Medicaid CHIP Data Analytics Unit Quarterly Report of Activities SFY 2018, Q4

As Required by

2018-19 General Appropriations Act, Senate Bill 1, 85th Legislature, Regular Session, 2017 (Article II, Health and Human Services Commission, Rider 38)

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1. Introduction

The General Appropriations Act (GAA), Article II, Rider 38, 85th Legislature, Regular Session, 2017, requires the Health and Human Services Commission (HHSC) to "submit a quarterly report reflecting the activities and findings of the Data Analysis Unit" created by Section 531.0082, Government Code. The following report fulfills this requirement for the fourth quarter of State Fiscal Year 2018 (SFY18).

During the last fiscal quarter, the Medicaid CHIP Data Analytics (DA) Unit updated 32 active Operational Plans for ongoing, recurring, or one-time projects, in addition to completing over 17 ad hoc data requests. All projects support or advance the direction of the statute to "improve contract management, detect data trends, and identify anomalies relating to service utilization, providers, payment methodologies, and compliance with requirements" in the state's Medicaid and CHIP programs. The status of major projects, along with findings, are described in the report below.

As the array of projects will illustrate, DA collaborates closely with all divisions in Medicaid & CHIP Services (MCS), including the Director's Office, Policy and Program, Managed Care Compliance and Operations (MCCO), Medical Director, Operations Management, Quality Assurance, Claims Administration Contract Oversight (CACO), and Utilization Review (UR).

In addition to being involved in MCS, DA is in regular contact with other areas of HHSC. Per Rider 33, a Data Collaboration Workgroup was formed "ensuring collaboration between the Medicaid and CHIP data analytics unit and the HHSC actuarial staff to investigate and analyze any anomalies in the expenditure data used to set rates and to ensure the expenditure data being used to set rates is sound. Additionally, any anomalies identified related to service utilization, providers, payment methodologies, and compliance with the requirements in Medicaid and CHIP shall be reported to the Office of the Inspector General for further review."

The workgroup meets quarterly and membership includes staff from the Financial Services Division, Center for Analytics and Decision Support (CADS), Office of Inspector General (OIG), and MCS. In addition, DA continues to consult monthly with OIG to discuss pertinent information on current projects which require further review.

2. Quarterly Activity Highlights

Monitoring Contract Compliance

Compliance Dashboards

DA continues to meet regularly with Managed Care Contract Oversight (MCCO) staff within MCS to upgrade the compliance dashboards. The objective of these meetings is to ensure that the dashboards provide the critical information necessary in a user-friendly format for front line contract staff to monitor MCO performance. In May, DA presented a compliance dashboard tailored for leadership to the Medicaid Managed Care Steering Committee (MMCSC). The committee, comprising the State Medicaid Director, Medicaid leadership, and representatives from across all divisions, offered feedback on usability and content to support policy and program decisions.

The goal of the dashboards is to track and trend compliance issues to inform corrective action, including the issuance of liquidated damages. Available dashboard indicators now include: complaints, claims adjudication, out-of-network utilization, hotline calls, and liquidated damages. Because the data is displayed in a series of dynamic dashboards, they allow analysis of correlations between various indicators and include flexible filters to compare performance by, for example, Managed Care Organizations (MCOs) within the same managed care program and the same service delivery area.

Complaints Data

In August, MCS created the Complaints Data Trending & Analysis Workgroup, one of five Managed Care Oversight Initiatives for SFY 2019. The workgroup is charged with assessing how HHSC defines, collects, and reports on inquiries, complaints, grievances, appeals, and fair hearings. DA is leading the Automation subcommittee and participating in the Definitions subcommittee. The workgroup intends to have an integrated complaints database in place before the legislature convenes in 2019.

The workgroup's goals align with DA's objective to refine a method for tracking client and provider complaints. Foremost, DA is developing a dashboard which will track the number and detailed information on the type of complaints over time. While the dashboard is currently limited to complaints made directly to MCOs,

HHSC also receives complaints through MCCO and the Office of the Ombudsman. Staff are beginning to integrate data from the multiple entry points which require aligning each division's complaints processing and definitions for categorizing complaints. In addition, clients may reach out via more than one source, resulting in duplication across systems. DA is gathering information from each division to explore the most efficient way to streamline complaints, which will improve HHSC's ability to more meaningfully identify trends and areas of concern.

Claims Administration Oversight

This quarter, DA served with a panel of MCS Claims Administration Contract Oversight (CACO) management and key staff in an extended series of meetings held to conduct annual reviews of the over 40 Key Measures (KM) in the current contract with Accenture. Resulting recommendations were made regarding KM text, process and calculation methodologies, the content of the monthly Key Measure Report, as well as KM monitoring protocols and logs. In addition, MCS received specific additional technical consultation from DA on a re-baselining proposal from Accenture regarding a provider enrollment KM and on administrative contract changes related to KM methodology. DA also assisted with reviews of Accenture's related Processes and Procedures documents and monthly reports.

Data Infrastructure

DA Platform

All the work DA conducts depends on a robust, reliable, and flexible data system infrastructure. In conjunction with Texas Medicaid & Healthcare Partnership (TMHP), DA has developed a platform that allows analysts to access data stored at TMHP more quickly than pulling the data over an internet connection. The platform also contains two servers, numerous software applications, and a Tableau server used by DA staff to produce visualizations.

Discussions are underway, in the joint DA/TMHP bi-weekly governance meetings, regarding the incorporation of indexes that will make the process of pulling data more efficient. To further improve the data repository, DA regularly tests system upgrades, performs monthly quality control, and collaborates to detect and correct errors.

In August, TMHP launched a new website, the Data Analytics Platform Resource Page, containing platform documentation, and application and training links.

Deliverable Tracking System (DTS) Extract, Transform, and Load (ETL) Automation

Another dramatic improvement to HHSC's ability to monitor MCO compliance is the Extract, Transform, and Load (ETL) automation DA developed to streamline the processing of the large number of deliverables MCOs must submit per Chapter 5 of the Medicaid Uniform Managed Care Manual. MCOs send these reports in Excel format to a File Transfer Protocol (FTP) site, where DTS grabs and catalogs them. DA created a program to download newly submitted reports on a daily basis, perform quality checks, extract the data, and then load them into a database for consumption by the compliance dashboards. The program also produces and emails a status report along with a list of reports that require remediation, allowing MCOs to provide corrections in a timely manner. As a result of the quality checks associated with the new process, this quarter, analysts found that some of the submitted deliverables contained unreliable member counts. DA recalculated the measures using data from the premium payment system, greatly improving data quality.

Data Marts

DA's TMHP platform houses the Data Marts, designed to allow agile and detailed analysis of trends and variations. Recently, staff were able to employ the Therapy Data Mart to detect an unexpected variation in the number of units billed for a certain procedure code. DA, Operations, and Policy will meet in September to further investigate the issue.

DA, in collaboration with TMHP, is developing an even more ambitious Behavioral Health (BH) Data Mart. This quarter saw the release of versions four and five, which added a table identifying clients with behavioral health diagnoses; a future release will add clients with behavioral health services. While development was temporarily paused due to a higher priority project for MCS, DA focused on conducting user acceptance testing to identify additional opportunities for improvement. When completed, the BH Data Mart, with calculated fields specific to behavioral health services, will transform staff's ability to support leadership and program decisions. The long term plan is to train DA staff to design further Data Marts as needed.

High Interest Topics

Provider Network Adequacy

DA continues to concentrate on oversight of MCOs' provider networks. Network adequacy is the focus of another current MCS oversight initiative. The Network Adequacy and Access to Care Monitoring Workgroup was established by MCS to identify inefficiencies and implement changes that will improve member access to providers. The overarching goals are (a) to build a comprehensive and integrated reporting and monitoring strategy that (b) supports an accountability system with specific incentives and disincentives to (c) ensure member access and hold MCOs accountable. The Integrated Data Strategy subcommittee is tasked with creating an integrated data strategy for reporting and monitoring as it pertains to provider network adequacy. This subcommittee, led by DA staff, will provide a plan and recommendations to the Network Adequacy and Access to Care Monitoring Workgroup. This quarter, the subcommittee took inventory of the array of provider related data collected or analyzed across MCS. A goal of the subcommittee and DA is to integrate the various data sources into a comprehensive dashboard.

Utilization Review (UR)

DA helps the UR Team conduct their annual reviews of STAR+PLUS clients receiving services under the Home and Community Based Service (HCBS) Waiver Program. The purpose of the legislatively mandated reviews is to monitor the quality of the care delivered by the MCOs. DA provides an analysis of the encounter data, which allows UR staff to compare services allocated in the clients' Individual Service Plans to the services clients actually received. As the managed care encounters for SFY 2018 near statistical completion, DA will begin to look at the services received by clients for whom UR visited for their SFY 2018 annual review.

In addition, DA continues to develop and operate automation for 2018 HCBS STAR+PLUS UR review data via the email system and a system to extract and load collected data into a table. The automation improves the accuracy of the data and saves UR staff time.

In the upcoming months, DA will implement additional features of the UR tool which will save valuable UR staff time:

- Automation of the research questions;

- Construction of a final review package that presents the review results in one easy-to-navigate pdf document; and
- Data extract to provide UR with claims and encounters for all the review cases.

DA will support the development and use of similar automation for STAR Kids reviews expected to take place in the fall of 2018.

In addition to automating their review and survey process, DA continues to provide UR with sampling consultation to ensure that their reviews adequately represent the targeted population.

Tracking Service Utilization and Related Data

Service Utilization Dashboards

DA creates and maintains a library of dashboards displaying healthcare utilization by service topic, whose visual cues simplify detection of trends and variations in the data. Examination of the dashboards leads to the identification of a range of anomalies, from billing issues to potential changes in service utilization, all of which are important to our ability to continually assess contract compliance and quality of care.

The consolidated Service Utilization dashboard published last quarter was updated with new data points this quarter. Other topical and custom dashboards updated this quarter with data and/or changes responsive to feedback include: Nursing Facilities, Telemedicine, Long-term Services and Supports (LTSS), and Targeted Case Management.

Work continues on the development of a new dental dashboard that will examine the recent difference in trends between Medicaid and CHIP dental programs. Preparations for publication of the Dental dashboard carried out in Q4 included (1) acquisition of dental procedure codes, (2) query design, and (3) pulling sample datasets for SFY16 and SFY17 with breakdowns by procedure code categories.

Ongoing Trend and Anomaly Detection

DA is participating in another MCS initiative, the Clinical Oversight workgroup, comprising a subcommittee that will continue to enhance the cross-functional structure to leverage utilization data to identify trends and anomalies for Medicaid

services, focusing on trends within specific Medicaid products. This subcommittee will provide a forum for discussing DA's observations of the service utilization data with clinical and policy experts. Connected to this initiative, DA has started to make presentations to the MMCSC on key compliance and service utilization dashboards by product (e.g., STAR Kids) to facilitate discussion across MCS divisions and inform leadership of ongoing developments.

DA has developed a protocol for the team to follow when a concerning or unexplained data variation is identified, including code and method review and subject matter or policy expert consultation. Throughout the process, DA considers all reasonable explanations for the variation, including: the method used in the analysis, integrity of the data, impact of policy changes, and the effects of population or geographical differences. After these considerations are made, outliers still standing are documented in the Escalation Tracker, where the team scores relative risk in such areas as Quality of Care and Fiscal Implications. Priority items are brought to the attention of appropriate subject matter experts and management.

In other developments, in August, MCDA discussed with HHSC Rate Analysis options for creating interactive visualizations of actual versus expected per member per month costs currently submitted on the Financial Statistical Report to enhance HHSC's ability to monitor cost trends. Another idea in development is to calculate per member per month costs from the managed care encounters to compare to the actuarial published capitation rates.

Other Projects

Synagis

DA met internally to kick off production of its 2018 annual Synagis report. This report provides the Vendor Drug Program with a comprehensive analysis of Synagis medication utilization among clients with respiratory syncytial virus (RSV) or bronchiolitis infections. Results are used by Vendor Drug and the Medical Director for the following purposes: 1) to inform policy decisions surrounding Prior Authorization requirements for Synagis; 2) to assess whether the Synagis injection was given appropriately; 3) to identify whether any clients received Synagis and still contracted RSV; and 4) to identify missed opportunities where a client may not have received Synagis and subsequently contracted RSV. 2018 reporting is expected to be finalized in the first quarter of SFY19.

STAR+PLUS Stakeholder

This project produces a quarterly report for policy and program staff to monitor the number of STAR+PLUS clients receiving Long-term Services and Supports (LTSS), including Day Activity Health Services (DAHS), Personal Attendant Services (PAS) and Primary Home Care Services (PHC). This quarter DA provided data reflecting SFY18 Q1, the most recent quarter for which managed care data is stable.

House Bill (HB) 915 Psychotropic Drugs

As directed by HB 915, 83rd Texas Legislature, Regular Session, 2013, DA studies and reports quarterly on vendor drug data to monitor the prescribing of psychotropic medication for: 1) children under the conservatorship of DFPS who are enrolled in STAR Health or who are dually eligible (Medicaid and Medicare), and 2) children enrolled in Medicaid under the Interstate Compact on the Placement of Children (ICPC). The SFY18 Q3 report was produced this quarter. This series of reports has led to refinements in the definitions used to classify appropriate psychotropic prescriptions. As these definitions are adopted across the enterprise, comparison of psychotropic prescriptions between various populations becomes more meaningful.

Clinician Administered Drugs (CAD)

Since January 2014, MCOs have been required to submit National Drug Codes for CADs along with associated Healthcare Common Procedure Coding. Non-compliance with this requirement impacts the state's ability to collect federal vendor drug rebates. On a quarterly basis, DA has been providing an analysis of CAD encounters that are in or out of compliance with this requirement, which has allowed contract staff to educate low performing health plans, resulting in dramatic continuous improvement. In SFY15 Q1, only 80 percent of paid CADs were valid; in SFY18 Q1, 95 percent were valid. Results for SFY18 Q2 are anticipated in early September.

Ad Hoc Reporting

DA continues to respond to MCS staff requests for short-term, targeted information or technical assistance to support ongoing division operations. DA completed over 17 such ad hoc requests in this past quarter. Several analyses were required to prepare MCS staff for legislative hearings related to the STAR Health psychiatric service network and other concerns around provider network adequacy. Another short-term request completed this quarter was an analysis to ensure that the state

draws down the correct amount of EFMAP funds to which it is entitled under the MFP demonstration.