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
Patient Level Reports	***Question 1:*** *Can I obtain patient level data supporting the measure calculations for all performance measures for my hospital? Can you make sure patient level data includes patient name, social security number, Medicaid number, and dates of service so I can match the data against our internal data?*	Yes. Please use the Request for Information [RFI] form on the NJ DSRIP website [https://dsrip.nj.gov/Home/Resources] and follow the instructions provided at the September 15th Learning Collaborative. Be sure to use the forms provided on the DSRIP website. The appropriate data elements will be included in the requested patient level reports to match the patient and any qualifying date of service.	10/28/2016
Patient Level Reports	***Question 2:*** *Please share patient-level data on hospitals' MMIS measures as soon as possible.*	This was addressed at the September 15 Learning Collaborative. Patient level MMIS data is being provided to hospitals at this time. It is a major technological issue and we are doing our best to comply with hospital requests, including extending the appeal deadlines to conform to the hospital's receipt of the last of the data provided to fulfill their Requests for Information (RFI). This data is being issued measure by measure, so hospitals that requested data for more than one measure will likely receive it on different dates. None-the-less, the 30-day appeal clock will not start until all of the data requested has been supplied, and hospitals will be advised when that has been accomplished and on what day their appeal rights expire.	10/28/2016
Patient Level Reports	***Question 3:*** *We would like to receive a copy of the universe of claims as received by NJ DSRIP including codes and tables that Myers and Stauffer used when developing the measure results. We understand that the codes are in the Databook appendices. However, we are requesting the actual final table of codes used by Myers and Stauffer to run the metrics for each of the three (3) years.*	Currently, the NJ Department of Health's consultant (Myers and Stauffer) is authorized to receive specific data from the NJ Department of Human Services. In accordance with the approved release of protected health information (PHI), this authorization does not extend to the sharing of these data files by Myers and Stauffer. However, Patient Level Reports are being delivered on a per measure basis and at the request of hospital's RFI. For additional information, please refer to appendices A, B, C of the Databook 2.02 – MMIS Measure Update located on the NJDSRIP website located at: https://dsrip.nj.gov/Home/Resources. The appendices are provided to ensure hospitals have the same information used by the Department of Health consultants to run metric calculations. For previous years, please refer to the NJDSRIP website located at: https://dsrip.nj.gov/Home/Resources under **Archive**.	10/28/2016
Patient Level Reports	***Question 4:*** *Please provide detail data of all Medicaid eligible, dual eligible and Charity Care "eligible" persons for each performance period to allow me to reach out to those patients not currently receiving services or attributed within my hospital system.*	All New Jersey low income (Medicaid/CHIP, Dual Eligible, and charity care) patients are eligible for the DSRIP program. Please continue to evaluate all of these patients for inclusion in your NJ DSRIP projects.	10/28/2016

<table>
<tr><th>Category</th><th>Question</th><th>Response</th><th>Date</th></tr>
<tr><td>Patient Level Reports</td><td>Question 5: Please include data for 2013, 2014 and 2015 with the requested Patient Level Reports.</td><td>In order to provide the information in the most efficient manner possible, Patient Level Reports are being delivered based on the following priority:
DY4 (2015) requested MMIS measures in Not-Met status
DY4 (2015) requested MMIS measures in ‘Met’ status
Miscellaneous requests for measures identified as inactive, for years previous to DY4 (2015) or for measures that are not inclusive of the requesting hospitals will be determined at a later date.</td><td>10/28/2016</td></tr>
<tr><td>ITG/EITG</td><td>Question 6: The delay in receiving the Expected Improvement Target Goals negatively affected hospitals’ ability to respond.</td><td>DOH understands that receiving any program target information late is not conducive to best results. Stakeholders should understand that approval timelines are not always within the control of DOH or its consultant.</td><td>10/28/2016</td></tr>
<tr><td>ITG/EITG</td><td>Question 7: We are halfway through the current DSRIP year. Can you provide measure calculations so I can assess where my hospital stands, i.e. - if we are meeting the performance targets?</td><td>Interim performance results cannot currently be provided by the Department of Health but participating hospitals are encouraged to use their internal data to monitor progress.</td><td>10/28/2016</td></tr>
<tr><td>Calculations</td><td>Question 8: I have a problem with my UPP payment calculation. The measure results worksheet shows that my hospital met the performance requirement for 8 measures but the UPP payment calculation uses 6 measures to calculate payments.</td><td>The UPP calculation is correct. Please review the September 15th Learning Collaborative slides covering Performance Achievement and Payment Summary Report Review. Measure achievement and percent achieved are shown below for the example of performance where the measure results show 8 of 12 measures met the performance requirement and 4 measures did not meet the performance requirement. Note that measures achieved are valued at 1. Measures not achieved are valued at -0.5.
<table>
<tr><th>UPP Calculation Example</th><th>Measure Count</th><th>Achievement Value</th><th>Achievement Score</th></tr>
<tr><td>Number of measures where achievement is met</td><td>8</td><td>1.0</td><td>8</td></tr>
<tr><td>Number of measures where achievement is <u>not</u> met</td><td>4</td><td>-0.5</td><td>-2</td></tr>
<tr><td>Total</td><td>12</td><td></td><td>6</td></tr>
<tr><td>Percent Achieved [6/12]</td><td></td><td></td><td>50%</td></tr>
</table></td><td>10/28/2016</td></tr>
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Calculations	***Question 9:*** *The UPP calculation reduces the number of measures met by one-half the number of measures not met. So my hospital met the performance requirement for 8 measures but the UPP calculation uses 6 achieved measures [8-(4*-.5)]. Reducing the number of achieved measures seems unfair. Why can't the hospital receive credit for just the number of achieved measures? Can this be appealed?*	This is the agreed upon methodology as approved in the Funding and Mechanics Protocol and used to define the UPP payment calculation. The intent was to grant full credit for achievement, but to lessen the impact of failure to achieve targeted results. It is not appealable [the methodology is not a calculation error or a data reporting error].	10/28/2016
Calculations	***Question 10:*** *How are the chart measures calculated?*	Chart/EHR measures are abstracted by the hospital and the denominator and numerator counts are provided to the Department of Health via a Standard Reporting Worksheet (SRW) located at: https://dsrip.nj.gov/DSRIP Program Management. Additional information regarding Chart/EHR measure calculations is located Information regarding Chart/EHR measure calculation is located in the Databook 2.02 MMIS 2015 Measure Update located on the NJDSRIP website at: https://dsrip.nj.gov/Home/Resources. This section provides specifications for each measure as well as the code sets provided by the steward for calculation of the measures. Additional information please refer to the DSRIP Webinar 9: Performance Measures at: https://dsrip.nj.gov/Home/Training.	
Databook	***Question 11:*** *One of the project measures for my hospital is measure #76. This measure was supposed to be acuity adjusted but it wasn't adjusted. Can we receive an acuity adjusted measure?*	Risk adjustment was considered on NJDSRIP Measures 1- 4 only. Per the measure steward (AMA-PCPI) for NJDSRIP Measure #76, Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention, no risk adjustment is applied.	10/28/2016
Databook	***Question 12:*** When the Databook has a new measure definition change, was the 2014 baseline calculation rerun with the new definition? For example, Measure #45 (Heart Failure) had a definition change in 2015 to include "combo codes" for heart and renal failure, but may not have been adjusted.	The baseline was re-run for measures 1 through 4 only due to the removal of the risk adjustment for these measures. Measure #45 steward (AHRQ) provided an update to codes sets for which we are currently reviewing to determine the impact of these specific codes.	10/28/2016

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Databook	***Question 13:*** What are the inclusions and exclusions of each measure?	As noted in the September 5, 2016, Learning Collaborative, review of the documents listed on Slide 2 of the Next Steps_Patient_Level Reports_Appeals presentation, is necessary to identify the measure specifications and value sets provided by the measure steward for each measure. To identify the code sets used for each measure specification, please refer to Databook 2.02 MMIS 2015 Measure Update (as clarification includes both) areas located on the NJDSRIP website at: https://dsrip.nj.gov/Home/Resources. This section provides specifications for each measure as well as the code sets provided by the steward for calculation of the measures. The following appendices identify all value sets are used in the MMIS data calculations. Additionally, these are the same value sets used by Myers and Stauffer for MMIS measure calculations: • Appendix A - Master List • Appendix A - Value Sets - Codes • Appendix A - Value Sets - Medications • Appendix B - Planned Readmission History: 1.0 2013 and 2014	10/28/2016
Attribution	***Question 14:*** *2014 was the first year of Medicaid expansion under the Affordable Care Act. The number of attributed patients to our DSRIP project increased 30%. This is the first time we have any exposure and engagement with these patients. For many patients in the Medicaid expansion population this is the first time they have insurance coverage. There should be some allowance for this in measure results and we should not be penalized for this surge in newly insured attributed lives.*	The Medicaid Expansion population meets the DSRIP low income target population criteria. There is no indication in the data to show that the patient population before Medicaid expansion is not comparable to the patient population after Medicaid expansion. The attribution roster grew naturally as a result of the expansion. This does not change the core principle that all patients be subject to the same standard of care. This potentially previously underserved population presents greater opportunity for future improvement in achieving results	10/28/2016
Attribution	***Question 15:*** *Were any adjustments made for the addition of new attributed patients (with historically unmet health needs) that are not homogeneous to the baseline population?*	No. This is not incorporated in the program protocol, and the Medicaid Expansion population fits the program definition for attribution. We acknowledge that this development made it more difficult to manage the population, but this is a result of a nationwide health reform effort and adjustment is out of scope for this program.	10/28/2016
Attribution	***Question 16:*** *How did Medicaid Expansion affect the attributed population?*	Medicaid expansion expanded the entire statewide Medicaid population, including the attributed population. The DSRIP attributed population grew 3.8% from 2013 to 2014 and another 5.6% from 2014 to 2015.	10/28/2016

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Attribution	***Question 17:*** *Please explain what the attributed population is used for? Is it only for a hospital's chart-based measures? Or is it also used for a hospital's MMIS population? What is the experience period for the 2015 attributed population?*	The attributed population is used for both hospital chart-based measures and for MMIS sourced measures. The DY4 attributed population is based on a two year look-back using dates of service for years 2014 and 2015.	10/28/2016
Funding	***Question 18:*** *When appeals are settled will the UPP be recalculated? Is there a possibility that hospitals will need to repay amounts previously paid to them? When will amounts won in appeals be paid to hospitals?*	Demonstration Year 4 is closed, subject to adjudication of appeals. The program provides for successful appeals to be paid out of the DY5 UPP allotment. Any recalculation of the UPP would need to be approved by CMS. It is unlikely that hospitals will need to repay amounts previously paid to them.	10/28/2016
Funding	***Question 19:*** *How much of the redistribution of DSRIP funding was due to the method of the DSRIP calculation vs. actual hospital performance? Which hospitals were most affected by the mechanics of the formula as opposed to their performance?*	None. All calculations were based on data presented in either the hospitals' own chart data or Medicaid Management Information System (MMIS) data, which originates with providers. The calculations are merely a mathematical means of converting results to be comparable with targets.	10/28/2016
Funding	***Question 20:*** *The STCs provide that successful DY4 appeals would be paid out of DY5's UPP fund. However, this ultimately decreases DY5 funding for these very same hospitals. With the likelihood that there will be appeals to DY4, has DOH considered other methods for corrections/repayments?*	DOH is evaluating results of DY4 and is considering making some changes to the UPP structure on a going-forward basis. We are hopeful that CMS will approve some changes that will address concerns raised with DY4 results.	10/28/2016
Funding	***Question 21:*** *Changes to the UPP calculation should be considered. Perhaps, a lower contribution to the UPP, especially for those hospitals with the most to lose (as this year, 25% of their DSRIP target funds go towards the UPP, this is a significant increase from DY4 which was 15%). Unless hospital data is available much earlier this year, the clock for DY5 appeals cannot start on April 30, 2016. An adjustment must be made so that hospitals have appropriate time to evaluate their results prior to appeal.*	As noted above, DOH is focused on improving program structure to attain better results. Part of this is a potential reworking of the UPP allocation methodology. As with DY4, the department is open to extending appeal deadlines to provide adequate time for hospitals to react to results, analyze data and submit an informed appeal.	10/28/2016
Miscellaneous	***Question 22:*** *When will hospitals be told what DSRIP 2.0 looks like? How should hospitals prepare for DSRIP 2.0? What will happen on April 1, 2017?*	The Next Generation DSRIP Program (DSRIP 2.0) for NJ is currently under discussion between the Department of Health and CMS. The Department of Health is waiting for direction from CMS on the next steps in advancing the Next Generation DSRIP program. The Department of Health will, as in the past, be engaging the hospital industry in developing the program.	10/28/2016

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Measure Achievement	***Question 23:*** *Why did statewide hospitals fail 62% of the Universal Performance Pool measures and 51% of Stage 3 measures? What is the percentage of missed MMIS versus chart measures?*	**Response:** The results based on measures met/not met are: Stage 3 – 49% failure rate UPP – 42% failure rate We attribute this to lack of hospital experience with Pay-for-Performance programs and necessary results tracking. Hospitals need to develop and institute DSRIP program processes to better understand how the data they generate is impacting their program.	10/28/2016
Measure Achievement	***Question 24:*** *Is there a difference in the success rate at hospitals that were required to select substitution measures vs. other hospitals?*	This has not been calculated.	10/28/2016
Funding	***Question 25:*** *What is the DY4 DSRIP payment per attributed patient at each hospital?*	This has not been calculated. The targeted allocation of funding per hospital has its origin in the legacy Hospital Relief Subsidy Fund (HRSF) allocations, a position endorsed by the hospitals and their representative associations. It could be calculated by each individual hospital from data provided to them.	10/28/2016
Measure Achievement	***Question 26:*** *There are hospitals that received "completely new" measurements for their Stage 3 project just recently – 4 years into DSRIP. How many hospitals were affected by this?*	This has not been calculated. New substitution measures were approved as selected by the hospitals, primarily due to being invalidated as "high performers", in accordance with the program protocol. Hospitals were advised at the inception of the NJ DSRIP program to not select projects in which they could be a high performer. The Funding and Mechanics Protocol provide the ability to select substitution measures so that hospitals would have an alternative to forfeiture on their measures.	10/28/2016
Appeal_RFI	***Question 27:*** *We have reviewed the Chart/EHR data submitted by the prior DSRIP manager and have found errors in the data submitted. In particular, the measure results for the UPP CLABSI measure look to be incorrectly reported. How do we resubmit our chart/EHR data?*	The hospital may file an appeal by using the Appeal form on the NJ DSRIP website [https://dsrip.nj.gov/Home/Resources] and follow the instructions provided at the September 15th Learning Collaborative. Be sure to use the forms provided on the DSRIP website and complete each element of required information. At this time, the deadline for Appeal requests related to Chart/EHR data was October 17, 2016, and has passed. Please contact the NJDSRIP team with concerns or question.	10/28/2016