gov/Home/Resources
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Appeal/Reconsideration Process

Basis for initiating an appeal
The Appeal Process is outlined in the Funding and Mechanics Protocol, Section D and the “NJ DSRIP Forfeiture of DSRIP Payments and Appeals” located at https://dsrip.nj.gov/Home/Resources.

- Once the scoring and evaluation of metrics is completed by the Department and CMS, each hospital is notified of the amount of DSRIP Payments earned.

- DY5 Payment Summary letter provides each hospital information regarding all NJDSRIP Project measures including revisions for DY4 appeal adjudications.

- An appeal is the step in the NJ DSRIP process that provides participating NJ DSRIP hospitals a way to resolve disputed issues related to their measure results. Appeals are available for reporting or computation issues only. *For additional information regarding appealable issues, please refer to instructions later in this presentation or DY4 Appeal Results webinar located at: https://dsrip.nj.gov/Home/Resources.

- Hospitals have 30 calendar days from the date of notification to submit a written appeal request. Supporting documentation is required.
DY5 Appeal Process

Appeal Reminders

- When a Stage 3, Stage 4 or UPP performance measure has not been met, and the associated payment has not been earned, then the hospital has the option of submitting an appeal.

- The administrative claim data is collected and adjudicated in the New Jersey Medicaid Management Information System (MMIS) and includes information for all services received and submitted for payment for all provider types (Medicaid, Encounter, and Charity Care) during the measurement performance period.

- The results are based on review of the appeal form, appeal detail workbook, hospital submitted documentation and administrative data submitted to the New Jersey Department of Medical Assistance and Human Services (DMAHS).
DY5 Appeal Process

Appeal/Reconsideration Process
Non-appealable issue
DY5 Appeal Process

Non-appealable issue

➢ Per the NJ DSRIP Funding and Mechanics Protocol, the appeal process was created to address measure computation and reporting issues. After review of disputed DY4 issues submitted per each appeal, it was determined that the basis for several identified issues fell outside the approved appeal scope.

➢ Each issue identified in the appeals was reviewed for the possibility of an embedded valid dispute prior to the identification as Program Design and determination of an unsubstantiated dispute.

➢ Comments or appeal issues received regarding program design were captured and documented for future program consideration.
**DY5 Appeal Process**

**Non-appealable issue**

- Disputed issues related to CMS and DOH approved DSRIP protocols, i.e. program policy or formula designs, are not appealable issues.
- As an example, if an appeal issue is determined to fall into one of the areas noted below, the appeal will be categorized as ‘Program Design’ and will likely result in an unsubstantiated status.

1. Decimal points are included in some value sets
2. Hidden Data on Patient Level Reports
3. Did not receive 2014 data requested
4. Differences (updates) in measure steward versions
5. Funding and Mechanics protocol broken by UPP payment
6. Special Terms and Conditions broken
7. Adjusted claims – MMIS Measures
8. Chart Measure – Issues unrelated to computation or reporting disputes
DY5 Appeal Process

Appeal/Reconsideration Process

Preparing the appeal form
DY5 Appeal Process

Preparing the appeal form

DY5 Appeal Forms have been updated and now consist of the following:

1. The **DY5 appeal form** is limited to Sec. I. Hospital Information, Sec. II. Reconsideration Reason and Sec. III. Reconsideration Support Information. The appeal form must be submitted with the separate Appeal Detail workbook, located at [https://dsrip.nj.gov/Home/Resources](https://dsrip.nj.gov/Home/Resources).

2. In order to ensure all submitted issues are identified for review using the approved appeal process, the appeal form has been updated to include the **Appeal Detail workbook** which allows detailed information to be provided for each issue. (Instructions for completion are provided later in this document.)
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Preparing the appeal form

The DY5 appeal form contains the following sections:

Sec. I. Hospital Information

Sec. II. Reconsideration Reason

Sec. III. Reconsideration – Support Information

✓ Appeal Form located on the NJDSRIP website - https://dsrip.nj.gov/Home/Resources
NJDSRIP Appeal/Reconsideration Form
(Please complete all sections)

Sec. I. HOSPITAL INFORMATION:

Hospital Name: Select Hospital
Submission Date: Click here to enter a date.
Medicaid Provider ID: Click here to enter text.
Project Name: Select Project Name
Documents Attached: □ Yes □ No
Submitted By: Enter Submitted By Name
Executive Level Project Representative: Click here to enter text.
Project Point of Contact: Click here to enter text.
Contact Information: Enter Phone and email

Sec. I Hosp Information - Must be complete to submit a request for appeal.

Shaded areas allow the user to select from a list or enter information.

Submission Date - Please ensure this date is updated if submission date is delayed. *Submission date different than the date of receipt of document will be noted.

Documents Attached - Indicate if supporting documents are submitted.

Appeal Form - Complete form must be submitted with the Appeal Detail workbook to initiate the appeal.
DY5 Appeal Process

Sec. II. Reconsideration Reason - Form

1. The issue number is created by the hospital when completing the form for each appealed issue. This number is used to identify and track each separate issue throughout the appeal process.

2. The issue name is created by the hospital when completing the form for each appealed issue. The issue name contains a brief title or description to identify the submitted issue.

3. Enter the DSRIP Measure ID # (if appropriate for the submitted issue).
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Sec. II. Reconsideration Reason - Form

4. The affected area of dispute, DY5 Performance Period (2016) include:
   1. Databook/Value Set - measure criteria or related value set(s)
   2. Chart/EHR - measure abstracted and submitted by the hospital
   3. MMIS Measure - abstracted via claims data
   4. Other - disputed areas not listed above

Select one (1) issue type for each appealed issue submitted.

5. The basis for each appealable issue identified as category ‘Reporting’ or ‘Computation’ only.

Select one (1) category for each appealed issue submitted.
**Sec. III. Reconsideration – Support Information**

Each issue will be reviewed for validity and completion upon submission. Please ensure your request includes a detailed description of the identified variance and supporting documentation applicable for each issue listed. This information should be included in the ‘Appeal Detail’ tab of the corresponding NJ DSRIP DY5 Appeal Detail Hospital Name workbook. This workbook is also located at [https://carg.nj.gov/](https://carg.nj.gov/) (See workbook for directions).

**Important Reminders:**
- To initiate the appeal, the completed Appeal Detail Hospital Name workbook must be submitted along with Supporting Documents via the [https://transfer.mslc.com/](https://transfer.mslc.com/).
- The completed form above may be submitted to the NJDSRIP@mslc.com.
- Please do not send documents that contain protected health information (PHI) with the form.

- The appeal form is required to be submitted along with the appeal detail workbook located on the NJ DSRIP website.
- The appeal workbook provides specific detailed information related to each appealed issue and is separately listed. [This format confirms all submitted issues are identified for review.]
- Supporting documents should be submitted for each issue using the correct file name format: hosp name_issue#_measure#
- Submit all documents via the secure FTP at [https://transfer.mslc.com/](https://transfer.mslc.com/)
Appeal/Reconsideration Process

Preparing the appeal workbook
Preparing the appeal workbook

The DY5 appeal workbook contains the following tabs:

Tab 1: Instructions for Appeal Detail

Tab 2: DY5 Appeal Detail
DY5 Appeal Process

Tab 1: Instructions for Appeal Detail

- Tab 1 provides description and direction for each column in Tab 2.

Please note: The Appeal Detail workbook must be submitted with the Appeal Form to initiate an appeal.
DY 5 Appeal Process

Preparing the appeal workbook

Tab 2: DY5 Appeal Detail (Completing the Appeal Detail workbook)
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Prepared by Myers and Stauffer LC

Tab 2: DY5 Appeal Detail

The issue number is created by the hospital when completing the Appeal Form for each issue. This issue number is transferred to the DY5 Appeal Detail workbook and is used to identify and track each separate issue.
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Preparing the appeal workbook

Tab 2: DY5 Appeal Detail (Completing the Appeal Detail workbook)

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issue Number</td>
<td>DSRIP Eligible Hospital</td>
<td>Hospital ID</td>
<td>Issue Description (Detail)</td>
<td>DSRIP Measure ID #</td>
<td>Issue Category</td>
<td>Stage 3/UPP</td>
<td>Issue Type</td>
</tr>
</tbody>
</table>

Columns A through F and H contain information transferred from the Appeal form document.

Column G identifies the measure stage or UPP. For those issues appealed for measures that have a Not Met achievement value in more than one (1) stage, each stage should be identified separately.
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Preparing the appeal workbook

Columns I and J contain information relative to the submission of the supporting documentation or information for each appeal.

Supporting information must be available for each issue submitted and must follow the naming convention noted in column I.

The same document may be submitted to support several issues. However, if this occurs, please identify the page number for each issue supported in column I.

Please limit supporting documentation to no more than 15 pages. Additional information or clarification will be requested if needed.

If supporting information is not submitted, please indicate 'No' in column I.

Tab 2: DY5 Appeal Detail (Completing the Appeal Detail workbook)
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- Submit the Appeal form and the Appeal Detail workbook and supporting information containing PHI via the FTP site [https://dsrip.nj.gov/Home/Resources](https://dsrip.nj.gov/Home/Resources)
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Appeal/Reconsideration Process

Timelines
The DSRIP Hospital - has 30 calendar days from the date of notification of payment achievement to submit a written appeal request and information to support the request.

The Department - has 30 days to review the hospital submitted written appeal and supporting documentation and provide a written recommendation to CMS for approval or denial of the appeal request.

- Each DY 4 issue appealed was independently reviewed for recommendation.

CMS - has 30 days to review the Department’s recommendation and provide written approval or denial of the hospital’s appeal request.

Hospitals will be provided written notification of the final CMS approval or denial.
DY5 Appeal Process

Timeline without delays or write-backs

- Hospital
- Department
- CMS

Note – Timelines listed are subject to on-going project events and other unforeseen situations by all parties, including NJ DSRIP Providers, Myers and Stauffer LC, NJ Department of Health and Centers for Medicare and Medicaid.
DY5 Appeal Process

Timeline with write-backs

• At any point in the appeal process, if it is determined additional information is needed, the hospital will have five business days to provide the requested information to the Department.

• The Department will send written notification to the hospital within five business days following notice from CMS of the final appeal adjudication.
CONTACT THE NEW JERSEY DSRIP TEAM

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

If you are encountering problems with this website, please call the Myers and Stauffer LC DSRIP Service Desk at:
1-844-325-7811