Medicaid CHIP Data Analytics Unit Quarterly Report of Activities SFY 2019, Q1

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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Introduction

The General Appropriations Act, 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 Government Code, Section 531.0082. The following report fulfills this requirement for the first quarter of State Fiscal Year 2019 (SFY19 Q1).

During SFY19 Q1, the Medicaid CHIP Data Analytics (MCDA) Unit completed 44 projects, including key milestones for ongoing initiatives. All projects support or advance the direction of the statute for MCDA 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 and activities, along with findings, is described in three sections of the report: 1) Monitoring MCO Contract Compliance, 2) Tracking Service Utilization and Related Data, and 3) Enhancing Data Infrastructure.

As the array of activities will illustrate, MCDA collaborates closely with many Medicaid and CHIP Services (MCS) divisions, including Policy and Program, Managed Care Compliance and Operations (MCCO), Medical Director's Office, Operations Management, Quality Assurance, and Utilization Review (UR). Much collaboration occurs through MCDA's participation in HHSC staff-led committees for the following MCS SFY19 Oversight Initiatives: Network Adequacy and Access to Care Monitoring, Complaints Data Trending and Analysis, and Strengthening Clinical Oversight. Detail on MCDA's role in these initiatives is described below.

MCDA is also in regular contact with other areas of HHSC. Per Rider 33, a Data Collaboration Workgroup was formed to ensure "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. 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, MCDA

and Actuarial Analysis meet monthly, as do CADS and OIG, to exchange updates on data analysis observations and findings.

1. Monitoring MCO Contract Compliance

Compliance Dashboards

The goal of the MCDA compliance dashboards is to enhance contract oversight by trending managed care organizations' (MCOs') compliance with standards required by Chapter 5 of the Medicaid Uniform Managed Care Manual. The dashboards provide HHSC staff with access to data in a user-friendly, flexible, and efficient format. The dashboards continue to be used to determine corrective action, including the issuance of liquidated damages. MCDA also used the dashboards to brief MCS leadership on MCO contract performance within each of the managed care products.

In SFY19 Q1, data contained in the dashboards were updated through SFY18 Q4 and MCDA greatly expanded the number of measures and supporting information included on the compliance dashboards. Nine more MCO deliverables, on topics including complaints, expedited appeals, provider terminations, and encounter reconciliation, were loaded into the Oracle database and eight new dashboards were developed. Incorporating these new deliverables into dashboards allowed MCCO staff, for the first time, to readily access the data necessary to create the Quarterly Performance Report, rather than manually sort through hundreds of spreadsheets. Moreover, having a robust database allows MCDA to respond in a timely manner to ad hoc data requests not available on the dashboards.

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

The Extract, Transform, and Load (ETL) automation MCDA developed during this quarter streamlined the processing of the large number of deliverables MCOs must submit. With this change, MCOs send reports in Excel format to a File Transfer Protocol (FTP) site, where DTS grabs and catalogs these reports. MCDA created a program to download newly submitted reports on a daily basis, perform quality checks, extract 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. This enhancement represents a dramatic improvement to HHSC's ability to monitor MCO compliance.

Client and Provider Complaints Data

In the spring of 2018, MCS launched the Complaints Data Trending and Analysis Work Stream to improve how HHSC defines, collects, and reports on complaints data. The committee has been exploring ways to streamline complaints received via three entry points: 1) directly to the MCOs, 2) through MCCO, and 3) through the HHSC Office of the Ombudsman. Integrating the data requires aligning each entry point's processing systems and definitions for categorizing complaints and addressing the fact that clients may reach out to more than one source, resulting in duplication across systems. To address these issues, MCDA continues to participate in the Automation and Definitions subcommittees and has completed a complaints dashboard which allows MCS staff to track detailed information on the type of complaints from all three data sources and display the data separately until integration is accomplished.

Claims Administration Contract Oversight

This quarter, MCS Claims Administration Contract Oversight (CACO) received technical consultation from MCDA on a number of Key Measures in the current Texas Medicaid & Healthcare Partnership (TMHP) contract with Accenture. MCDA reviewed the raw data templates for a newly developed Fair Hearings Key Measure, completed a final review of a revised Process and Calculation document for a measure on claims processing accuracy, and advised on the setting of revised thresholds for the Provider Enrollment Application Processing Timeliness Key Measure.

Clinician Administered Drugs (CAD) Monitoring

MCDA continues to produce several recurring reports to help MCS enhance MCO performance monitoring. One example is the quarterly Clinician Administered Drugs (CAD) report. 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, MCDA has provided an analysis of CAD encounters that are in or out of compliance by MCO, which has allowed contract staff to educate low performing health plans, resulting in widespread improvement. In SFY15 Q1, only 80 percent of paid CADs were valid; in SFY18 Q2, 96 percent were valid.
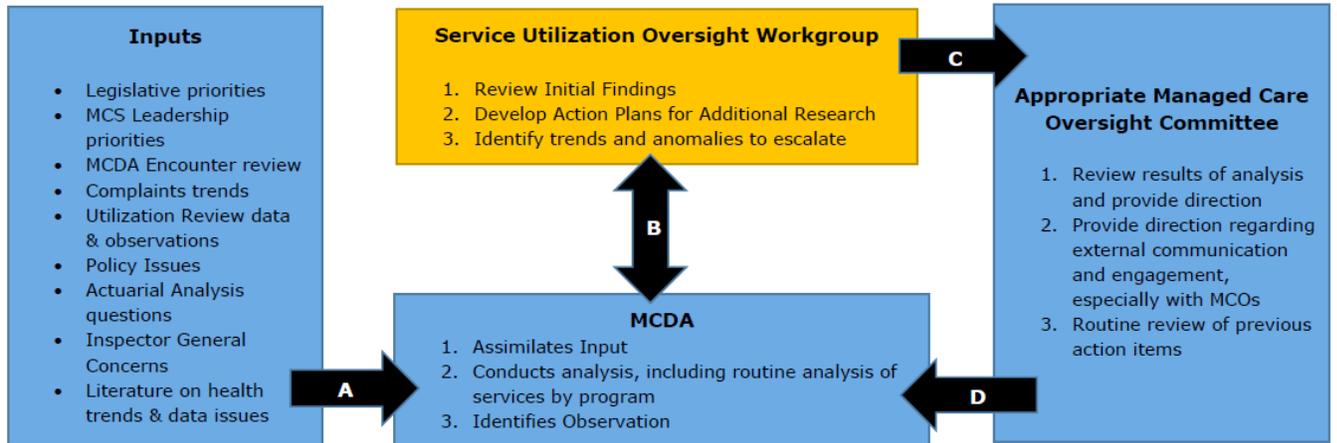
2. Tracking Service Utilization and Related Data

Ongoing Trend and Anomaly Detection

MCDA is participating in the Service Utilization subcommittee under the Strengthening Clinical Oversight managed care oversight initiative led by MCS. Membership includes staff from Actuarial Analysis, MCS Policy and Program, MCS Medical Director's Office, MCS Utilization Review, and other divisions of HHSC. The subcommittee provides a forum for a group of clinical, program, and policy experts to leverage Medicaid CHIP utilization data and guide MCDA in its charge to identify trends and anomalies in service utilization and cost.

The diagram on the following page shows the process flow for the review of service utilization data. MCDA receives input from a broad array of internal and external stakeholders, including MCS leadership, regarding the service types on which to focus within each managed care product. After a preliminary analysis, MCDA presents its findings to the subcommittee, which in turn provides further guidance on where to conduct deeper analysis. If after further investigation observed variations are not explainable by data integrity issues or policy changes, and have impact to quality of care or cost to the state, or are otherwise determined indicators of high risk, leadership is briefed at the MCS Managed Care Oversight Committee.

Strengthening Clinical Oversight
Service Utilization Oversight
Data Trends & Anomalies Process Flow

Inputs

- Legislative priorities
- MCS Leadership priorities
- MCDA Encounter review
- Complaints trends
- Utilization Review data & observations
- Policy Issues
- Actuarial Analysis questions
- Inspector General Concerns
- Literature on health trends & data issues

Service Utilization Oversight Workgroup

1. Review Initial Findings
2. Develop Action Plans for Additional Research
3. Identify trends and anomalies to escalate

Appropriate Managed Care Oversight Committee

1. Review results of analysis and provide direction
2. Provide direction regarding external communication and engagement, especially with MCOs
3. Routine review of previous action items

MCDA

1. Assimilates Input
2. Conducts analysis, including routine analysis of services by program
3. Identifies Observation

A. MCDA compiles broad set of inputs
B. MCDA and Service Utilization Oversight Workgroup collaborate to evaluate trends and prioritize services to evaluate
C. Service Utilization Oversight Workgroup escalates trends for information sharing, leadership input, and follow up on previous action items
D. Oversight Committee requests additional research

Service Utilization Dashboards

MCDA creates and maintains a library of dashboards displaying healthcare utilization by service topic. These dashboards are designed to 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. Identification and analysis of these anomalies allows MCS' to continually assess contract compliance and quality of care. The consolidated Service Utilization dashboard posted on the internal server last quarter was updated through SFY18 Q2. This update constitutes new data for the complete library of service utilization dashboards, including the following topics: emergency department visits; inpatient stays; physical, occupational, and speech therapies; private duty nursing; personal care services; and durable medical equipment.

Work is nearing completion on the development of a dental dashboard that will examine trends among Medicaid and CHIP dental programs. It is currently under review and expected to be posted on the internal server this month for use during the upcoming legislative session.

Provider Network Adequacy

MCDA continues to concentrate on oversight of MCOs' provider networks. The Network Adequacy and Access to Care Monitoring managed care oversight initiative was established by MCS to identify inefficiencies and implement changes that will improve member access to providers. The Integrated Data Strategy subcommittee, led by MCDA staff, inventoried the array of provider related data collected or analyzed across MCS to integrate the various data sources into a comprehensive dashboard. MCDA is developing a proof-of-concept provider dashboard on prenatal care which will synthesize performance measures monitored across MCS.

Physical, Occupational, and Speech Therapy (PT/OT/ST) Monitoring

MCS submitted the first Rider 57 report to the legislature on December 1, 2018, fulfilling the requirement in the 2018-19 GAA, 85th Legislature for HHSC to analyze data related to pediatric acute care therapy services for negative impact on access to care. MCDA's significant part in meeting the mandate is to monitor client utilization rates and provider network adequacy. The report can be found on HHSC's

website at: https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2018/sb-1-quarterly-therapy-access-monitoring-dec-2018.pdf MCDA's key findings include the following:

- From SFY 2016 to SFY 2018 (through March 2018), pediatric therapy utilization rates for all three therapy types have trended downward.
- The decrease appears to begin with the therapy policy changes implemented in May 2016. In general, rates since December 2016 seem to be stabilizing.
- However, from June 2017 to September 2017, STAR Kids shows a unique decline in utilization for all three therapy types, which corresponds to the end of continuity of care provisions for children who transitioned from FFS.
- Between September 2016 and September 2018, the total number of Medicaid-enrolled pediatric therapy providers declined by about 4.5 percent primarily due to the federal requirement for all Medicaid providers to re-enroll by February 2017 or be dis-enrolled. This resulted in one-time decreases in all provider types, not only those providing therapy services.
- While the number of home health agency and other therapy provider types has not fully rebounded, enrolled independent therapists have surpassed their pre-February 2017 numbers in recent months.

As a result of the observed decrease in STAR Kids' utilization of therapy services (3rd bullet), MCDA requested prior authorization data from the MCOs to explore potential explanations in more depth. MCDA participates on a Prior Authorization subcommittee, another group under the MCS Improving Clinical Oversight managed care oversight initiative, which is developing a longer term plan for collecting comprehensive prior authorization data from MCOs. The quality of the data MCDA receives in response to the recent data request will help inform the development of the longer term prior authorization data collection strategy.

Utilization Review (UR)

MCDA continues to help the UR Team conduct their annual reviews of STAR+PLUS clients receiving services under the STAR+PLUS Home and Community Based Services (HCBS) Waiver program. The purpose of these legislatively mandated reviews is to monitor the quality of the care delivered by MCOs. MCDA provides sampling consultation to ensure the reviews adequately represent the targeted populations. As the managed care encounters for SFY 2018 near completion, MCDA

will look at the services received by clients whom UR nurses visited for their SFY 2018 annual review to determine if their Independent Service Plans were followed.

3. Enhancing Data Infrastructure

MCDA Platform

All the work MCDA conducts depends on a robust, reliable, and flexible data system. In conjunction with TMHP, MCDA developed a platform that allows analysts to access data stored at TMHP more quickly than the original process of pulling the data over an internet connection. The platform also contains two servers, numerous software applications, and a Tableau server used by MCDA staff to produce dashboards. To further improve the data repository, MCDA regularly tests system upgrades, performs monthly quality control, and collaborates to detect and correct errors.

This quarter, MCDA began training the agency's analysts on how to use a central set of databases available on the platform. Already, in several instances, the new system has outperformed the traditional way of pulling data, saving analysts hours and even days.

Data Marts

MCDA's TMHP platform houses the Data Marts, designed to allow quick and detailed analysis of trends and variations. In this quarter, MCDA staff continued to collaborate with TMHP via planning meetings and sprint demos, culminating in the fifth release of the developing Behavioral Health (BH) Data Mart system. Final User Acceptance Testing (UAT) for the BH Data Mart was completed in mid-January, and final production begins in late January 2019.

Goals for Next Quarter

With the beginning of the 86th Texas Legislative Session in January, MCDA is well situated to support MCS leadership in responding to legislative requests in a timely manner. MCDA is also already tracking incoming bills to anticipate needed analysis and fiscal impact estimates for proposed legislation related to Medicaid and CHIP data.

In addition to assuming an active legislative session, in SFY19 Q2, MCDA will continue to build on the work it is conducting on MCS' key initiatives and other projects, including the following:

Compliance Dashboards and ETL: MCCO is moving toward a phase-in of a new data collection methodology for MCO compliance data. MCDA will work with MCCO to transition the ETL and dashboard processes to accommodate this new methodology. In addition, MCCO continues to make edits to the existing templates used to collect data, which requires MCDA to update current processes.

Additionally, MCCO has requested MCDA add additional data fields to the existing dashboards, so that the dashboards capture every data point currently in MCCO's quarterly performance report (QPR). MCCO plans to transition its monitoring activities to the compliance dashboard. This will necessitate trainings for MCCO health plan specialists on how to navigate and use the compliance dashboards. Some of these trainings are currently on the calendar for January 2019.

Provider Network Adequacy: In SFY19 Q2, MCDA will complete the first draft of the proof of concept provider network adequacy dashboard that will visualize results from several different data sources and measures across MCS in order to display a more integrated picture of MCO performance.

On a separate project, MCDA will participate in UAT for the new Master Data Repository database, which houses enhanced provider data. Goals include obtaining control totals and verifying results from therapy and provider network adequacy projects with data derived from the Master Provider file against the new database.

Prior Authorization Data: MCDA will conduct analysis on data from its one-time prior authorization MCO data request and report results to leadership to help elucidate whether prior authorizations may have impacted STAR Kids decreased therapy utilization rates.

Trend and Anomaly Detection: Recurring meetings of the Service Utilization Workgroup are scheduled throughout SFY19 Q2 to facilitate collaboration on investigation of identified data variations and to make recommendations for elevation of high risk findings to the MCS Managed Care Oversight Committee.

Complaints Data: MCDA will continue to compile MCO self-reported member and provider complaints, grouped by complaint reason, as MCCO moves to become more consistent with the Office of the Ombudsman in terms of complaint reason categories and definitions. As with the compliance data, MCCO is transitioning to a new data collection process that will require MCDA to update its related processes.

Service Utilization Dashboards: MCDA will add behavioral health data to the utilization dashboard for more immediate access during the legislative session.

Enhancing Data Infrastructure: To leverage the usefulness of the MCDA Data Platform, MCDA will continue to train CADS staff on its use. Also, MCDA will complete UAT of the Behavioral Health Data Mart. The BH Data Mart will be up and running in time to assist with legislative information requests during most of the coming session.