



## New Jersey DSRIP DY5 Reapplication Reporting Guide

### DY5 REAPPLICATION REPORTING REQUIREMENTS

Please review this entire reporting guide prior to completion of the DY5 Reapplication Report. This document includes vital information as well as examples for completing your report successfully.

Of note: The reapplication will be completed on-line at: <https://dsrip.nj.gov/Account/Login>. Please see the User Guide DSRIP Login Portal document on the NJ DSRIP website for instructions on how to access and navigate within the website.

#### ***Documentation Requirements***

The DY5 reapplication contains five questions. Each question must be addressed in order for this reapplication to be considered complete.

**Question #1:** Is it the intent of your hospital organization to continue in the DSRIP program?

For this question there is a radial button and the user must select “Yes” or “No”. If you select “Yes”, there is nothing further you need to document.

If you select “No”, the system will direct you to submit a formal Letter of Withdrawal on your institutional letterhead to the New Jersey Department of Health’s Executive Director of Healthcare Financing.

For the remaining questions, you may enter text in the box provided. The box has a 300 character limit or you may upload an attachment. If you choose to upload an attachment, please indicate this in the box provided by stating “See Attachment”.

**Question #2:** Please state any changes or modifications that are required to be made to your DSRIP Plan.

Please list any changes or modifications that are required to be made to your plan going forward. You are not required to report changes already made to your plan that were previously reported to the DSRIP team.

Example of plan modification:

- Hospital has decided to remove an action/milestone from their project (e.g. home visits, telemedicine, discharge planning etc.)

**IMPORTANT:** Modifications require re-approval by the Department/ CMS if the hospital's recommended changes or modifications from the approved DY2 Hospital DSRIP Plan (Application) would alter the DSRIP project goals, or departures from the approved DY2 Plan (Application) would affect payment and/ or change the valuation of any measure. Please see the Funding and Mechanics Protocol (Version 1.3) page 39 for further detail.

**Question #3:** Please provide a status report outlining your hospital's progress with your DSRIP project over the course of Demonstration Year 4.

Hospitals should describe the achievement made in their plan over the course of DY4 (from April 2015 - March 2016) including dates when key milestones (infrastructure completion date, pilot start date, full implementation start date etc.) were achieved.

**Question #4:** Please attach an updated annual project budget analysis.

Budget analysis should include the dollar investment for direct, indirect and capital costs as well as economic value including but not limited to future cost savings, cost avoidance and directional care cost savings projected for DY5.

*Please note, the Department has put together a **Mandatory** template required to be used for your DY5 Annual budget. **Hospitals not submitting the annual renewal application budget or quarterly budget performance reporting in the format prescribed by the NJ Department of Health and meeting the budget performance goal of 80% of the annual DY initial funding target will not be eligible for advance payments until the hospital has complied with these requirements.***

\*Refer to DSRIP Budget Guidance Document dated April 2016 on the NJDSRIP.gov website for the definition and reporting requirements as provided by the Department to assist in completion of the template.

**Question #5:** Please describe any initiatives in which your hospital is participating that are funded by the U.S. Department of Health and Human Services and/or any other relevant delivery system reform initiatives underway.

Hospitals must list all initiatives they are participating in that are funded by the U.S. Department of Health and Human Services since the start of the DSRIP program. Hospitals are not required to report initiatives which were previously reported at the time of their DSRIP application.

## ***Attachment(s)***

- The Attachment submitted for your supporting documentation should only be **one** document for each question in the format of Microsoft Word. Please name the attachment as follows:  
DY5\_ [HospitalName]\_Date[mmddyyyy]
- Protected Health Information (PHI) **must not be included** in any submitted documentation.