CMA

August 2020

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Leverage Data to Manage Through Crisis and Beyond

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Today’s Presentation

- Using Data to Respond to COVID-19
- Responding to the CARES Act
- Managing the Impact to Medicaid

Introduction

CMA Profile

- Founded in 1984
- National Systems Integrator Focused on Health & Human Services
- Dedicated Data Analytics Division
- Strategic Tableau Partner

Tableau Partnership

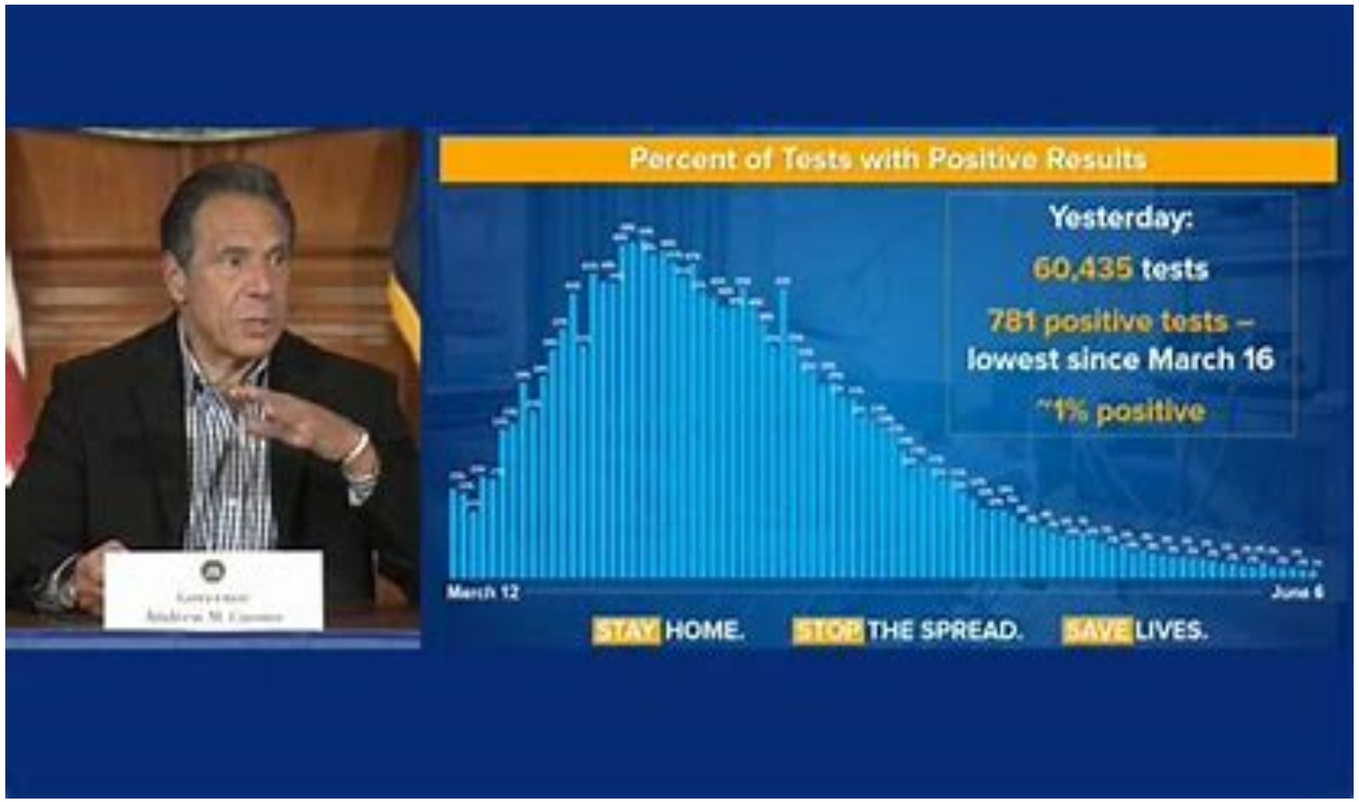
- Partner since 2013
- Member of Tableau's Partner Advisory Council (PAC)
- Awarded "Outstanding Public Sector Project" at Tableau 2019 Global Partner Summit
- Supporting one of the largest public sector Tableau deployments in the country

Using Data to Combat COVID-19

Gary Davis
Executive Vice President, CMA

Leadership Using Fact-Based Data to Drive Decisions

- NYS has demonstrated national leadership in the response to COVID 19
- Policy and response efforts based on science and data
- NYS leveraged existing technology investments including the use of Tableau



Leveraging Technology to Combat COVID-19

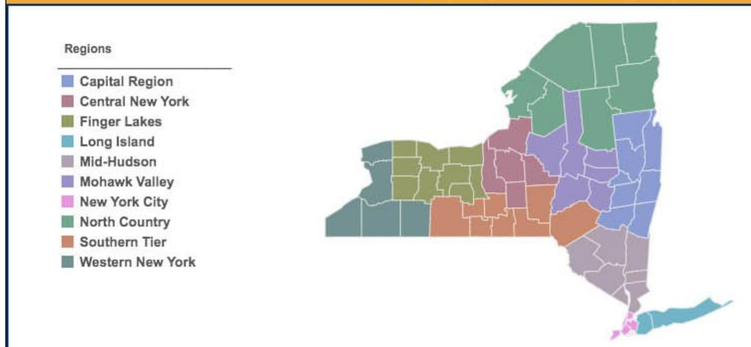
- Governor Cuomo established a COVID-19 Technology SWAT Team
- Vendors contributed services and technology to support the SWAT Team
- CMA leveraged our solutions, expertise and resources to support the SWAT Team

Leveraging Technology to Combat COVID-19

- CMA leveraged our assets and expertise from the Medicaid Data Warehouse to assist NYS
- We used our knowledge of NYS HHS data and Tableau to develop dashboards
- CMA performed complex data analysis and financial impact to Medicaid to support CARES Act relief funding

Regional COVID-19 Metrics: Where Regions Currently Stand

Report as of May 10, 2020



Metrics Met	
Capital Region	5/7
Central New York	6/7
Finger Lakes	7/7
Long Island	5/7
Mid-Hudson	5/7
Mohawk Valley	7/7
New York City	4/7
North Country	6/7
Southern Tier	7/7
Western New York	5/7

	14-Day Decline in net Hospitalizations OR Under 15 new Hospitalizations (3-day avg)	14-Day Decline in Hospital Deaths OR Fewer than 5 deaths (3-day avg)	New Hospitalizations (Under 2 per 100K residents - 3 day rolling avg)	Share of total beds available (threshold of 30%)	Share of ICU beds available (threshold of 30%)	30 per 1k residents tested monthly (7-day avg of new tests per day)	Contact tracers 30 per 100K residents or based on infection rate	Metrics Met
Capital Region	No ✗	No ✗	0.68 ✓	42% ✓	50% ✓	1,123 / 1,085 ✓	Expected ★	5/7 ✗
Central New York	Yes ✓	Yes ✓	1.16 ✓	45% ✓	59% ✓	647 / 775 ✗	Yes ✓	6/7 ✗
Finger Lakes	Yes ✓	Yes ✓	0.94 ✓	46% ✓	55% ✓	1,458 / 1,203 ✓	Yes ✓	7/7 ✓
Long Island	Yes ✓	No ✗	2.85 ✗	33% ✓	33% ✓	4,317 / 2,839 ✓	Expected ★	5/7 ✗
Mid-Hudson	Yes ✓	No ✗	2.79 ✗	32% ✓	46% ✓	3,993 / 2,322 ✓	Expected ★	5/7 ✗
Mohawk Valley	Yes ✓	Yes ✓	0.82 ✓	55% ✓	65% ✓	502 / 485 ✓	Yes ✓	7/7 ✓
New York City	Yes ✓	Yes ✓	3.46 ✗	29% ✗	24% ✗	13,464 / 8,399 ✓	Expected ★	4/7 ✗
North Country	Yes ✓	Yes ✓	0.00 ✓	54% ✓	60% ✓	400 / 419 ✗	Yes ✓	6/7 ✗
Southern Tier	Yes ✓	Yes ✓	0.11 ✓	50% ✓	45% ✓	858 / 633 ✓	Yes ✓	7/7 ✓
Western New York	No ✗	No ✗	1.45 ✓	45% ✓	53% ✓	1,430 / 1,381 ✓	Expected ★	5/7 ✗

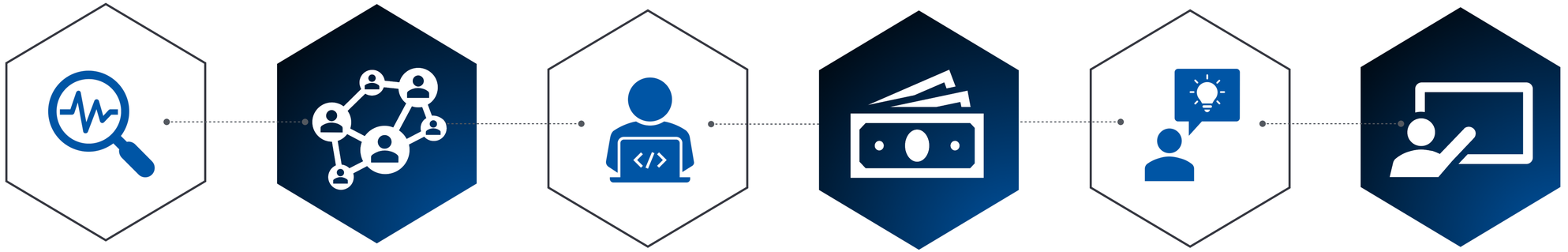
Responding to the CARES Act

Steve Zizzi
Chief Innovation Officer, CMA

CARES Act – A $2.2 trillion economic stimulus bill passed by the U.S. Congress in March 2020

- $175 Billion allocated in payments to Provider Relief Funding
- **Phase 1 General Distribution**
- Initial $30 Billion General Distribution
- $20 Billion General Distribution
- First, they must sign an attestation and agree to the program Terms and Conditions if they wish to keep the funds, or agree to return the funds within 90 days of payment.

6 Key Steps to Receive Funding from CARES



1. Determine Eligibility

2. Validate TIN

3. Apply for Funds

4. Receive Payment

5. Attest to Payment

6. Report on Use of Funds

Step 1: Determine Eligibility

- **187,000 NYS providers in Medicaid program**
- Eligible if:
  - **Billed Medicaid / CHIP programs (FFS) or Medicaid managed care plans** for health-related services between Jan.1, 2018-Dec.31, 2019; or
  - **Billed a health insurance company for oral healthcare-related services** as a dental service provider; or
- Dental or Pharmacy providers identified
- Verified if still active in Medicaid program in 2020

CMA Medicaid DW Team & NYS DOH
Determine Eligibility – 5.6 Billion claims

- Find all providers who had fee for service (FFS), encounter and/or lump sum payments for either 2018 or 2019. All payments aggregated for each provider.
- Provide NPI (National Provider Identifier), name, address and email address for each provider if available.
- Provide TIN information for each provider. This was a challenge as not all providers were paid directly by Medicaid.
- Indicate what providers were retail pharmacies.
- Indicate what providers were dentists.

Step 2: Validate TIN and Services Delivered

- Provide TIN information for each provider. This was a challenge as not all providers were paid directly by Medicaid.
- **Did not permanently cease** providing patient care directly or indirectly
- **Did not receive a previous General Distribution payment** totaling approximately 2 percent of annual patient revenue

In Summary

- The ask was complicated
- The federal deadline was aggressive
- This initiative was an important step in providing **billions of dollars** in relief from the federal gov’t to healthcare providers throughout New York State
- We’re continuing to look at the impact of COVID-19

Managing the Impact to Medicaid

Jeff Wendth
Vice President of Healthcare Solutions, CMA

New York State's Medicaid Redesign Team Established a Transformative Roadmap That Continues to Evolve

$70 Billion Program serving more than 6.5M Members

2014 – 1115 (DSRIP) Waiver targets structural delivery and financing reforms

- ✓ On Track to reduce Potentially Preventable Complications by *21%* in 5-Years
- ✓ Per person spending reduced by nearly *10 %*
- ✓ Distributing 86% of the *$6.8 Billion* in Incentive Payments available to Date

2018 – Value Based Payment Pilots

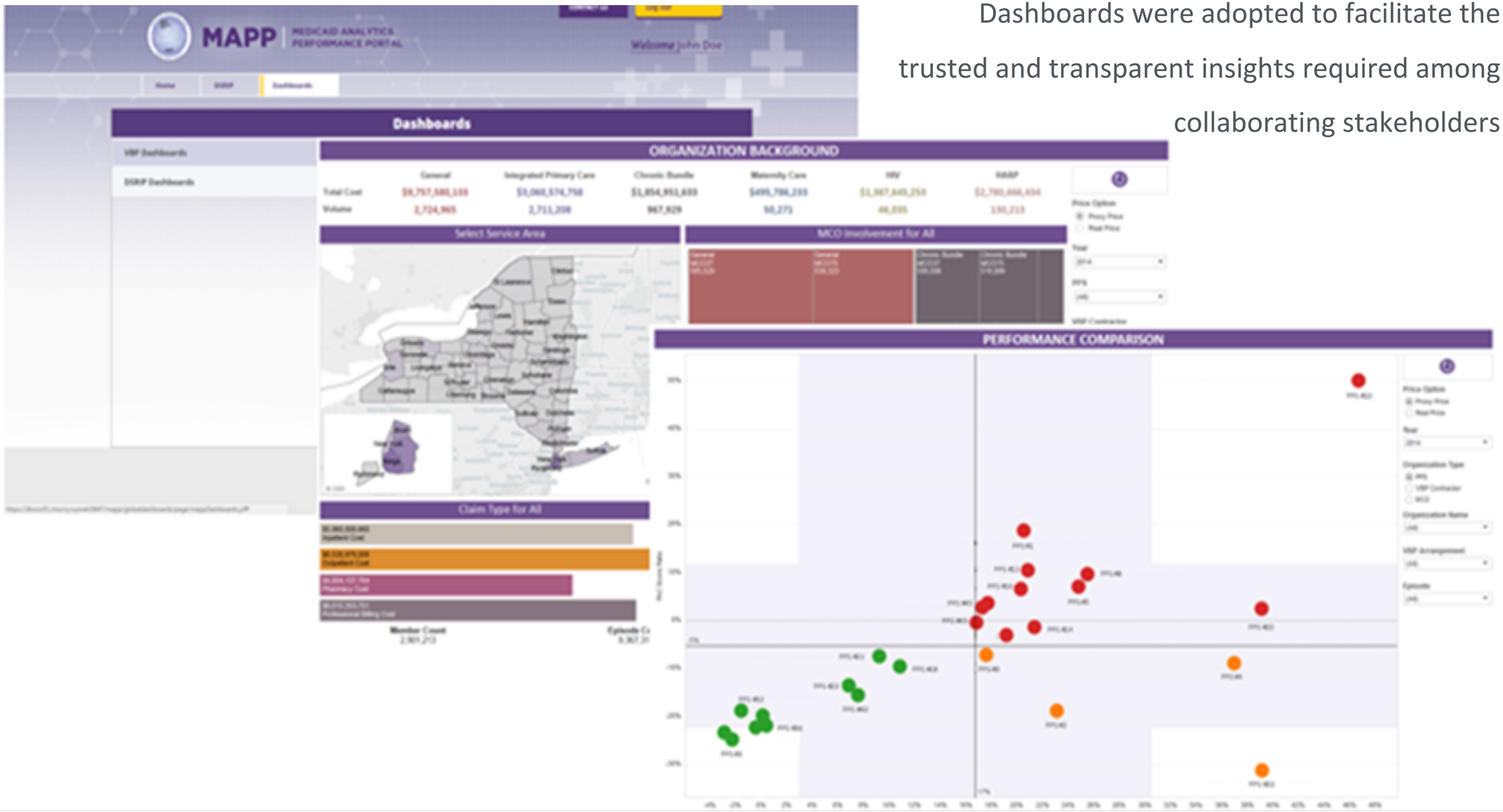
- ✓ Shifting accountability to Value Based Arrangements
- ✓ Move *80-90%* of Medicaid Managed Care Contracts to VBP by 2020
- ✓ *35%* of VBP Contracts need to be risk sharing

Data, Analytics and Visualizations Have Been Integral to the Success of DSRIP Waiver

Trust and Transparency, Safe and Secure, User-Driven, Visual Discovery

- *Attributing* Medicaid Beneficiaries to one of 25 Performing Provider Systems
- *Valuation* of DSRIP Specific Projects for Potential Incentive Payments
- *Enrichment* data via Grouper and MDM tools
- *Baselining* Cost/Quality for Attributed Populations on a PPS-specific basis
- *Monitoring & Reporting* Project-Specific Performance Metrics (HEDIS, AHRQ)
- *Calculating* the distribution of up to $6.8 Billion in Incentive Payments
- *Enabling* internal and external stakeholders with highly-directive, interpretive dashboards with drill down capabilities via MAPP

Dashboards were adopted to facilitate the trusted and transparent insights required among collaborating stakeholders



DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROGRAM

Throughout the five demonstration years, Performing Provider Systems (PPS) will report on progress and milestones and be evaluated using specific quality measures associated with their projects.This section describes the domains and the methodology for establishing goals and annual improvement increments which will be used to determine performance attainment in each demonstration year.

Domains
All DSRIP measures are organized into 4 Domains. The lead partner for each PPS will be required to report measures for all four domains as specified in the project plan. The project requirement details for Domain 1 and Domain 4 measures will be forthcoming from the Independent Assessor organization. Domain 2 and 3 measures will be described in this measure specification and reporting manual.

Domain 1 – Overall Project Progress
Domain 2 – System Transformation
Domain 3 – Clinical Improvement
Domain 4 – Population-wide

State Performance Measure Results

Measure ID: AAP

	DY0	DY1	DY2
Adult Access to Preventive or Ambulatory Care - 20 to 44 years	85	83	83
Adult Access to Preventive or Ambulatory Care - 45 to 64 years	91	90	90
Adult Access to Preventive or Ambulatory Care - 65 and older	89	89	90

AV Payments for DY1

PPS Name: Bassett PPS LLC | Domain ID: (All) | Project ID: (All)

Payment Period	Earned AV Amount	Earned AV Amount %	Maximum AV Amount
1	$6,402,476	100%	$6,402,476
2	$2,102,946	99%	$2,134,158
3	$1,923,562	90%	$2,134,150

Current DSRIP Member Attribution

Process Date: 10/1/2017 | Claim Period: 4/1/2016 - 3/31/2017
Measure Year: MY3 - 9 Month | Demonstration Year: DY3 - 3 Quarter, 7 Month

PPS Name	Current Attributed Members
Statewide	5,621,424
Adirondack Health Institute, Inc.	84,221
Advocate Community Providers, In	
Albany Medical Center Hospital	
Alliance for Better Health Care, LL	
Bassett PPS LLC	
Bronx-Lebanon Hospital Center	
Care Compass Network	
Central New York Care Collaborati	
Finger Lakes Performing Provider	
Maimonides Medical Center	
Millennium Collaborative Care	

MONTHLY PERFORMANCE MEASURE RESULTS BY PPS

From the DSRIP Performance Measure visualizations, based on the PPS selected, the table shows the result across time for all measures. Results are color coded to indicate progress to the PPS annual increment goal (10% improvement) for each measure.

PPS Name: Better Health for Northeast New York | Project ID: (All)

Measure Name	Month-1	Month-2	Month-3	Month-4	Month-5	Month-6	Month-7	Month-8	Month-9	Month-10	Month-11
AAPC20RES || Adult Access to Preventive or Ambulatory Care - 20 to 44 years	84.34	84.34	84.39	83.81	83.64	83.92	84.08	84.07	83.96	83.58	83.69
AAPC45RES || Adult Access to Preventive or Ambulatory Care - 45 to 64 years	90.34	90.74	90.44	89.86	89.78	89.86	89.84	89.96	90.00	89.73	89.72
AAPC65RES || Adult Access to Preventive or Ambulatory Care - 65 and older	92.05	92.28	93.03	91.64	92.81	91.29	91.02	90.06	90.24	88.43	90.03
ADDCRES || Follow-up care for Children Prescribed ADHD Medications - Continuatio..	56.03	57.34	56.64	56.29	56.58	59.15	59.26	57.89	57.05	59.46	59.71
ADDIRES || Follow-up care for Children Prescribed ADHD Medications - Initiation Ph..	52.78	52.25	50.23	49.32	50.55	51.50	51.28	50.78	51.55	52.42	51.86
AMMACUTRES || Antidepressant Medication Management - Effective Acute Phase Treat..	54.01	54.23	56.21	56.65	56.39	55.70	54.83	54.22	53.84	54.22	55.06
AMMCONTRES || Antidepressant Medication Management - Effective Continuation Phase..	38.77	38.71	40.10	40.22	40.51	39.56	38.98	39.39	39.71	38.92	38.75
AMRRES || Asthma Medication Ratio (5 - 64 Years)	63.94	64.19	63.95	64.30	64.90	66.44	63.75	64.58	64.38	65.00	65.59
CAPC7RES || Children's Access to Primary Care - 7 to 11 years	97.08	97.29	97.30	97.40	97.44	97.43	97.50	97.48	97.58	97.62	97.54
CAPC12MRES || Children's Access to Primary Care - 12 to 24 Months	95.73	95.78	95.22	95.05	94.95	95.37	94.97	95.34	94.94	95.26	95.82
CAPC12RES || Children's Access to Primary Care - 12 to 19 years	94.90	95.08	94.88	94.90	94.96	94.90	95.06	95.21	95.12	95.33	95.40
CAPC25RES || Children's Access to Primary Care - 25 months to 6 years	92.71	92.62	92.80	92.85	92.78	92.57	92.21	92.35	91.99	91.95	92.28
FUH07RES || Follow-up after hospitalization for Mental Illness - within 7 days	46.65	48.32	48.78	49.17	49.35	48.83	46.74	47.64	46.92	47.44	48.81
FUH07V2RES || Follow-up after hospitalization for Mental Illness - within 7							45.32	46.16	45.51	45.66	47.52

Measurement Year: MY1 / MY2 / MY3

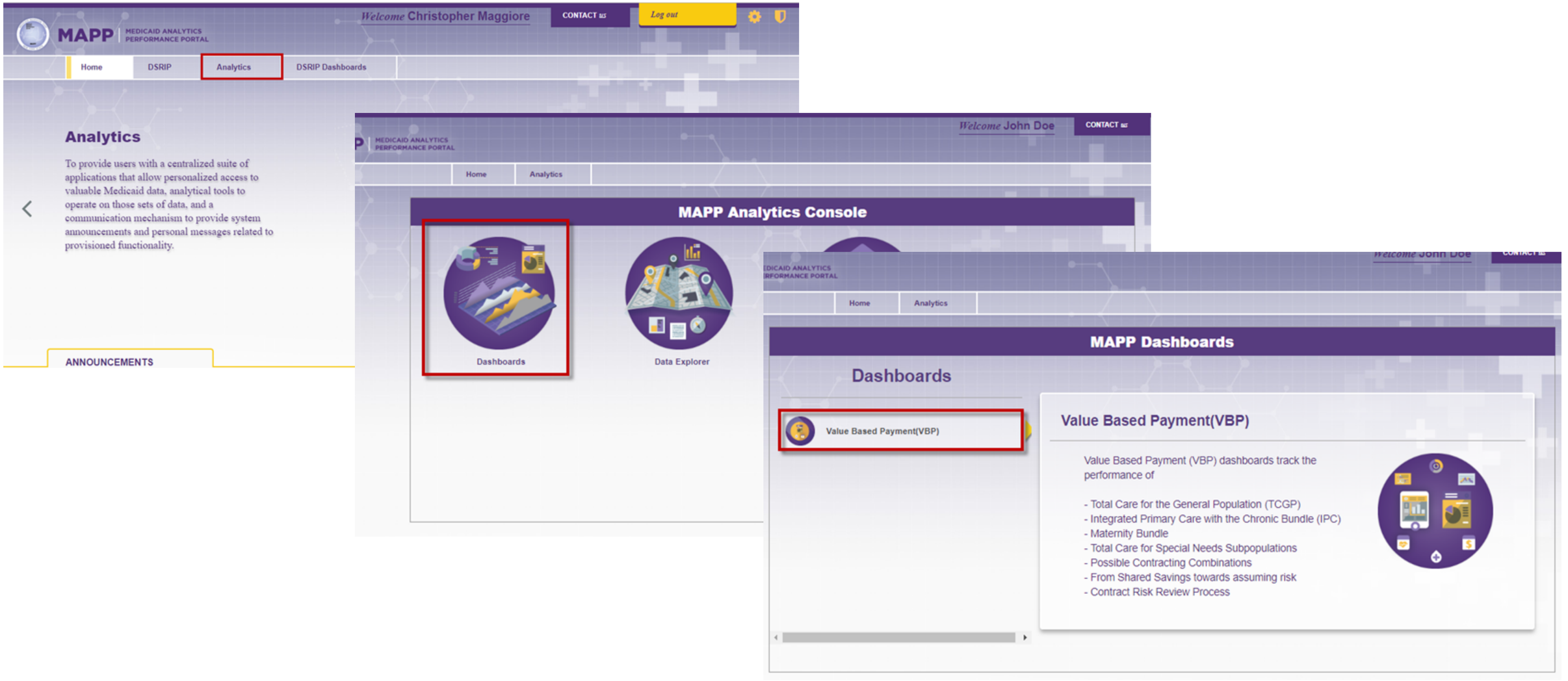
Measure Result Target: BLUE, GREEN, GREY, RED, YELLOW

Legend Breakdown
BLUE - Meet (or) Exceeds Annual Improvement Target
GREEN - Within 20% of Annual Improvement Target
YELLOW - Within 20-40% of Annual Improvement Target
RED - Below 40% of Annual Improvement Target
GREY - Not a DSRIP Performance Measure (or Composite Measure)

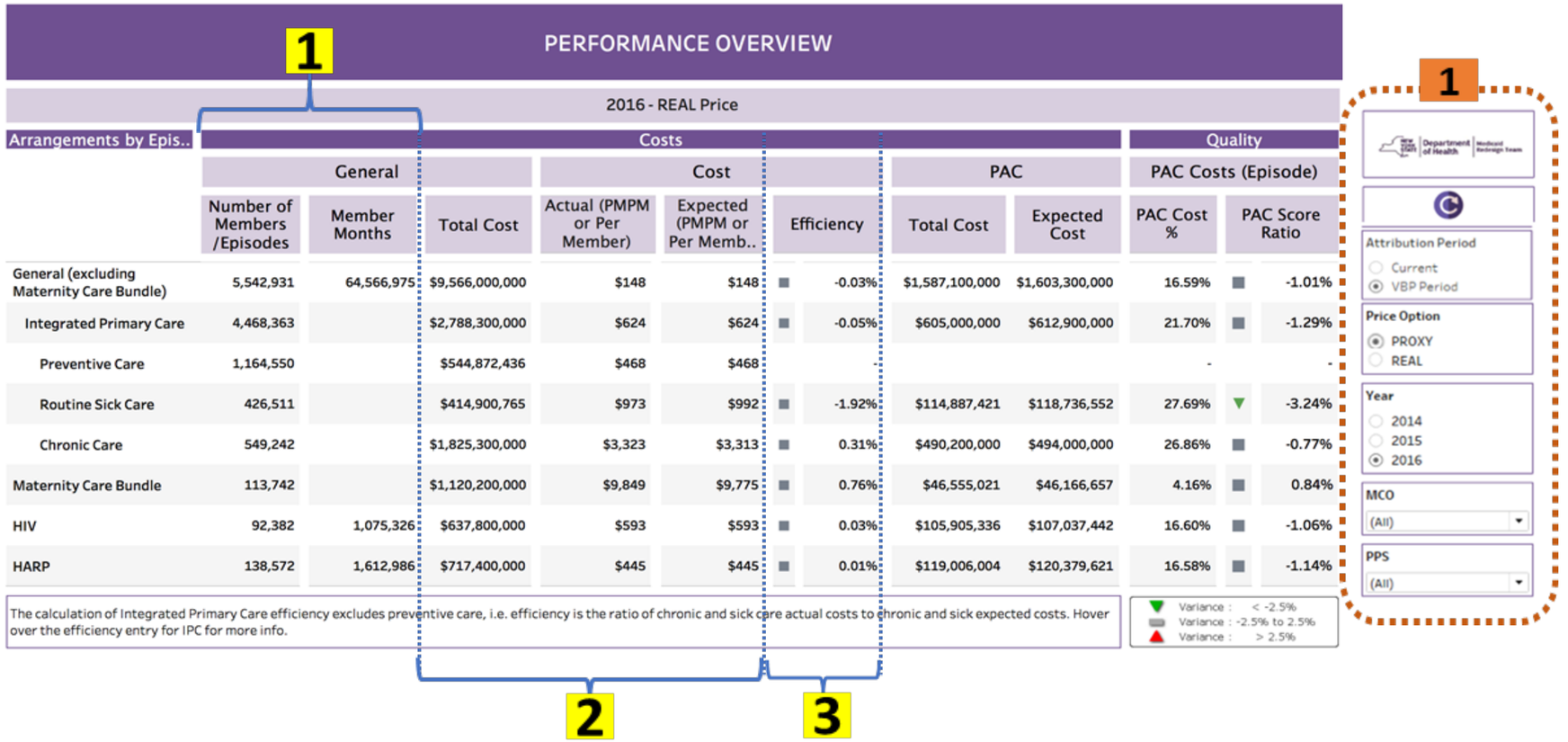
Labeling
Process Date - Attribuation for Performance Run Date
Claim Period - Start and End Dates for the Data
Measure Result - Comparing the Measure Result with Annual Improvement Target for a PPS

DSRIP visualizations reflected an array of important Statewide Measures, as well performance trends at the PPS Level

Trusted and Transparent Insights are Essential to the Payers and Providers Assuming Greater Risk Under the State's VBP Arrangements



Performance Overview Dashboards Provide a Snapshot of Arrangement Level Information for a Given Entity as well as a Comparison to Statewide Average



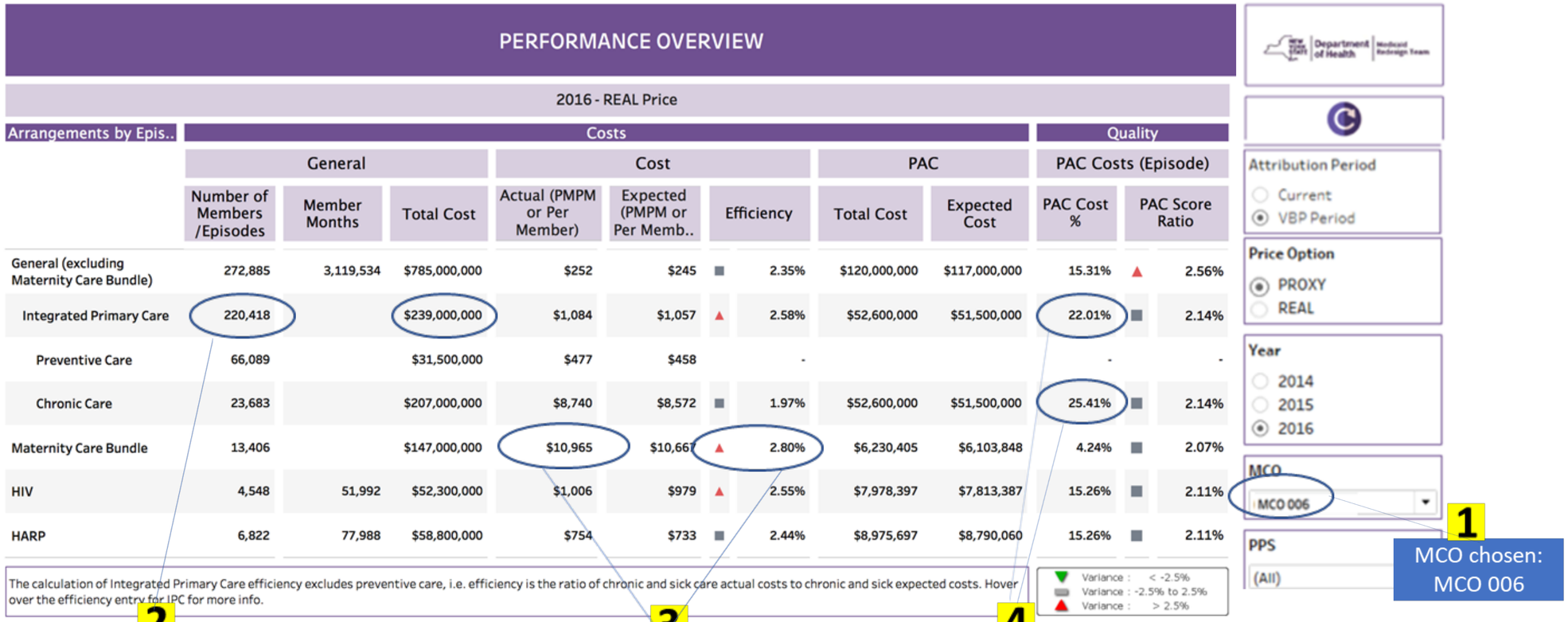
Structure

1. Shows the number of members/episodes for each VBP arrangement.
2. Shows the total costs and actual & expected PMPM spending.
3. Efficiency Ratio[1] $= \frac{actual\ PMPM}{expected\ PMPM} - 1$
4. Shows the actual and expected PAC[1] cost, and the two other PAC quality measures (PAC Cost %[1], PAC Score Ratio[1]).

Functions

1. **Filters**
   - By attribution period[2-3], price (real/proxy), year, PPS, MCO

The Interactive Nature of the Dashboards Enable Users to Drill Down for More Granular and Actionable Insights



Note

- PAC and Efficiency ratio are the two metrics that point to improvement areas.

Questions?

For more information:

cma.com