



# Pennsylvania's Office of Mental Health and Substance Abuse Services

## 2022 Information Systems Capabilities Assessment

### Community Care Behavioral Health

June 2023



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## Introduction

The Pennsylvania (PA) Department of Human Services (DHS), Office of Mental Health and Substance Abuse Services (OMHSAS) has partnered with its external quality review organization (EQRO), IPRO, to conduct a Behavioral Health (BH) managed care organization (BH MCO), system and process review in 2022 in accordance with the Centers for Medicare & Medicaid Services (CMS) external quality review (EQR) protocol as part of an encounter data validation task.

IPRO customized and uploaded the information systems capabilities assessment (ISCA) worksheet provided in Appendix A of CMS's protocols to REDCap®. The worksheet was emailed to all the MCOs on April 20, 2022, and the MCOs were requested to complete and return the responses by June 20, 2022. During the months of August and September 2022, IPRO conducted a meeting with OMHSAS and the BH MCOs via a remote meeting.

Knowledge of the capabilities of a BH MCO's information system (IS) is essential to perform the following task elements effectively and efficiently:

- assess an MCO's IS;
- validate MCO encounter data;
- calculate or validate BH MCO performance measures (PMs);
- assess an MCO's capacity to manage the health care of its enrollees; and
- review the MCO's encounter data submission and reconciliation processes.

The purpose of this assessment is to pose standard questions used to assess the strength of the BH MCOs with respect to these capabilities. Responses to these questions will assist the EQRO in assessing the extent to which the BH MCO's IS is capable of producing valid encounter data, PMs, tracking encounter data submissions and other data necessary to support quality assessment and improvement, as well as managing the care delivered to its enrollees.

The remote meetings and ISCA completed by the BH MCOs were organized into five sections:

1. Enrollment System(s) and Processes,
2. Claims/Encounter Data System(s) and Processes,
3. Provider Data System(s) and Processes,
4. Oversight of Contracted Vendor(s), and
5. Data Integration and Systems Architecture.

The results and findings presented here are based on data IPRO collected through the completed ISCA worksheet and subsequent remote meetings.

## General Information

Community Care Behavioral Health has participated in the Pennsylvania Behavioral Health Medicaid product line since 1996. Table 1 lists the average monthly enrollment for Community Care Behavioral Health from January 2018 through December 2020.

Table 1: Average Monthly Enrollment Counts, 2018–2020

Insurer	Year 1 – 2018	Year 2 – 2019	Year 3 – 2020
Medicaid only	991,304	1,007,415	1,190,324

Source: Community Care Behavioral Health ISCA response

Community Care Behavioral Health provided IPRO a completed ISCA and supplemental documentation on June 20, 2022. A 2-hour remote meeting was held on August 31, 2022, to discuss the ISCA responses and review of Community Care Behavioral Health's system. Community Care Behavioral Health, HealthChoices contractors, OMHSAS, and IPRO staff attended the remote meeting.

Community Care Behavioral Health utilizes MC400 claims system for adjudication and enrollment processing. Through the MC400 system, service and utilization data for the Medicaid or the Children's Health Insurance Program (CHIP) population are processed.

# Information Systems Capabilities Assessment

## Enrollment System(s) and Processes

Medicaid and CHIP eligibility files are updated via the daily 834 file from DHS. The 834 is sent to the BH MCO and the record is processed appropriately. Community Care Behavioral Health loads the Medicaid (MA) identification number (ID) sent on the 834 file. Community Care Behavioral Health uniquely identifies enrollees by maintaining a unique MA ID, and the member receives a unique member ID in Psych Consult.

A member can be assigned more than one ID within the MCO's information management system in cases in which the County Assistance Office (CAO) enrolls the same member twice (e.g., in cases where the member enrolls using an alias). Scenarios when members may show up in Psych Consult with more than one MA ID include: youth who were adopted and their name changed, youth in Child Youth and Families (CYF) and Juvenile Probation Office (JPO) care and inter-county transfers that may generate multiple MA IDs. These records are referred to the CAO for correction. Community Care Behavioral Health has the ability to track and identify enrollees who switch from one product line (e.g. Medicaid, commercial plan, Medicare) to another, find an enrollee's initial enrollment date, and track and link previous claims/encounter data across product lines.

Community Care Behavioral Health enrolls and tracks newborns born to an existing Medicaid or CHIP enrollee by entering the newborn into the system when the state sends an 834 record, and the newborn is considered as a separate member record.

Community Care Behavioral Health uses CIS mapping to load race and ethnicity values to the Psych Consult database. Ethnicity data are passed through the REF\*17 segment on the 834 eligibility file, and Community Care Behavioral Health noted that discrete mapping for Ethnicity values does not exist. Community Care Behavioral Health currently receives the following race and ethnicity values on the 834-eligibility file:

- Not Provided (7),
- Asian or Pacific Islander (A),
- Black (B),
- Caucasian (C), and
- American Indian or Alaskan Native (I).

Community Care Behavioral Health's Medicaid enrollment data system has not had any major changes or updates within the last 3 years.

Community Care Behavioral Health utilizes the monthly 820 file for reconciliation.

## Claims/Encounter Data System(s) and Processes

Community Care Behavioral Health receives paper and electronic claims; 71% of mental health and substance abuse claims are submitted electronically and 29% are submitted on paper. Community Care Behavioral Health providers are able to submit claims via the provider portal, ePortal; these claims are included in the electronic data interchange (EDI). Table 2 shows claims/encounter data sources and types for paper claims.

Table 2: Claims/Encounter Data Sources and Types

Data Source	Data Type
Behavioral health	CMS-1500 and UB-04

Source: Community Care Behavioral Health ISCA response

When claims are entered into the system, they go through a series of standard edits that ensure that only clean claims are adjudicated. The first edit is member eligibility by date of service, then covered service and finally, covered diagnosis. After the claim has passed those routine edits, the more clinically focused edits, e.g., authorization on file and eligible provider, are applied. Claims go through basic edits, and claims that pass all the edits are sent to the final processing step without any human intervention. Claims are not pended and are instead processed to pay or deny based

on the claim adjudication edits. Providers are required to submit corrected claims when necessary. Community Care Behavioral Health auto-adjudicates 85% of the claims received; 15% are associated with coordination of benefits (COB) and are reviewed by claim reviewers.

Community Care Behavioral Health stated that under no circumstances can claims processors change the claim information.

Community Care Behavioral Health has a policy in place regarding PA BH Medicaid Managed Care claims/encounter data audits, where a 3% random sample of each claim examiner's previous week's production is reviewed. A weekly random sample up to a maximum of five reviews is completed on a claim adjuster and claim specialist. All Community Care Behavioral Health claim reviews are completed within 10 business days.

Community Care Behavioral Health's ISCA response indicated the following standards for claim timeliness:

1. 90% of clean claims must be processed within 30 days;
2. 100% of clean claims must be processed within 45 days; and
3. 100% of all claims must be processed within 90 days.

### **Provider Data System(s) and Processes**

Community Care Behavioral Health's provider directories are updated monthly by the Network Management department.

Community Care Behavioral Health maintains provider profiles on both IS and its website. The provider information maintained includes services, service locations, languages spoken, affiliations, board certifications, accreditations, status of accepting new members. Additionally, Community Care Behavioral Health's IS maintains information on credentialing and contract information not published in provider directories.

Community Care Behavioral Health utilizes Quest Analytics software and reporting to monitor provider network adequacy on an annual basis. Community Care Behavioral Health conducts annual geographical access review in accordance with PA DHS program standards and requirements. Quest Analytics is utilized to check information on Psych Consult.

Community Care Behavioral Health contracts for numerous Medicaid alternative payment arrangements (APAs) approved by PA DHS. The APAs reimburse providers through a retainer or case rate payment arrangement.

### **Oversight of Contracted Vendor(s)**

Community Care Behavioral Health does not subcontract with any vendor(s) that provide services to members. Community Care Behavioral Health advised that there are no contracted vendors that provide services to members which would require oversight of vendor policies and activities.

### **Data Integration and Systems Architecture**

During the remote meeting, Community Behavioral Health provided a comprehensive walkthrough of all the data sources maintained by the BH MCO for operations and reporting. Community Care Behavioral Health follows a system development life cycle model (SDLCM) for the development of their performance measure development.

Community Care Behavioral Health's ISCA response outlined the steps included in the maintenance cycle for Community Care Behavioral Health's reporting requirements for the mandated reports developed by the Data and Analytics Team (DAT); reports are developed using Structured Query Language (SQL) and SAS® software. There are 11 staff members trained and capable of modifying the SQL and SAS programs.

Community Care Behavioral Health's encounter data are stored on a Microsoft® SQL Server. All of Community Care Behavioral Health's data are retained electronically. Historical data are accessed when needed via their database or data warehouse.

## Disaster Recovery

Community Care Behavioral Health has a disaster recovery (DR) plan with DR servers located in one of their University of Pittsburgh Medical Center (UPMC) redundant data centers located either in Shadyside or Oakland, PA. The DR plan has failover capability, and it takes 1 business day to switch over to the DR system when the primary system fails. The DR system is tested annually, and system backups are performed nightly. All production data are backed up to appropriate media and held in a remote data center. Community Care Behavioral Health has minimal data transfer between applications which will minimize risk. In addition, all data are backed up nightly, transfer of data is done using secure file transfer protocols, and all equipment is connected to an uninterruptible power supply (UPS).

## Access to System

Community Care Behavioral Health's system access is structured by security roles; staff positions are given access based on their role and are based on read- and write-access levels. The programming and analysis staff members access the production system Community Care Behavioral Health provides real-time, read-only access to Psych Consult for all its contract oversight teams. Community Care Behavioral Health providers have access to MC400 the managed care system's Provider Online system for claim activity and Community Care Behavioral Health's ePortal (authorization activity). Providers who are contracted with Community Care Behavioral Health receive instructions on setting up an online account. Routine access audits are conducted annually.

## Performance Measures

Community Care Behavioral Health does not utilize a PM repository. Community Care Behavioral Health's Decision Support Group is responsible for PM reporting. The analysts involved in the PM process and reporting utilizes SAS as the programming language, and staff conducts peer reviews for all programming processes. Programs utilized to produce the PMs and methodologies are archived each year.

OMHSAS is requiring that Primary Contractors and its BH MCOs contract directly with National Committee for Quality Assurance (NCQA) or with an NCQA-certified HEDIS® vendor to verify the measure logic used to run HEDIS® measures. The Primary Contractor and its BH MCO are responsible for assessing and completing all necessary related steps and must plan appropriately to ensure compliance with this requirement for HEDIS® MY 2023. Community Care Behavioral Health's PA BH Medicaid Managed Care PM reporting programs are reviewed by supervisory staff. Community Care Behavioral Health does not employ a Healthcare Effectiveness Data and Information Set (HEDIS®) repository. During the remote meeting, Community Care Behavioral Health indicated that they are researching and in the process of determining a NCQA certified vendor for measurement year (MY) 2022 HEDIS PM development.

## Physical Health Service History Files

Community Care Behavioral Health has been receiving DHS physical health service history data since 2014. Community Care Behavioral Health has been processing the service history files since 2015. Data received from the state is processed through a series of deduplication logic and quality checks. Data is characterized as medical inpatient, medical outpatient, pharmacy and dental. Processed information is available for end users and analysts for reporting purposes. Currently, the physical health data received on the service history files is used for clinical operations and Integrated Care Program (ICP) performance measures. Community Care Behavioral Health has advised that currently they do not incorporate the physical health service history data for the annual OMHSAS performance measures.

## Encounter Data

PA BH MCOs are required to submit encounter data files to DHS. Community Care Behavioral Health does not submit encounter data directly to CMS Transformed Medicaid Statistical Information System (T-MSIS). Community Care Behavioral Health has a separate repository for encounter data that is submitted to the state's Medicaid Management Information System (MMIS), Provider Reimbursement and Operations Management Information System (PROMISE).

Community Care Behavioral Health's PROMISE encounter data acceptance rate is 99.9%.

Claims information is imported to the SQL server database to prepare for submission to PROMISE in order to check the record being submitted and also to ensure that the record has not already been submitted to PROMISE. Community Care Behavioral Health submits each service line as a separate encounter, adjustments are also submitted to PROMISE on the service line detail.

Community Care Behavioral Health's top three reasons for PROMISE denials for calendar year 2022 are:

1. provider related errors.
2. eligibility related errors: when eligibility information is different than the information found in PROMISE; and the member is not eligible at the time of service.
3. errors related to autism diagnosis codes that are not being accepted in PROMISE.

Community Care Behavioral Health utilizes OMHSAS's Behavioral Health Services Reporting Classification Chart (BHSRCC) to assign service code and modifier combinations prior to submission to PROMISE.

## Summary of Findings

CMS requires that, at the conclusion of the ISCA review, the EQRO compiles and analyzes the information gathered through the preliminary ISCA review and from the BH MCO staff interviews. After completing its analysis, the EQRO writes a statement of findings about the BH MCO's IS. Table 3 summarizes the EQRO's findings.

Table 3: Summary of Findings

Findings	Results (Met, Not Met or Partially Met)	Review Notes
Completeness and accuracy of encounter data collected and submitted to the state	Met	Community Care Behavioral Health's IS has processes in place that generate encounter data for submission to OMHSAS's MMIS, PROMISe, for all encounter types.
Validation and/or calculation of PMs	Met	Community Care Behavioral Health utilizes a SAS programming language to produce OMHSAS's three annual PMs.  Community Care Behavioral Health is in the process of determining an NCQA-certified vendor for MY 2022 HEDIS PM development to comply with OMHSAS' MY 2023 requirement.
Utility of the IS to conduct MCO quality assessment and improvement initiatives	Met	Community Care Behavioral Health's IS supports various data reporting requests both internally and externally.
Ability of the IS to conduct MCO quality assessment and improvement initiatives	Met	Community Care Behavioral Health's IS has the ability to conduct quality assessments and improvement initiatives.
Ability of the IS to oversee and manage the delivery of health care to the MCO's enrollees	Met	Community Care Behavioral Health receives and processes the daily 834 files. The daily 834 files are transferred to Community Care Behavioral Health's eligibility system, MC400.
Ability of the IS to generate complete, accurate and timely T-MSIS data	Not applicable	Community Care Behavioral Health does not submit encounter data to T-MSIS.  Community Care Behavioral Health submits encounter data to OMHSAS's MMIS, PROMISe.
Utility of the IS for review of provider network adequacy	Met	Community Care Behavioral Health utilizes Quest Analytics software and reporting to monitor provider network adequacy across geographic areas on an annual basis.
Utility of the MCO's IS for linking to other information sources for quality-related reporting (e.g., immunization registries, health information exchanges, stat vital statistics, public health data)	Met	Community Care Behavioral Health's IS has processes in place to receive, validate and incorporate claims data, and produce internal and regulatory reports.

IS: information system; OMHSAS: Office of Mental Health and Substance Abuse Services; MMIS: Medicaid Management Information System; PROMISe: Provider Reimbursement and Operations Management Information System; PM: performance measure; NCQA: National Committee for Quality Assurance; MY: measurement year; HEDIS: Healthcare Effectiveness Data and Information Set; MCO: managed care organization; T-MSIS: Transformed Medicaid Statistical Information System.