

## Overview of the MRT Member Feedback Tool

The Medicaid Redesign Team's is charged with evaluating ideas generated through the stakeholder engagement process and their potential to generate cost savings and improve quality. From over 2,000 ideas submitted to the Department of Health as of 2/12/11 staff has consolidated many of them into 49 key proposals. Members are reminded that in completing the MRT Member Feedback Tool all proposals should be weighed against the alternative, which is across the board cuts to the Medicaid Program.

The attached MRT Feedback Tool is in an Excel spreadsheet format that allows members of the MRT to quickly score each of the consolidated proposals. You are being asked to rate each of the 49 proposals on a scale of -1, 0, 1, 2, and 3 on five metrics: 1) Costs-Year 1, 2) Costs-Years 2-3, 3) Quality, 4) Efficiency and 5) Overall impact. Tab One of the spreadsheet, labeled "Read me" provides instructions on how to score proposals. Tab 2 of the spreadsheet, "Proposals to be Scored" includes the 49 proposals to be scored. This is required of all MRT Members. Tab three, "Additional Proposals" includes all other proposals that members have the option of scoring and commenting on. Scoring of these proposals is *optional*.

### Metric Descriptions

#### 1) Costs - Year 1: Defined as savings in 4/1/11 – 3/31/12.

- Proposals that will increase costs in the next state fiscal year should be scored "-1"
- Proposals that are cost neutral should be scored "0"
- Proposals that would save up to \$10M in the next state fiscal year should be scored "1"
- Proposals that would save between \$10M and \$50M in the next state fiscal year should be scored "2"
- Proposals that would save over \$50M in the next state fiscal year should be scored "3"

#### 2) Costs - Years 2-3: Defined as savings in Year 2-3 (4/1/12 – 3/31/14).

- Proposals that will increase costs in the state fiscal years 2 and 3 should be scored "-1"
- Proposals that are cost neutral should be scored "0"
- Proposals that would save up to \$10M in the state fiscal years 2 and 3 should be scored "1"
- Proposals that would save between \$10M and \$50M in the state fiscal years 2 and 3 should be scored "2"
- Proposals that would save over \$50M in the state fiscal years 2 and 3 should be scored "3"

**3) Quality:** The Institute of Medicine's definition of quality is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. Quality is also defined as the processes and outcomes necessary to maintain or improve the health of individuals and populations.

Score -1: The proposal is likely to result in decline in the use of evidence-based medicine and a decrease in the processes and/or outcomes of care. An example would be the elimination of a covered benefit.

Score 0: The proposal will not incentivize the use of evidence-based medicine or improve the processes and/or outcomes of care.

Score 1: The proposal is somewhat likely to incentivize the use of evidence-based medicine and improve the processes and/or outcomes of care.

Score 2: The proposal is very like to incentivize the use of evidence-based medicine and improve the processes and/or outcomes of care.

Score 3: The proposal is extremely likely to incentivize the use of evidence-based medicine and improve the processes and/or outcomes of care. An example would be a proposal that immediately will improve the quality of care for Medicaid recipients.

**4) Efficiency:** The Institute of Medicine defines efficiency in health care as the relationship between a specific product (output) of the health care system and the resources (inputs) used to create the product. Efficiency can also be defined as the ratio of health care services (procedures, visits etc.) to costs. When rating proposals for efficiency, please evaluate the relationship between services and costs. If the savings associated with the proposal are smaller than the reduction in services or may lead to increased services as a result of poor quality of care, the ratio is less than one, and should be scored a -1. An example would be a proposal that limits access to preventive care, yet may lead to increased need of inpatient services in the future. Proposals that save more than the reduction in the level of services that can be provided or reduce overuse should be scored a 1, 2, or 3. An example may be the reduction in a costly benefit that provides services to very small percentage of enrollees or provides redundant services.

Score -1: The ratio is less than one. The projected costs in the proposal are higher than the quantity of health care services.

Score 0: The ratio is one. The projected costs in the proposal are the same as the quantity of health care services.

Score 1: The ratio is slightly greater than one. The quality is slightly higher than the quantity of health care services.

Score 2: The ratio is moderately greater than one. The quality is moderately greater than the quantity of health care services.

Score 3: The ratio is significantly greater than one. The quality is significantly greater than the quantity of health care services.

**5) Overall Impact:** Taking into account cost, quality, access and efficiency, what is the overall impact of the proposal on the health of Medicaid enrollees and efficacy of the Medicaid network of providers? Also consider other factors outside of cost, quality, access and efficiency that will affect Medicaid enrollee's quality of care.

Score – 1: The overall effect will negatively impact enrollees and/or providers.

Score 0: The overall effect will not impact enrollees and/or providers negatively or positively.

Score 1: The overall effect will slightly positively impact enrollees and/or providers.

Score 2: The overall effect will moderately positively impact enrollees and/or providers.

Score 3: The overall effect will have a significant positive impact on enrollee and/or providers.

#### **Questions?**

If you have questions about the MRT Member Feedback Tool(MRTCommentTool.xls) contact Jackey Matson at (518) 486-9012, or [jmb10@health.state.ny.us](mailto:jmb10@health.state.ny.us).

**Reminder: The MRT Member Feedback Tool is due by noon on Friday, February 18, 2011. Once completed, please save the tool by your last name and send the file via email to Ms. Jacqueline Matson at [jmb10@health.state.ny.us](mailto:jmb10@health.state.ny.us).**