

NJ DSRIP Website Updates

New Jersey Department of Health (NJDOH)

March 12, 2015



Delivery System Reform Incentive Payment (DSRIP) Program



NEW TAB
DSRIP Program Management

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 2020 vision: "For New Jersey to be a state in which all people live long, health lives."



Secure login users will be determined at a later date and detailed instructions will be provided at that time. Keep in mind the login will be treated similar to the FTP site, there will be a limit of two users per hospital.

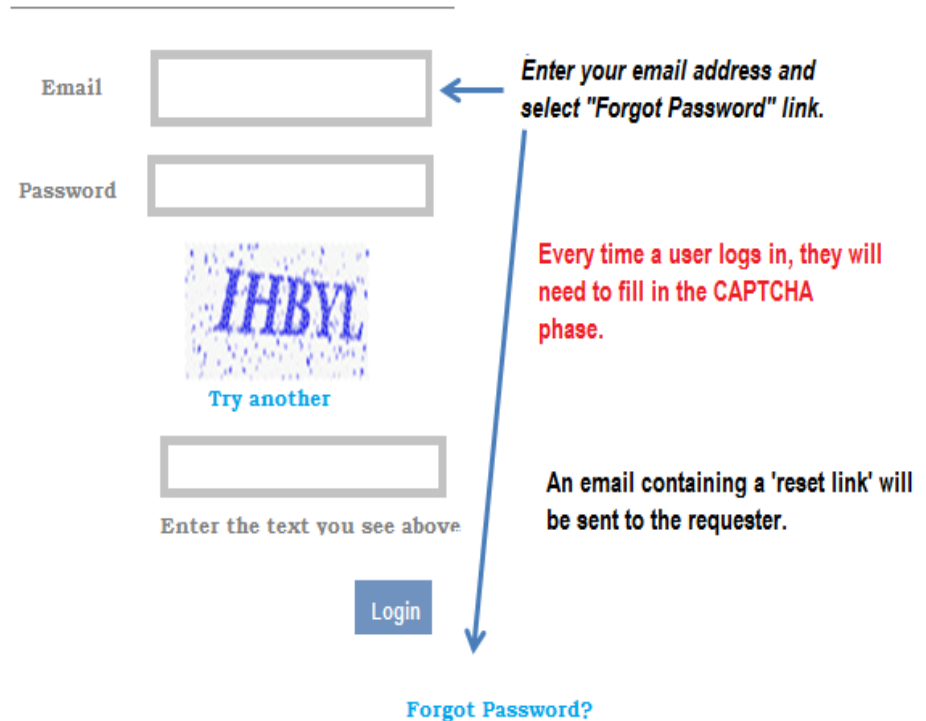
The email address is the system identifier.

Step One: Log in with email address and password and fill in CAPTCHA box.

Step Two: If the user forgot their password, enter users email address in box (slide 6), fill in CAPTCHA and click on “Send Forgot Password”. The user will receive an email from MSLC IT system with a live link.

Once the user receives this notification, they will have three Business days to reset the password. If the user fails to do so in the allowed time frame, the user will be required to start the process from the beginning.

Login



The screenshot shows a login form with the following elements:

- Email:** A text input field with a blue arrow pointing to it from the annotation: "Enter your email address and select 'Forgot Password' link."
- Password:** A text input field.
- CAPTCHA:** A box containing the text "IHBVL" with a blue arrow pointing to it from the annotation: "Every time a user logs in, they will need to fill in the CAPTCHA phase."
- Try another:** A blue link below the CAPTCHA box.
- Forgot Password:** A text input field with a blue arrow pointing to it from the annotation: "An email containing a 'reset link' will be sent to the requester."
- Login:** A blue button at the bottom.



Send Forgot Password

Email

Enter your email address



Try another

Enter the text you see above.

Send Forgot Password Email

Select the 'Send Forgot Password Email' below.

An email containing a 'reset link' will be sent to the requester.



MYERS AND STAUFFER LC
CERTIFIED PUBLIC ACCOUNTANTS

Forgot Password

This email was sent automatically by Myers and Stauffer LC web portal in response to your request to reset your password. For your protection, only you, the recipient of this email can proceed to the next step in the password reset process.

To reset your password and access your account, either click on the link below or you may copy and paste the link into the address bar of your browser.

<http://mslc-nightly-01:8091/ForgotPassword/ChangePassword?id=7d4f4bbc-c6b0-4520-a6aa-55d60778a84f&userID=MzUyTVNMQ1NhbHRBbmRQZXBwZXI=>

If you did not send this request, please contact the help desk at (844) 325-7811.

Please note: You have until xx/xx/2015 to change your password. If you do not change your password before the expiration date, you will need to begin the "Forgot Password" process from the beginning.

Thank you,

Myers and Stauffer LC

Email with reset link will be sent.



Once the user receives this notification, they will have three business days to reset the password. If the user fails to do so in the allowed time frame, the user will be required to start the process from the beginning.



Change Password

Current Password

New Password

Re-type New Password

Change Password

Leave current
password blank



Login

Email

Password



[Try another](#)

Enter the text you see above

Login

**Password Successfully Changed. Please
use new password to login.**

[Forgot Password?](#)



If you do not have an approved account to this website, please contact the NJ DSRIP Support Team at: (844) 325-7811

Login

Email

Password



Try another

Enter the text you see above

Login

Account with supplied email does not exist.

[Forgot Password?](#)

If you receive this message, please check the following areas:

- 1) Ensure the username has been entered correctly.**
- 2) Ensure that the user has a login account.**



Performance
Measurement

Project
Management

Logout

Login information will display =>

User: Jane Franklin
Provider: East Orange General Hospital

The above tabs provide the ability to:

- **Performance Measurement**
 - MMIS Measure Acknowledgement
- **Project Management**
 - Reapplication Process
 - Reapplication Upload
- **Login/Logout** – Login or Logout button will be available depending on user's login state

Performance Measure:

The purpose of this tab is to present calculated results from their data, to give them an opportunity to acknowledge the data and lastly to give the Industry an opportunity to download a table of the results.

Project Management:

The purpose of this tab is to give the user an opportunity to indicate whether they will re-apply to the NJ DSRIP program.



Performance
Measurement

Project
Management

Logout

DY4 Reapplication
Process

User: Jane Franklin
Provider: East Orange General Hospital

Hospital East Orange General Hospital

Medicaid ID >>>>>>>>

DSRIP Focus Area Cardiac Care

DSRIP Project Care Transitions Intervention Model to Reduce 30-Day Readmissions for Chronic Cardiac Conditions

1. Is it the intent of your hospital organization to continue in the DSRIP program?

Yes

No

Submit

Re-Application Process

Step 1:

User clicks the “Yes” radio button and then clicks submit button. The system expands the current screen to add Items 2 – 6 for the user to respond to.

The user will respond to each question either by entering comments or by selecting a file to upload.

Step 2:

Each question must be answered and or a file uploaded. If user does not answer each of the five questions, And “submit” is clicked, the user will get an error message that states:

“User must add comments or upload attachment”

Note: There are only 300 characters allowed to type the response. If more space is need, a separate document can be uploaded.

If system is prompted to present the above message, the system will place the message under the item text for the appropriate missing information.



Performance Measurement	Project Management	Logout
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DY4 Reapplication Process

User: Jane Franklin
Provider: East Orange General Hospital

Hospital

Medicaid ID

DSRIP Focus Area

DSRIP Project

1. Is it the intent of your hospital organization to continue in the DSRIP program?

Yes No

By submitting "Yes," you are indicating that your hospital plans to reapply for the New Jersey DSRIP program. Once you have selected "Yes" and the "Submit," button, additional reapplication questions will appear below (see next slide).

After response to all questions, you may select, "Print Screen" to obtain a copy of the questions.

You must select "Submit Reapplication" to complete reapplication process.

Performance Measurement	Project Management	Logout
	DY4 Reapplication Process	

User: Jane Franklin
Provider: East Orange General Hospital

Hospital:

Medicaid ID:

DSRIP Focus Area:

DSRIP Project:

1. Is it the intent of your hospital organization to continue in the DSRIP program?

Yes No

2. Please state any changes or modifications that are required to be made to your DSRIP Plan.

3. Please provide a status report outlining your hospital's progress with your DSRIP project over the course of Demonstration Year 3.

4. Please attach an updated annual project budget analysis. (See Guidance Document for requirements).

5. Please review the question below from CMS generated at the time of review of your application and provide your response in the box below.

6. Please describe any initiatives in which your hospital is participating that are funded by the U.S. Department of Health and Human Services and any other relevant delivery system reform initiatives underway.

Your DY4 DSRIP reapplication has been submitted.

If you have any comments or questions, please click the link below to send a message to the NJDSRIP Support Team:

njdsrip@mslc.com

Performance
Measurement

Project
Management

Logout

DY4 Reapplication
Process

User: Jane Franklin
Provider: East Orange General Hospital

Hospital East Orange General Hospital

Medicaid ID >>>>>>>>

DSRIP Focus Area Cardiac Care

DSRIP Project Care Transitions Intervention Model to Reduce 30-Day Readmissions for Chronic Cardiac Conditions

1. Is it the intent of your hospital organization to continue in the DSRIP program?

Yes

No

Submit

By submitting "No," you are indicating that your hospital will no longer be participating in the NJ DSRIP program.

If this is your intent, a formal Letter of Withdrawal on institutional letterhead is required. The letter should include the reason for withdrawal and an understanding that the hospital will no longer be eligible to participate in the remaining years of the DSRIP program. The letter will need to be submitted to the New Jersey Department of Health Executive Director Healthcare Financing.

If you need further assistance, please contact the NJ DSRIP Support Team at (844) 325-7811 or send an email to:

njdsrip@mslc.com

This is a live link, click on this link and an email box will appear.

