

NJ DSRIP February 2019 Webinar Q&A Transcript

February 19, 2019

Please submit any other questions to njdsrip@pcgus.com.

Question	Answer
What is the due date for the SRW and MVT?	Both the SRW and MVT are due on April 30 th .
There were two measures that were removed. Will there be replacements in the SRW for those will we have fewer Chart measures to report?	There will be fewer Chart measures to report. Measures that were removed will not be replaced. All changes are reflected in your SRW and MVT. You are expected to report on all measures in the data collection sections of your SRW and MVT.
Are we required to report on the substitution metrics in the workbook if they are not a part of our project?	Yes. Each SRW template is tailored to each hospital and reflect the measures that hospitals are expected to report. If you feel that there is a mistake in your SRW template, please contact the NJ DSRIP team as soon as possible.
What does “Eligible for Denominator but Excluded” mean?	A patient can be initially eligible for the denominator, but upon closer review, there may be something that ultimately excludes them from the denominator.
What is the purpose of the measure verification templates?	SRWs and MVTs go hand-in-hand and assist DOH in routine audits for chart/EHR based measures. MVTs collect the patient level information that is summarized in SRWs.
Are DY7 SA2 Progress Reports due on April 30 as well?	Yes they will be due on April 30 th .
Where is the progress report template located?	Progress report templates will be found on the PCG SFTP once they are released. Hospitals will be notified when progress report templates have been posted. We aim for a release on March 15 th . 2018.
Did our reporting partners get access to their attribution rosters?	Yes, the attribution rosters are on the reporting partners’ SFTP accounts. However, the reporting partners have separate SFTP accounts than hospitals. If there are any problems or questions with this, please have your reporting partners contact the NJ DSRIP team at njdsrip@pcgus.com .
Do we have access to our reporting partner attribution list in the attribution file our hospital received?	No. Reporting partner attribution lists are separate from hospital attribution lists and do not cross-list patients. Please coordinate with reporting partners for access to these files.
Should we get patient level detail from our reporting partners to enter into the MVT? Or were reporting partners given their own MVTs?	Reporting partners were not issued MVTs. PCG will confirm with DOH how and if patient information from reporting partners should be

	included in hospitals' MVTs. Additional guidance on this will be emailed to hospitals.
Measure 38 and 110 look similar. What are the differences?	Measure 110 is oriented to outpatient settings, whereas Measure 38 and 52 include inpatient and outpatient encounters. Measure 110 focuses on screening and follow-up, whereas 38 and 52 are about engagement in treatment. Please review the measure specifications and the June webinar (located here) for more information.
Is Measure 38 strictly an outpatient measure?	No, Measure 38 includes inpatient claim types.
What does SUD stand for?	SUD stands for substance use disorder.
Can we get a copy of the audit tool to screen for drug and alcohol screening that the Trinitas panelist referenced?	Mary McTigue from Trinitas said that the tool is available at http://.auditscreen.org . This link provides the tool and information about how to use it.