Medicaid CHIP Data Analytics Unit Quarterly Report of Activities SFY19, Q2

As Required by

2018-19 General Appropriations

Act, Senate Bill 1, 85th Legislature,

Regular Session, 2017

(Article II HHSC, Rider 38)

Texas Health and Human Services

Commission

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1. Introduction

The 2018-19 General Appropriations Act, Senate Bill 1, 85th Legislature, Regular Session, 2017 (Article II, Health and Human Services Commission (HHSC), Rider 38) directs 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 second quarter of State Fiscal Year 2019 (SFY19 Q2).

During SFY19 Q2, the Medicaid CHIP Data Analytics (MCDA) Unit completed 67 projects or milestones supporting 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.

2. 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.

The impact of MCDA's development of eight new compliance dashboards has resulted in peak traffic to the Tableau Server. The 'MCCO QPR Dashboard Q1 2019' had over 3,000 views in January/February 2019, validating the importance of this data to program staff. Ongoing activities in compliance dashboard development include continued work to enhance the executive level dashboard used to brief the State Medicaid Director at Managed Care Steering Committee meetings. This dashboard conveys the overall health of each MCO, makes comparisons across programs and displays the MCOs' performance within programs.

Extract, Transform, and Load Automation

The Extract, Transform, and Load (ETL) automation developed by MCDA streamlined the processing of the large number of deliverables MCOs must submit. MCOs send reports in Excel format to a File Transfer Protocol (FTP) site, where the Deliverable Tracking System (DTS) grabs and catalogs these reports. MCDA created a program to download newly submitted reports from the DTS 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.

To further improve HHSC's ability to monitor MCO compliance, MCS is working towards transitioning acceptance of required MCO deliverables through the DTS system to a system of submitting deliverables via text files through a newly developed portal. There will be numerous improvements once this system is fully in place, including the use of front-end edits to check for proper data format and layout. The receipt of MCO deliverables through the new portal, rather than the DTS system, will require MCDA to design, code, test, and implement changes to the ETL process in order to accommodate the new process.

Client and Provider Complaints Data

The MCS Complaints Data Trending and Analysis Workgroup has been exploring ways to define, collect, and report on complaints received via three entry points: 1) directly to the MCOs, 2) through MCCO, and 3) through the HHSC Office of the Ombudsman. To address this issue, MCDA continues to participate in the Automation and Definitions subcommittees and maintains 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. The Committee has defined uniform complaint categories for the three intake units and is in the process of operationalizing that by means of systems, policies and procedures.

Claims Administration Contract Oversight

This quarter, MCS Claims Administration Contract Oversight (CACO) received technical consultation from MCDA on a number of aspects of the current Texas Medicaid & Healthcare Partnership (TMHP) contract with Accenture. MCDA advised on sampling issues in the TMHP internal quality assurance reviews of TMHP Call Centers, consulted on rounding techniques in the context of performance measures, and responded to stakeholder questions on the sampling methodology used for the Key Measure on claims processing accuracy.

Clinician Administered Drugs 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 (NDCs) for CADs along with associated Healthcare Common Procedure Coding (HCPCs). 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.

This past quarter, MCDA provided technical assistance and analysis to MCCO and Vendor Drug Program staff to help them refine their methods of tracking changes to the NDC-to-HCPCS Crosswalk, which identifies relationships between NDC and HCPC codes.

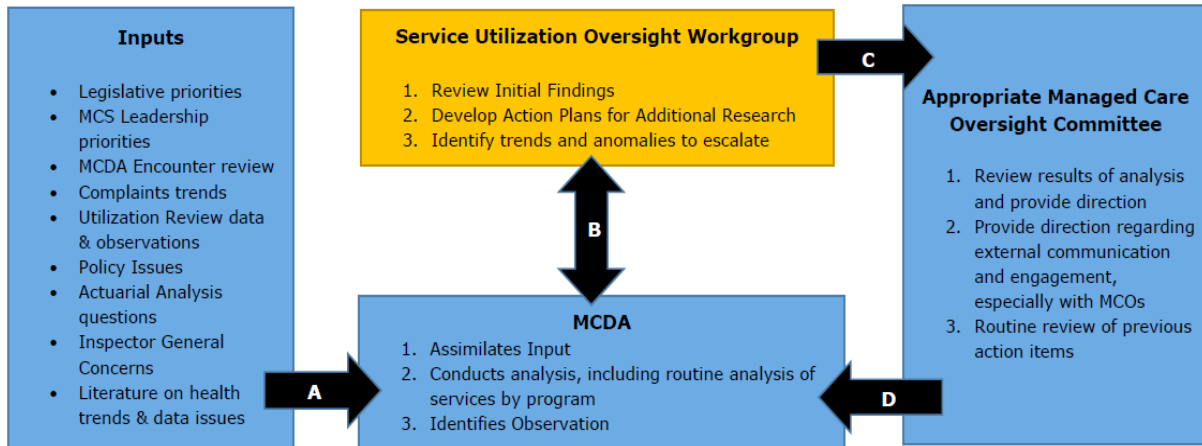## 3. Tracking Service Utilization and Related Data

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.

As a recent example, in this quarter, MCDA responded to a request from the Service Utilization Oversight Workgroup to conduct further exploratory analysis on increasing cost trends in Emergency Department utilization in managed care. MCDA conducted an analysis that parsed the trends into the proportions of the increase attributable to rising prices versus greater usage across clients and per client. MCDA also presented trends related to the PDN utilization among STAR Health clients, in response to an inquiry from Actuarial Analysis.

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

MCDA

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

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

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 next update to the consolidated Service Utilization dashboard will take place during SFY18 Q3 and will cover the final six months of SFY18, addressing 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 complete on the development of a dental dashboard that will examine trends among Medicaid and CHIP dental programs. The dental dashboard is now posted on the internal server for use during the legislative session.

Provider Network Adequacy

MCDA continues to concentrate on oversight of MCO's provider networks in their work as part of the Integrated Data Strategy subcommittee. MCDA staff has combined various data collected or analyzed across MCS into a proof of concept dashboard with a focus on the client journey as it relates to identifying and accessing prenatal care. Additionally, MCDA staff continues to enhance analysis by transforming existing data assets and using them in new ways: one example includes using existing time and distance data to move beyond measuring whether an MCO meets the required standard, toward using that data to quantify the average distance between providers and clients within certain geographic parameters.

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

MCS submitted the second Rider 57 quarterly report to the legislature in March 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/2019/sb1-quarterly-therapy-access-monitoring-march-2019.pdf](#).

Utilization Review

MCDA continues to help the Utilization Review (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. This quarter, MCDA began to update an analysis measuring the percentage of STAR+PLUS HCBS clients who are not receiving upgraded services.

4. 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.

Data Marts

MCDA's TMHP platform houses the Data Marts, designed to allow quick and detailed analysis of trends and variations. Final production of the Behavioral Health (BH) Data Mart took place this quarter. Now that the Therapy and BH Data Marts are implemented, MCDA staff are beginning work on the conceptual design for other subject-oriented Data Marts. TMHP staff took the primary lead for the implementation of the current two Data Marts. It is intended that MCDA staff will take the lead for the design and implementation of future Data Marts.

5. Goals for Next Quarter

In the closing months of the 86th Texas Legislative Session, MCDA remains well situated to support MCS leadership in responding to legislative requests in a timely manner. MCDA will continue to review incoming bills to anticipate needed analysis and fiscal impact estimates for proposed legislation related to Medicaid and CHIP data.

In addition to working through an active legislative session, in SFY19 Q3 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: MCS is moving toward a phase-in of a new data collection methodology for MCO compliance data. During SFY19 Q3 several MCO deliverables are scheduled to be transitioned to the new delivery format. MCDA will work with MCS to transition the ETL and dashboard processes to accommodate this new methodology, to ensure timely reporting of measures submitted on these deliverables. In the future, MCDA will leverage the work done during this period, as more deliverables are transitioned to the flat file/portal delivery system.

Specific goals for SFY19 Q3 are to intake, load, and visualize SFY19 Q2 MCO deliverables that are due to the Commission on March 30, 2019. MCDA plans to enhance the MCS QPR dashboard by adding new data points such as monthly hotline reporting and CHIP complaints submitted to MCS. Maintenance efforts will include addressing data integrity issues and following up with MCS staff to ensure all data points from the MCO deliverables have been added.

Additionally, MCDA is kicking off the development of new compliance dashboard views for executive leadership, intended to provide a high level look at the overall health of the MCOs, highlighting non-compliance performance issues and driving deliberations in meetings of the Managed Care Steering Committee. Initial steps will include selecting the measures and associated visualizations to be used in the new executive leadership views.

Provider Network Adequacy: Having completed the dashboard that unites disparate data across the agency into a single proof of concept focused on the prenatal provider network and the delivery of those services, MCDA anticipates making revisions based on leadership and MCO feedback, which will be incorporated into the concept. This concept will ultimately serve as a template for additional provider network dashboards focused on other provider categories.

Trend and Anomaly Detection: Recurring meetings of the Service Utilization Workgroup are scheduled throughout SFY19 Q3 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 compile MCO self-reported member and provider complaints through SFY19 Q2, 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, MCS 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 to fulfill data requests. Also, all service utilization dashboards will be updated with the most recently available final data, covering the last six months of SFY18.

Enhancing Data Infrastructure: To leverage the usefulness of the MCDA Data Platform, MCDA will continue to train CADS staff on its use. Further, during SFY19 Q3 MCDA and other CADS staff will work to identify and prioritize subject areas for which maximum benefit will be achieved through the development of new data marts and to outline the essential elements to be included. After the end of the legislative session, MCDA will undertake the development and testing of a new data mart based on the priorities determined this quarter.