



**Department
of Health**

Medicaid
Redesign Team

Actively Engaged Discounts, the Member Overlap Reports, and Attribution Resources

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Actively Engaged Discount Application

Actively Engaged Reporting Requirements

- PPS are required to report updates to their Actively Engaged counts in each quarterly report for each project with an Actively Engaged (AE) commitment
 - The quarterly reporting of Actively Engaged counts is cumulative throughout a DSRIP Year (DY), unless specifically noted in the Actively Engaged definition for a project
 - **Duplicate counts of members are not allowed**, unless specifically noted for a project

DY2, Q1 (Medicaid members engaged during DY2, Q1 only)	DY2, Q2 (Medicaid members engaged during DY2, Q2 only)	DY2, Q2 (AE Count reported on DY2, Q2 Quarterly Report)
500	800	1,300

- PPS must engage a **minimum of 80%** of the Actively Engaged commitment target for a quarter in order to earn the Achievement Value (AV) for this milestone for that quarter.
 - The 80% minimum standard was reduced to 75% for DY1, Q2.

Key to Understand

- There is no direct linkage between attribution and reporting active engagement

Attribution \neq Active Engagement

Actively Engaged Reporting Discount

- Because of the lack of clarity in previously communicated active patient engagement guidance, **a discount factor was applied** to relevant projects
- To ensure fairness, these Actively Engaged discounts were applied to the Actively Engaged PPS targets
- PPSs are **required** to report **non-duplicated** numbers in IPP as communicated by the IA

Final Actively Engaged Discounts

- A methodology was developed to discount to a 5% integer
 - The methodology is described in further detail in the “*Actively Engaged and the Comprehensive Provider Attribution (CPA)*” webinar housed on the DSRIP Digital Library
- The discount factor was applied to the actively engaged targets by PPS, by project



By PPS	By Project	Percentage Discount	Rounded Up to the Nearest 5%
Forestland PPS	3.a.ii	27.08%	30%
Forestland PPS	3.d.ii	18.75%	20%

Application of Actively Engaged Discounts

- The Final Actively Engaged Discounts have been applied, where applicable, to the quarterly Actively Engaged commitment targets from the DY1, Q1 Quarterly Report to determine the new Actively Engaged commitment targets.
 - PPS will need to engage of minimum of 80% of the new Actively Engaged commitment target to earn the Achievement Value for respective quarter.

PPS	Project	Original Actively Engaged Commitment DY1, Q4	Actively Engaged Discount Factor	New Actively Engaged Commitment DY1, Q4	Minimum of 80% Engagement Percentage	Minimum Actively Engaged to earn AV
Forestland PPS	3.a.ii	8,500	30%	5,950	80%	4,760
Forestland PPS	3.d.ii	2,100	20%	1,680	80%	1,344

Interpreting the Member Overlap Report

Report Walkthrough: Region

- The Member Overlap Report is stratified by region into 11 separate documents, each document corresponding to one of the 11 DSRIP regions
- PPSs that are active in each region are reported out on—in this example PPS A and PPS B

REGION			PPS A		PPS B		
CAPITAL REGION							
CAPITAL REGION							
CAPITAL REGION							
CAPITAL REGION							

Report Walkthrough: Providers

- The Member Overlap Report lists all Medicaid providers in a region that had an interaction with a DSRIP attributed member
- The Member Overlap Report reports out on **ALL** attributed member/provider interactions, regardless of whether that interaction drove attribution via that provider.

REGION	PROVIDER ID	PROVIDER NAME	PPS A		PPS B		
CAPITAL REGION	1234567890	Provider 1					
CAPITAL REGION	1234567891	Provider 2					
CAPITAL REGION	1234567892	Provider 3					
CAPITAL REGION	1234567893	Provider 4					

Report Walkthrough: Interactions

- The Member Overlap Report gives the count of all DSRIP member interactions with a given provider across all PPSs in the region
- An interaction is defined as the existence of any claims generated from a DSRIP attributed member being serviced by a provider
 - 1 claim = 1 interaction; 1,452 claims also = 1 interaction.

REGION	PROVIDER ID	PROVIDER NAME	PPS A		PPS B	
			PPS A Interactions		PPS B Interactions	
CAPITAL REGION	1234567890	Provider 1	124		41	
CAPITAL REGION	1234567891	Provider 2	16		135	
CAPITAL REGION	1234567892	Provider 3	67		21	
CAPITAL REGION	1234567893	Provider 4	22		58	

Report Walkthrough: Percent of Overlap

- The Member Overlap Report gives the total member interactions that a provider had across all the PPS in a single region
- The Member Overlap Report also gives the percentage of the total member interactions by PPS

REGION	PROVIDER ID	PROVIDER NAME	PPS A		PPS B		Total Interactions
			PPS A Interactions	PPS A Percentage	PPS B Interactions	PPS B Percentage	
CAPITAL REGION	1234567890	Provider 1	124	75%	41	25%	165
CAPITAL REGION	1234567891	Provider 2	16	11%	135	89%	151
CAPITAL REGION	1234567892	Provider 3	67	76%	21	24%	88
CAPITAL REGION	1234567893	Provider 4	22	28%	58	72%	80

Using the Member Overlap Report to Split Actively Engaged Counts

- In cases where a provider overlaps between 2 PPSs, this report is intended to help PPSs active in the same region split actively engaged members
- PPSs could potentially:
 - 1) Use the report to de-duplicate actively engaged counts at the PPS reporting level
 - 2) Share the report to network partners so that the network partners can report up to the PPS de-duplicated actively engaged counts

REGION	PROVIDER ID	PROVIDER NAME	PPS A Percentage	PPS B Percentage
CAPITAL REGION	1234567890	Provider 1	75%	25%
CAPITAL REGION	1234567891	Provider 2	11%	89%
CAPITAL REGION	1234567892	Provider 3	76%	24%
CAPITAL REGION	1234567893	Provider 4	28%	72%

Attribution Resources:

The Comprehensive Provider Attribution (CPA)
and the Individual Provider Attribution (IPA)

Release of the CPA

- The CPA was released to the PPS **Tuesday, March 29th** through the CMA Secure File Transfer Protocol
- Only those PPSs that are eligible to receive PHI were able to receive the CPA
- **Data Source:** Fee-for-Service claims and Managed Care encounters from the Medicaid Data Warehouse (MDW)
- **Attribution Data Report Timeframe:** *3/1/2014 – 2/28/2015*

Purpose of the CPA

- The **purpose** of the Comprehensive Provider Attribution (CPA) report is to:
 - Provide the PPS with the member level detail of their attributed members, less those that have opted out
 - Catalog all Medicaid providers (not just in-network providers) who performed a service on a PPS' attributed member
 - Display the number of visits by provider for each attributed PPS member

Attribution Columns in the CPA

- Each record within the CPA includes a column denoting the provider that was responsible for an attribution, as well as a column denoting a servicing provider that ***did not*** result in an attribution
- A flag is included for each provider to identify whether the provider is:
 1. In the PPS network being reported on
 2. In another PPS' network
 3. Not in any PPS network
 4. In PPS network being reported on and in another PPS

All flags are **based on old PPS networks, before new providers were added as of 12/2015**

CPA Attributed Provider Service Types

For each member, the method of attribution that is disclosed aligns with the DSRIP Attribution Loyalty Assignment (*i.e. DSRIP Attribution Swimlane*)

Designation for provider that resulted in attribution

DSRIP Attribution Loyalty Assignment (*i.e. DSRIP Attribution Swimlane*)

Attributed Provider Service Type	CPA Service Type Full Name
DD-R	Developmental Disabilities-Residential (Waiver and IID)
DD-DVS	Developmental Disabilities-Day/Vocational Services
DD-CM	Developmental Disabilities-Care Management
DD-A16	Developmental Disabilities-Article 16 Clinic
DD-OWS	Developmental Disabilities-Other OPWDD Waiver Services
LTC-NH	Long Term Care-Nursing Home
BH-HH	Behavioral Health-Health Home TC, or ACT or HCBS Waiver (kids)
BH-IRC	Behavioral Health-Intermediate or Intensive Residential Care (RTF, RRSY, Rehab Services to CR Residents, etc.)

CPA Attributed Provider Service Types (continued)

Attributed Provider Service Type	CPA Service Type Full Name
BH-OC	Behavioral Health-OMH/OASAS Outpatient Clinic, CDT, PROS, Day Treatment, MMTP, Outpatient Rehab
BH-FMD	Behavioral Health-Freestanding MD psychiatrist, psychologist treating BH
BH-SM	Behavioral Health-Speciality Medical or Inpatient/ED for BH
AO-HH	All Other-Health Home (Members meeting HH standard and Utilizing HH)
AO-PCP	All Other-Primary Care Provider
AO-OPCP	All Other-Other Primary Care Provider or Outpatient Clinic
AO-ED	All Other-Emergency Department
AO-IP	All Other-Inpatient
OTH CAT	Other Category (not in any of the 16 Service Types defined above)

CPA Non-Attributed Provider Service Types

In addition to providers that drove attribution, a service type is also tied to those providers reported out on that did NOT drive attribution.

Designation for provider that a member saw but did not result in attribution

DSRIP Attribution Loyalty Assignment (i.e. DSRIP Attribution Swimlane)

Non-Attributed Provider Service Type	CPA Service Type Full Name
DDL1	Developmental Disabilities-Residential (Waiver and IID)
DDL2	Developmental Disabilities-Day/Vocational Services
DDL3	Developmental Disabilities-Care Management
DDL4	Developmental Disabilities-Article 16 Clinic
DDL5	Developmental Disabilities-Other OPWDD Waiver Services
LTCL1	Long Term Care-Nursing Home
BHL1	Behavioral Health-Health Home TC, or ACT or HCBS Waiver (kids)
BHL2	Behavioral Health-Intermediate or Intensive Residential Care (RTF, RRSY, Rehab Services to CR Residents, etc.)

CPA Non-Attributed Provider Service Types

(Continued)

Non-Attributed Provider Service Type	CPA Service Type Full Name
BHL3	Behavioral Health-OMH/OASAS Outpatient Clinic, CDT, PROS, Day Treatment, MMTP, Outpatient Rehab
BHL4	Behavioral Health-Freestanding MD psychiatrist, psychologist treating BH
BHL5	Behavioral Health-Speciality Medical or Inpatient/ED for BH
OTHL1	All Other-Health Home (Members meeting HH standard and Utilizing HH)
OTHL2	All Other-Primary Care Provider
OTHL3	All Other-Other Primary Care Provider or Outpatient Clinic
OTHL4	All Other-Emergency Department
OTHL5	All Other-Inpatient
(blank)	Other Category (not in any of the 16 Service Types defined above)

Useful CPA Resources

- The CPA data dictionary sent to the PPS via the DSRIP BML mailbox on 03/30/2016 discloses:
 - Descriptions for each of the CPA report column headings
 - The time period from which the data was pulled
 - Defines the Provider Service Type fields in the report
- In addition, the “*Actively Engaged and the Comprehensive Provider Attribution (CPA)*” webinar housed on the DSRIP Digital Library provides a field-by-field walkthrough of the CPA report, with relevant examples

Purpose of the IPA

- **Purpose:** The IPA will show each PPS how many attributed member counts their providers drove at the individual provider level. Results have been de-duplicated.
 - The second iteration of the report will also disclose the **Speed and Scale** category/categories and **Attribution Service Type** for each provider on the IPA report
- **Release Date:** The IPA report is scheduled for release by mid-April
- This report will contain no PHI and be available to all PPSs