



## New Jersey DSRIP DY6 Reapplication Guide

Please review the reapplication guide to completion of the DY6 Reapplication Report. This document includes important information and examples to support successful completion of the Reapplication Report.

The DY6 reapplication contains eight (8) questions. Each question must be addressed in order for the reapplication to be considered complete. Please enter text in the box provided and keep text to 300 characters. If additional information is needed, then please include an attachment with the reapplication. If you choose to include attachments, then please reference the attachment in the response text box by stating "See Attached." Please name the attachment as follows: DY6\_[HospitalName]\_Date [mmddyyyy]. Protected Health Information (PHI) **must not be included** in any submitted documentation.

Please use the response criteria below for reapplication questions.

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

1. Please respond with "Yes" or "No."
2. If the response is "Yes," then no further information is needed.
3. If the response is "No," then the hospital organization is required to submit a formal Letter of Withdrawal on the organization's letterhead to the New Jersey Department of Health's Executive Director of Healthcare financing.

In the Letter of Withdrawal, please include the following reference to DY5 payments: Hospital agreement the hospital may be subject to a repayment when hospital appeals are adjudicated and annual demonstration year payments are recalculated.

### **Question #2: Hospitals are not permitted to select a new DSRIP project and are not permitted to makes changes to current DSRIP projects without NJDOH and CMS approval. Please state any changes or modifications that are required to be made to the DSRIP Plan.**

1. In the response text box, please describe any changes or modifications that are required to be made to the organization's DSRIP plan. Modifications already reported and approved do not need to be reported in this response. As a reminder, all DSRIP Plan modifications need to begin with a formal request to the NJ Department of Health at [njdsrip@mslc.com](mailto:njdsrip@mslc.com).

Example of a DSRIP Plan modification: A hospital has decided to remove an action/milestone from the project (e.g. home visits, telemedicine, discharge planning etc.). Include the reason why the modification is being proposed, how it impacts the project, and what impact it may have on performance measure results.

**Question #3: Please provide a status report outlining the hospital's progress with the DSRIP project during Demonstration Year 5.**

1. Hospitals should describe achievement made in their DSRIP Plans during DY5 (April 1, 2016 - March 31, 2017). Please include progress made on your DSRIP project goals for the Demonstration Year.

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

1. Budget analysis should include the total dollar amounts budgeted for direct, indirect and capital costs as well as the economic value including but not limited to future cost saving, cost avoidance and directional care cost savings projected for DY6.
2. The Department has put together a **mandatory** template required to be used for the DY6 Annual budget. **Hospitals not submitting the annual renewal application budget or semi-annual 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.**
3. Please refer to the DY 6 NJ DSRIP Budget Guidance Document dated November 2017 posted at [www.NJDSRIP.gov](http://www.NJDSRIP.gov) 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 the hospital is participating that are funded by the U.S. Department of Health and Human Services and any other relevant delivery system reform initiatives underway.**

1. Please describe all initiatives in which the hospital is participating that are funded by the U.S. Department of Health and Human Services since the beginning of the DSRIP program (Date). Hospitals are not required to report initiatives that were previously reported.

**Question #6: Please provide a list of all data-sharing agreements executed for the NJ DSRIP project. Please specify which agreement is affiliated with a project partner. If data-sharing agreements are not in place, through what process will the hospital obtain agreements and with whom? And, what is the expected completion date for the data-sharing agreements?**

1. Please include a list of data-sharing agreements. The list should include names of organizations with whom you have an agreement, time period of the agreement, and a brief paragraph describing the purpose of the agreement and data elements shared.

**Questions #7: Please provide a description of the data validation process in place at your hospital and how accuracy is confirmed in Chart/EHR reporting to the Department of Health.**

1. Please explain if data validation is completed by the hospital or a third party vendor.
2. Please share your data validation process.

**Question #8: Please provide a description of the engagement process used with project partners in reviewing measure performance. Include the frequency of meetings and calls with project partners, samples of corrective actions initiated, documented improvement of corrective action, and sample meeting agendas.**

1. Please include the response in the text box associated with this question.
2. Please include "See Attached" reference when documents are included.

**Attachment(s)**

- The Attachment submitted for your supporting documentation should only be **one** document if possible for each question in the format of Microsoft Word.