



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

2016 Encounter Data Onsite  
Performance Measure Review

Magellan Behavioral Health of Pennsylvania, Inc.

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## 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
<b>Physical Health<sup>1</sup></b>	
Institutional	62,622,327
Professional	208,985,522
Dental	9,586,305
Pharmacy	368,870,836
<b>Behavioral Health<sup>1</sup></b>	
Institutional	1,593,010
Professional	183,497,799

<sup>1</sup>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 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 information system 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 4-hour webinar of MBH. 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

Magellan Behavioral Health of Pennsylvania, Inc. (MBH) has participated in the BH HealthChoices contract since 1997. In 2016, MBH continued to service five counties for the HealthChoices product line. Their total average enrollment in 2015 was 336,743 members (Table 2).

The 2016 EDV four-hour webinar was held on April 21, 2017. MBH, OMHSAS and IPRO attended the webinar.

Table 2 lists the PA BH counties where MBH 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
Bucks	59,321
Montgomery	79,738
Delaware	89,182
Lehigh	66,513
Northampton	41,989
Total	336,743

## Performance Measure Development

MBH utilizes SQL Server databases for PM development. The data bases contain tables with all the data elements required for PM development. MBH develops the PM source code using Structured Query Language (SQL) programming language. MBH's data reporting repository includes MCO-paid and MCO-denied claims.

MBH's SQL Server database that is used to calculate the BH PMs is directly linked to and integrated with the member eligibility data in the Claim Adjudication Payment System (CAPS). CAPS is MBH's proprietary system for member eligibility, claims pre-processing, adjudication and administration. MBH's SQL Server databases are refreshed in real time by Data Mirror with claims data from CAPS. MBH utilizes record counts and comparison of claim amounts to ensure the accuracy and completeness of the data. MBH utilizes reference support tables to store the data parameters required for the BH PMs. The reference support tables are refreshed on a monthly basis.

MBH updates the PM reporting code once a year as per the PM specifications. MBH archives the PM reporting code every year. MBH's PA quality and reporting teams review the PM specifications and compare them with prior year PM specifications. During the review of PM specifications, changes from the prior year PM specifications and the impact of new PM requirements are assessed and the PM reporting code is updated accordingly.

MBH utilizes a peer review process to ensure the accuracy and completeness of the PM reporting code. MBH develops the PM reporting code in the Development environment that is reviewed prior to promoting the code to Quality Assurance (QA) environment. The PM reporting code is reviewed in the QA environment prior to promoting the code to Production environment. The review in the QA environment is performed by different employees to ensure accuracy and best coding practices. MBH's PA Quality Improvement Director reviews and approves the PM files prior to submission.

During the EDV webinar, MBH 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. MBH does not utilize the UB type of bill codes to identify non-acute inpatient stays, MBH 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 webinar, 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 MBH 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 webinar on MBH's enrollment system: Recipient ID, date of birth, last and first name and enrollment and disenrollment dates for 2015. There were 5,203 internal control numbers (ICNs) submitted and accepted to PROMISE (Table 3). Of these, 5,203 (100%) were enrolled with MBH 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 webinar (Table 3). The following observations were made during the EDV webinar 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 MBH’s enrollment system for all four records.
- Date of birth: IPRO was able to confirm that the date of birth on MBH’s enrollment system matched the date of birth on IPRO’s BH Eligibility DW for all four members.
- Enrollment history: For the two members, the effective and expiration dates from MBH’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	5,660
BH-MCO ICN submitted and accepted in PROMISe	PD3	5,203
<b>BH Eligibility Slice File</b>		
Enrolled with BH-MCO on discharge date	E1	5,203
Enrolled with other BH-MCO on discharge date	E2	0
Not enrolled in HealthChoices on discharge date	E3	0
Total	$E1 + E2 + E3 = DA$	5,203
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.

## PM FUH Denominator Comparison

Prior to the EDV webinar, 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 webinar. The following data elements were reviewed during the webinar on MBH'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 three PROMISE ICNs from the PM FUH denominator comparison report to review during the EDV webinar on MBH's claim system. The three 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 MBH'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:

- **Admission Date:** for two of the three FUH denominator PROMISE ICNs, the PROMISE admission date did not match MBH's claim system. The discrepancy was attributed to MBH concatenating institutional encounters based on member ID, provider ID, service category, admission date and discharge dates and using the admission date of the first encounter during the development of the PM; the PM data file only allows for the identification of one PROMISE ICN and MBH included the PROMISE ICN of the last institutional encounter.
- **Type of Bill:** for two of the three FUH denominator PROMISE ICNs, the PROMISE type of bill did not match MBH's claim system. During the EDV webinar, IPRO identified that all Type of Bill Codes values on MBH's claim system did not match the PROMISE Type of Bill values. IPRO followed up with MBH to discuss further discrepancies related to a couple of examples when the Type of Bill on MBH's claim system didn't match the PROMISE Type of Bill. During a follow-up discussion MBH advised, "There is no cross walking of codes. We are not sure how the PROMISE Type of Bill value is being derived and/or populated. For this sample, the value of 112 was not reported by MBH."
- **Revenue code:** for one of the three FUH denominator PROMISE ICNs, the PROMISE revenue code did not match MBH's claim system. The discrepancy was attributed to MBH concatenating institutional encounters based on member ID, provider ID, service category, admission and discharge dates and using the revenue code of the first encounter during the development of the PM; the PM data file only allows for the identification of one PROMISE ICN and MBH included the PROMISE ICN of the last institutional encounter.
- **Discharge Status code:** for one of the three FUH denominator PROMISE ICNs, the PROMISE patient discharge status code did not match MBH's claim system. The discrepancy was attributed to MBH changing the patient discharge status code on the claim to '01' indicating discharged to home or self care, when records indicating qualifying continued stay were not found.
- For one of the three FUH denominator PROMISE ICNs, MBH submitted an encounter with dates of service September 25, 2015 through October 7, 2015. During the webinar, IPRO observed claims on MBH's CAPS screen for the same member with dates of service October 8, 2015 and October 9, 2015 through October 10, 2015. As per PM specifications, the three claims should have been concatenated and submitted for the period September 25, 2015 through October 10, 2015 on the PM data file. As a follow-up item, MBH provided IPRO the PROMISE ICNs for the three claims. IPRO noticed that the three PROMISE ICNs had the same admit date, billing provider ID, diagnosis, revenue and type of bill codes in IPRO's BH PROMISE paid/accepted DW. On a follow-up call with OMHSAS and IPRO, MBH advised that the encounters were not concatenated as the encounter with a date of service October 8, 2015 was categorized as a sub-acute MH facility encounter and MBH does not include sub-acute MH facility encounters in the BH PMs. Table 4 presents the three PROMISE ICN encounter records from IPRO's BH PROMISE paid/accepted DW.

Table 4: Encounter data records from IPRO's BH PROMISE paid/accepted DW

ICN	Begin DOS	End DOS	Admit Date	Diagnosis code 1	Diagnosis code 2	Revenue code	Type of bill	Provider Specialty code	Provider Type
1	9/25/2015	10/7/2015	9/25/2015	F39	F1020	0124	112	011	01
2	10/8/2015	10/8/2015	9/25/2015	F39	F1020	0124	113	011	01
3	10/9/2015	10/10/2015	9/25/2015	F39	F1020	0124	114	011	01

ICN: internal control number; Begin DOS: begin date of service; End DOS: end date of service;

F39: Unspecified mood disorder; F1020: Alcohol dependence, uncomplicated; 0124: Psychiatric – Room and board; 112: interim inpatient – first claim; 113: interim inpatient – continuing claim; 114: inpatient – last claim; 011: private psychiatric hospital; 01: inpatient facility

### Numerator Comparison

Prior to the EDV webinar 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 webinar visit. The following data elements were reviewed during the webinar on MBH'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 five PROMISE ICNs from the PM FUH numerator comparison report to review during the EDV webinar on MBH's claim system. The five FUH numerator PROMISE ICNs were found on the paid/accepted PROMISE professional extract. The date of service, diagnosis codes, hospital/provider ID number, POS and CPT codes on the 2016 PM FUH member-level data file did not match with data element values in IPRO's BH PROMISE professional DW. MBH indicated that this discrepancy was due to an error in the source code that caused incorrect numerator PROMISE ICNs to be included in the 2016 PM FUH member-level data file. As a follow-up item, MBH provided the correct PROMISE ICN for the five records. The five FUH numerator PROMISE ICNs were found on the paid/accepted PROMISE professional extract.

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

- CPT code: for one of the five FUH numerator PROMISE ICNs, the CPT code did not match the value on the PM data file. The discrepancy was attributed to an error in the internal crosswalk table that MBH utilizes to map the procedure code on the claim to a code on the crosswalk table. MBH indicated that the error in the crosswalk table has been corrected and the CPT code on the PM data file is the correct CPT code. Due to timing, PROMISE data does not reflect the correct CPT code.

## Strengths and Opportunities for Improvement

The review of MBH'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

- MBH staff is knowledgeable and understands the HealthChoices product, business needs and the BH PM request.

### Opportunities for Improvement

- It is recommended that MBH communicates to IPRO any issues that arise while developing the FUH PM measure. MBH and IPRO can then work together to enhance specifications to pull in appropriate services.
- In developing the BH PM files, MBH should utilize data prior to any BHSRCC grid mapping or defaulting. MBH 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.
- MBH maps the patient discharge status code to '01' indicating discharged to home or self-care, if qualifying continued stay records are not found. IPRO recommends that MBH submit the patient discharge status code as received on the claim to PROMISE.

### Corrective Action Needed

- MBH does not include sub-acute facility claims on their BH PM files. MBH to provide OMHSAS with detailed information and examples on the sub-acute facility claims; how they are received, how they are submitted to PROMISE and how they are handled in the PM inpatient acute care record identification. MBH to work with OMHSAS to identify how these records should be submitted to PROMISE and how the sub-acute claims should be handled for the BH PMs.

## 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	5,660
BH-MCO ICN submitted and accepted in PROMISE	PD3	5,203
BH-MCO PM PROMISE denominator ICN submitted and PROMISE accepted, matched to PROMISE DW	DA2	5,203
BH-MCO recipient ID matches PROMISE	DM1	5,203
Percent of BH-MCO recipient ID matches PROMISE	DM1/DA2	100%
BH-MCO hospital/provider ID matches PROMISE	DM2	5,203
Percent of BH-MCO hospital/provider ID matches PROMISE	DM2/DA2	100%
BH-MCO admission date matches PROMISE	DM3	5,125
Percent of BH-MCO admission date matches PROMISE	DM3/DA2	98.5%
BH-MCO discharge date matches PROMISE	DM4	5,203
Percent of BH-MCO discharge date matches PROMISE	DM4/DA2	100%
BH-MCO discharge status code matches PROMISE	DM8	5,198
Percent of BH-MCO discharge status code matches PROMISE	DM8/DA2	99.9%

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	3,958
BH-MCO ICN submitted and accepted in PROMISE	PD3	5,203
BH-MCO PM PROMISE numerator ICN submitted and PROMISE accepted, matched to PROMISE DW	NA2	3,162
BH-MCO provider ID matches PROMISE	NM1	2,808
Percent of BH-MCO recipient ID matches PROMISE	NM1/NA2	88.8%
BH-MCO provider type matches PROMISE	NM2	2,631
Percent of BH-MCO provider type matches PROMISE	NM2/NA2	83.2%
BH-MCO POS matches PROMISE	NM3	2,756
Percent of BH-MCO POS matches PROMISE	NM3/NA2	87.2%
BH-MCO service date matches PROMISE	NM4	2,580
Percent of BH-MCO service date matches PROMISE	NM4/NA2	81.6%
BH-MCO primary diagnosis matches PROMISE	NM5	2,815
Percent of BH-MCO primary diagnosis matches PROMISE	NM5/NA2	89.0%
BH-MCO CPT/HCPCS/revenue code matches PROMISE	NM6	1,567
Percent of BH-MCO CPT/HCPCS/revenue code matches PROMISE	NM6/NA2	49.6%

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; CPT: Current Procedural Terminology; HCPCS: Healthcare Common Procedure Coding System.

## Appendix C: 2016 Performance Measure Rates

Table C1: 2016 Performance Measure Rates

Measurement Year 2016 Performance Measures	MBH			HealthChoices Population			
	Numerator	Denominator	Rate	Numerator	Denominator	Average Rate	Weighted Average Rate
Readmission After Psychiatric Discharge	1,174	7,733	15.2%	6,737	48,239	14.0%	14.0%
Follow-up After Hospitalization - HEDIS 7 Day	2,644	5,660	46.7%	17,076	37,505	45.5%	44.9%
Follow-up After Hospitalization - HEDIS 30 Day	3,606	5,660	63.7%	24,662	37,505	65.8%	65.4%
Follow-up After Hospitalization - PA 7 Day	3,161	5,660	55.8%	21,216	37,505	56.6%	55.8%
Follow-up After Hospitalization - PA 30 Day	3,958	5,660	69.9%	27,371	37,505	73.0%	72.7%