NEW YORK STATE | Department of Health | Medicaid Redesign Team

Bringing The Pieces Together: Attribution for Performance, Provider Counts By Service Type & Speed & Scale Templates

Greg Allen, Director of Policy
Office of Health Insurance Programs
NYS Department of Health

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Presentation Overview

- Types of Attribution and Their Purposes
  - Attribution for Valuation (A4V)
  - Attribution for Performance (A4P)
  - Member Differences: A4V vs. A4P
- Provider Counts By Service Type
- Speed and Scale Templates
- Next Steps & Timeline

Attribution for Performance vs. attribution for valuation

- Attribution for Valuation: Creates a number of Medicaid and uninsured lives for use in the calculation of potential performance awards as part of the DSRIP valuation process
  - Goal: Attempts to align the value of potential performance awards with the depth, breadth and type of a given PPS network: the more lives covered by a PPS, the higher the potential valuation
- Attribution for Performance Measurement: For use in performance and outcome measurement
  - Goal: Defines the actual population of individuals a given PPS network is responsible for (based purely on PPS network loyalty irrespective of PPS type) when evaluating performance.
  - The Interim Performance Attribution Data distributed to PPS on Tuesday, 12/23 should be used to complete updated scale and speed templates (distributed on 12/29) for the DSRIP Project Plan Application due to DOH in MAPP on 1/12/15.

Attribution for Performance

- **Attribution for performance numbers should NOT be interpreted as indicative of a PPS's final valuation**
  - At this time, the interim attribution for performance results should only be used by PPS in completion of the speed and scale sections of the DSRIP application
- The attribution for performance results (distributed to PPS on 12/23) contain two categories of attribution results:
  - Domain 2 and 3 projects other than 2.d.i ("domain 2 & 3 results")
  - Results used for completion of project 2.d.i ("2.d.i results") based on attribution for valuation.
- Performance Attribution results are considered "interim" until OMIG has completed its review of PPS partner networks. At that time, attribution will be run again and finalized performance numbers will be released
- **To reiterate, performance attribution numbers should NOT be interpreted as indicative of a PPS's final valuation**

Member Classification differences

Member	Attribution for Valuation (A4V)	Attribution for Performance (A4P)
Utilizing Medicaid (UM) members	Attributed based on traditional DSRIP loyalty logic (swim lanes & buckets) *excludes low utilizing members (see below)*	Attributed based on traditional DSRIP loyalty logic (swim lanes & buckets) *but includes low utilizing members* (see below).
Low-Utilizing (LU) Medicaid members	Low-utilizing members are excluded from the utilizing member counts and not run through the loyalty logic; but instead, are captured in their own category and attributed based on the following: • Attributed only to those approved for 11th project • In Multi PPS counties LUs are attributed based on the prevailing county UM %.	No low-utilizing members exist in A4P. Low-utilizing members are included in the utilizing member counts for A4P and are run through the loyalty logic
Non-Utilizing (NU) Medicaid members	Non-utilizing members are not run through the loyalty logic; but instead, are captured in their own category and attributed based on following: • Attributed only to those approved for 11th project • In Multi PPS counties NUs are attributed based on the prevailing county UM percentage.	Non-utilizing Medicaid are captured in their own category and attributed to a PPS based on following: • Non-utilizing members with a plan-assigned PCP in a PPS network are included in the attribution counts for that PCP's PPS(s). • If no PCP assignment exists or a PCP tie exists, member is attributed to PPS with largest presence in member's zip code.
Uninsured (UI)	Attributed based on 11th project selection: • In Multi PPS counties UIs are attributed based on the prevailing county UM percentage.	Attributed based on A4V method.

Interim Attribution for Performance Results (12/23)

Statewide Domain 2 & 3 Attribution Results

	Domain 2 and 3		
PPS/County	Utilizing	Non-Utilizing	Total
Adirondack Health Institute	58,268	16,674	74,942
Clinton	9,126		
Essex	4,439		
Franklin	9,367		
Fulton	6,235		
Hamilton	186		
Saint Lawrence	10,643		
Saratoga	1,696		
Warren	13,466		
Washington	3,110		

Final Attribution for Performance

	2.d.i		
PPS/County	Non-Utilizing & Low-Utilizing	Uninsured	Total
Ellis Hospital	43,079	51,274	94,353

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DSRIP Provider Type Classifications

DSRIP Provider Type Classification:	Services Included (e.g.):
Clinic	Free standing diagnostic and treatment centers (including FQHCs); also OASAS and OMH clinics providing medical services; *Some hospitals may be included primarily due to hospital labs ordered by community practitioners
Behavioral Health	Inpatient and Outpatient Mental Health, Psychiatric, Residential Treatment services
Hospice	Free standing hospice providers
Case/Care Mgmt – Health Homes	Case Management (Early Intervention, OMH, OASAS, HIV/AIDS), Health Home
Hospital/Freestanding Inpatient/Rehab	Inpatient and Outpatient Hospital; Mental Health and Substance Abuse free standing inpatient services; Rehab Hospitals
SNF – Nursing Home	Nursing Homes & Rehab
Substance Abuse	Inpatient and Outpatient Substance Abuse
Pharmacy	Pharmacies
PCP & Non-PCP (Practitioner)	Physicians, Physician Practices, Nurse Practitioners, Dentists, Non-Institutional Long Term Care Providers, other professional services
All Other	Home Health, OPWDD Inpatient and Outpatient, Labs (Including practitioners on lab claims), other

Important Takeaways from DSRIP Provider Types LISTs

- DSRIP Provider Type Classifications were assigned based on a crosswalk that takes into account the type of service provided on a claim. In some cases, providers meeting the classification criteria were further refined using the MMIS Provider Type and procedure codes.
- Providers are further classified according to their designation as a Safety Net Provider. This designation is assigned based on the approved list of Facility, Physician, and Pharmacy Safety Net Providers. Providers were identified based on MMIS or NPI ID.
- Practitioners have been classified as Primary Care (PCP) based on a list of Managed Care Plan Panel Primary Care Providers.
- Counts for DSRIP Provider Types (Excluding PCP and Non-PCP) in the Summary Table are based on the Entity IDs, which role up multiple MMIS IDs and NPIs to a single corporate identifier. For lists of DSRIP Provider Types, the Entity Name will be listed once for each relevant DSRIP Provider Type Classification. We are providing a spreadsheet crosswalk that will allow PPS to convert Entity IDs into NPIs and MMIS numbers for the provider's loaded in the network tool.
- **A provider may be included in a Provider Type that they would not traditionally be associated with if they submitted at least one claim that qualifies for that provider type.**

PPS Provider Count by Provider Type (Saturday, 12/20)

Data used for speed and scale for all projects other than 2di.

Provider type	*Count in network*	*Safety net in Network*	*Non safety net in network*	*Total safety net in service area (inc. your PPS + others)*
Primary Care Physicians	301	21	280	1210
Non-PCP Practitioners	817	35	782	1989
Hospitals	3	1	2	30
Clinics	5	1	4	103
Health Home / Care Management	6	5	1	21
Behavioral Health	12	8	4	225
Substance Abuse	20	18	2	42
Skilled Nursing Facilities / Nursing Homes	22	17	5	79
Pharmacy	3	1	2	130
Hospice	5	2	3	0
Community Based Organizations	Count provided in a separate email from DOH on Saturday, 12/27			
All Others	609	37	572	1543

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Updated Speed & Scale Templates (Distributed 12/29)

- Purpose: DSRIP projects will be evaluated based upon the overall scale and broadness in scope, in terms of expected impact the project will have on the Medicaid program and patient population. Those projects larger in scale and impact will receive more funding than those smaller in scale/impact.
  - Progress towards and achievement of PPS commitments to these scale measures as provided in the application will be included in achievement milestones for future PPS funding.
- The provider numbers in this tool reflect the Provider Count files sent to you on 12/20-21 and the CBO numbers reflect the list of Community-Based Organizations issued on 12/27.
- For each of the projects that you have selected, please fill in the corresponding tables in the appropriate project tabs for Domains 2 and 3*. You do not need to fill in tabs for projects you have not selected.

* Domain 4 projects have no Scale or Speed tables and are thus not included in this tool.

Fixed Values Tab on Speed & Scale Template

Project Table

Project Number	Select your Projects	*Completion Check**
1	Select One	*Please select from drop down*
2	Select One	*Please select from drop down*
3	Select One	*Please select from drop down*
4	Select One	*Please select from drop down*
5	Select One	*Please select from drop down*
6	Select One	*Please select from drop down*
7	Select One	*Please select from drop down*
8	Select One	*Please select from drop down*
9	Select One	*Please select from drop down*
10	Select One	*Please select from drop down*
11	Select One	*Please select from drop down*

Reminder: a PPS must undertake at least 5 projects, but no more than 11.

Reminder: Project 11, if undertaken, must be 2.d.i.

* When the project's tab has been provided with all required data, it will be listed as *Complete*

Once all projects are listed as *Complete* or *Complete by Default*, this template is finished and may be returned to the DSRIP Support Team

Total Attribution Table

Total Attributed Population	

Network Size Table - by Provider Type

Provider Type	Total Providers in Network	Safety Net Providers in Service Area
Primary Care Physicians	120	100
Non-PCP Practitioners	190	220
Hospitals	10	10
Clinics	5	10
Health Home / Care Management	10	5
Behavioral Health	80	40
Substance Abuse	10	15
Skilled Nursing Facilities / Nursing Homes	10	20
Pharmacy	10	10
Hospice	1	0
Community Based Organizations	20	N/A
All Other	370	500

- In the ‘Fixed Values’ tab of the Scale and Speed template:
  - Select all the projects your PPS is undertaking in the Project Table
  - Fill in the total attribution value for your PPS in the Total Attribution Table
  - Review the number of proviers by type in the Network Size table

Example Scale & Speed Template

Project Scale	Total Committed (10 Points)	Number in Network
Primary Care Physicians		200
Non-PCP Practitioners		400
Hospitals		10
Clinics		15
Health Home / Care Management		10
Behavioral Health		100
Substance Abuse		10
Skilled Nursing Facilities / Nursing Homes		10
Pharmacy		10
Hospice		5
Community Based Organizations		10
All Other		400

Speed and Scale Whiteboard Video

- **For more information on speed and scale approach please watch the YouTube Video on Speed and Scale Located Here.**

Web address for YouTube Video on Speed & Scale
https://www.youtube.com/watch?v=f2UP3rQh1SQ&feature=youtu.be

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Next Steps

- **Top Priority:** Please use the Performance Attribution Results and Counts of Providers by Type to complete your PPS' Speed & Scale Tables for the Monday, 1/12 submission via MAPP System.

- Participate in DOH led operator assisted call on Monday, 1/5 from 1pm - 3pm to discuss speed and scale questions (sign-up information to be sent out shortly).

- PPS have until Monday, 1/5 to submit draft Scale and Speed templates to the DSRIP Support Team for review and feedback (send to DST General mailbox: us-albadvrcdsripsup@kpmg.com)

- Section 4a of the DSRIP Project Plan Application (where PPS can submit their updated Speed and Scale tables) will become available to PPS Lead Representatives in the MAPP System on Tuesday, 1/6.

- Contact your DSRIP Support Team Representative for questions related to performance attribution, provider type counts as well as speed and scale calculations

- **Attribution for performance is NOT a proxy for attribution for valuation.**

Speed & Scale Timeline

Date	Activity
Monday, January 5th	DOH Lead Operator Assisted Conference Call with PPS Leads to discuss Scale & Speed Questions
Monday, January 5th	Draft Scale & Speed Tables due to DSRIP Support Team (via email) for Review
Tuesday, January 6th	Section 4a (speed & scale table upload capability) becomes available in MAPP System for PPS Lead Representative
Monday, January 12th	Project Plan Application Section 4a (Upload of Finalized Scale & Speed Tables) Due at 4:00pm

Useful Links and More Information

Salient Public Facing Dashboards:
http://dsripdashboards.health.ny.gov/

MAPP Analytics Performance Portal (MAPP):
https://www.health.ny.gov/health_care/medicaid/redesign/dsrip_medicaid_analytics_performance_portal.htm

KPMG DSRIP Support Team:
us-albadvrcdsripsup@kpmg.com

We want to hear from you!

DSRIP e-mail:

dsrip@health.ny.gov

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