WebEx Instructions

NJ Health
Improving Health Through Leadership and Innovation

1. When logging in, please include a first name and initial of your last name.
2. Once you have logged in, please select "Connect to Audio" and select any of the three options under "Audio Connection".
3. If you select "I Will Call In", please follow the instructions and enter your Attendee ID.

Q & A

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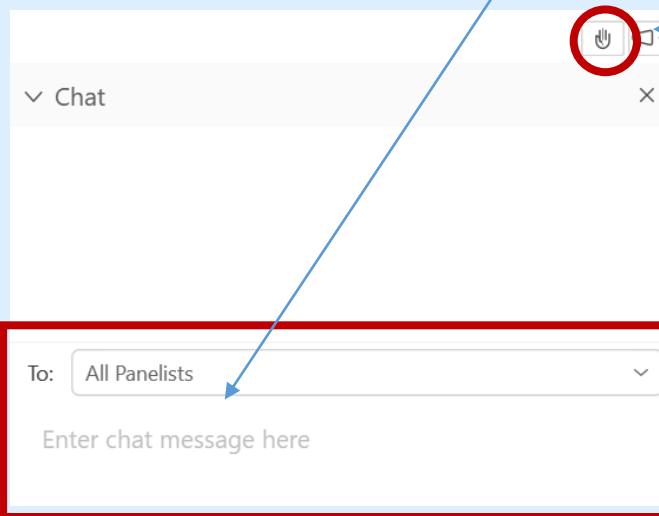
Ask questions in two ways:

1. Submit questions through the chat.

If the chat box does not automatically appear on the screen's right panel, hover over the bottom of your screen and click the chat bubble icon, circled in red.

2. 'Raise your hand' to ask a question through your audio connection.

Once we see your hand raised, we will call on you and unmute your line.

Please introduce yourself and let us know what organization you are from.

Prepared by Public Consulting Group

Email njdsrip@pcgus.com with any additional questions.

Warm Up Poll

What is your favorite Thanksgiving dish?

a. Turkey
b. Mashed Potatoes
c. Stuffing
d. Mac and Cheese
e. Green Bean Casserole
f. Sweet Potato Casserole
g. Cranberry Sauce
h. Dinner Rolls
i. Pumpkin Pie
j. Apple Pie

Winner!

NJ DSRIP November 2019 Webinar

November 14, 2019

Today's Speakers:
Meghan Cox, PCG

Office of Healthcare Financing
Robin Ford, MS
Executive Director

Michael D. Conca, MSPH
Health Care Consultant

Alison Shippy, MPH

NJ Health

Prepared by Public Consulting Group

Agenda

1. DY7 Measure Results & Payments Summary

2. DY8 Hospital Contact Information & Reporting Partner Profile

3. DY8 SA1 Progress Report Writebacks

4. In-Person Learning Collaborative 4: Register Now!

Today's Objectives

By the end of today's webinar, participants should be able to:

- Interpret DY7 Performance and Payments at the statewide level

- Successfully complete and submit:

  - DY8 Hospital Contact Information & Reporting Partner Profile

  - DY8 Progress Report Writebacks

  - LC4 Registration

DY7 Measure Results & Payment Summary

DY7 Measure Results

- DY7 results and payments were approved by CMS and released to hospitals on October 28th, 2019.
- In DY7, there are four stages:

Stage	Requirement	P4R/P4P
Stage 1: System Transformation	Hospitals must report on 10 P4R measures in order to earn payment in this stage. All hospitals have the same measures.	10 P4R Measures
Stage 2: Quality Improvement	Hospitals are required to report on all of their P4P and P4R measures to be eligible to earn Stage 2 funding. In order to earn P4P a hospital must improve from its baseline by closing the gap to ITG by 10% (8% for hospitals with reporting partners)	On average, each hospital reports 8 measures, at least 3 P4P measures
Stage 3: Population Focused Improvement	Hospitals are required to report on Stage 3 measures to be eligible to earn Stage 3 funding At least 50% of funding in this stage must be P4P.* Hospitals earned P4P by improving 5% from baseline (2% for high performing measures)	7 P4R (50%), 7 P4P (50%) Measures
UPP: Universal Performance Pool	Hospitals are required to report on 12 P4P measures. P4P is earned by being lower than a baseline result or being at or better than the DSRIP 90th percentile	12 P4P Measures

* Hospitals without OB did not have to report on 1 P4R OB measure
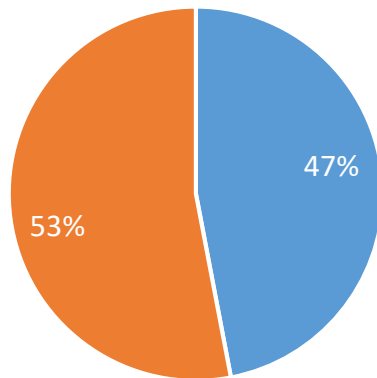
DY7 Measure Results: Stage 1

- 10 P4R Measures:

  - 8 MMIS measures calculated by DOH

  - 2 EHR/Chart based measures reported by hospitals

- 100% of Stage 1 payment was earned: $30,320,029
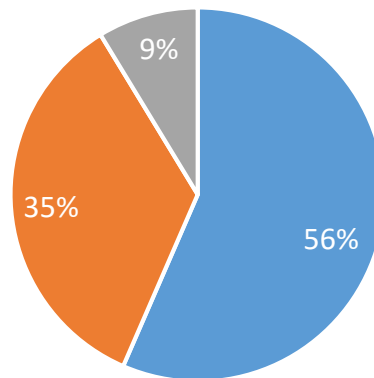
DY7 Measure Results: Stage 2

Highlights

- 47% of measures were achieved
- 46% of funding was achieved
- 26 hospitals achieved 50% or more of their P4P measures

- 16 hospitals achieved between 1% - 49.9% of their P4P measures
- 4 hospitals did not achieve any of their P4P measures

Achievement of P4P Measures

Pie chart: 47% Achieved Payment, 53% Did not Achieve Payment

- Achieved Payment
- Did not Achieve Payment

Achievement of P4P Measures By Hospital

Pie chart: 56% 50% or More, 35% 1 - 49.9%, 9% 0%

- 50% or More
- 1 - 49.9%
- 0%

% of Payment Achieved

Pie chart: 46% Payment Achieved, 54% Payment Forfited to UPP

- Payment Achieved
- Payment Forfited to UPP

DY7 Measure Results: Stage 3

Highlights

- In DY7 the number of measures in Stage 3 (old Stage 4) were reduced
- All hospitals had to report on the same measures (no substitution)
- 50% of hospitals earned more than half of their P4P measures
- 75% of Stage 3 payment achieved, 48% P4P, 100% P4R
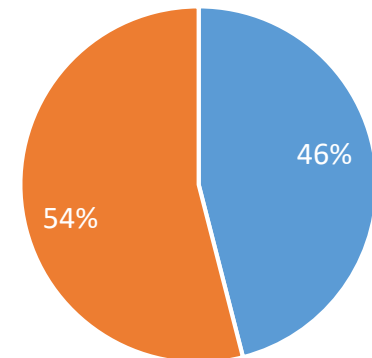
Achievement of P4P Measures

- ■ Achieved Payment
- ■ Did not Achieve Payment

Achievement of P4P Measures By Hospital
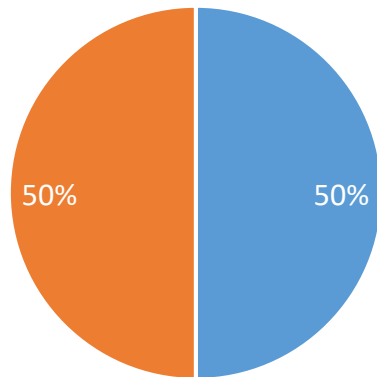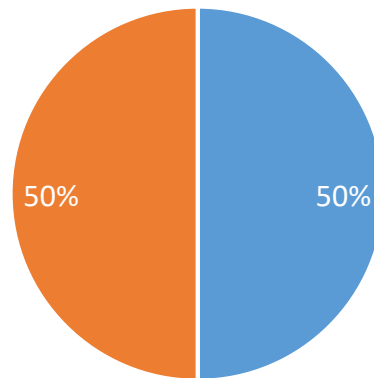

- ■ >=50%   ■ <50%

% of Payment Achieved

- ■ Payment Achieved
- ■ Payment Forfited to UPP

DY7 Measure Results: UPP

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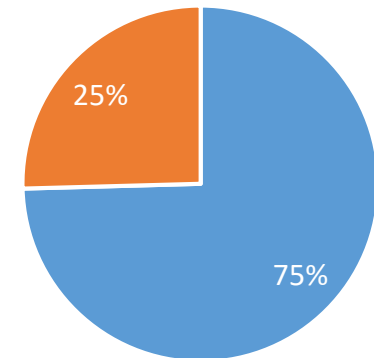
Highlights

- 76% of measures were achieved

- 78% of UPP carve-out was earned

- 65% of hospitals achieved 75% or more of their measures

- 85% of hospitals qualified for UPP remainder, up from 70% in DY6

Achievement of P4P Measures
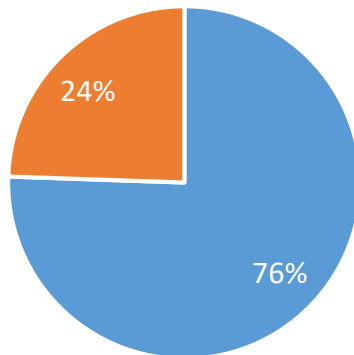
24%

76%

- Achieved Payment
- Did not Achieve Payment

Achievement of P4P Measures By Hospital

35%

65%

- >=75%
- <75%

Hospitals Eligible for UPP Remainder

15%

85%
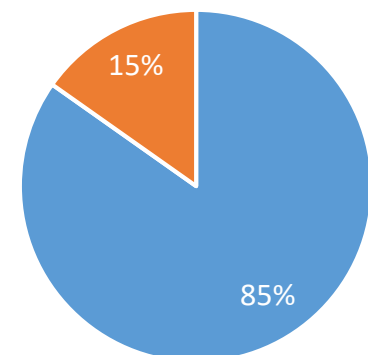
- Eligible for Remainder
- Not Eligible for Remainder

DY7 Appeals Process Reminder!

- Appeals are due from hospitals on **November 27th, 2019**.

- Only **reporting** and **computational** errors may be appealed.

- To start the appeals process, the hospital must submit a completed DY7 Appeals Workbook and any supporting documentation to the NJ DSRIP SFTP.

- The DY7 Appeals Workbook and accompanying DY7 Appeals Guidance document are posted on the Participants page of the NJ DSRIP Website.

DY8 Hospital Contact Information & Reporting Partner Profile

DY8 Hospital Contact Information & Reporting Partner Profile Overview:

- DY8 Contact Information & Reporting Partner Profile workbooks were uploaded to each hospital's inbound SFTP folder on **November 4th.**

- The workbook contains 3 tabs:
    - Instructions
    - Hospital Contact Information
    - Reporting Partner Profile

- Completed Hospital Contact Information & Reporting Partner Profile workbooks must be returned to njdsrip@pcgus.com by **Friday November 22, 2019.**

Tab 1: Instructions

- This tab should be used as a reference for completing the Hospital Contact Information & Reporting Partner Profile tabs of the workbook.

Completing the NJ DSRIP DY8 Reporting Partner & Contact Information Survey

Hospitals must return the completed workbook to **njdsrip@pcgus.com** by **Friday November 22, 2019**. Please refer to the instructions below prior to completing any of the tabs in the workbook. If you have any questions about this survey, please email njdsrip@pcgus.com.

Instructions for Completing Tab 2: NJ DSRIP DY8 Reporting Partner Survey

Each hospital must complete the Hospital Contact Information tab of this workbook. The contact information provided in this tab will be used to update the NJ DSRIP contact list, ensuring that all NJ DSRIP participants are receiving program updates and announcements.

The hospital should review the contact information that is pre-populated in tab 2 to confirm existing hospital contacts, add any new contacts, and delete any contacts that are no longer valid. If any of the pre-populated information in the reporting partner profile tab is inaccurate, the hospital is responsible for updating the information. Please make all updates in red text.

Instructions for Completing Tab 3: Reporting Partner Profile

Each hospital must complete the Reporting Partner Profile tab of this workbook. If the hospital does not have any reporting partners for DY8, this tab should be returned with the blank rows intact. If any of the pre-populated information in the reporting partner profile tab is inaccurate, the hospital is responsible for updating the information. Please make all updates in red text.
Please review the instructions below for completing tab 3 (Reporting Partner Profile) of this workbook.

COLUMN	COLUMN LABEL	COLUMN DESCRIPTION
A	Confirm Existing Reporting Partner/ Add New Reporting Partner/ Delete Existing Reporting Partner	This is a drop down selection field. The hospital is responsible for choosing whether to "Confirm", "Add", or "Delete" the reporting partner. If you have no reporting partners, return this tab with the blank rows intact. Reporting partners listed as "Keep" or "Add" will be included in the hospital's attribution model and will be expected to report data on behalf of the hospital. Any providers listed in this tab that will not be submitting data on behalf of the hospital should be marked "Delete." Hospitals may choose to add a new reporting partner. If a new reporting partner is added, the Medicaid Identification number and Reporting Partner Name provided MUST be accurate. If the Department cannot match the provider's submitted information to the Medicaid provider file, the provider will not be added.

Tab 2: Hospital Contact Information

Purpose:

- The information provided by the hospital in this tab will be used to update the NJ DSRIP Contact list.

Information Source:

- Hospitals will receive this tab pre-populated with the most current contact information the NJ DSRIP team has on file for the hospital.

Hospital Action Required:

- The hospital must confirm existing contacts, delete outdated contacts, and add new contacts by selecting the appropriate dropdown option in column A.
    - Only contacts marked "confirm existing" or "add new" will be included in the updated NJ DSRIP Contact List.
- For new contacts, please provide the requested information in columns B-K of this tab.
- If any of the pre-populated information is incorrect, please update the inaccurate information using red text.

Tab 2: Hospital Contact Information – Example

Before: Tab as it appears in the file downloaded from the hospital's inbound SFTP folder; pre-populated based on the most current hospital contact information on file.

Confirm Existing Hospital Contact/ Add New Hospital Contact/ Delete Existing Hospital Contact	Prefix	First Name	Last Name	Credentials	Title/Position	Email Address	Phone Number	Primary Contact (Yes/No)	Primary Contact Address *(Required for the hospital's primary contact only)*	NJ DSRIP SFTP User (Yes/No)
	Mr.	John	Doe	RN	DSRIP Analyst	jon.doe@example.com	XXX-XXX-XXXX	Yes		Yes
	Dr.	David	Jones	MD	Physician Champion	david.jones@example.com	XXX-XXX-XXXX	No		Yes

After: Tab as it should appear after being reviewed and updated by the hospital to reflect the correct contact information for DY8.

Confirm Existing Hospital Contact/ Add New Hospital Contact/ Delete Existing Hospital Contact	Prefix	First Name	Last Name	Credentials	Title/Position	Email Address	Phone Number	Primary Contact (Yes/No)	Primary Contact Address *(Required for the hospital's primary contact only)*	NJ DSRIP SFTP User (Yes/No)
Confirm Existing	Mr.	John	Doe	RN	DSRIP Analyst	~~jon.doe@example.com~~ john.doe@example.com	XXX-XXX-XXXX	Yes	1 Example Drive, Newark, NJ 07101	Yes
Delete Existing	Dr.	David	Jones	MD	Physician Champion	david.jones@example.com	XXX-XXX-XXXX	No		Yes
Add New	Dr.	Jane	Smith	MD	Physician Champion	jane.smith@example.com	XXX-XXX-XXXX	No		No

Tab 3: Reporting Partner Profile

Purpose:

- The information provided by the hospital in this tab will be used to determine each hospital's reporting partners for DY8 Attribution.

Information Source:

- This tab will be pre-populated with the reporting partner information provided by the hospital during the DY7 Reporting Partner survey.

Hospital Action Required:

- The hospital must confirm existing reporting partners, delete outdated reporting partners, and add new reporting by selecting the appropriate dropdown option in column A.
    - Only partners marked "confirm existing" or "add new" will be included in attribution.
- For new reporting partners, please provide the requested information in columns B-M of this tab.
- If any of the pre-populated information is incorrect, please update the inaccurate information using red text.

Tab 3: Reporting Partner Profile – Example

Before: Tab as it appears in the file downloaded from the hospital's inbound SFTP folder; pre-populated with the information provided in the hospital's DY7 Reporting Partner Survey.

Confirm Existing Reporting Partner/ Add New Reporting Partner/ Delete Existing Reporting Partner	Reporting Partner: NJ Medicaid ID (LPI) (DHMAS Provider Billing Number)	Reporting Partner Name	Numeric Reporting Partner Provider Type	Reporting Partner Service Type Description	Reporting Partner NPI	Reporting Partner Address	Reporting Partner City	Reporting Partner Zip Code	Identification of Partner Type	Data Use Agreement Commencement Date	Reporting Partner Contact Person	Reporting Partner Contact Email Address
	1234567	Family Health Practice LLC	43	FQHC	123456789	1 Example Drive	Newark	07101	Community-based Reporting Partner	4/2015	John Smith	john.smith@example.com
	7654321	Community Provider PCP		PCP	987654321	1 Main Street	Newark	07101	Community-based Reporting Partner	4/2016	Jane Doe	jane.doe@example.com

After: Tab as it should appears after being reviewed and updated by the hospital to reflect the correct reporting partner information for DY8.

Confirm Existing Reporting Partner/ Add New Reporting Partner/ Delete Existing Reporting Partner	Reporting Partner: NJ Medicaid ID (LPI) (DHMAS Provider Billing Number)	Reporting Partner Name	Numeric Reporting Partner Provider Type	Reporting Partner Service Type Description	Reporting Partner NPI	Reporting Partner Address	Reporting Partner City	Reporting Partner Zip Code	Identification of Partner Type	Data Use Agreement Commencement Date	Reporting Partner Contact Person	Reporting Partner Contact Email Address
Confirm Existing	1234567	Family Health Practice LLC	43	FQHC	123456789	1 Example Drive	Newark	07101	Community-based Reporting Partner	4/2015	~~John Smith~~ Mary Jones	~~john.smith@example.com~~ mary.jones@example.com
Delete Existing	7654321	Community Provider PCP		PCP	987654321	1 Main Street	Newark	07101	Community-based Reporting Partner	4/2016	Jane Doe	jane.doe@example.com
Add New	1726354	Primary Care Practice	1	PCP	192837465	5 South Street	Newark	07101	Community-based Reporting Partner	4/2019	Dave Johnson	d.johnson@example.com

DY8 SA1 Progress Report Writebacks

DY8 SA1 Progress Report Writebacks

- Thank you for submitting your hospital's DY8 SA1 Progress Report!

- NJDSRIP@pcgus.com has been in contact with hospitals during the writeback process for two reasons:

Missing Documentation

- DOH finds response and/or supporting documentation are missing

- Hospitals have **2 business days** to provide missing information

Additional Information Needed

- DOH determines additional information or clarification is needed

- Hospitals have **5 business days** to provide a response

- If your hospital has not been contacted by NJDSRIP@pcgus.com, we did not have any questions regarding your report.

- Hospitals should submit all writeback materials to the hospital NJ DSRIP SFTP Outbound folder using the following name convention: DY8SA1_ [AbbreviatedHospitalName] _Writeback_Q#_Date[mmddyyyy].

- If you have any questions, please email NJDSRIP@pcgus.com.

Learning Collaborative 4: Register Now!
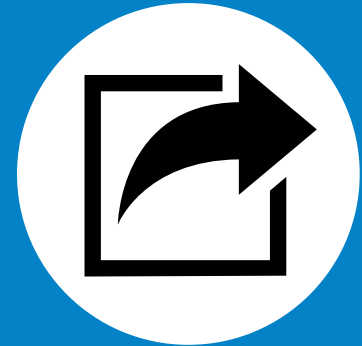
Learning Collaborative 4: Preview

NJ Health
Improving Health Through Leadership and Innovation

Date:
- Wednesday December 4, 2019

Location:
- NJHA Conference Center
- 760 Alexander Road Princeton New Jersey 08543

Register Now!
- Click **HERE** to register.
- All hospitals must send at least 1 representative
- Registration closes November 22, 2019

Learning Collaborative 4: Preview

Agenda

Time	Session
10:00-10:30am	Registration
10:30-11:00am	Welcome remarks, NJDOH
11:00-12:00pm	Follow up on September 10th Sustainability Session, Sue Butts-Dion and Phyllis Virgil
12:00-1:00pm	Lunch
1:00-2:30pm	Spread of Good Ideas: The Adoption & Diffusion of Innovation, Sue Butts-Dion and Phyllis Virgil
2:30-3:00pm	Closing remarks, NJDOH

Learning Collaborative 4: Preview

Learning Collaborative 4 Assignment:

As a reminder, DSRIP participants have been asked to take the following next steps prior to the December 4th Learning Collaborative:

1. Schedule a team meeting to reflect on the Measurement, Ownership, Communication & Training, Hardwiring, and Assessment of Workload "MOCHA" sustainability questions.

2. Identify the 2-3 areas you think need immediate attention and support to be able to sustain your improvements

Worksheet: Considerations on Sustainability

Attribute	Notes on Questions
Measurement What would we continue to measure? What would we stop measuring? What is our plan if we see a negative signal (aka special cause variation)?	
Ownership Who will own the new standard work? Are they engaged and onboard with our improvement work?	
Communication and Training How will we communicate about this work? Who will be the messengers? How will we support individuals in the "new right way"? What type of training will we use?	
Hardwire the Change & Tend to Infrastructure How will we make it hard to do the wrong thing and easy to do the right thing? How will we standardize? Can we reduce reliance on human memory? What about documentation. Do we have all the infrastructure and resources needed?	
Assessment of Workload Are our changes increasing the overall workload to the system? If so, how can we decrease the workload? If not, how will we communicate about what is changing and not changing?	

Source: IHI Improvement Coach Program
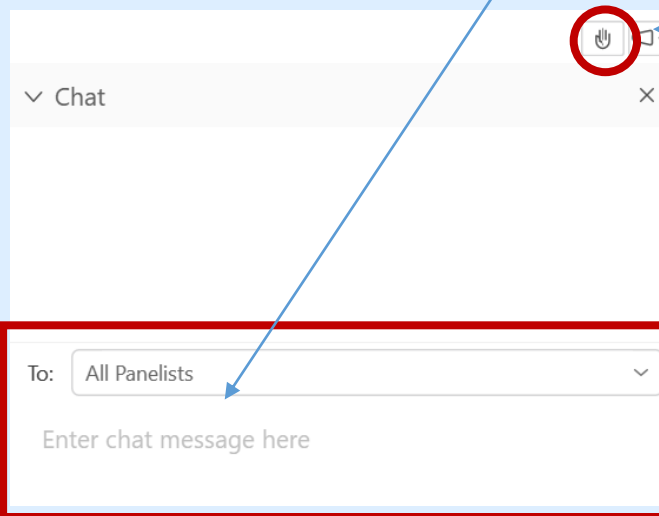
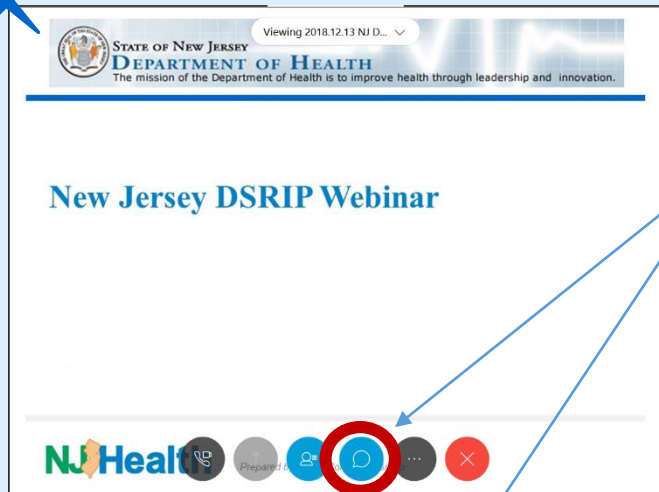# Q & A

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   Once we see your hand raised, we will call on you and unmute your line.

   Please introduce yourself and let us know what organization you are from.

Prepared by Public Consulting Group

Email njdsrip@pcgus.com with any additional questions.

Evaluation

- **Please answer the following evaluation questions**

  1. How would you rate this activity?

     5 = Excellent; 1 = Very Poor

  2. Did you feel that this webinar's objectives were met?

     - Participants can interpret DY7 Performance and Payments at the statewide level

     - Participants can successfully complete and submit:

       - DY8 Hospital Contact Information & Reporting Partner Profile

       - DY8 Progress Report Writebacks

       - LC4 Registration

  3. Please provide suggestions on how to improve this educational session.