NEW YORK STATE | Department of Health | Medicaid Redesign Team

DSRIP Data: Updated Information

Regeneration of Claims Extract and Member Roster files

Office of Health Insurance Programs & NYSTEC

December 2015

Agenda

1. Changes to NYS Medicaid Data files:
    - Who is now excluded from data?
    - Why the change?
2. Impact of changes to PPS baseline calculations
3. Timeline for upcoming new data releases
4. Destruction of current Member Rosters

What is the A4P Change

- The following Medicaid coverages are considered partial coverage and are excluded:
  - Family Planning coverage
  - Medicare Premium coverage
  - Emergency Medicaid
  - Suspended: Criminal Justice
  - Suspended: Psychiatric Facility
- The Business Rule:
  - Any Medicaid member that has at least 1 month of full coverage during the 12 month period that is not one of the Excluded Partial Coverage Codes will be included in A4P calculation.
- Medicaid Members move to different coverages due to change in circumstance. Medicaid members with full coverage in any month of the 12 month A4P reporting time period could generate claims that meet a measure definition. As a result, they are included.
- **For the baseline period (7/1/2013-6/30/2014), approximately 227,000 out of ~5.3M of the attributed population have only partial coverage and will be excluded from the A4P.**

Why we are regenerating data

Logic:

- The Attribution for Performance (A4P) is the basis for many DSRIP data sets such as the DSRIP Dashboards, Member Rosters, Claims Extract file, etc.
- A4P is used for baseline calculation purposes and for the monthly tracking of performance against which PPS are measured against. **A4P has no impact on valuation/$$$**
- A4P currently includes all Medicaid members regardless if they have partial coverage such as Emergency Medicaid.
- A general measurement principle follows that a member should only be counted in the denominator if they are available to be shown in the numerator.
- We also have requirements on data sharing through our Opt Out letter and PHI view of member data. We want to be consistent and have our A4P data set follow similar logic.

Additional Member Exclusion

- The generation of the Opt Out data file will exclude any member with a coverage code that is an Excluded Partial Coverage Code as of the eligibility date of the file generation. These members will not get letters and their member PHI will not be shared. This also applies to:
  - Member Roster
  - Claims Extract File
  - DSRIP Dashboards

- These members will remain included in the numerator/denominator for measures calculations.

- DSRIP Dashboards will have PHI Access to member data.
  - Opt out data will be refreshed monthly and members that transition to an Excluded Partial Coverage code will not have their Member PHI data shared for that reporting period in the DSRIP Dashboards.

Member Exclusion Scenario

No	Scenario	A4P (In Measures)	PHI Data Sharing
1	Member has Emergency Medicaid (March 2014 - February 2015)	Excluded	NA
2	- Member has Family Planning March 2014 - November 2014 and - then full coverage starting in December 2014	Included	Yes
3	- Member has Full Medicaid coverage March 2014 - February 2015. - Member is incarcerated in October 2015 and is still suspended as of the Opt Out Data file run date of January 2015.	Included	No

Attribution Time Period is 3/1/2014 – 2/28/2015

Impact of Changes to Baseline Results per PPS

- ***NOTE:*** *Pending reruns of attribution for performance (A4P) with the revised member rosters, no definitive conclusions can be made about how baseline results per PPS are affected by the exclusions. Our current projections expect that baseline affects will be minimal; major shifts are not expected.*

- **Revised baseline files per PPS are expected to be released in January 2016.**

- **Changes to baseline results per PPS are expected to be relatively small given that most of the claims-based measures require:**
  - 12 months of continuous enrollment - Minimally affected by exclusions of partially enrolled members
  - Provision of a qualifying service - Unlikely that all excluded members would have qualified for the measure

- **Performance goals for measures where PPS data is used for establishing the goal (PQI, PDI, PPR, and PPV) will be recalculated:**
  - Recalculation is needed because performance goals are computed based on baseline result data
  - Change in performance goals is not expected to impact the attainability of the performance goals substantially, since performance goals will change in the same ratio as the baseline result data

Impact of Changes to Baseline Results per PPS (cont'd)

- **For non-claims-based measures (ex: Medical Record Review and CAHPS surveys), a reconciliation process against the new A4P will be carried out to remove excluded members from the sample.**
  - Given that no baselines had yet been determined, there will not be a calculated change to baseline results for these measures.

- **Analysis of the claims dataset reveals that the largest changes to baseline results are likely to be observed for the population-based measures PQI and PDI.**
  - The analysis indicates the impact of the exclusion and removes inpatient stays and ER visits. May reflect members had partial coverage for these types of services.

- **Out of the 46 measures examined:**
  - **N=34 had 0 – 3% difference (close to ¾ of measures)**
  - N=7 had 3 – 6% difference
  - N=5 had 6 – 8% difference
  - *The list of examined measures follows on slides 9-11*

Impact of Changes to Baseline Results per PPS (cont'd)

- **7 of the 46 measures have 0% change to baseline data, including 1 PQI and 1 PDI measure:**
  - Follow-Up Care for Children Prescribed ADHD Medication
  - Follow-Up Care for Children Prescribed ADHD Medication
  - Asthma Medication Ratio
  - **PDI 90 Pediatric Quality Overall Composite**
  - **PQI 09 Low Birth Weight Rate**
  - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
  - Well-Child Visits in the First 15 Months of Life

- **Results per PPS may vary from these figures and will be calculated once the A4P is rerun to allow for PPS-specific analysis.**

Table: Percent change between current baseline results and new baseline results (after rerun of A4P) of examined measures

Measure ID	Measure Name	Percent Change
AAP	Adults' Access to Preventive/Ambulatory Health Services	1.03%
ADD	Follow-Up Care for Children Prescribed ADHD Medication- Initiation phase	0.00%
ADD	Follow-Up Care for Children Prescribed ADHD Medication- Continuation Phase	0.00%
AMM	Antidepressant Medication Management- Acute Phase	0.05%
AMM	Antidepressant Medication Management- Continuation Phase	0.14%
AMR	Asthma Medication Ratio	0.00%
CAP	Children and Adolescents' Access to Primary Care Practitioners	0.01%
CCS	Cervical Cancer Screening	0.49%
CHL	Chlamydia Screening in Women	0.46%
FUH	Follow-Up After Hospitalization for Mental Illness- 7 days	2.35%
FUH	Follow-Up After Hospitalization for Mental Illness- 30 days	2.26%
HIV	Comprehensive Care for Persons with HIV/AIDS- Engaged in Care	0.28%
HIV	Comprehensive Care for Persons with HIV/AIDS- Syphilis Screening	0.30%
HIV	Comprehensive Care for Persons with HIV/AIDS- Viral Load Monitoring	0.31%
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment- Initiation	0.15%
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment- Engagement	0.54%
MMA	Medication Management for People with Asthma- 75% days covered	0.02%
MMA	Medication Management for People with Asthma- 50% days covered	0.01%

Source: baseline comparison final filters applied_11_16_2015_summary.xlsx. Provided by OQPS on 12/2/2015.

Table: Percent change between current baseline results and new baseline results (after rerun of A4P) of examined measures

Measure ID	Measure name	Percent Change
PDI	PDI 14 Asthma Admission Rate	0.18%
PDI	PDI 15 Diabetes Short-term Complications Admission Rate	0.26%
PDI	PDI 16 Gastroenteritis Admission Rate	0.12%
PDI	PDI 18 Urinary Tract Infection Admission Rate	0.30%
PDI	PDI 90 Pediatric Quality Overall Composite	0.00%
PDI	PDI 91 Pediatric Quality Acute Composite	0.66%
PDI	PDI 92 Pediatric Quality Chronic Composite	0.19%
PQI	PQI 01 Diabetes Short-term Complications Admission Rate	2.95%
PQI	PQI 03 Diabetes Long-term Complications Admission Rate	5.97%
PQI	PQI 05 COPD or Asthma in Older Adults Admission Rate	1.35%
PQI	PQI 07 Hypertension Admission Rate	8.06%
PQI	PQI 08 Heart Failure Admission Rate	6.46%
PQI	PQI 09 Low Birth Weight Rate	0.00%
PQI	PQI 10 Dehydration Admission Rate	3.68%
PQI	PQI 11 Bacterial Pneumonia Admission Rate	3.94%
PQI	PQI 12 Urinary Tract Infection Admission Rate	6.74%
PQI	PQI 13 Angina Without Procedure Admission Rate	7.28%
PQI	PQI 14 Uncontrolled Diabetes Admission Rate	6.36%

Source: baseline comparison final filters applied_11_16_2015_summary.xlsx. Provided by OQPS on 12/2/2015.

Table: Percent change between current baseline results and new baseline results (after rerun of A4P) of examined measures

Measure ID	Measure name	Percent Change
PQI	PQI 15 Asthma in Younger Adults Admission Rate	0.50%
PQI	PQI 16 Lower-Extremity Amputation Diabetes Rate	5.42%
PQI	PQI 90 Prevention Quality Overall Composite	4.11%
PQI	PQI 91 Prevention Quality Acute Composite	4.80%
PQI	PQI 92 Prevention Quality Chronic Composite	3.87%
SAA	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	0.01%
SMC	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	0.07%
SMD	Diabetes Monitoring for People with Diabetes and Schizophrenia	0.25%
SSD	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	0.00%
W15	Well-Child Visits in the First 15 Months of Life	0.00%

Source: baseline comparison final filters applied_11_16_2015_summary.xlsx. Provided by OQPS on 12/2/2015.

Project Timeline

- Member Roster, Claims File and DSRIP Dashboards will be based on Attribution for Performance time period of 3/1/14 – 2/28/2015.

- DSRIP Dashboards Phase 1 will be available on 1/29/2016

- Member Roster:
  - Will be regenerated based on the new logic
  - Rosters currently live must be destroyed by PPS
  - Available to PPS through Secure File Transfer (SFT) starting the week of 1/25/2016

- Claims File:
  - Logic being finalized
  - Available to PPS through SFT starting the week of 2/15/2016

Data Destruction Overview – Member Rosters

Overview:

DOH is going to be generating new and corrected files. It is important that member roster files containing this information be promptly destroyed, to address privacy concerns for those members.

Requirements:

- PPSs who are in receipt of the DOH member roster for DSRIP are required to destroy existing versions of the member roster file, regardless if a PPS Lead desires to receive a new member roster file from DOH.
- PPS Leads have until December 18th, 2015 to destroy the original and all generated copies of existing member rosters and submit the Data Disposal Attestation Form (current DEAA Attachment C) to DOH validating this completion.
- Failure to comply with Data Destruction Attestation submission will result in denial for access to NYS Medicaid Data until the Attestations are returned and approved. This access includes: updated member roster and claims extract files, along with PHI views within upcoming MAPP Performance Dashboards.
- This process mirrors that which will need to be followed prior to the release of Opt-Out data, when the Opt-Out process has been completed.

Questions?

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