### Attribution Re-run of SRWs and MVTs: Administrative Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Is this impacting the timeline of payments?</td>
<td>If hospitals are able to meet the submission deadline, we do not anticipate a major impact on the payment timeline.</td>
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<tr>
<td>If the total payment is delayed, do you plan to provide interim payments?</td>
<td>Per the FMP, only final payments will be made (see FMP Section VII.D).</td>
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<tr>
<td>Is it possible to extend the due date of the SRW &amp; MVT?</td>
<td>Extensions will be granted on a case-by-case basis. Please contact <a href="mailto:njdsrip@pcgus.com">njdsrip@pcgus.com</a> and we will work with DOH on your request.</td>
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### Attribution Re-run of SRWs and MVTs: Technical Questions

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<td>A question about using the Original Medicaid ID + Date of Birth (DOB) + Sex to compare the charity care rosters: For one of the hospitals we are reviewing, there are over 2000 patients with 888888888 as the Original Medicaid ID. I don't think this would work for comparison as DOB + Sex are not unique.</td>
<td>Matching on Original Medicaid ID, Date of Birth and Gender is a starting point for comparing Charity Care rosters. For the purposes of matching Charity Care patients hospitals should use as many of the variables that are available to them including, Original Medicaid ID, Current Medicaid ID, Patient Account Number, Date of Birth, Gender or other fields.</td>
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<td>For patients that have changes such as Medicaid IDs and/or Social Security Numbers, should we submit the MVT with the changes from the June Roster?</td>
<td>Yes, please submit MVTs with information from June patient rosters.</td>
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<td>We found a number of patients with discrepancies in information (i.e. Medicaid IDs not matching from either roster, SSN changes). Should we consider these patients added/lost?</td>
<td>If a patient from the old roster is not able to be identified on the new roster, that patient should be considered lost, while patients that are on the new roster but not able to be identified on the old roster should be considered added.</td>
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<td>Regarding the attribution re-runs, why do hospitals outside of the 3 with the provider number issue have additional patients assigned to them? If the 3 hospitals were missing patients due to the change in their provider number, wouldn’t that mean that they would only pull patients from other hospitals? How would the other hospitals have new patients assigned to them when nothing has changed for them?</td>
<td>Based on the nature of the attribution algorithm, when the Medicaid IDs were updated all claims were re-evaluated and more patients were attributed to these hospitals. However, this also impacts other hospitals as it can shift where patients had the majority of their visits. Adding claims from these three hospitals changes the proportion of claims individuals have with attributed providers which can then change which category drives attribution as well as which provider drives attribution.</td>
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<td>Should the number of Added/Lost patients from either roster match the summary tab layout?</td>
<td>The number on the summary tab layout only shows the number of patients but does not indicate which are added or lost. For example, you may have added 10 and lost 11 - then the summary tab will only show a difference of -1.</td>
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<tr>
<td><strong>Successor Program</strong></td>
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<td>How will payments to MCOs work in the successor program?</td>
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<td>If funding for the successor program is through MCOs, will Charity Care be included in the successor program? How would that go through MCOs?</td>
<td>DOH hopes to announce DSRIP Successor program participation details, quality measures, and a formal application in early 2020.</td>
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<td>Is the focus of the new DSRIP program maternal health and behavioral health only? We thought that there was also a component that included chronic conditions and social determinants of health.</td>
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<td>What will be required of hospitals that want to apply for DSRIP in 2020? When will this information be released?</td>
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<tr>
<td><strong>General Program Questions</strong></td>
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<td>Will the due date for the DY8 MVT/SRW be moved up to March instead of the usual April deadline?</td>
<td>The FMP permits the NJ DSRIP program to expedite the reporting materials in DY8 (see section III.A.iii). We have not yet confirmed the due dates for the MVT/SRW in DY8. However, if these dates are moved up to March, the attribution rosters will be provided earlier than past years to account for the new due date.</td>
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<td>When is DY7 payment expected?</td>
<td>DY7 payment timeline is expected to be similar to DY6, which was released at the end of September.</td>
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<td>When will hospitals receive DY7 results?</td>
<td>As in the past, DY7 results are anticipated to be released at the same time DY7 payments are released.</td>
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