MAPP requests from SWAN

Underlying principles

We believe that everyone involved in the New York State Medicaid system has the common goal of delivering services as effectively and efficiently as possible. Our suggested improvements to the Medicaid Analytics Performance Platform (MAPP) will provide accurate reports on services used by people with disabilities which can have a direct positive impact on the quality and efficiency of the NYS Medicaid system.

Product Vision

From the perspective of parents and advocates of people with Intellectual and Developmental Disabilities (I/DD):

- MAPP reports can provide transparency into what the Medicaid service delivery system is doing right, and where improvement is needed.
- MAPP reports will allow us to drill down into sub-groups, to the extent allowed by privacy laws. To comply with HIPPA, these sub-groups will need to be anonymized ("remove identifying particulars for statistical purposes").
- MAPP will allow advocates to send "blind" messages, so that individuals can contact advocates to help resolve issues.
- MAPP will allow properly authorized people to generate a non-anonymized report on an individual.

Information for I/DD Advocates

These are listed in *rough* priority order. Priorities will most likely change over time.

As Advocates in NYS for Individuals with Intellectual and Developmental Disabilities,
we want to have:

1. Reports on the ratio of "services delivered over services approved",
   so that we can understand where system breakdowns are taking place.
2. Service delivery reports broken down by geography (county-level, zip code), provider, acuity, service type, provider type (State or Non-Profit agency);
   so that we can drill down into details about what is working and what is not.
3. Reports on approvals and authorizations for waiver services generally as well as specific services, including the ratio of approvals to applications, time from application to decision;
   so that we can monitor the intake process.
4. Reports on residential supports, including specific categorization of "priority" categories, prior and current housing situation, date of request & approval & delivery, in addition to geography, provider, acuity, etc;
   so that we can determine where there are adequate services and where there is unmet need.
5. Approval reports broken down by same criteria as service delivery reports, and in addition based on ethnicity, and language preference;
   to detect any inadvertent systematic problems.
6. Reports which compare current performance to past, with adjustable time scale (months, quarters, years); to spot both negative and positive trends.

7. Ability to generate and send messages to sub-groups. Advocates can send messages to individuals, the professionals serving them, and their family members to tell them how they can get in touch with an advocacy group to bring issues to the surface and get them resolved.
8. Ability for an individual or authorized family member to generate a standard, detailed, non-anonymized report on their individual of interest;
    so that we can provide an on-going feedback loop to the service providers, and easily monitor the quality and accuracy of MAPP data and reports.
9. Reports on "pre-review" service delivery—that is, based on initial submission of billing requests from providers;
    to have early detection of potential positive and negative trends in provision of services.
10. Reports on review outcomes versus pre-review requests; to monitor the review process.
11. Reports on wait lists which are maintained by OPWDD, DOH and by any other entities, broken down as described for other reports, including length of time on list;
    to verify that the wait lists are fair and equitable.

Data Details

Before MAPP can produce reports, it must have data. Currently, relevant data sources regarding I/DD are not included.

- Choices- the application that Provider personnel use to track individuals with I/DD
- Tabs- used by OPWDD personnel to track Providers, programs, and program enrollment.

Since we do not have good information about the structure of the data environment at OPWDD, it could be that there are other vital sources in addition to those listed above. There might be a single underlying database which feeds into the systems which providers and OPWDD personnel interact with. MAPP personnel will of course need to consult with people who have expert knowledge of the OPWDD systems. This might be a good place to start:

https://opwdd.ny.gov/opwdd_resources/procurement_opportunities/Current_TABS_Data_Exchange

Vital data elements include TABS ID, Medicaid ID, DDP2 assessment information as listed starting on page 38 of the Data Exchange document, and the CAS equivalents when those become available. Also the service needs as listed on pages 42-44. There are many other data elements needed to create the desired reports, such as: overall acuity score, behavioral score, Vineland score, diagnostic category, application date, LCED approval date, residence type, agency code, ages of parents, Self-Direction budget application and approval dates, PRA.

We want MAPP to have excellent data governance. Specifically, the vital data elements in MAPP must:

- be adequately detailed & accurate (data standards),
- have agreed upon meanings (business rules),
- get periodically reviewed to ensure it is still accurate (data maintenance).

MAPP has an opportunity to reduce the elapsed time between service delivery and reporting. This can be done by bringing in the initial billing submissions from Medicaid providers. The compelling advantage is that those submissions are available months earlier than the reviewed and approved payments. Some portion of those bills will be rejected upon review, so it will be vital to differentiate between the "pre-review" request and the reviewed outcome.

To monitor the various wait lists, MAPP will need to intake those wait lists and match them with other records through use of standard matching methods, such as ID #s, names and addresses, email, etc.