



STATE OF NEW JERSEY

DEPARTMENT OF HEALTH

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

# Webinar 11: Q & A

New Jersey Department of Health (NJDOH)





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## Key Reminders

- Substitution selection forms were delivered to affected hospitals on November 6. Please return your completed form by November 20.
- Payment information can be found in the DY4 Payment Guidance Document available on the web portal: <https://dsrip.nj.gov/Home/Payment>.
- Attribution rosters for the attribution period ending December 31, 2015 will be delivered to participating providers around February 15, 2016.





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# Performance Improvement FAQs





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**Question:**

Why is there not a hyperlink to the report detail screen on all of my Pay for Performance measures?

**Answer:**

There are two reasons that a Stage 3 Pay for Performance measure may not have a hyperlink to the reporting detail:

1. Some P4P measures are stratified by age or other attribute for reporting. Only one of the reporting stratifications contributes to the Stage 3 maximum achievement value. Stratifications that do not contribute to the Stage 3 maximum achievement value do not have a link to the reporting detail page.
2. P4P measures that require substitution do not have a link to the reporting detail page.





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**Question:**

Are measure results rounded?

Is any consideration made for a margin of error in the performance measurements?

**Answer:**

All measures are rounded to three decimal points for achievement determination. For example, a result of  $1/3$  will be reported as 33.333%. A result of  $2/3$  will be reported as 66.667%.

No consideration is made for measurement error.





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**Question:**

How will EITGs be set for next performance period?

**Answer:**

As described in the Funding and Mechanics Protocol (Page 34, Table V), EITGs will be calculated using the gap between:

[The better of the most recent performance result OR the most recent prior EITG] AND the ITG.

That is, if the hospital meets the EITG for the performance period, the next EITG will be set based on the most recent performance and the ITG. If the hospital does not meet the EITG for the performance period, the next EITG will be set based on the difference between the most recent EITG and the ITG.





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**Question:**

Why is attribution not static?

**Answer:**

The attribution method has been designed to reflect the dynamic utilization patterns of New Jersey's low-income population. The attribution method uses a rolling two-year experience period to determine each patient's current utilization pattern. Patients may choose to receive treatment from different hospital systems for many reasons. The attribution method allows participating hospitals to be measured using the patient population they serve.





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**Question:**

Why does my P4P chart not include the red or green EITG bars that are in the example from the webinar?

**Answer:**

The P4P chart example provided in the webinar reflects a future state of the program. The red and green EITG bars indicate whether the hospital met the EITG for the performance period. A red bar indicates the hospital did not meet the EITG, a green bar indicates the hospital met the EITG. A blue bar indicates an EITG for a future performance period.

The data reported in the web portal does not include data from performance periods that were subject to P4P expected improvement target goals, therefore all of the EITG bars are blue.





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**Question:**

Will patient level detail be reported back to hospitals to validate MMIS calculations?

**Answer:**

We have tested a procedure to report back patient level detail for pay-for-performance measures with one hospital. We anticipate having a decision on patient-level reporting before the April 2016 reporting cycle.





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**Question:**

Does substitution impact semi-annual payment?

**Answer:**

In order to allow time for substitution to occur, the Department will advance payment for Stage 3 and 4 semi-annual measures reported in October 2015. This advance payment will be reconciled with actual achievement in the final DY4 payment.





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**Question:**

Why do I see '0' for numerator and denominator, but a result is displayed?

**Answer:**

Readmission measures may have a '0' displayed in the numerator and denominator field. As indicated in the databook, the readmission measures do not have a traditional numerator and denominator. The result for readmission measures is the risk-standardized readmission rate, which is described in the databook as, "the ratio of the number of 'predicted' readmissions to the number of 'expected' readmissions, multiplied by the New Jersey unadjusted readmission rate.

Values for the expected, predicted, and observed readmissions are available in the Excel data download and on the measure detail report.





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**Question:**

How many Stage 4 measures are there?

**Answer:**

For the performance period ended 12/31/2014, there are 29 Stage 4 measures.

Initially: 45

CMS Deferred measures: 6

CMS Discontinued Measures: 12 (2 of which included in CMS Deferred Measures)

Stage 4 Measures for Performance Period ended 12/31/2014: 29 (45 minus 6 minus 10)

Stage 4 Measures for Performance Period ending 12/31/2015: 33 (45 minus 12 minus - the deferred measures will be added back).

Note: Some providers do not offer pediatric or maternity services and may not be able to report on pediatric or maternity measures. These providers will automatically achieve payment for these measures in Stage 4.





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**Question:**

Why does the web portal report the discontinued Stage 4 metrics?

**Answer:**

The portal reports data for all measures submitted by the providers. Since the notice of discontinuation came from CMS at the same time as the reporting deadline for DSRIP, the measures are reported back to the hospitals. These measures are not included in the total achievement value for financial calculations.





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# Other FAQs





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**Question:**

Since this is not a typical Learning Collaborative meeting in November, will we complete a LC survey for this month?

**Answer:**

There will be no LC survey for November.





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**Question:**

Is there a document with dates of all reports that will be due in 2016?

**Answer:**

We are creating a document with the 2016 reporting schedule and will post to the web portal. We will inform the hospital industry through the announcements section of the web portal when the document is posted.





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# Q & A

