Welcome to the New Jersey DSRIP Learning Collaborative

October 26, 2017
2:00 PM – 4:00 PM

New Jersey Department of Health (NJDOH)
Learning Collaborative Agenda

- DSRIP Program Updates
- DY6 NJ DSRIP Next Steps
- DSRIP Performance Measure Data Validation Panel
DSRIP Program Updates
DSRIP Program Updates

- Training Webinars for DY5 payments and appeals and DY4 appeal results will be posted to the NJ DSRIP website on October 27, 2017 at: https://dsrip.nj.gov/Home/Training

- DY4 Appeal Response Packets, DY5 Payment Packets, and PLRs will be available via SFTP on October 27, 2017.

- DY5 Appeals are due to NJ DOH by November 27, 2017

- Universal Performance Pool (UPP) Redesign has been approved by CMS and published in the Funding and Mechanics Protocol v 1.4 located at: https://dsrip.nj.gov/Home/Resource

- DY5 Statewide Payment and Performance Achievement Results
Training Webinars
Training Webinars

https://dsrip.nj.gov/Home/Training
DY5 PAYMENT PACKET
The payment packet contains the following:

- a payment letter summarizing the following tables:
  - DY5 Performance Measure and Payment Achievement Summaries
  - DY5 Stage 3 Payment Summary
  - DY5 Stage 4 Payment Summary
  - DY5 UPP Payment Summaries
  - DY4 Appeal Adjustment - Supplemental Information Summaries

- a DY5 performance measure results spreadsheet detailing the following information:
  - DY5 Intro Tab
  - Stage 3 Results
  - Stage 4 Results
  - UPP Results
Patient Level Reports (PLR)

- NJ DSRIP hospitals are no longer required to submit a Request for Information (RFI) form to receive Patient Level Reports (PLR).

- Patient Level Reports (PLR) for all measure(s) that fail to achieve a met status are now included in the DY5 Payment Summary packets.
  - PLR for prior demonstration years is not provided
  - PLR for measure with a ‘Met’ status is not provided

- 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 Patient Level Report (PLR).
DY5 APPEAL PROCESS
DY5 Appeal Process

- An appeal is the step in the NJ DSRIP process that provides participating NJ DSRIP hospitals a way to resolve disputed issues related to their measure results. **Appeals are available for reporting or computation issues only.**

- The results are based on review of the appeal form, appeal detail workbook, hospital submitted documentation and administrative data submitted to the New Jersey Department of Medical Assistance and Human Services (DMAHS).

- Hospitals have 30 calendar days from the date of DY5 payment notification to submit a written appeal request. Supporting documentation is required. **DY5 appeals are due to NJ DOH by November 27, 2017.**
The DY5 appeal form contains the following sections:

- Sec. I. Hospital Information
- Sec. II. Reconsideration Reason
- Sec. III. Reconsideration – Support Information

The appeal form is required to be submitted along with the appeal detail workbook located on the NJ DSRIP website - https://dsrip.nj.gov/Home/Resources

Supporting documents should be submitted for each issue using the correct file name format: `hosp name_issue#_measure#`

Submit all documents via the secure FTP at https://transfer.mslc.com/
DY5 Appeal Process- Appeal Workbook

- The appeal workbook provides specific information related to each appealed issue and is separately listed. [This format confirms all submitted issues are identified for review.]

- Tab 2: DY5 Appeal Detail (Completing the Appeal Detail workbook)
DY5 Appeal Process

- Timeline without delays or write-backs
  - Hospital
  - Department
  - CMS

Note – Timelines listed are subject to on-going project events and other unforeseen situations by all parties, including NJ DSRIP Providers, Myers and Stauffer LC, NJ Department of Health and Centers for Medicare and Medicaid.
DY4 APPEAL RESPONSE
DY4 Appeal Response

The information and direction regarding DY4 appeal result forms is provided on behalf of the New Jersey Department of Health (NJDOH) and the Centers for Medicare and Medicaid Services (CMS).

The DY4 Appeal Response Packet includes:

- **DY4 Appeal Response Letter**
  - Issued on behalf of the NJDOH and CMS as a final result of the appeal submitted by each hospital for NJ DSRIP as approved by CMS.
  - Includes a summary of appeal results on page 1

- **DY4 Appeal Itemized Results**
  - The DY4 Appeal Itemized Results provides the final CMS approved results for each itemized issue.
Per the NJ DSRIP Funding and Mechanics Protocol, the appeal process was created to address measure computation and reporting issues.

These appeals were each reviewed for the possibility of an embedded valid dispute prior to the identification and determination of appeal results.

Because a submitted appeal could result in multiple disputed issues, each issue was separately tracked and reviewed.
In order to better track the appeals and multiple issues, each submitted appeal form was assigned a random internal number when received by the department. Each issue within the appeal was then given an issue number, [i.e. 33-1].

CMS Final Recommendation and date are identified in these columns.

*All data is provided for demonstration only and does not reflect actual appeal data.
DY6 Program Next Steps

- Semi-Annual Attribution (January – June) Rosters will be released in November.

- Semi-Annual Standard Reporting Workbooks will be due approximately sixty (60) days after the release of Attribution Rosters.

- Hospital DY6 Re-Applications will be distributed after November 27, 2017.

- Hospital Semi-Annual 1 Progress Reports will be published in November 2017.
UPP REDESIGN
UPP Redesign

- The carve-out is now paid separately from non-participating and forfeited payment from Stages 1 through 4.

- The possible achievement for measures is 1 for a met measure and 0 for a not met measure. There is no longer a negative 0.5 achievement value.

  - Example of carve-out payment achievement:

<table>
<thead>
<tr>
<th>UPP Carve-out Payment Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Achieved</td>
</tr>
<tr>
<td>Max Possible</td>
</tr>
<tr>
<td>Percent Achieved</td>
</tr>
<tr>
<td>UPP Carve-Out Amount</td>
</tr>
<tr>
<td><strong>UPP Carve-Out Amount Earned</strong></td>
</tr>
<tr>
<td>UPP Carve-Out Amount Forfeited</td>
</tr>
</tbody>
</table>
UPP Redesign

- The non-participating and forfeited payment from Stages 1 through 4 are now disbursed using a ratio of the hospital’s earnings over all hospital earned.

- The UPP table below shows an example of a hospital’s total achievement value and UPP remainder payment resulting from those achievements for DY5.

  ✓ Example of UPP remainder:

<table>
<thead>
<tr>
<th>UPP Remainder Payment Summary</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Stages 1 and 2 Earned</td>
<td>$2,000,000</td>
</tr>
<tr>
<td>Stage 3 Earned</td>
<td>$500,000</td>
</tr>
<tr>
<td>Stage 4 Earned</td>
<td>$2,000,000</td>
</tr>
<tr>
<td>Total Earned</td>
<td></td>
</tr>
<tr>
<td>(Stage 1-4, UPP Carve-Out)</td>
<td>$6,061,176</td>
</tr>
<tr>
<td>Total Earned by All DSRIP Hospitals</td>
<td>$112,000,000</td>
</tr>
<tr>
<td>Percent of All Earned</td>
<td></td>
</tr>
<tr>
<td>UPP Remainder Total</td>
<td></td>
</tr>
<tr>
<td>UPP Remainder Earned (Percent of All Earned * UPP Remainder Total)</td>
<td>$2,976,470</td>
</tr>
</tbody>
</table>
DY5 Statewide Payment and Performance Achievement Results
All Stages Statewide Achievement

All Hospital DSRIP Achievement

PERCENTAGE ACHIEVED

DSRIP STAGE

Stages 1 & 2
Stage 3
Stage 4
UPP

DY4
DY5

0%
20%
40%
60%
80%
100%
120%
Statewide Performance Achievement - Stage 3

Stage 3 Achievement

PERCENT OF MEASURES MET

NUMBER OF HOSPITALS

DY4 Stage 3 Results

DY5 Stage 3 Results
Statewide Performance Achievement – UPP

UPP Achievement

NUMMBER OF HOSPITALS

PERCENT OF MEASURES MET

0 - 20  20 - 40  40 - 60  60 - 80  80 - 100

DY4 UPP Results  DY5 UPP Results
Chart/EHR Measurement Validation
What are the key steps to Chart/EHR measurement?

1. Attribution
2. Patient Roster
3. Matching
4. Chart/EHR Performance Measure Calculation
5. Standard Reporting Workbook
The DSRIP Team runs the attribution algorithm on all Charity Care, Medicaid and CHIP patients to link accountability of care based on past treatment history.

- Links patients to hospitals based on two years of a patient’s utilization pattern.
- Based on Evaluation and Management Visits on claims – code list is located in the Appendix B - Programming Assumptions document.
- 30/70 Weighting – most current year’s utilization has higher weighting.
- Minimum threshold of ten percent (10%) of utilization per category is included in the attribution approach.
Attribution Model- hierarchical, with 10% threshold

- **Category 1:** Visits to hospital-based clinics
  - A hospital-based clinic is defined as a clinic that is allowed to bill under the hospital’s provider identifier, is included on the hospital’s cost report, and bills on the Universal Bill (UB) claim form with specified revenue codes (510-519). (Refer to Programming Assumptions - Appendix B for further detail.)

- **Category 2:** Visits to emergency departments

- **Category 3:** Visits to community-based reporting partners

- **Category 4:** All other visits to non-participating providers
  - If the patient has visited multiple providers within a category, the patient will be linked to the provider who had the plurality (i.e. simple majority) of visits
Patient Roster Matching

- **Step 1** - Match data through column “Recipient Medicaid ID (Current)” to your hospital's internal “Policy Number” field in your hospital’s information management systems/databases.

- **Step 2** - Match data using column “Recipient Medicaid ID (Original)” column to your hospital's internal “Policy Number” field in your hospital’s information management systems/databases.

- **Step 3** - Match data using column “Patient Account Number” to your hospital's internal patient account number in your hospital's information management systems/databases.

- **Step 4** - Match data using demographic information including name, social security number, gender, date of birth to your hospital's information management systems/databases.
Performance Measure Calculation

- Numerator and denominator criteria for each measure is provided in the Databook. Detailed information can be found through the measure steward. Some measures have been adapted from the measure steward to more closely align with the goals and population of the NJ DSRIP program.

- The denominator population is identified as:
  - The NJ DSRIP Low income population attributed to each hospital within the specified performance period.
    - The measure steward denominator specifications.
      - ✓ inclusion examples: diagnosis, age
      - ✓ exclusion examples: patients with limited coverage duration

- The numerator is identified as:
  - Denominator patients that meet numerator criteria.
    - ✓ inclusion examples: patients who have received defined treatment protocols or services
How do I ensure my results are accurate?

- Clear
- Documented
- Validated
- Replicable
Performance Measurement Check List

- Who is responsible for running our data queries?
- Have all of our applicable systems been considered for capturing inclusion and exclusion criteria?
- Do all our measures start from our attributed population?
- Are our data queries documented for all reportable measures?
- Are these procedures saved to a shared location?
- If a team member is on vacation, or leaves, do we have clear backup plans in order to report timely to achieve full incentive payment?
- Do we have documented timelines?
Performance Measurement Check List Continued

- Have we entered all data correctly on the Standard Reporting Workbook?
- Have we confirmed this by reviewing our results on the Measure Results page of the DSRIP web portal?
- Who is responsible for managing our relationship with our reporting partner(s) to support fulfillment of DSRIP goals?
- Can we confirm that our reporting partner/third-party vendor understands all performance measure requirements? Can our reporting partner/vendor answer these same questions?
- Are we tracking our performance over time?
- Are we sharing our results with key stakeholders, leadership, and partners?
What is the data life cycle?

End to End Information Flow

HOSPITAL
- Documentation of Service
- Electronic Health Record
- Charge Capture System
- Billing System

MCO / STATE
- Managed Care Organization Adjudication
- MMIS System Capture
- Data Warehouse Storage

DSRIP PROGRAM
- DSRIP Database
- Patient Roster
- Performance Measures
- Web Portal
Hospital Panel Discussion

Chart/EHR Measurement Validation
Hospital Panel Discussion

Anticipated Learning Concepts:

(1) Gain a better understanding for how Chart/EHR SRW measure results are extracted and validated. Identify with at least one panelist’s reporting environment.

(2) Gain knowledge about data elements provided in PLRs, and learn new methods for validating the information.

(3) Understand the importance of reviewing the Databook and understanding from start to finish a measure specification reporting cycle.

(4) Learn about the challenges and barriers panelists have overcome when analyzing measure results and measure specification details.
THANK YOU

✓ Please sign an attendance sheet before leaving today.

✓ Complete and email the survey for this LC meeting, located on the NJ DSRIP website, no later than November 3, 2017.

GROUP DISCUSSION SESSION