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

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.

Email njdsrip@pcgus.com with any additional questions.
Which classic Halloween movie do you plan on watching this month?

e. Halloween (1978)
g. Hocus Pocus (1993)
h. Scream (1996)
i. The Shining (1980)
j. The Sixth Sense (1999)
NJ DSRIP October 2019 Webinar

October 8, 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

Prepared by Public Consulting Group
Agenda

1. Anticipated Next Steps for DY7 Measure Results & Payments
   • Review DY7 Payment Packet
   • Review DY7 Appeals Process and Guidance

2. DY8 SA1 Progress Report Reminder

*Please note: As of 10/08/19, CMS has not approved the DY7 payment packets. The content for this webinar is to proactively prepare hospitals in anticipation that results and payments will be approved in the near future.
Today’s Objectives

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

• Interpret DY7 Payment Packets once CMS approved and released
• Follow the appropriate steps for the DY7 Appeals Process
• Successfully complete and submit the DY8 SA1 Progress Reports
DY7 Payment Packet Notification Preview

NJ DSRIP DY7 Payment Notification – Action Required

Dear Participating Hospital,

NJ DSRIP DY7 Payment Packets were uploaded to each hospital’s inbound SFTP folder today for review and download. The NJ DSRIP SFTP can be accessed here: https://sftphealth.pcgus.com

- Email notification will be sent to all hospitals notifying them that the DY7 Payment Packets are available for review

NJ DSRIP: DY7 Measure Acknowledgement

The information contained in the DY7 Payment Packets presents your Stage 1, 2, 3, and UPP measure results for review. The DY7 Payment Packets were distributed through the NJ DSRIP SFTP. Please note that you will have 30 days to submit an appeal from the date the DY7 Payment Packets were distributed through the NJ DSRIP SFTP, not from the date that you submit this measure acknowledgement.

- Hospitals are required to complete the embedded Measure Acknowledgement survey within 5 days of receipt
DY7 Payment Packet Preview

• **DY7 Payment packets will include the following:**
  
  I. DY7 Payment Letter
  II. DY6 Appeal Adjustment Letter
  III. DY7 Performance Measure Results
  IV. DY7 Patient Level Reports (PLRs)
I. DY7 Payment Letter Preview
DY7 Payment Letter Preview

• The purpose of the payment letter is to communicate DY7 payment amounts and summary measure results

• DY7 Payment letter includes tables that summarize the following information:
  1. DY7 Performance Measure and Payment Achievement Summaries
  2. DY7 Stage 1 Payment Summary
  3. DY7 Stage 2 Payment Summary
  4. DY7 Stage 3 Payment Summary
  5. DY7 UPP Payment Summaries
This table shows the met/not met counts for DY7. Detailed measure results can be found in your DY7 Performance Measure Results spreadsheet.

This table shows a summary of the payment amounts for each stage.

Earned – Total achieved payment earned for each identified Stage.

Forfeited to UPP – Amount transferred to UPP for the measures not met in stages 1 through 3 and the UPP Care-out

This table shows the payment adjustments for DY7 based on DY6 appeals.
These tables show a summary of the measures achieved, targets and payment amounts for each stage and the amount forfeited to the UPP remainder.

### Table 2. DY7 Stage 1 Payment Summary

<table>
<thead>
<tr>
<th>Achieved</th>
<th>Max Possible</th>
<th>Percent Achieved</th>
<th>Stage 1 Target</th>
<th>Stage 1 Earned</th>
<th>Stage 1 Forfeited to UPP</th>
</tr>
</thead>
</table>

### Table 3. DY7 Stage 2 Payment Summary

<table>
<thead>
<tr>
<th>Achieved</th>
<th>Max Possible</th>
<th>Percent Achieved</th>
<th>Stage 2 Target</th>
<th>Stage 2 Earned</th>
<th>Stage 2 Forfeited to UPP</th>
</tr>
</thead>
</table>

### Table 4. DY7 Stage 3 Payment Summary

<table>
<thead>
<tr>
<th>Achieved</th>
<th>Max Possible</th>
<th>Percent Achieved</th>
<th>Stage 3 Target</th>
<th>Stage 3 Earned</th>
<th>Stage 3 Forfeited to UPP</th>
</tr>
</thead>
</table>

### Table 5. DY7 UPP Payment Summary

<table>
<thead>
<tr>
<th>Achieved</th>
<th>Max Possible</th>
<th>Percent Achieved</th>
<th>UPP Carve-out Target</th>
<th>UPP Carve-out Earned</th>
<th>UPP Carve-out Forfeited</th>
</tr>
</thead>
</table>

### Table 5.1 DY7 UPP Remainder Payment Summary

<table>
<thead>
<tr>
<th>Remainder Eligible (8 or more achieved UPP Carve-out)</th>
<th>Stage 1 Earned</th>
<th>Stage 2 Earned</th>
<th>Stage 3 Earned</th>
<th>UPP Carve-out Earned</th>
<th>Total Earned by All DSRIP Hospitals</th>
<th>Eligible Percent of All Earned</th>
<th>Adjusted to 100% Total</th>
<th>UPP Remainder Total</th>
<th>UPP Remainder Earned (Percent of All Earned * UPP Remainder Total)</th>
</tr>
</thead>
</table>

This table shows the hospitals total achievement value and UPP remainder payment resulting from those achievements in DY7. The detailed results for the UPP can be found in the DY7 Performance Measure Results Spreadsheet.
II. DY6 Appeal Adjustment Letter Preview
DY6 Appeal Adjustment Letter

- The DY6 Appeal Adjustment Letter was initially distributed to hospitals on June 6, 2019.
- It is included in the DY7 payment packet because the DY6 appeal adjustment payment is included with DY7 year-end payment.
- Please note that no changes occurred to payments for DY6 Stage 1 and 2 or Stage 4. All eligible hospitals will have an appeal adjustment due to changes in the amount available in the UPP Remainder Pool.

<table>
<thead>
<tr>
<th>Table 1.2 DY7 Payment DY6 Appeal Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total DY7 Earned</td>
</tr>
<tr>
<td>DY6 Appeal Adjustment</td>
</tr>
<tr>
<td>Final DY7 Payment (Earned + DY6 Appeal Adjustment)</td>
</tr>
</tbody>
</table>

The DY6 Appeal Adjustment letter contains more details about this line in Table 1.2 of the DY7 Payment Letter.
III. DY7 Performance Measure

Results Workbook Preview
The purpose of the Performance Measure Results Workbook is to communicate detailed, hospital specific information about the DY7 performance measure results.

DY7 Performance Measures Results workbook has the following tabs:
- Intro tab
- Stage 1
- Stage 2
- Stage 3
- UPP
DY7 Performance Measure Results

Preview: Intro Tab

<table>
<thead>
<tr>
<th>DY7 NJ DSRIP Performance Measure Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>The attached report shows the hospital's results for calendar year 2018 in Stage 1, Stage 2, Stage 3, and UPP measures.</td>
</tr>
<tr>
<td>Please note that all pay for reporting (P4R) and pay for performance (P4P) measures are displayed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DY5 Annual Performance Period</th>
<th>January 1 - December 31, 2016 (Displayed as 201612)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DY6 Annual Performance Period</td>
<td>January 1 - December 31, 2017 (Displayed as 201712)</td>
</tr>
<tr>
<td>DY7 Annual Performance Period</td>
<td>January 1 - December 31, 2018 (Displayed as 201812)</td>
</tr>
</tbody>
</table>

### Stage 1 Definitions

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Hospital name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure Name</td>
<td>Name of measure</td>
</tr>
<tr>
<td>Stratification</td>
<td>The stratification of the measure if applicable</td>
</tr>
<tr>
<td>DataSource</td>
<td>MMIS = claims based measure, Chart/EHR = provider record based</td>
</tr>
<tr>
<td>Numerator (Date)</td>
<td>Numerator for the performance period</td>
</tr>
<tr>
<td>Denominator (Date)</td>
<td>Denominator for the performance period</td>
</tr>
<tr>
<td>Result (Date)</td>
<td>Result for the performance period</td>
</tr>
<tr>
<td>Achievement Value (Date)</td>
<td>The achievement value for the measure. In this stage all measures are worth 1 AV.</td>
</tr>
<tr>
<td>Achievement Value Achieved</td>
<td>The achievement value for the measure. 1 = Met, 0 = Not Met</td>
</tr>
</tbody>
</table>

- The Intro Tab contains description of dates and other column headers used on the Stage 1, Stage 2, Stage 3 and UPP results.
- Please review this tab first for important definitions and to help orient you to the remainder of the DY7 Performance Measure Result workbook.
The remaining tabs in the DY7 Performance Measure Result workbook show hospital and measure specific results for each stage including AVs earned by measure.

Information is provided for each measure including:

- DSRIP ID
- Measure Name
- Stratification (if applicable)
- Data Source (Chart/EHR or MMIS)
- Payment Type (Active P4P, Inactive P4P, P4R)
- Improvement Direction (Higher or Lower)
- Unit of Measure (% or Rate per 1,000)
- Numerator
- Denominator
- Result
- Achievement Value (AV)
DY7 Performance Measure Results

Preview: Rebased Measures

Measure Specification Baseline Updates

- As part of the update to Databook 5.1, several MMIS measures were updated to align with the latest specifications published by each measure steward or to correct historic coding inconsistencies.
- With these changes, some measures were rebased, meaning they had a new DY6 (2017) baseline set to ensure an appropriate performance trend for DY7 (2018) year-end payment calculations.
  - For these measures, the re-based DY6 results were used for DY7 performance calculations.
- In your DY7 Performance Measure Results Workbook, measures that were rebased will show:
  - initial DY6 results,
  - the DY6 rebased results, and
  - the DY7 results
## DY7 Performance Measure Results

### Preview: Rebased Measures

<table>
<thead>
<tr>
<th>DSRIP ID #</th>
<th>Measure Name</th>
<th>Stage 2 P4P</th>
<th>Stage 2 P4R</th>
<th>Stage 3 P4P</th>
<th>UPP</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Antidepressant Medication Management – Effective Acute Phase Treatment</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Antidepressant Medication Management – Effective Continuation Phase Treatment</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Breast Cancer Screening</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Comprehensive Diabetes Care (CDC): Hemoglobin A1C (HbA1C) testing</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Diabetes Short-Term Complications Admission Rate (PQI 1)</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>Engagement of alcohol and other drug treatment</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Follow-up After Hospitalization for Mental Illness – 30 days post discharge</td>
<td></td>
<td></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>Follow-up After Hospitalization for Mental Illness – 7 days post discharge</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>45</td>
<td>Heart Failure Admission Rate</td>
<td>Y</td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>48</td>
<td>Hypertension Admission Rate</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>Initiation of alcohol and other drug treatment</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>92</td>
<td>Diabetes Monitoring for People with Diabetes and Schizophrenia</td>
<td></td>
<td></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>88</td>
<td>Well-Child Visits in the First 15 Months of Life</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
</tr>
</tbody>
</table>
• All measures are P4R in this stage. This is a new stage so there are no previous year results to report.
• The following measures are included in Stage 1:

<table>
<thead>
<tr>
<th>DSRIP ID #</th>
<th>Measure Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>101</td>
<td>Percent of PCP meeting PCMH (NCQA)/ Advance Primary Care (SHIP)</td>
</tr>
<tr>
<td>102</td>
<td>Community-Acquired Pneumonia Admission Rate (PQI 11)</td>
</tr>
<tr>
<td>103</td>
<td>Gastroenteritis Admission Rate (PDI 16)</td>
</tr>
<tr>
<td>104</td>
<td>Urinary Tract Infection Admission Rate (PQI 12)</td>
</tr>
<tr>
<td>105</td>
<td>Adults Access to Preventive Ambulatory Health Services</td>
</tr>
<tr>
<td>106</td>
<td>Annual Dental Visit (ADV)</td>
</tr>
<tr>
<td>107</td>
<td>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</td>
</tr>
<tr>
<td>108</td>
<td>Potentially Avoidable Emergency Room Visits</td>
</tr>
<tr>
<td>109</td>
<td>Potentially Avoidable Readmissions</td>
</tr>
<tr>
<td>110</td>
<td>Appropriate Follow-Up for Positive Screenings for Potential Substance Use Disorder and/or Depression by Primary Care and BH Providers</td>
</tr>
</tbody>
</table>
Stage 2 Tab includes columns with the following information:

- Measure ITG
- Incentive provision (10% for a hospital with no reporting partner/8% for those with a reporting partner)
- The previously reported DY6 results
- Rebased Measures (if the measure specification baseline was updated and the new baseline)
- Newly added as a P4P measure (for hospitals that were required to add a third P4P measure)
- DY7 (2018) results
- EITG
- Measure Met Status

Note: In order to earn payment in Stage 2 hospitals must perform better than the DY7 EITG. The DY7 EITG is set using the DY6 (2017) baseline. For measures that were not rebased, the baseline is the better of the DY6 result or the DY6 EITG. For measures that were rebased, the updated baseline was used.
The following additional columns included in the Stage 3 Tab are:

- **5% Improvement Target** (the target the hospital needs to meet to earn the AV)
- **High Performance Threshold Met (DY6 Result)** (indicates if the measure is eligible to be evaluated using the high-performance threshold of 2% improvement)
- **2% Improvement Target** (If the hospital is eligible for the high-performance threshold, this value is calculated)
- **Regular Performance (5%) Met Status** (if the hospital achieved 5% improvement)
- **High Performance (2%) Met Status** (if the hospital achieved high performance improvement)
- **Achievement Value Earned**

As a reminder, DY7 Stage 3 was previously DY6 Stage 4. In DY7 the following changes were made:

- 50% of Stage 3 funding became P4P
- The number of measures was reduced to 14
- 7 measures are P4P and 7 are P4R

Note: In order to earn P4P hospitals must improve either 5% from DY6 results, or for hospitals that achieved the high-performance threshold in DY6 only 2%.
DY7 Performance Measure Results
Preview: UPP Tab

For UPP Tab, the following columns are included:

- 90th percentile (the NJDSRIP 90th percentile)
- 90th percentile exceeded (If a hospital exceeds the 90th percentile it only has to remain above it)

**UPP Baselines**

- For rebased measures, new baselines are based on DY6 (2017) results. If the measure baseline was updated, the 90th percentile calculation was completed using rebased values.
- The two CLABSI measures baselines were updated to DY6 to account for issues in DY6 reporting as described in the April 5, 2019 memo “Request for Attestation of DY6 DSRIP 21 & 63 results” and as discussed on the [May 9, 2019 Webinar](https://www.nj.gov/health/dsrip/)
  - 21 - Central Line-Associated Bloodstream Infection (CLABSI) Event
  - 63 - Pediatric Central-Line Associated Bloodstream Infections (CLABSI) – Neonatal Intensive Care Unit and Pediatric Intensive Care Unit

**Note:** For all met UPP performance measures, defined as not regressed from the baseline value, or for measures where the hospital has achieved the NJ DSRIP 90th percentile for any UPP measure, an AV and a PAV will be calculated. For each hospital, the PAV will be multiplied by the UPP carve-out funding target to determine the UPP carve-out funding target payment.
IV. DY7 Patient Level Reports (PLRs) Preview
DY7 Patient Level Reports (PLRs) Preview

• The intent of the PLR is to provide detailed measure results to allow for the hospital to validate the process used to calculate MMIS measure results.
• Hospitals only receive PLRs for P4P MMIS measures that they did not achieve an AV on.

Reminder!

• Not all data in the PLR is viewable by the hospital.
• In accordance with HIPAA guidelines 45 CFR 160, services not provided by the hospital of report is considered as protected Health Information (PHI) and therefore the data is hidden on the PLR.

More information about the PLR can be found on the Learning Collaborative page of the New Jersey DSRIP website: Webinar 13: DY5 Patient Level Report Guide
DY7 Appeals Process & Guidance Preview
DY7 Appeals Process Preview: Overview

• The appeal is a step in the NJ DSRIP process that allows participating hospitals to resolve disputes related to their pay for performance measure results.

• The DY7 appeals period begins the day that hospitals received their DY7 payment packet. Hospitals have 30 days from this day to submit their appeals.

• Only reporting and computational errors may be appealed.
### DY7 Appeals Process Preview: Appealable Disputes

<table>
<thead>
<tr>
<th>Appealable Disputes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Must be limited to reporting or computational errors and should fall within one of the following types:</td>
</tr>
<tr>
<td>• Databook/Value Sets</td>
</tr>
<tr>
<td>• Chart/EHR Measures</td>
</tr>
<tr>
<td>• MMIS Measures</td>
</tr>
<tr>
<td>• Other reporting/computational errors</td>
</tr>
</tbody>
</table>

### Non-Appealable Disputes

<table>
<thead>
<tr>
<th>Non-Appealable Disputes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Disputes related to approved DSRIP protocols, program policy, formula design, or measure baselines will be deemed unsubstantiated disputes.</td>
</tr>
<tr>
<td>• This includes measures with updated measure specifications that have been re-based for DY7.</td>
</tr>
<tr>
<td>• Disputes related to this program design change are not appealable.</td>
</tr>
</tbody>
</table>

Prepared by Public Consulting Group
DY7 Appeals Process Preview: Initiating the Appeal

- 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 will be posted on the Participants page of the NJ DSRIP Website.*

*Note this is not currently available but will be available upon CMS approval of DY7 Payments.
DY7 Appeals Workbook:

- Tab 1, Contact Info & Instructions, contains two sections:
  - The first section, Hospital Contact Information, must be completed by the hospital.
  - The second section provides detailed instructions for completing the DY7 Appeals Detail tab of the workbook.

### Hospital Contact Information

- **Hospital Name:** Select From Dropdown
- **Hospital Medicaid ID:**
- **Project Name:** Select Project
- **Documents Attached:** Select Response
- **Submission Date:**
- **Submitted By:** (name & email)
- **Primary DSRIP Contact:** (name & email)

### Instructions for Completing the DY7 Appeals Detail Tab

<table>
<thead>
<tr>
<th>Location</th>
<th>Column Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Column A</td>
<td>Appeal Number</td>
<td>The appeal number is created by the hospital when completing the DY7 Appeals Form and is used to identify and track each separate appeal. (This number is not auto-populated; please use 1, 2, 3, etc.)</td>
</tr>
<tr>
<td>Column B</td>
<td>Appeal Description</td>
<td>Detailed description of appeal. Additional documents may be submitted if needed</td>
</tr>
<tr>
<td>Column C</td>
<td>DSRIP Measure D</td>
<td>DSRIP Measure # from NJ/DSRIP Database</td>
</tr>
<tr>
<td>Column D</td>
<td>Appeal Type</td>
<td>The affected area of dispute: DY7 Performance Period (2018) 1. DSRIP/Value Sets - measure criteria or related value set(s) 2. Chart/EHR/Medical - measure abstracted per hospital via chart/EHR [revised abstractions are not available for appeal after final payment notices are provided] 3. MMIS Measure - measures abstracted per MMIS claims data 4. Other</td>
</tr>
<tr>
<td>Column E</td>
<td>Appeal Category</td>
<td>The basis for each appeal is identified as Reporting or Computation. Select one category per appeal.</td>
</tr>
<tr>
<td>Column F</td>
<td>Stage 2/ Stage 3 UPP</td>
<td>Indicates the stage for which payment is applied. If appealed measure is included in multiple stages, please indicate all stages that apply to this column.</td>
</tr>
<tr>
<td>Column G</td>
<td>Supporting Documentation File Name</td>
<td>For each supporting documentation file, if applicable, use the following naming convention: DY7Appeals_Hospital Name_#appealMeasured</td>
</tr>
<tr>
<td>Column H</td>
<td>Page# (for each appeal)</td>
<td>Page number of the supporting document that identifies support for appeal</td>
</tr>
</tbody>
</table>
DY7 Appeals Workbook:

- Tab 2, DY7 Appeals Details, is where the hospital provides details related to each disputed issue.
  - The hospital must complete a row within this tab of the workbook for each appealable dispute.

<table>
<thead>
<tr>
<th>Hospital Name:</th>
<th>Select From Dropdown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Medicaid ID:</td>
<td></td>
</tr>
<tr>
<td>Appeal Number:</td>
<td>Appeal Description: (Detail)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DY7 Appeals Process Preview: Additional Appeals Materials

DY7 Appeals Guidance Document:

- This document provides hospitals with greater detail about the appeals process.
- Please review this document before completing the DY7 Appeals Workbook and submitting your hospital’s appeals.

Supporting Documentation:

- The hospital may submit additional documentation to support any of their appealable disputes.
- Supporting documentation, if applicable to the specified appeal, should be referenced in the DY7 Appeals Workbook (tab 2, column G).
DY7 Appeals Process Preview: Submission Instructions

• All materials must be submitted to the NJ DSRIP SFTP.

• When uploading files, please use the following naming conventions:
  • For the DY7 Appeals Workbook:
    • DY7Appeals_Workbook_[HospitalName]_[Date(mmddyyyy)]
  • For any supporting documentation:
    • DY7Appeals_[HospitalName]_appeal#_measure#
DY7 Appeals Process Preview: Timeline

• Participating hospitals have 30 days from notification of payment and performance results to submit their appeals to the NJ DSRIP team.

• NJ Department of Health has 30 days to review the hospitals’ submitted appeals and make a recommendation to either approve or deny each appeal.

• DOH’s appeals recommendations are then submitted to CMS for review and approval.

*Please note: If at any point in the appeals process it is determined that additional information is needed, the hospital will have 5 business days to provide the necessary information to the Department.*
**DY8 SA1 Progress Report Reminder**

**Requirements**

- DY8 SA1 Progress Reports are due from all hospitals on **October 31, 2019**.
- Hospitals are to complete the provided DY8 SA1 Progress Report Template and Budget Template.
- Hospitals should submit all materials to the hospital [NJ DSRIP SFTP](#) Outbound folder.
- If you have any questions, please email [NJDSRIP@pcgus.com](mailto:NJDSRIP@pcgus.com).

**Key Documents**

All DY8 SA1 Progress Report materials are available on the NJ DSRIP Participants [webpage](#):

- *DY8 SA1 Progress Report Guidance Document*: Provides information on what and how to complete the progress report.
- *DY8 SA1 Progress Report Template*: To be completed and submitted by all hospitals. Note: There are some small changes from DY7 SA2.
- *DY8 SA1 Progress Report Budget Template*: To be completed and submitted by all hospitals. Note: Hospitals are no longer required to submit DY8 Annual Budgets or YTD budgets for this semi-annual period.
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.

*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 Payment Packets once CMS approved and released
   • Participants can follow the appropriate steps for the DY7 Appeals Process
   • Participants can successfully complete and submit the DY8 SA1 Progress Reports

3. Please provide suggestions to improve our measure specification review.

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

Prepared by Public Consulting Group