

New Jersey Delivery System Reform Incentive Payment (DSRIP) Program Frequently Asked Questions (FAQs)

Document Purpose: This FAQ document is prepared in support of Delivery System Reform Incentive Payment (DSRIP) Program as described in the New Jersey Comprehensive Demonstration Waiver. This document is a living document and is subject to change as additional questions are added and as changes/clarifications to the program are made. If you have a question that is not addressed within this document, please send your question to: NJDSRIP@mslc.com.

Category	Question	Response	Date
Attribution	Will our project partners be included in the attribution? How does utilization at a project partner impact measurement?	The inclusion or exclusion of project partners in the attribution model is under review by CMS. However, it is important to understand that for MMIS measures, the patient's full service history will be available for consideration when the Department calculates the measure. Therefore, if the measure is to identify if a 16 year old patient has had their well child visit, if the patient has had the visit during the measurement period either at the hospital's partner location or elsewhere, the service will be counted.	5/1/2014
Databook	When do you expect the databook to be approved and posted?	The databook is under CMS review. At this time, the Department cannot give a targeted deadline for its release.	5/1/2014
Databook	Once the databook has been released, what timeframe are we expected to extract data?	The Department has identified the reporting period for each measure in the databook and the timeframe proposed is based on the measure steward specifications. The majority of measures are based on an annual, calendar measurement. There is a subset that are being proposed as a semi-annual measurement. For an annual measure, the experience period would be January through December and then abstraction procedures during the following: January, February, March with a reporting due date of April 31st submission. Infrastructure development has been taken into account.	5/1/2014
Funding	For hospitals that are not approved at the moment, what happens to the funding?	For those hospitals that are not participating, the funding that would have been received for those hospitals has already been moved to the universal performance pool (UPP). As of May 6th, 2014, of the 55 DSRIP eligible hospitals, 49 hospitals have plans that have been approved by the state and CMS. The remaining 9 hospitals elected not to participate in DSRIP. As noted previously, DSRIP funds for these 9 non-participating hospitals have been moved to the UPP.	5/1/2014
Funding	Can you please clarify if hospitals with not yet approved application will receive their regular May payments?	Yes. As of May 6th, 2014 the remaining six hospitals were approved with a mid-point evaluation by CMS.	5/1/2014
Metrics	When do the hospitals have to start recording the data?	As of 5/1/2014, the databook remains under review by CMS. The reporting deadlines have not yet been finalized. Once the deadlines are determined, they will be listed in the databook. If your hospital was not able to submit baseline information previously with the hospital's application, the hospital is required to submit an updated plan outlining the means and timeline to collect and submit the data.	5/1/2014
Metrics	How many of the metrics are chart/Electronic Health Record(EHR) vs. MMIS? Are the MMIS metrics the responsibility of the state? Do the hospitals have to validate MMIS data?	As of 5/1/2014, there is about a 50-50 split between the Chart/EHR and the MMIS measures. The Department will calculate the MMIS measures on the behalf of the hospitals and its partners. As proposed, the Department will make available the numerator, denominator and results information to the hospital. It is only summary data and not patient-level data that corresponds to the numerator and denominator. Hospitals will be requested to confirm receipt of the data. It is important that hospitals keep track of where they stand and how they're moving forward on their results, but it is not the expectation at this time that they validate the information.	5/1/2014
Metrics	What happens if we don't agree with the summary results provided by MSLC and DOH? What is the Department putting in place for hospitals to receive detailed data?	When the hospital receives their incentive payment notice, they will have the opportunity to appeal the notice following the rules followed for the prior Hospital Relief Subsidy Fund (HRSF) and request detailed patient level data. A data use agreement may be required prior to release, dependent on the data under appeal.	5/1/2014
Metrics	The hospital industry would like 4-6 month review period of the databook before our submission is required. It is necessary to think out our staff and EHR systems.	This has been discussed with CMS and because the measures are based on a calendar year, the Department has kept this in consideration so that hospitals would have that time period to account for those updates and infrastructure changes.	5/1/2014
Metrics	Will the measures be different than those written in the initial project toolkit?	The Department has removed 1 measure, the CMT- 3 survey measure. There are other measures that may be under review however, the Department does not perceive there to be other major changes. Substitution measures that have been vetted and approved by the DSRIP Quality and Measures Committee have been added to the databook for the circumstance where a hospital exceeds a baseline performance threshold.	5/1/2014
Metrics	What are the reporting time periods? Are we all going to have the same timeline or do we create whatever we want?	The reporting periods will be specified in the databook and the choices are either an annual calendar measurement or a semi-annual calendar measurement. Hospitals that are doing the same Stage III project will not follow different reporting periods. All hospitals reporting Stage IV measures will be expected to follow the specified reporting periods.	5/1/2014
Metrics	Are we going to have to submit data every quarter?	The Department is not recommending that hospitals submit data on a quarterly basis. For a subset of measures, quarterly abstraction is acceptable, but for reporting purposes, the measures will be reported either in April or October following the Funding and Mechanics Protocol guidelines and as specified in the databook. Annual measures will require a one time chart extraction for the calendar year and semi-annual measures will be abstracted twice annually.	5/1/2014

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Metrics	On what population are we collecting data?	For the MMIS measure set and chart based/EHR measures, the population is the NJ DSRIP Low Income population. This includes the Medicaid population, the Children's Health Insurance Program (CHIP) and the Charity Care population. These three programs together are referred to as the low income population. This includes any covered Medicaid or CHIP recipients regardless of the delivery system. It includes fee for service, managed care and dual-eligible populations.	5/1/2014
Metrics	Will CMS be able to pull data from other national websites such as the infection control measures(ex. CLABS)?	CMS has not agreed to provide the Department with data on behalf of the DSRIP program. The Department must determine the most efficient methodologies to collect and report data to CMS on the behalf of the hospitals or to obtain the data directly from the hospitals.	5/1/2014
Pilot	What is the deadline to start the pilot and when should the pilot be completed?	Starting the pilot is Activity 1 in Stage II and completing it would be rolling it out to the entire patient population which is Activity 3 in Stage II. As for a deadline of starting the pilot, you can start it as soon as Stage I activities (infrastructure) are completed (with exception of Stage I activities that will be performed on a quarterly basis throughout the demonstration). For example, if you haven't hired staff which is part of your infrastructure, it doesn't make sense to start rolling out the project to a subset (pilot) population because you won't have the staff there to actually do the project. Deadline for completing the pilot is March 31, 2015. You can complete it before March 31, 2015 should you choose to do so.	5/1/2014
Pilot	Where does the evaluation of the pilot fit into the deadline?	Some hospitals may want to evaluate the pilot after a month or so of starting their pilot and determine "is this working" or "is this not working". This evaluation is considered Stage II Activity 2, evaluating the pilot. Other hospitals may be evaluating continuously throughout the entire pilot period. In this instance, the hospital may have a completion date for Activity 2 as the same month as Activity 3, Initiate program protocols and interventions for entire population. The evaluation Stage II Activity 2 should not have a completion date prior to starting the pilot, as it would not make logical sense.	5/1/2014
Project Partners	Do the partners submit patient data directly to the state or do the hospitals have an agreement with the project partner to share/receive the data?	For those partners that are going to be submitting outpatient data on the hospital's behalf, the expectation is that the outpatient providers will be submitting the information to the hospital and then the hospital will be submitting the compiled information to the state. As to whether an agreement with the project partners needs to be in place, the Department highly recommends that there be such an agreement. At this time, it is believed that the only information requested will be summary data, including numerator and denominator, and the workbook will calculate the results. If patient level information needs to be shared, then a data use agreement should be in place.	5/1/2014
Project Partners	What incentive is there for project partners to first gather then report data?	DSRIP was developed and based on a reform model. Coordination of care with your project partners and the collection of data is a primary factor of the projects, as was described in the materials and included on the application. The incentive is for the hospital to ensure that data is collected from an outpatient-based clinic/partner that meets the outpatient data collection requirement in order to receive payment for that particular measure.	5/1/2014
Project Partners	Is it ok to add or remove a project partner from our DSRIP project?	Hospitals are requested to review their current partner list to confirm that they have identified partners who are able to submit outpatient clinic level data. Measurement will not be collected at an individual physician level.	5/1/2014
Project Partners	What if partners we have do not see patients? (Community related providers such as schools)	Hospitals may have broad types of partners including those that offer social services and other community-based patient support that may assist the hospital in meeting certain DSRIP project objectives. It is also expected that hospitals have outpatient-based partners that will assist in improving population health through better coordinated care management. Some outpatient-based partners will be key to meeting the reporting requirements included in the data set. It will be important for the success of the hospital's DSRIP project that a hospital be able to clearly identify the role and responsibility of their partners.	5/1/2014
Projects	Does the population include dual payers?	Patients that are both Medicaid and Medicare are included in DSRIP measures regardless of primary or secondary payer status.	5/1/2014
Administration	Now that we are approved, what are the next steps?	The next step would be to start or continue to work on the completion of Stage I activities as identified on your application. Stage II pilot activities (start pilot, evaluate pilot, and roll out to entire population) are required to be completed by March 31, 2015. Stage I activities are still required to be completed before the pilot activities begin.	4/15/2014
Administration	Can we set-up a time for our hospital to speak with the DSRIP team on our questions?	The NJ DSRIP Team has received several similar questions in nature and therefore responses to the questions may benefit all hospitals. Rather than having individual meetings with hospitals, the State will conduct industry-wide meetings either by conference line, webinar, or face-to-face such as through the learning collaborative to disseminate information and responses to frequently asked questions.	4/15/2014
Attribution	Please provide an update on the attribution model for NJ DSRIP.	The NJ DSRIP attribution model has been approved by the DSRIP Quality and Measures Committee. This attribution model has been sent to CMS and currently remains under CMS review.	4/14/2014
CMS Approval Status	Our letter stated we are "approved with mid-point review follow up". What does this mean?	For any plans with a "approval conditional" status that included a mid-point review follow-up, there was a CMS question/concern listed on your letter. The hospital will need to address this issue when you submit your DY4 Application which is due on 04/30/2015.	4/14/2014

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Reporting	Will the required quarterly or annual reports have a required or suggested format? Will the data reports have a format that we fill in or are all the reports "free form"?	Yes, the quarterly and annual reports will be in a standardized format. The DY2 Progress Report, capturing the progress of Stage I and Stage II activities since submission of the hospital's application, has been developed and has been approved by CMS. Most likely, this report will be modified as needed for future quarterly reports (DY3-DY5). As for reporting Stage III and Stage IV measures, a standardized report is being developed. This format will require the hospitals to insert numerator and denominator information and results for chart based measures. Although this section of the report will not include "free form" text, hospitals can provide more information for clarification either in the report or as an attachment to the report.	4/14/2014
Timelines and Reporting	Will we still be held to the same timeline on the application although the applications were just approved?	The first progress report was originally due April 30, 2014, for DY2 activities completed between January 1, 2014 and March 31, 2014. This progress report originally reported completed actions/milestones for DY2, which would then prompt payment for the completed activities. Through CMS discussion of timelines, this progress report has now been modified and payment will be based on complete submission of the DY2 Progress Report. A standard DY2 Progress Report has been developed by the State and is under CMS review. This simplified DY2 Progress Report, due 30 days from after Department notification of plan approval by CMS, but no later than June 1, 2014, will request the hospital to determine a revised timeline for Stage I and Stage II activities/milestones originally targeted for DY2 and DY 3 experience periods. Revised timelines for DY2 and DY3 action/milestones cannot go past DY3 experience period (March 31, 2015). The hospital's submitted application should not be updated with the revised timelines. Although hospitals will not be paid for completion of DY2 targeted activities/milestones (in lieu of payment for a complete DY2 progress report), hospitals will be required to report on the progress of these activities both in the DY2 Progress Report due no later than June 1, 2014 and the first quarter DY3 Progress Report due July 30, 2014. All DY3 targeted actions/milestones will still be required to be completed by March 31, 2015 (end of DY3 experience period), therefore hospitals will not be penalized for completing activities later than originally targeted unless the DY3 activity is completed after March 31, 2015.	4/14/2014
Metrics	If my hospital does not currently collect the measures marked as "Chart/EHR" - is there anything that needs to be submitted with the application?	Yes. If your hospital currently does not collect one or more of the Chart/EHR metrics, your Hospital DSRIP Plan must include a plan for reporting the metric by October 31, 2014 unless otherwise specified in the databook. If your Hospital DSRIP Plan does not include either the data, or the plan, associated funding will be forfeited and diverted to the Universal Performance Pool (UPP). (Please review Section VII. DSRIP Payment Calculations: DY 3-DY 5, subsection D. Forfeiture of DSRIP Payments (page 36) of the Funding and Mechanics Protocol).	9/13/2013
Metrics	Will the Stage III metrics required to be collected within our "pilot" period?	For some Stage III measures, the pilot period may be pertinent to the measure. If a measure is monitoring a new hospital process that would be implemented at the point of the pilot, the measure's baseline (for which future P4P performance will be compared against) may be set during the pilot period. This will be indicated in the databook. Generally, it is expected that monitoring and trending the Stage III measures as early as possible will assist in informing your hospitals regarding the implementation success or needs related to your project interventions.	9/13/2013
Metrics	The Stage III metrics do not seem sufficient in order to monitor all aspects of our project. Can we add measures?	It is expected that there are many process-oriented measures related to your project that would be very suitable to monitor and trend. These measures will not receive direct funding allocation, but will lead to positively impacting your P4P measures. Examples include: referral counts, assessment counts, assessment completion rates, patient contacts, home visits completed, count of treatment plans initiated, percentage of patients with treatment goals, percentage of treatment goals met, etc.	9/13/2013
Projects	Would you provide more guidance as to the difference between the pilot population versus the full target population?	Under Application Activity 1, "Identify key program components and goals." there is an actions/milestone "Identify target populations to include in the project." This refers to who the project will focus on and is the full target population. Hospitals are to define the criteria that they will use to select patients for inclusion (or exclusion) from the project. Under Stage I, Activity 1, "Develop methodology to identify pilot population." hospitals are to describe the methodology that will be used to identify the pilot populations. It will require specificity regarding the selection process, including data systems, frequency, referral processes, etc. It is expected that the methodology to identify the full target population will then either 1) be the same as the pilot, or 2) an adjusted algorithm based on the lessons learned during the pilot period.	9/13/2013

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Projects	Under Stage II, Activity 1, "Initiate pilot program." - what high level information is expected to be included at the time of application?	The hospital should document and describe the planned strategy to fulfill this activity. Consider the following questions when developing your strategy: <ul style="list-style-type: none"> • What is your hospital's plan regarding implementation of the pilot? • Who do you believe will be responsible for oversight of the pilot? • What do you hope to accomplish during the pilot study? • How long will the pilot run? • What do you think your monitoring processes might look like? • Who do you think will have to be informed, and ultimately determine whether adjustments are required? • What do you envision a successful pilot looks like? • How do you envision that challenges will be documented? • How will you ensure all of the methodologies described under Stage 1, Activity 1 have been accounted for? 	9/13/2013
Projects	For each activity that has a targeted completion date in the future, are we obliged to respond to these elements for the 9/20/13 submission?	Yes. On your Hospital DSRIP Plan, it is not sufficient to only indicate that these activities will be addressed in the future. This would result in your application being identified as incomplete and returned for additional information. Your Hospital DSRIP Plan must document your hospital's strategy to fulfill each activity. This should incorporate the minimum submission requirements for that activity.	9/13/2013
Projects	Please clarify the difference between experience periods and demonstration years.	This is a distinction that hospitals should keep in mind when putting together their project plan. On page 28 of the Funding and Mechanics Protocol (FMP), it describes the experience period and indicates "The experience period for completing a milestone/ measure will vary from the demonstration year period due to such factors as reporting, review, and claims lag. For certain Stage I and Stage II activities and milestone, hospitals will be required in their Hospital DSRIP Plan to identify the targeted date of completion. This targeted date will be required to be completed within a specified experience period." To keep the DSRIP payments within the close of the demonstration and allow for a full twelve months to accomplish activity achievement, the experience period was moved forward a quarter. The table on page 28 maps the experience period to the demonstration year. This experience period is April 1st to March 31st for all DYs except DY2.	9/13/2013
Projects	Under what circumstance(s) can a hospital change projects?	Upon approval of a submitted Hospital DSRIP Plan, a hospital will only change their project if all of their P4P measures are above the benchmark performance threshold as described on page 40 of the Planning Protocol, under section VIII.A.iii.a. High Performing Hospitals - Baseline Performance Threshold, Exceeds All Metrics.	9/13/2013
Projects	What is expected to be included under the Challenges section?	Hospitals must identify <i>both</i> the potential barriers to project success, as well as proposed solutions to overcome, or mitigate, those barriers.	9/13/2013
Projects	What should be included in my budget analysis?	Hospitals must include the investment and economic value of their project in their application's budget analysis. Please review the September 5th memorandum from the Hospital Association that describes this in greater detail.	9/13/2013
Projects	Would you please clarify how long you would like us to implement the pilot study?	The Stage II pilot study can be conducted as soon as a hospital has completed all of the required preceding Stage I infrastructure activities. This timeframe is determined by the hospitals. The Stage I (non-quarterly) activities must be completed by December 31st, 2014. Also, for all hospitals to implement their interventions and conduct re-design prior to the pay for performance periods, there is a required deadline of March 31, 2015 to implement Stage II (non-quarterly) activities to the full target population. Based on these requirements, hospitals should plan backwards from the point of full implementation with those deadlines in mind. Also, hospitals must target completion dates with an understanding that funding does not cross demonstration years.	9/13/2013
Projects	The Goals/Outcomes section pre-populates with items related to this project. If the hospital is neither modifying the project scope nor the pre-populated activities, is additional information required in the Hospital Specific Goals and Outcomes section?	The NJ DSRIP design is based on a balance between comparative form and innovative flexibility. The pre-defined goals refer to the over-arching goals of the project, but do not relate directly to the manner and means the hospital has chosen to implement the project. Hospitals may seek to move specific process goals that are not addressed in the pre-defined goals. In the hospital-specific section under "Goals/Outcomes" hospitals are expected to detail their precise goals for each demonstration year. Hospitals should identify and add single, specific aim statements that indicate measureable goals.	9/13/2013
Funding	How does the payment calculation account for elective activities?	All Stage I and Stage II activities, both required and elective, selected by a hospital on the application will be counted in the payment calculation. All activities targeted for completion within the same demonstration year will be summed and total the "Maximum Total Achievement Value" for that demonstration year. All non-quarterly Stage I and Stage II activities must be completed by March of the demonstration year in order to receive funding.	9/6/2013
Funding	How does the payment calculation account for optional actions/milestones?	Actions/milestones are not valued for payment in the payment calculation, but incorporate the expected steps toward completion of an activity. All actions/milestones, including those optional actions/milestones that hospitals may add, must be completed and documented in order to earn payment at the activity level.	9/6/2013

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Funding	Can you provide an example of the difference between activities versus actions/milestones for the Achievement Value payment calculation?	<p>There are 3 actions/milestone under Stage I, Activity 5 - "Procure staff education needs."</p> <p>Scenario 1: Hospital A targets completion for Activity 5 by January 2014 (DY2). DY2 experience period ends March 31, 2014. 2 actions/milestone are completed in January 2014 and 1 actions/milestone is completed in February 2014. Hospital A submits a complete DY2 Progress Report by June 1, 2014, indicating Activity 5 has been completed. No specific payment is received for the completion of Activity 5 as payment is based on the completion of the DY2 progress report. includes documentation for all three completed actions/milestone in the April 2014 progress report. With DOH and CMS agreement, Hospital A receives an achievement value of 1 and is awarded DY2 funds allocated to Activity 5.</p> <p>Scenario 2: Hospital B targets completion for Activity 5 by January 2014 (DY2). DY2 experience period ends March 31, 2014. 2 actions/milestone are completed in January 2014 and 1 actions/milestone is completed in April 2014. As Activity 5 was originally targeted for DY2, Hospital B would receive payment for this activity through the complete submission of the hospital's DY2 Progress Report. No specific payment would be received for the completion of Activity 5 and no forfeiture of funds to the Universal Performance Pool (UPP) would occur even though the hospital did not complete the activity by March 31, 2014 (DY2 experience period). Hospital would be required to report completion on following DY3, Quarter 1 Progress Report due July 31, 2014. an achievement value of 0. Hospital B DY2 funds allocated to Activity 5 are reallocated to the Universal Performance Pool (UPP).</p> <p>Scenario 3: Hospital C originally targets completion for Activity 5 by April 2014 (DY3). DY3 experience period begins April 1, 2014. Despite the hospital's DY2 DSRIP plan was not approved until April 2014, 2 actions/milestone are completed in January 2014 and 1 action/milestone is completed in April 2014. With DOH and CMS agreement, Hospital C receives an achievement value of 1 and is awarded DY3 funds allocated to Activity 5.</p> <p>Scenario 4: Hospital D targets completion for Activity 5 by July 2014 (DY3). 1 actions/milestone is completed in July 2014 and 1 action/milestone is completed in August 2014. The remaining action/milestone is not completed until April 2015, after the experience period for DY3 (March 31, 2015). Hospital D would receive an achievement value of 0 for Activity 5 and any funds allocated to Activity 5 are reallocated to the Universal Performance Pool (UPP) since Activity 5 was targeted for DY3 but was not completed within the experience period of DY3. (Response Updated 5/22/2014)</p>	9/6/2013
Metrics	<p>For certain measures, we are able to provide baseline data that is based on Core Measures - but only for Medicare patients. In our application, we plan to outline how we will provide and/or collect similar such data on Medicaid patients for these and other measures required for DSRIP.</p> <p>Could you confirm the year(s) of data we should be targeting that would best comply with the pending release of baseline data for the NJ Low Income population?</p>	<p>With your application, submission of your current Medicare patient data will provide evidence of your hospital's starting point.</p> <p>Please see the Funding and Mechanics Protocol, page 31, "The baseline performance will represent the most recent performance available following the measure's technical specifications and be no older than calendar year 2010 dates of service."</p> <p>The plan required to be submitted with the application should indicate your hospital's systems, queries, etc. (be specific) will be adjusted to collect the measures based on the specifications outlined in the databook and Measures Catalogues and will not include data older than 2010 dates of service.</p>	9/6/2013

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Metrics	We do not have OB or peds at our facility. Are all Stage IV measures required, or only 12?	<p>For Stage IV measures, please see the Funding and Mechanics Protocol document, page 35. It indicates that "If a hospital cannot report an obstetrical or pediatric related measure because the hospital does not have an obstetrical or pediatric department, the hospital will be required to indicate in the progress report why the measure cannot be reported. The AV value for these measures will be 1 so long as the hospital has indicated why the measure cannot be reported." If your hospital cannot report measures #38 - #41, your hospital would indicate on the submitted progress report that Measures #38, #39, #40, #41 cannot be reported because your hospital does not perform such services.</p> <p>All other Stage IV measures are required to be reported. A plan for the collection and reporting of the measures may be submitted until such time as the hospital is able to submit the data. Data must be submitted no later than October 31, 2014, unless otherwise specified in the databook.</p> <p>To retain qualification for the Universal Performance Pool (UPP), if all four measures (#38 - #41) are unreportable, all four substitution measures(#42 - #45) would be utilized in scoring the hospital for the UPP. If a hospital cannot report two of the measures, the hospital must identify which of the substitution measures they elect to be utilized for the UPP.</p>	9/6/2013
Metrics	Do all Stage IV measures have to be reported? What do we do if we do not have an avenue to obtain the data, such as Measure 18 Ischemic Vascular Disease-complete lipid profile and LDL-C Control? Do we need to have an OP practice agree to join our effort and retrospectively abstract their Medicaid, Charity Care and CHIP records for these indicators?	It is expected that all Stage IV measures be reported by October 31, 2014, unless otherwise specified by the databook. (Please refer to the Application or the Funding and Mechanics Protocol regarding reporting deadlines.) It is expected that all hospitals identify outpatient partners to support the DSRIP program.	9/6/2013
Projects	<p>Many of the instructions sound as if the work of the project is expected to be totally complete at the time of submission.</p> <p>Can you clarify for me, using example Stage I - Activity 11, are you looking for a plan for developing new discharge planning tools which we will implement by 09/2014, or are you looking for the tools to have already been developed and attached?</p>	<p>For each Stage I and Stage II activities selected on the Hospital DSRIP Plan, these will be completed at a future date. However, at the time of the application submission, a hospital must include the high level requirements/ outline regarding how the hospital proposes to achieve each activity. These high level requirements/ outline are the expected documentation at the time of the application submission.</p> <p>Keep the minimum submission requirements in mind when completing the application as you will want to incorporate them into your hospital's high level requirements and describe how these minimum submission requirements will be fulfilled. In the example of developing new discharge planning tools - a high level plan would be expected.</p> <p>Consider the example where the actions/milestone was to develop an assessment tool. Your hospital already has one, but your hospital believes that it could be modified to assist with your project methodology. Your hospital could submit the current assessment tool and describe how it may be modified later. Later, your hospital would actually adjust the language of the assessment tool, and submit the final version of the assessment tool to document that the actions/milestone has been completed by your targeted completion date.</p>	9/6/2013
Projects	<p>Activity 2 - the Application is worded as such that we must identify/ determine tools to be utilized as well as determine discharge planning interventions.</p> <p>Slide #7 from Webinar 2 read "Develop" discharge planning interventions. Are we to identify what we anticipate will be needed and developed throughout the project, or are the tools to be developed prior to the application submission?</p>	It is correct that the hospitals must identify/ determine the tools and the discharge planning interventions. It is not necessary that the interventions be completely developed at the point of the application submission, only that the hospital explain the high level requirements and outline how the hospital proposes to achieve each activity.	9/6/2013
Application	Where can I find the application?	The application is available for direct download from the http://dsrip.nj.gov/ website.	8/30/2013

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Funding	How soon can hospitals anticipate the release of Stage III and 4 funds after submission of reports?	As described in the Funding and Mechanics Protocol, the Department and CMS, shall have a total of 45 days to review and approve, or request additional information regarding the data reported. If additional information is requested, the participating hospital shall respond within 15 days to review. The Department and CMS shall have an additional 15 day review period, to approve or deny the request for payment based on the data provided. This allows for a total of 75 days following submission of reports to account for disbursement of payment.	8/30/2013
Metrics	If we discover we are not going to meet a target date, can we adjust the target date without being penalized as long as the changed date is before NJDOH's establish target completion date.	For Stage I and Stage II activities, on the application, hospitals are required to identify targeted dates for completion which will be used to determine the number of activities that are completed within a demonstration year and thus determine the funding allocated to each activity. All Stage I and 2 activities targeted for a demonstration year, except for quarterly activities, must be completed by March of the demonstration year in order to receive funding. Funding cannot cross demonstration years, therefore an activity targeted for completion in January 2014, that is not completed until April 2014, will be considered unmet as of March 2014. Funds tied to the activity will be considered unmet and forfeited and will be moved to the Universal Performance Pool (UPP). If the activity is targeted for January 2014, but is completed in February 2014 and is reported as completed in the April 2014 progress report (and DOH and CMS agree activity was completed based on submission documentation), the hospital will be paid for that activity/metric.	8/30/2013
Metrics	In pulling the baseline data, do you want the hospitals to pull baseline data for both MMIS and Chart/EHR measures? Or, is it the requirement to only pull baseline data for Chart/EHR measures? On the calls you mentioned that we are to pull baseline data for all Stage III and 4 measures to validate the baseline MMIS information that will be provided by the State in December.	Please keep in mind with respect to the data that is required to be submitted with the application, hospitals are to submit any relevant data that your hospital already has for all Stage III (for your hospital's selected project) and Stage IV measures in order to provide context regarding your hospital's starting point performance. This data is not limited to the NJ Low Income population, and can include all-payer or Medicare-only data. It also can include MMIS and Chart/EHR data if your hospital is already pulling that information on other population groups. If you have Chart/EHR data to submit, your hospital's plan would then indicate the measure(s) and describe the step(s) necessary to adjust the measure(s) in order to capture the NJ Low Income population data. If there are no measurements for which baseline data from your facility is available, your hospital is to submit a plan that fully describes how your hospital plans to collect and report this data for a future date. Please note, that the targeted completion date must be provided. Hospitals are required to take validation/reasonableness steps in order to review the MMIS-captured data that will be shared with the hospitals.	8/30/2013
Metrics	What years does the "Reducing the Gap" P4P improvement model apply?	As described in the Funding and Mechanics Protocol, page 32, the incentive payment for Stage III pay for performance applies to demonstration years 4 and 5. The improvement calculation will initially be performed at the end of DY3 for future DY4 performance and then repeated for each subsequent performance period.	8/30/2013
Metrics	Can additional metrics be added to the "measured" metrics for a particular project? For example, if choosing a project that only has 2 required P4P metrics and has a total of 6 metrics that are reportable to DSRIP, can we include 2 other metrics that would support the original 2 P4P Metrics and have them considered as P4P metrics?	The measures that are included on the Stage III Measure Catalogue received extensive review and comment from the CMS staff to determine which of the indicated measures could be associated to the pay for performance vs. pay for reporting payment mechanism. The decisions were based on multiple considerations, but the primary of which being that the selected P4P measures reflect a greater number of outcome vs. process-oriented measurements. Therefore, the measures would not be approved for adjustment to change from pay for reporting.	8/30/2013
Metrics	Are the improvement targets cumulative over the project period (i.e., 10% over the entire project) or are they per project year (i.e., 10% year 2, 10% year 3, etc...)	Please refer to the Funding and Mechanics Protocol, page 32 the incentive payment for Stage III pay for performance applies to demonstration years 4 and 5. The improvement calculation will initially be performed at the end of DY3 for future DY4 performance and then repeated for each subsequent performance period. As indicated on page 34, for any measure that has a performance period which is less than an annual period, the required reduction will be adjusted accordingly in order to achieve the same annual reduction total (e.g. semi-annual measures require a five percent reduction in the Gap per performance period.)	8/30/2013
Myers and Stauffer FTP Site	Why do I need access to the FTP site?	The Myers and Stauffer FTP site serves as a repository where you will place your application once completed. It is the preferred method of Hospital DSRIP Plan application submission by DOH.	8/30/2013
Myers and Stauffer FTP Site	How will I use the FTP site?	You will need to download the application from the http://dsrip.nj.gov/ website, complete the application, then upload the completed application along with any required attachments to the Myers and Stauffer FTP site.	8/30/2013

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Projects	If I choose project 11, is this patient population those patients with “diabetes (type 1 and 2)” and “hypertension” independently or is the population patients with a “diabetes (secondary diagnosis) with primary diagnosis of hypertension?”	The focus area for the project falls under Diabetes. The patient must be either a Type 1 or Type 2 Diabetic and also have the diagnosis of Hypertension. The project does not define which diagnoses must be primary versus secondary, however there are associated measurements within this project where one diagnosis will be principal to the other based on episode of care.	8/30/2013
Projects	What is the definition for a action/milestone?	An action/milestone is used to complete a required or selected activity. The action/milestones listed in the application are general so the hospital can develop a more detailed plan. The action/milestone must be developed with an effort to achieve the goals, objectives and outcomes of a project. Example for : “Outline a nutritional support plan,” a nutritional support plan could be: a questionnaire, dietician consulting, delivery of meals, classroom learning, on-line teaching tools, or any combination of these.	8/30/2013
Projects	In the methodology section for Project 6, it states “The coach will follow up with visits with SNF and/or in the home” Does this mean the project target population is both SNF and patients discharged to home or either or meaning we can only use those discharged home?	The hospital must describe where follow-up will occur based on the goals of the project to assist in care transitions. The project objective is to ensure follow-up treatment for patients experiencing chronic cardiac illness and ensure patients and caregivers are knowledgeable about medications, red-flag conditions and the appropriate response. Based on this objective, it would be anticipated that the hospital would conduct follow-up visits with the patient as transitions occur. This can include the direct discharge to home, if that is what occurred for that patient. If the patient transitioned first to a skilled nursing facility, or other location, and then to home, it would be anticipated that both of these transitions would require follow-up to best monitor the care of the patient and the management of their treatment plan.	8/30/2013
Projects	For the Cardiac Transitions project, the methodology indicates that the hospital will implement an evidenced based model. Can we adopt the program developed by Dr. Coleman, or do we need to develop our own model? The Coleman model appears to have the components needed for patient success and has been tried and tested.	Yes, hospitals may implement Dr. Coleman's model. Dr. Coleman's model was referenced due to the supporting evidence that this model has positively impacted patient care. However, hospitals are not required to use this model. Hospitals must implement a model which focuses on patient education, and include the development and support of patients through the use of Patient Navigators.	8/30/2013
Universal Performance Pool	Is the Statewide Low Income Population based on the Days for Low Income individuals in the DSRIP program or all Low Income Individuals in the State?	A component of the UPP calculation is the Statewide Low Income discharges, which is based on the entire Low Income population, not just DSRIP participants. The hospitals PAV (Percentage Achievement Value) is weighted based on the hospital's percent of Low Income discharges compared to the Statewide Low Income discharges. For example, if the Statewide Low Income Discharges is 1,000,000 and the hospital has 10,000 of those Low Income discharges, their PAV will be multiplied by 1% (10,000/1,000,000).	8/15/2013
Administration	Is there an NJ DSRIP email list I can be added to so I can receive updates?	When you pre-register for a DSRIP webinar, we collect your information and will send you announcements considering future webinars. This is currently the only mass communication going out to individual's email addresses. All other communications will be received from your hospital association representative.	8/13/2013
Application	Where can I obtain a password for the application?	The New Jersey DSRIP Application does not require a password to open. Certain cells within the spreadsheet are locked and are therefore password protected. Clicking on those cells may generate a pop up request for a password. You may ignore that request. Cells where the hospital will enter information are not locked and do not require a password. Please note that with exception of the "data input" tab, all cells in the other tabs are locked. Information for those tabs is directly pulled from the "data input" tab. You may, however, adjust column and row sizes in the tabs following the "data input" tab.	8/13/2013
Application	What if I cannot open on my computer the Application found on the NJ DSRIP website?	The application is in Excel 2007 format. Should you have a version of Excel on your computer that is incompatible with Excel 2007, we can send you the application in a version of Excel that is compatible with your personal computer.	8/13/2013
Myers and Stauffer FTP Site	What is the process for obtaining access to the Myers and Stauffer secure FTP site?	In order to obtain access, you must provide your name, company name, location, email address and telephone number to the NJDSRIP@mslc.com address. In your email, please indicate you would like access to the FTP site. The DSRIP team will send you a Terms of Use (TOU) Agreement Form for you and a company representative to sign. You must then email the completed TOU form back to the NJDSRIP email address. Upon receipt of this document, Myers and Stauffer will work to create your account. Upon creation of your account, we will email you your personal username and call you with your password.	8/13/2013

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Myers and Stauffer FTP Site	May I share my FTP site username and password with my colleagues?	Myers and Stauffer policy does not allow for user accounts or passwords to be shared. If there are additional individuals within your organization who will need to submit files to Myers and Stauffer via the FTP site, please provide us with their name, telephone number, and e-mail address, as well as a signed TOU agreement from that individual.	8/13/2013
Myers and Stauffer FTP Site	How many individual users can obtain access to the FTP site per hospital?	Access to the FTP site is limited to a maximum of two users per hospital.	8/13/2013
Metrics	Where can I find information on the Care Transitions Measure (CTM) - 3?	The http://www.caretransitions.org website lists the specifications on the how CTM-3 measure must be collected. It is recommended that the project participants review and become very familiar with the measure specifications captured by the Measure Steward in order to understand what the numerator criteria (inclusions and exclusions) are for the measures for both claim-based and non claim-based measures. The Care Transition Measure (CTM) 3 has been removed from the measures catalogue. (Response updated 5/22/2014)	8/8/2013
Funding	What Stage I and II activities must be completed in DYs 4 and 5 in order to receive those monies allocated to those Stages?	The majority of Stage I activities must be completed by September 30, 2014 December 31, 2014 , however, activities 13, 14, and 15 are quarterly activities that will continue throughout the demonstration. Stage I activity #15 will not begin until the quarter ending September 2014. Stage II activities #1, 2, and 3 must be completed by March 31, 2015. Stage II activities 4, 5, and 6 must be completed quarterly throughout the demonstration, beginning with the quarter ending September 30, 2014. Quarterly activities were established so that funding could be received for Stage I and 2 during the later years of the demonstration, thus maintaining infrastructure needed throughout the demonstration. (Response updated 5/22/2014)	8/2/2013
Metrics	What is the DSRIP measurement population?	DSRIP measurements will only use New Jersey Low Income population, which includes Medicaid, CHIP (Children's Health Insurance Program), and Charity Care. Self-pay patients are not included.	8/2/2013
Metrics	Is there a document that clearly defines the definitions for each the Stage III & 4 metrics?	Please refer to the technical specifications maintained by the Measure Steward. The Measure Steward is listed in the Addendum 1 and 2 Measures Catalogues. If the NFQ number is listed on the Measures Catalogue, providers can also refer to the National Quality Forum website [http://www.qualityforum.org/Measures_Reports_Tools.aspx]. Providers can review the numerator definitions, with (inclusions & exclusions) details related to the measure. Any deviation from the Measure Steward's technical specifications will be described in a Databook. Deviation may occur in order to incorporate the New Jersey Low Income attribution model.	8/2/2013
Metrics	When will baseline data be available?	Baseline data for claims-based measures are expected to be initially calculated by December 13, 2013. Data will be provided to hospitals for examination. The Improvement Target Goals and Baseline Performance Thresholds are expected to be established by January 31, 2014. As the attribution model proposed by the NJ DOH to CMS remains under CMS review, we are unable at this time, to provide a targeted deadline for when the baseline data will be made available to the hospitals. (Response updated 5/22/2014)	8/2/2013
Metrics	For metrics that require a Chart Audit, can hospitals do a sample or is it a 100% audit?	The sample size must follow the technical specifications of the measurement, therefore there may be instances where 100% of the sample is not a requirement based on the technical specifications. A more detailed review of each measure that requires a chart review will occur and be fully described in the Databook.	8/2/2013
Metrics	What clinical data is required when my hospital submits its application?	Hospitals must provide data to support that there is a substantial opportunity for improvement in the selected Focus Area. If the hospital is collecting and reporting any of the project measures at the time of application submission, this data should be provided as evidence that the project selected will reduce the gap between current and expected clinical performance. If clinical data is unavailable, a plan to develop and report must be submitted no later than October 31, 2014, unless otherwise stated in the Databook.	8/2/2013

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Metrics	Where can I find the list of substitution measures?	<p>There are two different occasions where a hospital may need to substitute a measure.</p> <p>The first is for Stage III measures. If a hospital is above the Baseline Performance Threshold for a Stage III P4P measure, the hospital must substitute the measure(s) as described in the Planning Protocol Section VIII. Subsection A.iii. High Performing Hospitals - Baseline Performance Threshold, pages 39 - 41. The substitution measures for the cardiac projects have already been established as the Million Hearts measures. These are indicated by the first asterisk on the Stage IV Measures Catalogue. The remaining substitution measures have not been identified at this time. The recommendation of these substitution measures for non-cardiac projects will be one of the responsibilities for the Quality & Measures Committee.</p> <p>The second occasion a hospital may substitute a measure(s) is when a hospital does not provide an obstetrical or pediatric service. In order to have all hospitals maintain or improve 12 measures to qualify for UPP payments, a hospital may need to substitute a measure. The measures that qualify to replace OB and pediatric UPP measures are listed in the last column of Addendum 2. These refer to the readmission measures.</p>	8/2/2013
Metrics	Is the population for Stage III and Stage IV measures the same?	DSRIP measurements, for both Stage III and Stage IV, will only use New Jersey Low Income population. This includes Medicaid, CHIP (Children's Health Insurance Program), and Charity Care, inclusive of fee-for-service and managed care. Self-pay patients are not included.	8/2/2013
Projects	Are DSRIP projects limited to the New Jersey Low Income population?	DSRIP projects are not limited to New Jersey Low Income population. Although a project can be expanded to include other populations such as Medicare, measurements will be based on low income population noted above.	8/2/2013
Projects	Does my hospital have to receive certification as a patient-centered medical home in order to fulfill the project requirement?	A certification is not required, however the requirements described by national accreditation bodies clearly represent the medical home model and at a minimum should be used as a resource in order to fulfill the project goals.	8/2/2013
Reporting	How often does the hospital submit reports to the Department?	Reporting periods are specified in the Toolkit. It is expected that hospitals will submit reports four times per demonstration year, except for DY2, which will only occur once.	8/2/2013
Attribution	What is an attribution model?	An attribution model is a formula to determine how a population is attributed, or aligned, to an affiliated group of providers responsible for the care of the population. This is common to the Accountable Care Organization (ACO) model in order to monitor quality and financial incentives. This model will require CMS approval.	7/25/2013
Administration	How will we know when documents are updated?	Please routinely visit the website. If a document is updated, this will be indicated with the new date. It is expected that this will occur once more after CMS has authorized final approval. This change will be clearly indicated.	7/18/2013