Commonwealth of Pennsylvania
Department of Public Welfare
Office of Mental Health and Substance Abuse Services

2016 Encounter Data Onsite Performance Measure Review

PerformCare

February 27, 2018

IPRO Corporate Headquarters
Managed Care Department
1979 Marcus Avenue
Lake Success, NY 11042-1002
phone: (516) 326-7767
fax: (516) 326-6177
www.ipro.org

Table of Contents

List of Tables

Introduction

HealthChoices Behavioral Health (BH) is the mandatory managed care program which provides Medical Assistance recipients with BH services in the Commonwealth of Pennsylvania (PA). The PA Department of Human Services (DHS) Office of Mental Health and Substance Abuse Services (OMHSAS) contracted with IPRO as its external quality review organization (EQRO) to conduct the 2016 Encounter Data Validation (EDV) onsite reviews and webinars for the HealthChoices BH managed care organizations (BH-MCOs).

Encounter data validation is an ongoing process, involving the MCOs, the state encounter data unit and the EQRO. It includes both a baseline evaluation and ongoing monitoring of submission patterns. The purpose of this monitoring is to identify and resolve issues that arise in the encounter data submission process. In 2013, BH-MCO onsite reviews were conducted as a baseline evaluation of the BH-MCO encounter data units. In the third quarter of 2016 and the first and second quarters of 2017, BH-MCO's onsite visits and webinars were conducted as a part of the ongoing monitoring of submission of encounter data to the DHS's claim processing and management information system, Provider Reimbursement and Operations Management Information System (in electronic format; PROMISe).

Since 2005, on a weekly basis, IPRO receives encounter data extracts from PROMISe and loads the files to IPRO's Statistical Analysis Software (SAS) data warehouse (DW). For physical health (PH) encounter data, IPRO loads the PROMISe paid/accepted dental, professional, institutional and pharmacy extracts (**Table 1**). For BH encounter data, IPRO loads the PROMISe paid/accepted professional and institutional data extracts to its DW. Since January 1, 2012, IPRO also loads the PROMISe denied BH encounter data to its DW. As the weekly PH and BH encounter data extracts are loaded into IPRO's DW, IPRO conducts checks on the data elements and volumes received (**Table 1**).

Table 1: Physical and Behavioral Health Encounter Data Volume

Encounter Type	Claim Volume
Physical Health[1]	
Institutional	62,622,327
Professional	208,985,522
Dental	9,586,305
Pharmacy	368,870,836
Behavioral Health[1]	
Institutional	1,593,010
Professional	183,497,799

[1] Claim header volume stored in IPRO's data warehouse as of 1/23/2017.

In addition, on a quarterly basis, IPRO receives the PH and BH eligibility slice files from DHS and loads them into IPRO's SAS DW. The BH eligibility slice file typically contains demographic and eligibility information about members, such as date of birth, county, gender, race, ethnicity, recipient ID#, assistance/aid categories, effective and expiration dates.

On a monthly basis, IPRO attends the Encounter Action Team (EAT) technical meetings with DHS, DXC Technology (formerly known as HP), which provides technical discussions on encounter data submission issues, change orders and defect statuses. On a monthly basis, IPRO also attends the technical PROMISe call with DXC Technology, Office of Medical Assistance Programs (OMAP), Mercer and the PH MCOs to discuss encounter data submission status and issues regarding the PH encounter data submissions. IPRO also participates on weekly PH calls with DHS and bi-weekly calls with OMHSAS to discuss BH encounter data validation activities.

The BH-MCOs were requested to complete and return the information systems capabilities assessment (ISCA) tool to IPRO prior to the EDV onsite visit or webinar. IPRO modified the 5/1/2002 version 1.0 ISCA found in CMS's appendix section of the External Quality Review Activity Protocol. IPRO tailored the questions for the BH-MCO, DHS and PROMISe submission process. IPRO also included a section on the BH-MCOs annual performance measure (PM) development activities and processes. The purpose of the assessment was to specify the capabilities of the BH-MCO's information systems (IS) and to pose standard questions to be used to assess the strengths of the BH-MCO with respect to these

capabilities. The ISCA assisted IPRO to assess the extent to which the BH-MCO's IS capable of producing valid encounter data, PM member-level data, tracking PROMISe encounter data submissions and other data necessary to support quality assessment and improvement and PM improvement programs.

The ISCA completion was followed by an encounter data onsite visit or a 4-hour webinar. IPRO conducted a one-day onsite review of PerformCare. The purpose of the onsite visits/webinar was:

1. To be able to review the ISCA findings with the appropriate BH-MCO staff, and discuss any outstanding questions regarding the BH-MCO's ISCA responses;
2. To review the BH-MCO's production enrollment, claim/encounter, and PROMISe submission and PM development processes; and
3. To view member and claim examples selected from the 2016 BH Performance Measure HEDIS® Follow-up After Hospitalization for Mental Illness (FUH) member-level data files submitted on the BH-MCO's system screens.

OMHSAS required the BH-MCOs to submit the following 2016 Annual Performance Measures for measurement year 2015:

- Follow-up After Hospitalization for Mental Illness (FUH) PM. This 2016 BH PM assesses the percentage of discharges for members six years of age and older who were hospitalized for treatment of selected mental health disorders, who were seen on an ambulatory basis or who were in day/night treatment with a mental health provider on the date of discharge up to seven, and 30 days after hospital discharge. BH-MCOs are required to submit data files and source code to IPRO. For this measure two separate versions are requested: HEDIS specifications and PA-specific specifications.
- Readmission Within 30 Days of Inpatient Psychiatric Discharge (REA) PM. This 2016 BH PM assessed the percentage of discharges for enrollees from inpatient acute psychiatric care that were subsequently followed by an inpatient acute psychiatric care readmission within seven, and 30 days of the previous discharge. BH-MCOs are required to submit data files and source code to IPRO.

General Information

PerformCare, has participated in the BH HealthChoices contract since 2001. In 2016, PerformCare continued to service nine counties for the HealthChoices product line. Their total average enrollment in 2015 was 222,218 members (Table 2).

The 2016 EDV onsite visit was held in PerformCare's offices in Harrisburg, PA on February 28, 2017. OMHSAS and IPRO attended the onsite visit. PerformCare and PerformCare contractor, Allan Collautt Associates, Inc. (ACA) also participated on the onsite via telephone.

Table 2 lists the PA BH counties where PerformCare enrolled members during 2015 and the average monthly number of HealthChoices members enrolled for the period from January 1, 2015 to December 31, 2015:

Table 2: Average Monthly HealthChoices Enrollment by County

BH-MCO County Name	Average Monthly Enrollment in 2015
Cumberland	23,765
Dauphin	51,833
Lancaster	74,397
Lebanon	21,635
Perry	5,857
Franklin	21,585
Fulton	2,508
Bedford	8,689
Somerset	11,949
Total	222,218

During 2016, PerformCare prepared for a major system conversion with an implementation date of January 1, 2017. PerformCare transitioned their primary care management and claim processing systems. On December 12, 2016, PerformCare finalized the transition from InfoMC eCura® platform to ZeOmega's Jiva™ care management and case management system. On January 1, 2017, PerformCare transitioned from InfoMC eCura® to Trizetto's Facets™ claims processing system. PerformCare completed the ISCA based on the eCura® system.

During the EDV onsite visit, PerformCare demonstrated their transactional systems for claims processing and enrollment maintenance.

Performance Measure Development

PerformCare utilizes a separate relational database to store the PM data sets. PerformCare develops the PM source code using Structured Query Language (SQL) programming language. PerformCare's data reporting repository includes MCO-paid and MCO-denied claims.

PerformCare relational database to calculate the BH PMs is refreshed twice a week from the eCura® integrated information system. The eCura® information system is a software package offered by InfoMC for eligibility and claim processing. When extracting claims data for the BH PMs, the SQL scripts extracts from a single source of data containing different relational database tables for members, providers and claims and creates the PM files. PerformCare's Informatics and Quality Improvement departments review the PM files to ensure the accuracy and completeness of the SQL scripts. The PM files generated from the SQL script are reviewed by Program Managers to verify the data against other discharge and admission reports. If discrepancies are identified with the PM files then the SQL script is corrected and the PM files are extracted and reviewed.

PerformCare conducts checks for duplicate claims, overlapping statement dates, and preference of approved claims over denied claims. PerformCare indicated that if an approved claim and a denied claim is similar then PerformCare choses the approved claim for PM development.

PerformCare tests the SQL script in the Quality Assurance (QA) and User Acceptance Testing (UAT) environments prior to production implementation to ensure quality of the output data file produced for PM reporting. PerformCare updates the PM SQL script once a year as per the PM specifications and changes to their relational database tables.

During the EDV onsite visit, PerformCare indicated that the UB type of bill codes found in Table 1.4 of the 2016 FUH PM Specifications do not include valid codes found in their claim system. FUH Table 1.4 includes UB type of bill codes included in the HEDIS 2016 FUH measure specifications and Nonacute Inpatient Stay value set. PerformCare does not utilize the UB type of bill codes to identify non-acute inpatient stays, PerformCare uses the revenue codes found in Table 1.4 of the specifications to identify non-acute inpatient stays to exclude.

As part of EDV, IPRO compared the 2016 FUH PM member-level data to the BH paid/accepted PROMISe DW tables maintained by IPRO. IPRO also compared the enrollment information of the members included on the 2016 FUH PM member-level file to IPRO's BH eligibility DW.

Enrollment

Prior to the EDV onsite visit, IPRO compared the members included in the 2016 FUH PM member-level data file to IPRO's BH eligibility DW. IPRO utilized the enrollment data to verify and flag any member that was not enrolled with PerformCare on the discharge date or were enrolled with a different BH-MCO on the discharge date. The following data elements were reviewed during the EDV onsite visit on PerformCare's enrollment system: Recipient ID, date of birth, last and first name and enrollment and disenrollment dates for 2015. There were 3,486 internal control numbers (ICNs) submitted and accepted to PROMISe (**Table 3**). Of these, 3,486 (100%) were enrolled with BH-MCO on discharge date, none were enrolled with another BH-MCO, and none were not enrolled in HealthChoices at discharge date (**Table 3**).

IPRO did not identify any member records with discrepancies. IPRO randomly selected two member records from the 2016 FUH PM member-level data file to review during the onsite review (**Table 3**). The following observations were made during the EDV onsite review of the two member records:

- Member last and first name: IPRO was not able to confirm member last and first name in IPRO's DW, since the information is not available in the quarterly BH Eligibility Slice File. The name on the 2016 FUH PM member-level data file matched the name in PerformCare's enrollment system for all three records.
- Date of birth: IPRO was able to confirm that the date of birth on PerformCare's enrollment system matched the date of birth on IPRO's BH Eligibility DW for all three members.
- Enrollment history: For the two members, the effective and expiration dates from PerformCare's enrollment system matched the dates on IPRO's BH Eligibility DW.

Table 3: Enrollment Denominator Comparison to the BH Eligibility Slice File

Denominator Type	Formula Description	Number or Percent of Members
BH-MCO PM denominator	M1	3,642
BH-MCO ICN submitted and accepted in PROMISe	PD3	3,486
BH Eligibility Slice File		
Enrolled with BH-MCO on discharge date	E1	3,486
Enrolled with other BH-MCO on discharge date	E2	0
Not enrolled in HealthChoices on discharge date	E3	0
Total	E1 + E2 + E3 = DA	3,486
Percent of PROMISe submitted and accepted ICNs with member enrolled with BH-MCO	E1/DA	100%
Percent of PROMISe submitted and accepted ICNs with member **not** enrolled with BH-MCO	(E2 + E3)/DA	0%

BH: behavioral health; MCO: managed care organization; PROMISe: Provider Reimbursement and Operations Management Information System (in electronic format); ICN: internal control number.

Prior to the EDV onsite visit, IPRO also identified three members found on the 2016 FUH PM member-level data file whose recipient identification number did not match the recipient identification number received by IPRO on the PROMISe institutional encounters. IPRO selected the two member records to review and verify member enrollment data during the onsite visit. During the EDV onsite visit, it was identified that the change in recipient identification number was associated with adoption for the two members. The two children's recipient identification number was changed by PerformCare in their enrollment system after the daily 834 eligibility file reflected the adoption. PerformCare's enrollment system retains the original recipient identification number, the historical enrollment and claims data for the member and links the two enrollment records.

PM FUH Denominator Comparison

Prior to the EDV onsite visit, IPRO compared the denominator PROMISe ICNs included in the 2016 FUH PM member-level data file to IPRO's BH PROMISe institutional DW. IPRO identified PROMISe ICN records with discrepancies to review during the EDV onsite visit. The following data elements were reviewed during the onsite visit on PerformCare's claim system: recipient ID, admission and discharge dates, dates of service, diagnosis codes, revenue codes, UB type of bill code, hospital/provider ID number, place of service (POS), patient discharge status codes.

Appendix A presents the 2016 PM FUH denominator comparison. IPRO selected a sample of two PROMISe ICNs from the PM FUH denominator comparison report to review during the EDV onsite visit on PerformCare's claim system. The two FUH denominator PROMISe ICNs were found on the paid/accepted PROMISe institutional inpatient extract. The values of the data elements in the 2016 PM FUH member-level data file and PerformCare's claim system were identical.

The following discrepancies were noted between the 2016 FUH PM member-level data and IPRO's BH PROMISe paid/accepted DW during the review:

- Discharge Dates: for one of the two FUH denominator PROMISe ICNs, the PROMISe discharge date did not match PerformCare's claim system. The discrepancy was attributed to PerformCare concatenating three institutional encounters and using the discharge date of the last encounter during the development of the PM; the PM data file only allows for the identification of one PROMISe ICN and PerformCare included the PROMISe ICN of the first of the three institutional encounters.
- Hospital/Provider ID: for one of the two FUH denominator PROMISe ICNs, the PROMISe Hospital/Provider ID did not match PerformCare's claim system. The discrepancy was attributed to PerformCare mapping the Hospital/Provider ID to '888888888' for providers that are not enrolled in Pennsylvania's Medicaid program.
- Type of Bill: for the two FUH denominator PROMISe ICNs, the PROMISe type of bill did not match PerformCare's claim system. The discrepancy was attributed to PerformCare deriving the claim frequency type code, which represents the third digit of the type of bill code, prior to submission of institutional encounters to PROMISe using the following logic:
  - If the claim is an original:
    - Claim Frequency Code set to 1 when the member was determined to be discharged from the hospital and there were no additional claims associated with the inpatient stay.
    - Claim Frequency Code set to 2 when the member was determined not to have been discharged from the hospital and claim is identified as being the first claim, subsequent interim bill claim also identified for the inpatient stay.
    - Claim Frequency Code set to 3 when the member was determined not to have been discharged from the hospital and the claim is identified as being a subsequent interim bill claim for the inpatient stay.
    - Else the Claim Frequency Code is set to 4, the claim is identified as the last interim claim for the inpatient stay
  - If the claim is a void or an adjustment, the Claim Frequency code is not changed and the information provided on the claim is submitted.

  PerformCare Response: The third digit of the type of bill which is the claim frequency code cannot be evaluated independently. It must be interpreted in conjunction with the discharge status code and the statement date in order to interpret the encounter correctly. Although the code was different, when the information on the claim is viewed in its entirety, it did correctly communicate the encounter as originally received by the provider.

- Discharge Status code: for one of the two FUH denominator PROMISe ICNs, the PROMISe patient discharge status code did not match PerformCare's claim system. The discrepancy was attributed to PerformCare changing the patient discharge status code on the claim to '30' indicating not discharged, if the incoming patient discharge status code indicated a discharge but the statement end date was truncated. PerformCare truncates the statement end date if it exceeds the service date span.

PerformCare Response: The discharge status code cannot be evaluated independently. It must be interpreted in conjunction with the statement end date. Although the code was different, when the information on the claim is viewed in its entirety, it did correctly communicate the encounter as originally received by the provider.

Numerator Comparison

Prior to the EDV onsite review, IPRO compared the numerator PROMISe ICNs included in the 2016 FUH PM member-level data file to IPRO's BH PROMISe professional DW. IPRO identified PROMISe ICN records with discrepancies to review during the EDV onsite visit. The following data elements were reviewed during the onsite visit on PerformCare's claim system: Recipient ID, dates of service, diagnosis codes, hospital/provider ID number, POS and Current Procedural Terminology (CPT) codes.

Appendix B presents the 2016 PM FUH numerator comparison. IPRO selected a sample of four PROMISe ICNs from the PM FUH numerator comparison report to review during the EDV onsite visit on PerformCare's claim system. The four FUH numerator PROMISe ICNs were found on the paid/accepted PROMISe professional extract. The values of the data elements in the 2016 PM FUH member-level data file and PerformCare's claim system were identical.

The following discrepancies were noted between the 2016 PM FUH member-level data and IPRO's BH PROMISe paid/accepted DW during the review:

- POS: for one of the four FUH numerator PROMISe ICNs, the outpatient POS code did not match the value on PerformCare's claim system. PerformCare indicated that the discrepancy was attributed to PerformCare setting the POS code to '99' on the header record on all professional encounters.

  PerformCare Response: Not all service lines share the same place of service. PerformCare utilizes the service line level POS code to communicate the POS reported by the provider, thereby overriding POS code '99' in the header record. Presumably, this is acceptable since PROMISe adjudicates professional claims at the line level. The review of POS was incomplete. A complete review would have shown the POS matched.

- CPT code: for one of the four FUH numerator PROMISe ICNs, the CPT code did not match the value on PerformCare's claim system. PerformCare indicated that the discrepancy was attributed to PerformCare's mapping of the CPT code to align with the BHSRCC grid prior to PROMISe submission.

  PerformCare Response: PerformCare started sending denials mid 2015 if the CARC can be accepted by PROMISe.

- Date of service: for two of the four FUH numerator PROMISe ICNs, the date of service did not match the value on PerformCare's claim system. For one FUH numerator PROMISe ICN, PerformCare submitted only six service lines out of 12 service lines in their claim's system. PerformCare indicated that the discrepancy was attributed to PerformCare's excluding service lines from PROMISe submissions that were denied due to Claim Adjustment Reason Code (CARC) '96' indicating a non-covered service, until the first half of 2015. PerformCare indicated that currently they attempt to send all service lines on a claim to PROMISe.

Strengths and Opportunities for Improvement

The review of PerformCare's data systems, source code and quality assurance processes with regards to the 2016 PM development identified the following process strengths and opportunities for improvement:

Strengths

- PerformCare staff is knowledgeable and understands the HealthChoices product, business needs and the PM process.

Opportunities for Improvement

- It is recommended that PerformCare communicates to IPRO any issues that arise while developing the FUH PM measure. PerformCare and IPRO can then work together to enhance specifications to pull in appropriate services.
- In developing the BH PM files, PerformCare should utilize data prior to any BHSRCC grid mapping or defaulting. PerformCare has indicated that they are mapping and/or defaulting the POS, provider identification number, revenue and procedure codes. In the 2017 PM specifications, IPRO has added the following language: BH-MCOs must use the provider-submitted revenue codes, UB type of bill, POS codes and procedure codes when calculating this measure. BH-MCOs should not use any cross walked codes or BHSRCC mapping for this measure.

  PerformCare Response: PerformCare has always used the claim data as received from the provider in developing the BH PM files. The discrepancies found between PerformCare's claim system and PROMISe noted on page 9 are evidence that PerformCare is using what is on the claim and not the crosswalks in place for encounter submission.

Appendix A: 2016 FUH PM Denominator Comparison to PROMISe

Table A1: 2016 FUH PM Denominator Comparison to PROMISe

Denominator Type	Formula Description	Number or Percent of Members
BH-MCO PM denominator	M1	3,642
BH-MCO ICN submitted and accepted in PROMISe	PD3	3,486
BH-MCO PM PROMISe denominator ICN submitted and PROMISe accepted, matched to PROMISe DW	DA2	3,486
BH-MCO recipient ID matches PROMISe	DM1	3,482
Percent of BH-MCO recipient ID matches PROMISe	DM1/DA2	99.9%
BH-MCO hospital/provider ID matches PROMISe	DM2	3,483
Percent of BH-MCO hospital/provider ID matches PROMISe	DM2/DA2	99.9%
BH-MCO admission date matches PROMISe	DM3	3,486
Percent of BH-MCO admission date matches PROMISe	DM3/DA2	100%
BH-MCO discharge date matches PROMISe	DM4	3,474
Percent of BH-MCO discharge date matches PROMISe	DM4/DA2	99.7%
BH-MCO discharge status code matches PROMISe	DM8	3,473
Percent of BH-MCO discharge status code matches PROMISe	DM8/DA2	99.6%

FUH: Follow-up After Hospitalization for Mental Illness; PM: performance measure; PROMISe: Provider Reimbursement and Operations Management Information System (in electronic format); BH: behavioral health; MCO: managed care organization; ICN: internal control number; DW: data warehouse.

Appendix B: 2016 FUH PM Numerator Comparison to PROMISe

Table B1: 2016 FUH PM Numerator Comparison to PROMISe

Numerator Type	Formula Description	Number or Percent of Members
BH-MCO PM numerator	M2	2,754
BH-MCO ICN submitted and accepted in PROMISe	PD3	3,486
BH-MCO PM PROMISe numerator ICN submitted and PROMISe accepted, matched to PROMISe DW	NA2	2,317
BH-MCO provider ID matches PROMISe	NM1	2,317
Percent of BH-MCO recipient ID matches PROMISe	NM1/NA2	100%
BH-MCO provider type matches PROMISe	NM2	2,317
Percent of BH-MCO provider type matches PROMISe	NM2/NA2	100%
BH-MCO POS matches PROMISe *	NM3	449
Percent of BH-MCO POS matches PROMISe	NM3/NA2	19.4%
BH-MCO service date matches PROMISe	NM4	2,139
Percent of BH-MCO service date matches PROMISe	NM4/NA2	92.3%
BH-MCO primary diagnosis matches PROMISe	NM5	2,317
Percent of BH-MCO primary diagnosis matches PROMISe	NM5/NA2	100%
BH-MCO CPT/HCPCS/revenue code matches PROMISe	NM6	1,663
Percent of BH-MCO CPT/HCPCS/revenue code matches PROMISe	NM6/NA2	71.8%

FUH: Follow-up After Hospitalization for Mental Illness; PM: performance measure; PROMISe: Provider Reimbursement and Operations Management Information System (in electronic format); BH: behavioral health; MCO: managed care organization; ICN: internal control number; DW: data warehouse; CPT: Current Procedural Terminology; HCPCS: Healthcare Common Procedure Coding System.

* PROMISe encounter header level POS was used for the comparison. Since PerformCare submits a POS of '99' on the header level, this comparison is not accurate.

Appendix C: 2016 Performance Measure Rates

Table C1: 2016 Performance Measure Rates

Measurement Year 2016 Performance Measures	PerformCare			HealthChoices Population			
	Numerator	Denominator	Rate	Numerator	Denominator	Average Rate	Weighted Average Rate
Readmission After Psychiatric Discharge	751	4,826	15.6%	6,737	48,239	14.0%	14.0%
Follow-up After Hospitalization - HEDIS 7 Day	1,543	3,642	42.4%	17,076	37,505	45.5%	44.9%
Follow-up After Hospitalization - HEDIS 30 Day	2,410	3,642	66.2%	24,662	37,505	65.8%	65.4%
Follow-up After Hospitalization - PA 7 Day	2,072	3,642	56.9%	21,216	37,505	56.6%	55.8%
Follow-up After Hospitalization - PA 30 Day	2,754	3,642	75.6%	27,371	37,505	73.0%	72.7%