



Office of Alcoholism and Substance Abuse Services

DSRIP Knowledge Series

“Attribution for Valuation and Attribution for Performance”

What is DSRIP?

The Delivery System Reform Incentive Payment Program (DSRIP) is a statewide initiative to transform and improve healthcare throughout the state. It is an incentive payment model that rewards providers for performance on delivery system transformation projects that improve care for Medicaid and non-insured individuals. DSRIP shifts hospital supplemental payments from paying for coverage to paying for improvement efforts.

What is a PPS?

The central pillar of DSRIP is an incentive payment model that will fund hundreds of different “projects” across the State, to be developed and implemented by large provider networks, known as Performing Provider Systems (PPS). These PPSs are led by a single lead entity like a hospital or medical center, FQHC, health home, or IPA. PPS’ projects will be selected across three domains of system transformation, clinical improvements and population health. DSRIP’s overarching strategy is to integrate hospitals and community-based providers into robust networks of person-centered care that reduce avoidable inpatient stays while shifting the emphasis to ambulatory and community-based care, wellness and recovery. There can be multiple PPSs in a county or geographical region.

What is Attribution?

- Attribution is the process used in DSRIP to assign a member to a Performing Provider System (PPS). Attribution uses a combination of geography, claims records, and health plan PCP assignment to “attribute” a member to a given PPS.
- Attribution makes sure that each Medicaid member is assigned to one and only one PPS
- Although using a different process, attribution also assigns all or a portion of the uninsured individuals in each region to a PPS
- There are two kinds of attribution: Attribution for Valuation (“A4V”) and Attribution for Performance (“A4P”)

What is Attribution for Valuation (A4V)?

Attribution for valuation assigns or “attributes” a Medicaid member or uninsured individual to a specific PPS. These attributions are then tallied for use in the calculation of the (maximum) potential amount of DSRIP performance dollars which a PPS may receive over the five-year demonstration period. The goal of attribution for valuation is to attempt to align the value of potential performance awards with the depth and breadth of a given PPS network: the more lives covered by a PPS in an area, the higher the potential valuation.

Individual recipients are attributed to PPS for valuation purposes depending on the type of recipient they are and depending on the type of PPS they are attributed to.

NOTE: Depending on the type of recipient and PPS, providers who joined PPS networks with a signed Attestation Form prior to December 1, 2014, contributed to A4V counts in the PPS(s), essentially helping to drive the total amount of money the PPS(s) can potentially receive over the five-year demonstration period.

See DOH DSRIP Attribution for Valuation Webinar and Slides (and scroll down to “Attribution and Valuation Webinar” section):

http://www.health.ny.gov/health_care/medicaid/redesign/dsrp/webinars_presentations.htm

What is Attribution for Performance (A4P)?

Attribution for performance (A4P) refers to assigning Medicaid and uninsured lives to a specific PPS for purposes of measuring engagement, interventions, and other healthcare-related activities and, ultimately, improvements (or lack of improvements) in health outcomes. A4P applies only to PPS projects in domains 2 and 3. Activities and outcomes for the A4P lives will count toward the performance, or achievement values (AV), used to calculate DSRIP incentive payments (see below). Depending on the type of recipient and PPS, any service provider joining PPS networks on or before March 9, 2015 may contribute A4P counts to the PPS(s) they joined.

As with A4V, each Medicaid or uninsured person that is attributed will be assigned to only one PPS for measurement purposes. The patient population attributed for performance will be used to determine the baseline data against which future changes will be measured. In order to allow for project planning and application completion, there is an initial, prospective attribution at the start of the measurement year to determine the populations to be included. Consistent with the CMS Medicare Shared Savings Program (MSSP), there will also be a final attribution at the end of the year for evaluation and measurement.

Illustrating the difference between A4V and A4P (or, “How do Payments work?”)

Essentially, DSRIP payments to PPSs, which will be made on a semi-annual basis, can basically be thought of in terms of two multipliers: 1) PPS Valuation/6-month period; and 2) PPS “Performance” as a function of % of milestones achieved for that 6-month (two quarters) period.¹

The general “equation” for determining DSRIP payment to a PPS network as a whole is:

DSRIP payment/6-month period to a PPS = (PPS Valuation for that 6-month period) x (PPS Performance for that 6-month period)

(Note that DSRIP payment to a PPS for any given 6-month period is contingent on the State meeting its milestones for that period.)

So, for example, assume a hypothetical PPS called “Forestland” received an overall A4V of \$200 million over the 5 year demonstration period. Let’s say Forestland PPS’s total (potential) valuation for DSRIP Year 2, quarters 3 and 4 is \$18 million.² If Forestland accumulates achievement values that roll up to an 83% “performance score” for Year 2, quarters 3 and 4, the DSRIP payment to Forestland for that 6-month period will be \$14.94 million:

\$18 million (Yr 2, Qs 3 and 4 valuation)	x 83% (“Performance”)	=	\$14.94 million. (Actual payment for Yr 2, Qs 3 and 4)
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The point here to remember is that attribution of lives for valuation goes into the first multiplier, while attribution of lives for performance goes into the second multiplier.

Attribution Resources

If you have any questions or comments, please contact your KPMG DSRIP Support Team member or email the DOH team at: dsrip@health.ny.gov.

¹ Each quarterly reporting period, PPSs may actually earn up to a certain maximum number of “achievement values,” depending on a number of factors, including number of projects selected, reporting period, and implementation speed and scale commitments made. These values, scored as either “1” (met the requirements) or “0” (did not meet the requirements) cover distinct reporting and performance areas, and are then aggregated to measure a PPS overall performance for that quarter. Payments are made every other quarter. For additional information on how achievement values for Doman 1 process milestones are derived please visit http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/webinars_presentations.htm and scroll to “Domain 1 Project Requirements Reporting Guidance.”

² A PPSs total valuation is not evenly divided over the five years. Percentage distribution of the PPSs valuation peaks in DSRIP Year 3. In our example, instead of the 6-month valuation being an even \$20 million (\$200 million divided by 10, 6-month periods), the formula works out to \$18 million.

To see how performance will be measured within the implementation plan structure, go to the following URL and under the Implementation Plan section, select Implementation Plan Template (for general template) and Implementation Plan Prototype (to see an example using a hypothetical PPS called “Forestland”):

http://www.health.ny.gov/health_care/medicaid/redesign/dsrp/providers_professionals.htm

If you have questions about DSRIP more generally, click on the “Questions? Check-out the DSRIP FAQ” link in the Contact section of:

http://www.health.ny.gov/health_care/medicaid/redesign/listserv.htm.

If you have questions about OASAS’ role in DSRIP, you can reach any of the following OASAS DSRIP team leads: Stephan Brown (stephan.brown@oasas.ny.gov), Colette Poulin (colette.poulin@oasas.ny.gov), or Trishia Allen (trishia.allen@oasas.ny.gov).