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# **Webinar 4: DSRIP Next Steps**

May 1st, 2014  
1:00 PM - 2:30 PM

New Jersey Department of Health (NJDOH)





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## Training Session Objectives

- ✓ Review DSRIP Program updates, including the <http://dsrip.nj.gov/> website
- ✓ To understand the DY2 Progress Report requirements
- ✓ Provide a better understanding of the Databook and its purpose
- ✓ Review Frequently Asked Questions (FAQs) from the hospital industry



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## DSRIP Program Updates

- As of 04/29/2014, 49 of the 55 DSRIP applications have been approved by CMS. 6 hospital DSRIP applications remain under CMS review.
- The NJ DSRIP Quality and Measures Committee approved an attribution model. This model has been presented to CMS and is currently under CMS review.
- The Department has provided CMS with a draft of the Databook. CMS is currently reviewing.
- The NJ DSRIP Team is working with CMS on a weekly basis to resolve all outstanding deliverables.
- Learning Collaborative Kick-Off Meeting is tentatively scheduled for June 2014.





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# Website Updates

<http://dsrip.nj.gov/>



#1 ↑ #2 ↑ #3 ↑ #4 ↑

## Delivery System Reform Incentive Payment (DSRIP) Program

The Delivery System Reform Incentive Payment (DSRIP) Program is one component of the New Jersey's Comprehensive Medicaid Waiver as approved by the Centers for Medicare & Medicaid Services (CMS). DSRIP is a demonstration program designed to result in better care for individuals (including access to care, quality of care, health outcomes), better health for the population, and lower costs by transitioning hospital funding to a model where payment is contingent on achieving health improvement goals.

Hospitals may qualify to receive incentive payments for implementing quality initiatives within their community and achieving measurable, incremental clinical outcome results demonstrating the initiatives' impact on improving the New Jersey health care system.

The DSRIP program supports the Healthy New Jersey 2020 vision: "For New Jersey to be a state in which all people live long, healthy lives."

### Press Releases:

← #5

- 8/9/2013 - New Jersey DSRIP Announcement

### CMS Notices:

← #6

- 4/8/2014 - CMS Application Status Letter
- 8/9/2013 - Protocol Approval Letter
- 8/9/2013 - Waiver Amendment

### Other:

← #7

- New Jersey DSRIP Hospitals

### Questions and Answers:

← #8

- Submit questions regarding the DSRIP Program to [njdsrip@mslc.com](mailto:njdsrip@mslc.com)
- Frequently Asked Questions (FAQs) (updated 9/17/2013)

### #1 DSRIP Home Tab:

Home page houses DSRIP Press Releases, CMS Notices, FAQs and the link to the DSRIP Hospitals Tab.

### #2 DSRIP Hospitals Tab:

Tab lists all DSRIP Eligible hospitals by county and includes their focus area, project and application status.

### #3 Resources Tab:

Tab includes DSRIP Resources such as the Planning Protocol, Funding and Mechanics Protocol, and Training Materials.

### #4 Contact Us Tab:

Provides the link to the webpage containing contact information for this website (future release may contain 1-800 number once established).

### #5 DSRIP Related Press Releases:

Documents listed under this heading are active links where the user clicks on the link and the document will be provided in a separate window in PDF format. Additional press releases will be placed here.

### #6 CMS Notices:

Documents listed under this heading provide CMS notices. Any future CMS notices/letters will be placed here.

### #7 Other:

Takes the user directly to the New Jersey DSRIP Hospitals Tab as described in #2 above.

### #8 Questions and Answers:

Provides an avenue for users to submit questions and also review frequently asked questions. FAQs will be updated soon.

**#9**

Click a county for a list of DSRIP eligible hospitals



**All DSRIP Eligible Hospitals**

Click column to sort

<u>HOSPITAL</u>	<u>FOCUS AREA</u>	<u>PROJECT</u>	<u>STATUS</u>
ATLANTICARE REG'L MEDICAL CENTER	Diabetes	Improve Overall Quality of Care for Patients Diagnosed with Diabetes Mellitus and Hypertension	CMS Reviewed, Application Pending
BAYONNE HOSPITAL	Cardiac Care	Extensive Patient CHF-Focused Multi-Therapeutic Model	Approved
BAYSHORE COMMUNITY HOSPITAL	Diabetes	Diabetes Group Visits for Patients and Community Education	Approved
BERGEN REG'L MEDICAL CENTER	Behavioral Health	Electronic Self-Assessment Decision Support Tool	CMS Reviewed, Application Pending
CAPE REGIONAL MEDICAL CENTER	Diabetes	Improve Overall Quality of Care for Patients Diagnosed with Diabetes Mellitus and Hypertension	Approved
CAPITAL HEALTH SYSTEM - FULD CAMPUS	Chemical Addiction / Substance Abuse	Hospital-Wide Screening for Substance Use Disorder	CMS Reviewed, Application Pending



Download

**#10**

**#11**

Note: For some hospitals, CMS has approved the hospital's DSRIP plan but requires more information. New Jersey Department of Health is currently working with those hospitals to ensure all required information and attestations are provided promptly to CMS.

**#9 DSRIP Hospitals webpage:**

This page displays the entire list of DSRIP eligible hospitals including their project and application status. It also allows the user to see the DSRIP eligible hospitals by county.

**#10 Download:**

Allows user to download the entire list of DSRIP eligible hospitals as an Excel document. The document includes each hospital's focus area, project and application status.

**#11 Hospital table:**

This table allows user to sort by each of the highlighted areas. The "Hospital" column sorts only alphabetically, all other columns sort alphabetically first and then includes non-participating hospitals at the end of the list.

**Note: Non-participating hospitals are included and will have "non-participating" listed for the focus area, project and status.**





Click a county for a list of DSRIP eligible hospitals

#12



DSRIP Eligible Hospitals in Morris County [Show All](#)

#13

Click column to sort

<a href="#">HOSPITAL</a>	<a href="#">FOCUS AREA</a>	<a href="#">PROJECT</a>	<a href="#">STATUS</a>
CHILTON MEMORIAL HOSPITAL	Cardiac Care	The Congestive Heart Failure Transition Program (CHF-TP)	Approved
MORRISTOWN MEMORIAL HOSPITAL	Cardiac Care	The Congestive Heart Failure Transition Program (CHF-TP)	Approved
ST. CLARE'S-RIVERSIDE MED CTR DENVILLE	Behavioral Health	Electronic Self-Assessment Decision Support Tool	Approved

Note: For some hospitals, CMS has approved the hospital's DSRIP plan but requires more information. New Jersey Department of Health is currently working with those hospitals to ensure all required information and attestations are provided promptly to CMS.



**#12 County Map:**

This page allows user to select a specific county (highlights in blue when selected), the table then shows only those DSRIP eligible hospitals in the selected county and their corresponding DSRIP information.

**#13 Show All:**

Returns the table to the complete list of DSRIP eligible hospitals.



## Resources

#14



### Documents for Download:

- Planning Protocol (under revision)
  - Addendum 1: Stage 3 Measures Catalogue (under revision)
  - Addendum 2: Stage 4 Measures Catalogue (under revision)
  - Attachment 1: Toolkit (under revision)
  - Hospital Application Plan Instructions (updated 8/28/2013)
  - Hospital DSRIP Plan Application (updated 8/14/2013)

- Funding and Mechanics Protocol (under revision)

### Training Materials:



#15

- Upcoming Webinars
  - 05-01-2014, 1:00 PM (EST) to 2:30 PM (EST) Webinar 4: DSRIP Next Steps
- 08-21-2013 DSRIP Webinar 3: Financial and Budget Review
- 08-14-2013 DSRIP Webinar 2: DSRIP Application and Project Scope Review
- 08-07-2013 DSRIP Webinar 1: DSRIP Application Process
- 07-17-2013 DSRIP Training

### **#14 Resources- Documents for Download:**

This page allows user to review DSRIP program information, including protocols and training materials, displayed as documents.

### **#15 Resources- Training Materials:**

Information under Training Materials rolls up into the main link, then each link selected will provide the available training material once selected.







#### CONTACT THE NEW JERSEY DSRIP TEAM

**#16**

For more information about the New Jersey DSRIP Program or if you have questions or concerns relating to this website, please contact us at:

[nidsrip@mslc.com](mailto:nidsrip@mslc.com)

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If you are encountering problems with this website, please call the Myers and Stauffer  
LC DSRIP Service Desk at:

1-800-xxx-xxxx



**#17**

#### **#16 Contact Us:**

Provides contact information for website difficulties, questions, comments and a link to the New Jersey DSRIP email.

#### **#17 Contact Us - Future:**

Once established, the Contact Us page will be updated with a 1-800 number for users to call if problems are incurred with the website. Users should continue to submit DSRIP Program questions through the [nidsrip@mslc.com](mailto:nidsrip@mslc.com) email address.



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# DY2 Progress Report





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## Original design

- The DY2 progress report was originally due April 30, 2014, for DY2 activities completed between January 1, 2014 and March 31, 2014. This progress report originally provided an account of the **completed** actions/milestones for DY2 prompting payment for the completed activities. Due to the time required to review and approve applications the originally designed progress report would not be appropriate and a revised simplified progress report is taking its place.

## What has changed?

- Through CMS discussion of timelines, the DY2 progress report has been modified and payment will be based on complete submission of the DY2 progress report instead of reporting on completed milestones.
- Hospitals will not be separately paid for completion of activities originally targeted for completion for DY2 (i.e. activities originally targeted to be completed between date of application and March 31, 2014).





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## DY 2 Progress Report Key Points

- The DY2 Progress Report has been simplified and is now due 30 days after Department notification of plan approval by CMS, but no later than **June 1, 2014**.
- The Report requires the hospital to provide a revised timeline for Stage 1 and Stage 2 activities/milestones originally targeted for DY2 and DY3 experience periods.

Note: All originally targeted DY3 actions/milestones are still required to be completed **by March 31, 2015** (end of DY3 experience period); hospitals will not be penalized for completing activities later than originally targeted unless the DY3 activity is completed after March 31, 2015. Revised timelines for activities originally targeted for DY3, DY4, and DY5 must still be completed by the original targeted year's experience period end date.



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## DY 2 Progress Report Key Points – Continued

- Each Report will be tailored to include (auto-populated) the Stage I and Stage II activities the hospital included as part of their DSRIP plan in their application, along with the original targeted completion date for those activities.
- Hospitals will not be able to add any new activities or remove any activities on the DY2 Progress Report. For example, if the hospital did not select home health care services on their application, they will not have the opportunity to select this activity on the DY2 Progress Report.
- The hospital's submitted application should not be updated with the revised timelines. The revision of any timelines as outlined in the DY2 Progress Report is sufficient.



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## DY2 Progress Report Example

	A	B	C	D	E	F	G	H	I	J	
1	Hospital Name:										
2	Medicaid Number:										
3	Project Name:										
4	Date:										
5	Contact Person:										
6	Contact Number:										
7	Contact Email:										
8											
9	Reference #	STAGE, ACTIVITY, ACTION/MILESTONE	Hospital Selected	Original Targeted Deadline	Funding Year (DY)	Status	Percent (%) Complete	Projected Target Deadline	Briefly Describe the Developments for Started or Completed Activities (1%-100% Complete)	Briefly Discuss the Outcomes for Completed Activities	
10	STAGE I. INFRASTRUCTURE DEVELOPMENT										
11	S1	STAGE 1 ACTIVITIES – COMPLETE NO LATER THAN DECEMBER 31, 2014									
12	S1A1	Activity 1 - Develop methodology to identify pilot population.					Required				
13	S1A1M1	Action/Milestone 1-- Select all applicable population criteria (e.g. setting, age, diagnosis, gender, payer status, total count, data sources) and develop algorithms to determine pilot population.	Yes	Jan-1900	#N/A						
14	S1A2	Activity 2 - Develop health assessment/ risk stratification tool to assist in identifying the health risk of project participants.					NA - Activity Not Selected Not Started On Track Completed Revised Timeline				
15	S1A2M1	Action/Milestone 1 -- Develop algorithms and/or decision tree to assist clinician in identifying the health risk of project participants.		NA							
16	S1A3	Activity 3 - Procure multi-therapeutic medical and support team that will be dedicated to the DSRIP project.					Required				
17	S1A3M1	Action/Milestone 1 -- Utilize existing staff.		NA							
18	S1A3M2	Action/Milestone 2 -- Utilize new staff.		NA							
19	S1A4	Activity 4 - Procure partners.					Required				
20	S1A4M1	Action/Milestone 1 -- Partnerships required to conducting the project are established.	Yes	Jan-1900	#N/A						
21	S1A5	Activity 5 - Procure staff education needs.					Required				
	S1A5M1	Action/Milestone 1 -- Determine	Yes	Jan-1900	#N/A						

- Hospitals will be required to complete all yellow highlighted columns as well as any columns requesting narrative.





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## DY2 Progress Report Documentation Requirements

Reference #	STAGE, ACTIVITY, ACTION/MILESTONE	Hospital Selected	Original Targeted Deadline	Funding Year (DY)	Status	Percent (%) Complete	Projected Target Deadline	Briefly Describe the Developments for Started or Completed Activities (1%-100% Complete)	Briefly Discuss the Outcomes for Completed Activities
STAGE I. INFRASTRUCTURE DEVELOPMENT									
S1	STAGE 1 ACTIVITIES – COMPLETE NO LATER THAN DECEMBER 31, 2014								
S1A1	Activity 1 - Develop methodology to identify pilot population.				Required				
S1A1M1	Action/Milestone 1-- Select all applicable population criteria (e.g. setting, age, diagnosis, gender, payer status, total count, data sources) and develop algorithms to determine pilot population.	Yes	Mar-2014	DY2					
S1A2	Activity 2 - Develop health assessment/ risk stratification tool to assist in identifying the health risk of project participants.				As applicable				
S1A2M1	Action/Milestone 1 -- Develop algorithms and/or decision tree to assist clinician in identifying the health risk of project participants.	Yes	Mar-2014	DY2					
S1A3	Activity 3 - Procure multi-therapeutic medical and support team that will be dedicated to the DSRIP project.				Required				

- Hospitals will complete the Status, Percent (%) Complete, and Projected Target Deadline columns using a drop down menu.
- Hospital will need to provide narrative for both of the following columns:
  - Briefly Describe the Developments for Started or Completed Activities
  - Briefly Discuss the Outcomes for Completed Activities



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## DY2 Progress Report Documentation Requirements- *Continued*

9	Reference #	STAGE, ACTIVITY, ACTION/MILESTONE	Hospital Selected	Original Targeted Deadline	Funding Year (DY)	Status	Percent (%) Complete	Projected Target Deadline	Briefly Describe the Developments for Started or Completed Activities (1%-100% Complete)	Briefly Discuss the Outcomes for Comp
143	S2A6M1Q11	Mar-2017	Yes	Mar-2017	DY5	Not Started	0%	Mar-2017		
144										
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- Hospital will also need to describe stakeholder engagement and activities and work accomplished with external partners.



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## **NJ DSRIP Performance Measurement Databook - *Draft***

- **Currently under CMS review**
- Describes the data source and collection methods used for administrative claims (MMIS) and sampled chart abstraction (Chart/EHR) hospitals will need to perform
- Step by step guidance on reporting and measure calculation methods – MMIS, Chart/EHR – Inpatient setting and Outpatient setting
- Measure specifications divided between Chart/EHR and MMIS data source then ordered alphabetically
- Each measure specification includes: numerator criteria, denominator criteria, exclusions, applicable diagnoses, procedure and revenue codes, setting of care, reporting periods





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## **NJ DSRIP Performance Measurement Databook – *Draft***

- Updated catalogues – the data source for some measures have been modified
- Care Transitions Model (CTM-3) has been deleted from the measure set entirely (project codes 6.5, 7.6, 8.6); a replacement measure is not required
- Includes a standard reporting workbook for chart-based measures
- Contains appendices
  1. Supplemental Codes – that were too lengthy to include within the measure specification
  2. Programming assumptions – details New Jersey-specific MMIS processes



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## NJ DSRIP Attribution Criteria

**Goal:** Link the NJ Low Income population to a hospital using patient utilization patterns

- No minimum patient volume count required
- Patient-based, attribution model to a single facility
- To identify claims experience, utilize Evaluation and Management (E&M) codes from the Medicare models with the addition of emergency department codes
- 2 years of historical claims data; 70/30 weighting with most recent service utilization receiving the higher weighting value
- Linkage based on visits to: hospital-based clinic, emergency department and potentially project partners



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## Role of Project Partners

- Ensure all coordination of care objectives of project are met
- Ensure all Stage 3 and Stage 4 outpatient setting measures are collected and reported
  - Hospital must select & identify the project partner(s) responsible to collect outpatient data (e.g. hospital-based clinic, Federally Qualified Health Center (FQHC), independent physician practice group, behavioral health clinic, etc)





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# Frequently Asked Questions (FAQs)





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**Question:** Our letter states we are “approved with mid-point review follow up.” What does this mean?

**Answer:** 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. The Department will assist hospitals in first understanding CMS’ questions and provide guidance on appropriate responses.



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**Question:** How do we know if we are required to sign and return the “NO DUPLICATION FUNDING” Attestation?

**Answer:** If your letter did not expressly state your hospital must submit to the Department the "No Duplicate Funding Attestation," then the attestation is not required. The Attestation was attached to all letters where a follow-up issue was identified. CMS may subsequently request a hospital to provide this attestation, in these instances the Department may request a hospital to provide even if not initially required.



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**Question:** Now that we are approved, what are the next steps? Will we still be held to the same timeline on the application although the applications were just approved?

**Answer:** Hospitals need to start or continue to work on the completion of Stage I activities as identified on your application. Stage 2 pilot activities (start pilot, evaluate pilot, and roll out to entire population) are required to be completed by March 31, 2015. Stage 1 activities are still required to be completed before the pilot activities begin.



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**Question:** What do you mean when you reference the “pilot”? Are you referring to my DSRIP project?

**Answer:** The pilot is a separate activity that is conducted by the hospital for the project according to the hospital's submitted DSRIP plan. Therefore, the pilot should begin by the targeted completion date indicated by the hospital on the application or the progress report in Stage II, Activity 1, Action/Milestone 1 --Pilot program started. Stage I activities are still required to be completed before the pilot activities (Stage II) begin. The exception to this are the Stage I activities that are performed on a quarterly basis.



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**Question:** When is the first DY 3 Progress Report due?

**Answer:** First quarter DY3 Progress Report is **due July 30, 2014**. The report will likely follow the same format as the simplified DY2 Progress Report. All DY3 targeted actions/milestones are required to be completed **by March 31, 2015** (end of DY3 experience period); hospitals will not be penalized for completing activities later than originally targeted unless the DY3 activity is completed after March 31, 2015.

**Please note:** *If any DY3 activities are not completed by March 31, 2015, DSRIP funds tied to the incomplete activity will be forfeited and added to the Universal Performance Pool.*