DSRIP Optional Next Steps

DSRIP Learning Collaborative
September 15, 2016
2:00 PM – 4:00 PM
New Jersey Department of Health (NJDOH)
### Review these Performance Measurement Documents

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NJ DSRIP Performance Measurement Databook</strong></td>
<td>To outline collection, reporting, measure specification criteria and incentive impact related to every DSRIP measure collected and reported (Chart/EHR and MMIS).</td>
</tr>
<tr>
<td><strong>Appendix A – Value Sets (Codes and Medications)</strong></td>
<td>To provide diagnosis and procedure code tables for associated measures. These codes were made available by the measure steward.</td>
</tr>
<tr>
<td><strong>Appendix B – Planned Readmission Codes</strong></td>
<td>To provide code tables for associated readmission measures.</td>
</tr>
<tr>
<td><strong>Appendix C - Programming Assumptions</strong></td>
<td>To provide specific detail related to requirements and assumptions made to program the measures which use the MMIS claims administration data that will be reported on the behalf of hospitals.</td>
</tr>
<tr>
<td><strong>NJ DSRIP Standard Reporting Workbook</strong></td>
<td>To provide a workbook that is utilized by all hospitals to submit required reported data for both Stage III and Stage IV Chart/EHR measures.</td>
</tr>
</tbody>
</table>
PATIENT-LEVEL REPORTING
Patient Smith - Attribution Example:

<table>
<thead>
<tr>
<th>Provider</th>
<th>Visits (unweighted)</th>
<th>Weighted Visits</th>
<th>Attribution Category</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Category 1: Hospital-based Clinics</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital-based Clinic A</td>
<td>4</td>
<td>1.2</td>
<td>Hospital-based Clinic</td>
</tr>
<tr>
<td><strong>Category Total</strong></td>
<td>4</td>
<td>1.2</td>
<td></td>
</tr>
<tr>
<td><strong>Category %</strong></td>
<td>5.19%</td>
<td>2.57%</td>
<td>Hospital-based Clinic</td>
</tr>
<tr>
<td><strong>Category 2: Emergency Departments</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital ED A</td>
<td>31</td>
<td>19.7</td>
<td>ED</td>
</tr>
<tr>
<td>Hospital ED B</td>
<td>31</td>
<td>19.3</td>
<td>ED</td>
</tr>
<tr>
<td>Hospital ED C</td>
<td>8</td>
<td>4.4</td>
<td>ED</td>
</tr>
<tr>
<td><strong>Category Total</strong></td>
<td>70</td>
<td>43.4</td>
<td></td>
</tr>
<tr>
<td><strong>Category %</strong></td>
<td>90.91%</td>
<td>92.93%</td>
<td>ED</td>
</tr>
<tr>
<td><strong>Category 3: Community-based Reporting Partners</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community-based Partner</td>
<td>0</td>
<td>0</td>
<td>Project Partner</td>
</tr>
<tr>
<td><strong>Category Total</strong></td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td><strong>Category %</strong></td>
<td>0.00%</td>
<td>0.00%</td>
<td>Project Partner</td>
</tr>
<tr>
<td><strong>Category 4: All other providers; No attribution</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FQHC</td>
<td>2</td>
<td>1.4</td>
<td>Non-Hospital</td>
</tr>
<tr>
<td>Physician</td>
<td>1</td>
<td>0.7</td>
<td>Non-Hospital</td>
</tr>
<tr>
<td><strong>Category Total</strong></td>
<td>3</td>
<td>2.1</td>
<td></td>
</tr>
<tr>
<td><strong>Category %</strong></td>
<td>3.90%</td>
<td>4.50%</td>
<td>Non-Hospital</td>
</tr>
<tr>
<td><strong>Overall Total</strong></td>
<td>77</td>
<td>46.7</td>
<td></td>
</tr>
</tbody>
</table>
**Patient Smith** was seen at multiple provider entities throughout the 2014/2015 period. Attribution assigned the patient to Hospital A.

Hospital A is conducting “Project 6 - Care Transitions Intervention Model to Reduce 30-Day Readmissions for Chronic Cardiac Conditions.”

Hypothetically assume:
- Assume this patient is 18 years of age.
- Assume an FQHC, identified as a reporting partner for Hospital A, is routinely providing care to the patient for his Type 1 diabetes.
- Assume he had one routine visit to a physician for a check-up.

**Attribution and Measure Implication Examples:**
- Mr. Smith will be in the attribution population for all MMIS-calculated measures for Hospital A.
- Mr. Smith should be in the attribution population for all chart/EHR measures for Hospital A upon proper patient-matching.
- Mr. Smith will be in the denominator that captures outpatient information about well-child visits because he meets age criteria. (DSRIP #27 – Children and Adolescents’ Access to Primary Care Practitioner)
- Mr. Smith does not have a cardiac condition and therefore will not be in the Stage 3 measures that require a cardiac condition.
- Mr. Smith will be in the denominator for any measure that captures data inclusive of patients aged 18 years of age with diabetes.
- Mr. Smith will be in the denominator for measures that captures data regarding any inpatient admission due to the diabetes condition. (DSRIP #36 – Diabetes Short-Term Complications Admission Rate)
- Mr. Smith should be identified by the FQHC project partner and available to be included in the denominator for any Chart-based measure that captures data regarding the treatment of the diabetes condition. (DSRIP #30 – Comprehensive Diabetes Care: LDL-C Control <100 mg/DL) (Sampling applies.)
Report Example: Numerator = 6; Denominator = 78; Result = 7.7%

Count of Denominator Patients equal to **Denominator** total in Results Calculation.

Count of Numerator Patients equal to **Numerator** total in Results Calculation.
Report Example: Numerator = 6; Denominator = 78; Result = 7.7%

Count of Denominator Patients equal to Denominator total in Results Calculation.
Report Example: Numerator = 6; Denominator = 78; Result = 7.7%

Any patient that has had ALL Denominator and Numerator eligible events at a provider other than Hospital A will be marked as Hidden. Hospital A will not receive this patient-level data.
Report Example: Numerator = 6; Denominator = 78; Result = 7.7%

Any patient that has had at least 1 event at Hospital A, in either the Denominator or Numerator, will be populated.

### Denominator Event only

<table>
<thead>
<tr>
<th>Denominator Event Inclusion</th>
<th>Denominator Event Inclusion Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out of Network</td>
<td>Out of Network</td>
</tr>
<tr>
<td>DOS</td>
<td>DOS</td>
</tr>
<tr>
<td>Hospital A</td>
<td>Hospital A</td>
</tr>
</tbody>
</table>

### Patient-Level Reporting

#### Example:
- **Numerator:** 6
- **Denominator:** 78
- **Result:** 7.7%
Report Example: Numerator = 6; Denominator = 78; Result = 7.7%

Any patient that has had at least 1 event at Hospital A, in either the Denominator or Numerator, will be populated.
Report Example: Numerator = 6; Denominator = 78; Result = 7.7%

Any patient that has had at least 1 event at Hospital A, in either the Denominator or Numerator, will be populated.
• Hospital submits Request for Information (RFI) with required data elements.

• Turn around time may be 7-14 days.

• Reports requested will be prioritized.

• Hospitals will not be held to the 30 day appeal/reconsideration deadline until receipt of data requested through the RFI process.
APPEAL/RECONSIDERATION
Appeal/Reconsideration Process Objectives

✓ Request for Information Process
✓ Appeal/Reconsideration Process
  1. Initiating an appeal request
  2. Submitting an appeal request
  3. Reasons for appeal request
✓ Timelines
  • Hospital
  • Department
  • CMS
Request for Information Process
REQUEST FOR INFORMATION (RFI)

- The RFI is specifically for review or planning purposes and does not initiate an Appeal/Reconsideration

- The RFI form is located [https://dsrip.nj.gov/Home/Resources](https://dsrip.nj.gov/Home/Resources)

- RFIs will be given a high priority for response
  - Please note that some requests will have a short response time while others may take up to 14 days
  - Hospitals will not be held to the 30 day appeal/reconsideration deadline until receipt of data requested through the RFI process.
NJDSRIP REQUEST FOR INFORMATION (RFI)

(please complete all sections)

HOSPITAL INFORMATION

Hospital Name: Select Hospital
Submitted By: Enter Submitted By Name
Medicaid Provider ID: Click here to enter text
Point of Contact: Click here to enter text

Project Name: Select Project Name
Submission Date: Click here to enter a date
Documents Submitted: □ Yes □ No
Contact Information: Enter Phone and email

Please complete to submit a Request for Information (RFI).

Shaded areas allow the user to select from a list or enter information.
If additional space is needed, attachments may be submitted via FTP.
REQUESTED INFORMATION

In order to expedite each RFI, please ensure your request includes a detailed description. Please list each item separately in the areas below.

This request for information is specifically for review or planning purposes and does not initiate a Reconsideration/Appeal. Please see the Reconsideration form located on the NJDSRIP website.

If the request is measure specific, please include the below information:

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Measure DSRIP #</th>
<th>Performance Period</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

[Table shaded part highlighted]

Request for measure specific information should be listed in this table.

Enter description or explanation of request in the below text field.

Click here to enter text.

☑ Please complete the above Request for Information (RFI) and submit to the NJDSRIP@mslc.com.
☑ As a reminder, please do not send documents that contain protected health information (PHI) with the form.

This RFI is specifically for review or planning purposes and does not initiate a Reconsideration/Appeal. Please see the Reconsideration/Appeal form located on the NJDSRIP website.
REQUEST FOR INFORMATION (RFI)

- Submit the RFI form to the NJDSRIP@mslc.com
- Submit RFI information containing PHI via the FTP site https://dsrip.nj.gov/Home/Resources
Appeal/Reconsideration Process
Steps to initiate an appeal/reconsideration
Step 1. Initiating an appeal request
Complete the Appeal/Reconsideration form to initiate a request

a. Appeal Form located on the NJDSRIP website - https://dsrip.nj.gov/Home/Resources
NJDSRIP Appeal/Reconsideration Form
*(please complete all sections)*

Sec. I. HOSPITAL INFORMATION:

Hospital Name: [Select Hospital]

Submission Date: [Click here to enter a date]

Medicaid Provider ID: [Click here to enter text]

Project Name: [Select Project Name]

Documents Submitted: □ Yes  □ No

Submitted By: [Enter Submitted By Name]  Contact Information: [Enter Phone and email]

Executive Level Project Representative: [Click here to enter text]

Project Point of Contact: [Click here to enter text]

Section I. must be completed to submit a Request for Reconsideration.

Shaded areas allow the user to select from a list or enter information. Please ensure this information is completed.
Sec. II. RECONSIDERATION REASON

Each request for reconsideration will be reviewed for validity and completion upon submission. Please ensure your request includes a detailed description of the identified variance and supporting documentation for each area.

The reconsideration process is available to address reporting and/or computational discrepancies within the 2015 Performance Period. Please select the areas to be included in the request from the below options. (Please note: only the areas identified in this request will be included in the reconsideration.)

<table>
<thead>
<tr>
<th>Area</th>
<th>Included in appeal</th>
<th>Reporting</th>
<th>Computation</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Databook/Value Sets</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Chart/EHR Measure</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>MMIS Measure</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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</tbody>
</table>

Select the box for each area that is included in the request for reconsideration.

Please Note: areas selected will determine scope of the reconsideration.
Sec. III. RECONSIDERATION-SUPPORT INFORMATION

The following sections are related to the identified areas in section I. The submitted information should include detailed and specific information pointing to the area of reconsideration.

### III.1 DATABOOK - RECONSIDERATION

<table>
<thead>
<tr>
<th>Databook</th>
<th>Measure Name</th>
<th>Measure DSRIP ID</th>
<th>Databook Page #</th>
<th>Value Set ID (Appendix A)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
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Please provide as much information as possible to describe the noted discrepancy. Additional supporting materials may be provided as an attachment.

*Note: Blank areas should be filled in.*

Information related to data specifications or value sets should be identified in this area.

The shaded area below is available for detailed information.
### III.2 CHART/EHR MEASURE RECONSIDERATION

<table>
<thead>
<tr>
<th>Chart/EHR Measures</th>
<th>Measure Name</th>
<th>Measure DSRIP #</th>
<th>Performance Period</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Result</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Please provide as much information as possible to describe the noted discrepancy. Additional documents may be provided as an attachment. Chart/EHR measures must include the abstraction process used for reporting.

Click here to enter text.

Information related to chart/EHR measures should be identified in this area.

The shaded area below is available for detailed text information.
### III.3 MMIS MEASURE RECONSIDERATION

<table>
<thead>
<tr>
<th>MMIS Measures</th>
<th>Measure Name</th>
<th>Measure DSRIP #</th>
<th>Performance Period</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Result</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Please provide as much information as possible to describe the noted discrepancy. Additional documents may be provided as an attachment.

Click here to enter text.

Information related to MMIS measures should be identified in this area.

The shaded area below is available for detailed text information.
Step 2. Submitting the appeal/reconsideration request form

a. ensure the appropriate sections of the appeal/reconsideration form is completed

b. submit the form via email to NJDSRIP@mslc.com

่อง As a reminder: please do not send documents that contain protected health information (PHI) with the form.
Dear NJDSRIP TEAM,

Please submit protected health information (PHI) via the FTP site: [https://dsrip.nj.gov/Home/Resources](https://dsrip.nj.gov/Home/Resources)

Please identify if additional information has been submitted via the FTP site and identify the file names.

WARNING: This email message, including any attachments, is privileged and confidential information and intended only for the use of the individual or entity above. Federal and State confidentiality laws protect the information contained herein. If you are not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please respond to the email addresser. Please feel free to contact us if there is a problem with this transmission or if you have any questions about the information that you have received.
Step 3. Submitting supporting documentation per Secure File Transfer (SFTP) located https://dsrip.nj.gov/Home/Resources
Step 4. Reasons for an appeal request

- Please see the NJ DSRIP Forfeiture of Payments and Appeals document located [https://dsrip.nj.gov/Home/Resources](https://dsrip.nj.gov/Home/Resources)

The reconsideration process is available to address reporting and/or computational discrepancies within the 2015 Performance Period. Please select the areas to be included in the request from the below options. (Please note: only the areas identified in this request will be included in the reconsideration.)

<table>
<thead>
<tr>
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<th>Computation</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Databook/Value Sets</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Chart/EHR Measure</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>MMIS Measure</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>
Timelines
Upon notification by the Department that a performance measure has not been met and the associated payment has not been earned, a hospital shall have 30 calendar days from the date of notification to submit a written appeal request to the Commissioner of Health. (NJ DSRIP Forfeiture of Payments and Appeals)

✔ To allow for 30 calendar days from this learning collaborative, the due date for appeal requests is October 17, 2016.

✔ 30 day turn-around clock will begin only after the hospital receives their RFI data.
Timeline without delays or write-backs

- Hospital
- Department
- CMS
Timeline with one delay for information

- **Sept 2, 2016**: Njdsrip Hospital
  - Njdsrip Learning Collaborative
- **Sept 15, 2016**: Depart Review
- **Oct 17, 2016**: Return for Information
  - Oct 17 - Hospital submits appeal
- **Nov 17, 2016**: Cms Review
  - Oct 20 - Appeal returned to hospital for information (3 days)
- **Dec 17, 2016**: Payment Schedule
  - Nov 27 - Department review (30 days)
  - Dec 27 - Cms review (30 days)
- **Jan 2017**: Information Returned
  - Oct 27 - Information received from hospital. Appeal continues (7 days)
Hosp - submit form/attachments

- Appeal Request Form received
- Review form (Pass/Fail only)
- PASS: Form is complete and indicated attachments received
- Fail: Required information missing
- Return to hospital (RAI only, day does not stop)

Depart - review

- Databook/Value Sets
- Chart/EHR Measure
- MMS Measure
- Other
- Review submitted information and determine recommendation(s)
- Forward copies of appeal/reconsideration request with submitted documents and Department recommendation(s) to CMS for approval

CMS - review and approve

- CMS review process may include a RAI
- CMS determination of case
- Change in Final Payment Summary
- No change in Final Payment Summary
- Payment Schedule
- Response to hospital
- Response to hospital

Prepared by Myers and Stauffer LC
1. Complete the appeal/reconsideration form and

2. Submit form to initiate a request
   a. Appeal Form located on the NJDSRIP website -
      https://dsrip.nj.gov/Home/Resources
   b. Email - NJDSRIP@MSLC.COM
      Please do not submit PHI via email

3. Provide supporting Information - Attachments
   a. FTP Site - https://dsrip.nj.gov/Home/Resources

4. Timeline
   a. Request
   b. Department
   c. CMS
<table>
<thead>
<tr>
<th>Activity</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>DY5 Q2 Progress Reports</td>
<td>Due October 31, 2016</td>
</tr>
<tr>
<td>DY5 Q3 Progress Reports</td>
<td>Due January 31, 2017</td>
</tr>
<tr>
<td>Patient Rosters</td>
<td>Expected October 2017</td>
</tr>
<tr>
<td>1\textsuperscript{st} Semi-annual Performance Measurement</td>
<td>Due January 31, 2017</td>
</tr>
<tr>
<td>DY5 Q4 Progress Reports</td>
<td>Due April 30, 2017</td>
</tr>
<tr>
<td>Patient Rosters</td>
<td>Expected February 2017</td>
</tr>
<tr>
<td>2\textsuperscript{nd} Semi-annual Performance Measurement</td>
<td>Due April 30, 2017</td>
</tr>
</tbody>
</table>
GROUP DISCUSSION
THANK YOU

- 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 September 23, 2016