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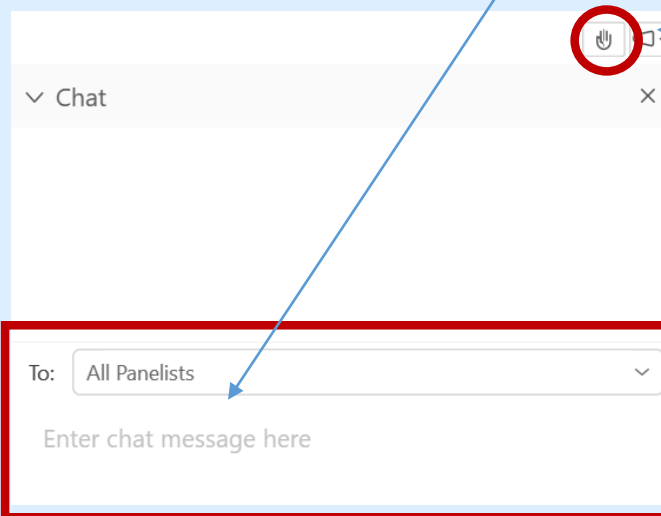
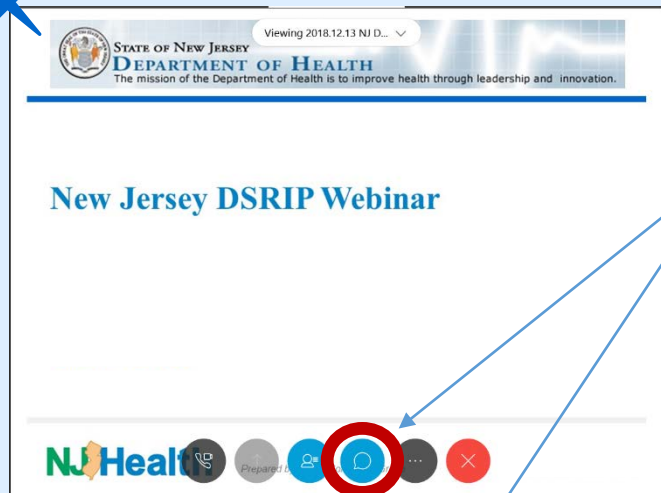
1. Submit questions through the chat.

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

Which classic Halloween movie do you plan on watching this month?

- a. The Adams Family (1991)
- b. Beetlejuice (1988)
- c. Casper (1995)
- d. Ghostbusters (1984)
- e. Halloween (1978)
- f. Halloweentown (1998)
- g. Hocus Pocus (1993)
- h. Scream (1996)
- i. The Shining (1980)
- j. The Sixth Sense (1999)



Winner!



STATE OF NEW JERSEY

DEPARTMENT OF HEALTH

The mission of the Department of Health is to improve health through leadership and innovation.

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

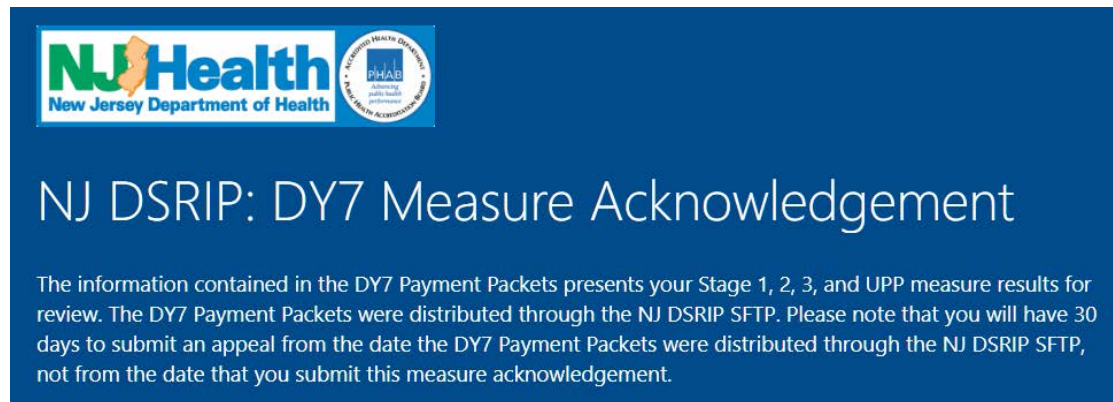
DY7 Payment Packet Notification Preview

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



- Hospitals are required to complete the embedded Measure Acknowledgement survey **within 5 days** of receipt

DY7 Payment Packet Preview

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

DY7 Payment Letter Preview

Table 1. DY7 Performance Measure Achievement Summary

	Met	Not Met	Total Possible
Stage 1			
Stage 2			
Stage 3			
UPP			

This table shows the met/not met counts for DY7. Detailed measure results can be found in your DY7 Performance Measure Results spreadsheet.

Table 1.1 DY7 Payment Achievement Summary

	Earned	Forfeited to UPP
Stage 1	\$ 80,000	\$ -
Stage 2	\$ 40,000	\$ 120,000
Stage 3	\$ 80,000	\$ -
UPP Carve-out	\$ 70,000	\$ 30,000
Stages 1 - 3, Carve-out Total	\$ 270,000	\$ 150,000
UPP Remainder	\$ 170,000	
DY7 Total Earned	\$ 440,000	
Target Funding	\$ 430,000	
Difference (Earned - Target)	\$ 10,000	

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

Table 1.2 DY7 Payment DY6 Appeal Adjustment

Total DY7 Earned	
DY6 Appeal Adjustment	
Final DY7 Payment (Earned + DY6 Appeal Adjustment)	

This table shows the payment adjustments for DY7 based on DY6 appeals

DY7 Payment Letter Preview

Table 2. DY7 Stage 1 Payment Summary

Achieved	
Max Possible	
Percent Achieved	
Stage 1 Target	
Stage 1 Earned	
Stage 1 Forfeited to UPP	

Table 3. DY7 Stage 2 Payment Summary

Achieved	
Max Possible	
Percent Achieved	
Stage 2 Target	
Stage 2 Earned	
Stage 2 Forfeited to UPP	

Table 4. DY7 Stage 3 Payment Summary

Achieved	
Max Possible	
Percent Achieved	
Stage 3 Target	
Stage 3 Earned	
Stage 3 Forfeited to UPP	

Table 5. DY7 UPP Payment Summary

Achieved	
Max Possible	
Percent Achieved	
UPP Carve-out Target	
UPP Carve-out Earned	
UPP Carve-out Forfeited	

Table 5.1 DY7 UPP Remainder Payment Summary

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

These tables show a summary of the measures achieved, targets and payment amounts for each stage and the amount forfeited to the UPP remainder.

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 Preview

- 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 1.2 DY7 Payment DY6 Appeal Adjustment

Total DY7 Earned	
DY6 Appeal Adjustment	
Final DY7 Payment (Earned + DY6 Appeal Adjustment)	



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

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

DY7 NJ DSRIP Performance Measure Results	
The attached report shows the hospital's results for calendar year 2018 in Stage 1, Stage 2, Stage 3, and UPP measures.	
Please note that all pay for reporting (P4R) and pay for performance (P4P) measures are displayed.	
DY5 Annual Performance Period	January 1 - December 31, 2016 (Displayed as 201612)
DY6 Annual Performance Period	January 1 - December 31, 2017 (Displayed as 201712)
DY7 Annual Performance Period	January 1 - December 31, 2018 (Displayed as 201812)
Stage 1 Definitions	
Hospital Name	Hospital name
Measure Name	Name of measure
Stratification	The stratification of the measure if applicable
DataSource	MMIS = claims based measure, Chart/EHR = provider record based
Numerator (Date)	Numerator for the performance period
Denominator (Date)	Denominator for the performance period
Result (Date)	Result for the performance period
Achievement Value (Date)	The achievement value for the measure. In this stage all measures are worth 1 AV.
Achievement Value Achieved	The achievement value for the measure. 1 = Met , 0 = Not Met

- 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.

DY7 Performance Measure Results

Preview: Stage 1, Stage 2, Stage 3 and UPP tabs

- 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

DSRIP ID #	Measure Name	Stage 2 P4P	Stage 2 P4R	Stage 3 P4P	UPP
11	Antidepressant Medication Management – Effective Acute Phase Treatment	Y			
12	Antidepressant Medication Management – Effective Continuation Phase Treatment		Y		
16	Breast Cancer Screening	Y			
29	Comprehensive Diabetes Care (CDC): Hemoglobin A1C (HbA1C) testing		Y		
36	Diabetes Short-Term Complications Admission Rate (PQI 1)	Y		Y	Y
38	Engagement of alcohol and other drug treatment	Y		Y	
40	Follow-up After Hospitalization for Mental Illness – 30 days post discharge		Y		
41	Follow-up After Hospitalization for Mental Illness – 7 days post discharge	Y		Y	
45	Heart Failure Admission Rate	Y			Y
48	Hypertension Admission Rate	Y			
52	Initiation of alcohol and other drug treatment	Y			
92	Diabetes Monitoring for People with Diabetes and Schizophrenia	Y			
88	Well-Child Visits in the First 15 Months of Life			Y	

DY7 Performance Measure Results

Preview: Stage 1 Tab

- 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:

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

DY7 Performance Measure Results

Preview: Stage 2 Tab

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.

DY7 Performance Measure Results

Preview: Stage 3 Tab

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](#).
 - 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

Appealable Disputes

- Must be limited to reporting or computational errors and should fall within one of the following types:
 - Databook/Value Sets
 - Chart/EHR Measures
 - MMIS Measures
 - Other reporting/computational errors

Non-Appealable Disputes

- Disputes related to approved DSRIP protocols, program policy, formula design, or measure baselines will be deemed unsubstantiated disputes.
 - This includes measures with updated measure specifications that have been re-based for DY7.
 - Disputes related to this program design change are not appealable.

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.

The screenshot shows the NJ DSRIP Participants page. At the top, there is a navigation bar with the NJ Health logo, the NJ State seal, and links for 'DSRIP Home' and 'Dashboard'. Below the navigation bar, the page title is 'NJ DSRIP Participants' with a subtitle: 'The DSRIP Participants page houses documents that require action by the participant. Protocols and other program reference documents, please see the [Resource](#).' The main content area is divided into several sections. The first section is 'Useful Links', which contains two items: 'NJ DSRIP Secure File Transfer Portal (SFTP)' and 'NJ DSRIP Dashboard'. The 'SFTP' link is highlighted with a yellow circle. The second section is 'NJ DSRIP Hospital Reporting Materials', which contains two sub-sections: 'DSRIP Renewal Applications' and 'Progress Reports'. The 'DSRIP Renewal Applications' section lists three items: 'DY8 Renewal Applications have been completed. Materials below are informational only.', 'DY8 Renewal Application Guidance (updated 3/6/2019)', 'DY8 Renewal Application Template (updated 3/1/2019)', and 'DY8 Renewal Application Budget Template (updated 3/19/2019)'. The 'Progress Reports' section lists three items: 'DY8 Semi-Annual 1 Progress Report Guidance Document (updated 9/17/2019)', 'DY8 Semi-Annual 1 Progress Report Template (updated 9/17/2019)', and 'DY8 Semi-Annual 1 Progress Report Budget Template (updated 3/2/2019)'. The third section is 'Appeals Materials', which contains three items: 'Appeals are not currently open. Materials below are informational only. Updated documents will be provided when Appeals open for DY7.', 'DY6 Appeal Process Guide', 'DY6 Appeal Form', and 'DY6 Appeal Workbook'. This section is also highlighted with a yellow circle.

DY7 Appeals Process Preview: Appeals Workbook

DY7 Appeals Workbook:

Please complete this template as part of the DY7 appeals process. Please review the DY7 Appeals Guidance Document on the NJ DSRIP Participants webpage prior to completing this workbook. To initiate the appeals process, hospitals must submit the completed DY7 Appeals Workbook and any necessary supporting documentation to the NJ DSRIP SFTP.

The DY7 Appeals Workbook should be uploaded with the following naming convention: DY7Appeals_Workbook_[Hospital Name]_[Date (mmdyyyy)]
Any supporting documentation submitted should be uploaded with the following naming convention: DY7Appeals_[Hospital Name]_appeal#_measure#

Hospital Contact Information

Please complete this section in its entirety.

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

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.

Instructions for Completing the DY7 Appeals Detail Tab

Please review these instructions for completing tab 2 (DY7 Appeal Detail) of this workbook.

Location:	Column Name:	Description:
Column A	Appeal Number	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.)
Column B	Appeal Description	Detailed description of appeal, additional documents may be submitted if needed
Column C	DSRIP Measure ID	DSRIP Measure # from NJ DSRIP Databook
Column D	Appeal Type	The affected area of dispute: DY7 Performance Period (2018) 1. Databook/Value Sets - measure criteria or related value set(s) 2. Chart/EHR/Measures - 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
Column E	Appeal Category	The basis for each appeal is identified as Reporting or Computation. Select one category per appeal.
Column F	Stage 2/ Stage 3/UPP	Indicates the stage for which payment is applied. If appealed measure is included in multiple stages, please indicate all stages that apply in this column.
Column G	Supporting Documentation File Name	For each supporting documentation file, if applicable, use the following naming convention: DY7Appeals_Hospital Name_appeal#_measure# One document may be submitted to support multiple disputed appeals, page numbers must be provided for each appeal. If the hospital is not submitting any supporting documentation please indicate "no" in this cell.
Column H	Page# (for each appeal)	Page number of the supporting document that identifies support for appeal

DY7 Appeals Process Preview: Appeals Workbook

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.

DY7 Appeal Details							
<i>Hospitals submitting an appeal must complete this tab of the workbook. Instructions for completing this tab can be found in tab 1 (Contact Info & Instructions) of this workbook.</i>							
Hospital Name:	Select From Dropdown						
Hospital Medicaid ID:							
Appeal Number:	Appeal Description: (Detail)	DSRIP Measure ID:	Appeal Type:	Appeal Category:	Stage 2/3/UPP:	Supporting Documentation Name: (DY7Appeals hospitalname appeal# measure#)	Page #: (for each appeal)

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!

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.

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.



Q & A

Ask questions in two ways:

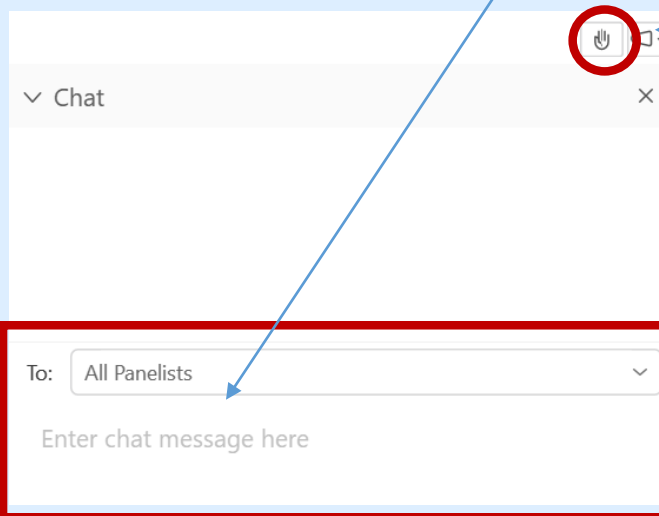
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Once we see your hand raised, we will call on you and unmute your line.

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.

- **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.