



Pennsylvania's Office of Mental Health and Substance Abuse Services

2022 Information Systems Capabilities Assessment

Magellan Behavioral Health of Pennsylvania

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Corporate Headquarters
1979 Marcus Avenue
Lake Success, NY 11042-1072
(516) 326-7767
ipro.org



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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

Magellan Behavioral Health of Pennsylvania has participated in the Pennsylvania Behavioral HealthChoices Medicaid Managed Care product line since 1991. Table 1 lists the average monthly enrollment for Magellan Behavioral Health of Pennsylvania 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	565,912	581,918	575,004

Source: Magellan Behavioral Health of Pennsylvania ISCA response

Magellan Behavioral Health of Pennsylvania provided IPRO a completed ISCA and supplemental documentation on June 20, 2022. A 2-hour remote meeting was held on September 1, 2022, to discuss the ISCA responses and review of Magellan Behavioral Health of Pennsylvania's system. Magellan Behavioral Health of Pennsylvania, Behavioral HealthChoices Contractors (BHHC), OMHSAS, and IPRO staff attended the remote meeting.

Magellan Behavioral Health of Pennsylvania uses Claim Adjudication and Payment System (CAPS) claims management system used for adjudication and enrollment processing.

Information Systems Capabilities Assessment

Enrollment System(s) and Processes

Eligibility data files are received by Magellan Behavioral Health of Pennsylvania on business days. The daily 834 file with membership eligibility information is loaded. All Medicaid enrollees on Magellan Behavioral Health of Pennsylvania's information technology (IT) platform have a unique member identifier (UMI). Magellan Behavioral Health of Pennsylvania has indicated that there can be some issues during the daily 834 load process that arise that would prevent a record from loading; only clean 834 records are loaded. Member records are verified via PA's electronic client information system (eCIS).

Magellan Behavioral Health of Pennsylvania's Medicaid enrollees can have more than one UMI. If a member is identified with a new UMI, Magellan Behavioral Health of Pennsylvania creates a new member record with a new identification number. The new member record will be merged and historical claims and authorization data would be linked.

Magellan Behavioral Health of Pennsylvania utilizes the monthly 820 capitation file; the file is loaded, and a standard reconciliation report is used to compare member records. If any kinds of variances exist outside of the standard deviation, they are further investigated.

In the last 3 years, Magellan Behavioral Health of Pennsylvania's Enrollment Data System (CAPS) has not undergone any major changes or updates, but maintenance, patching, and general IT system support has occurred.

Magellan Behavioral Health of Pennsylvania crosswalks the race, language codes and ethnicity values to PA race and ethnicity codes.

Claims/Encounter Data System(s) and Processes

Magellan Behavioral Health of Pennsylvania receives and processes claims and encounter data from providers in electronic and paper formats, a front-end web portal also available for data submissions. The formats used are Institutional Inpatient (837I) and Professional (837P); 97.54% of the data were submitted electronically in 2021 and 98.77% of the data were submitted electronically in 2022. Table 2 details data source and types for paper claims.

Table 2: Claims/Encounter Data Sources and Types

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

Source: Magellan Behavioral Health of Pennsylvania's ISCA response

In 2021, Magellan Behavioral Health of Pennsylvania's claims system auto adjudicates 84.3% of the claims, and 15.7% were pended. Magellan Behavioral Health of Pennsylvania's pended claims are routed to a pend queue, where they are worked via a manual process.

Eligibility is verified at the time the claim is processed in Magellan Behavioral Health of Pennsylvania's claims system; if the member was not eligible on the date(s) of service the claim will be denied. After eligibility is verified, the claims system verifies that the service provided to the member is a Magellan Behavioral Health of Pennsylvania covered service.

An electronic data interchange (EDI) claim will reject if there are missing data elements. A paper claim with missing required information will either be returned to the provider requesting the missing data element or it will be entered into the Magellan Behavioral Health of Pennsylvania claim system and denied appropriately. Magellan Behavioral Health of Pennsylvania claim processors do not modify any claim data received from the provider. Audits are performed to ensure all data entered on a claim match the Magellan Behavioral Health of Pennsylvania claim system.

Magellan Behavioral Health of Pennsylvania's performance monitoring standards for claims/encounters processing and performance guarantees for timeliness are monitored in daily reporting to ensure 90% or more of claims are adjudicated

within 30 calendar days, and that 100% of claims are adjudicated within 45 calendar days. Magellan Behavioral Health of Pennsylvania produces daily performance monitoring and timeliness reports are reviewed by supervisors.

Provider Data System(s) and Processes

Magellan Behavioral Health of Pennsylvania does not maintain provider profiles on its website or IS. Magellan Behavioral Health of Pennsylvania utilizes Quest Analytics Suite to assess network adequacy and produce annual reports.

Magellan Behavioral Health of Pennsylvania noted several alternate payment arrangements in their ISCA response:

- Case rate: a fixed, predetermined fee is paid for each client's type of inpatient or outpatient treatment episode, based upon the diagnosis assigned or the procedures administered.
- Sub-capitation: payment arrangement in which a predetermined amount is paid for each recipient per month; capitation agreements target specific groups within the Medicaid population.
- Retainer payments: payment is agreed upon between a BH MCO and a provider to deliver a type of service for a predetermined amount of money; the monetary amount is fixed, regardless of how many recipients access the service.

Oversight of Contracted Vendor(s)

Magellan Behavioral Health of Pennsylvania does not subcontract with any vendor(s) that provide services to members. Magellan Behavioral Health of Pennsylvania 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, Magellan Behavioral Health of Pennsylvania provided a comprehensive walkthrough of their IS and all the data sources maintained by the BH MCO for operations and reporting. Magellan Behavioral Health of Pennsylvania outlined the following steps of the maintenance cycle for their reporting requirements for the mandated reports developed by the Data and Analytics Team (DAT); reports are developed using custom Structured Query Language (SQL).

Magellan Behavioral Health of Pennsylvania's data sources include transactional systems for claims processing, enrollment processing, provider data, vendor data and supplemental sources, such as registry data, and lab values received from the state and their providers.

Magellan Behavioral Health of Pennsylvania retains 10 years of Medicaid data in their reporting data warehouse and is able to access those data without needing to access a separate storage area. Magellan Behavioral Health of Pennsylvania's electronic data warehouse (EDW) is stored on Amazon Redshift cloud.

Disaster Recovery

Magellan Behavioral Health of Pennsylvania has a disaster recovery (DR) plan that is located in Philadelphia, PA, which provides failover capabilities. The system is tested annually. Depending on the system's recovery time objective (RTO), it can take up to 30 minutes to failover while other recoveries can take up to 24 hours. System backups are incremental backups which are performed daily and backup data are stored onsite. Magellan Behavioral Health of Pennsylvania tests backups regularly to make sure the backup procedure is functioning properly.

Access to System

Magellan Behavioral Health of Pennsylvania provides access to levels of the system by staff position. Staff is only provided access to the systems they need to complete work assignments, and access is controlled by resource managers. Access is given only after a thorough assessment that ensures the access being requested is mission critical for the work the user is performing. Programming and analysis staff accesses the development system only.

Members and providers have access to the information and resources on Magellan Behavioral Health of Pennsylvania's web portals. County customers have secure access to a reporting tool, in which the data are presented in viewable format only. Permissions are managed through the reporting team, allowing users to see specific reports and content. Reports allow for de-identification of member protected health information (PHI).

Performance Measures

Magellan Behavioral Health of Pennsylvania does not use a PM repository. A report log entry is entered every time a user runs a self-service report. The log contains a timestamp, the user login identification (ID), and the report identifier. PM submission data can only be extracted by data analysts with permissions to run the specific stored procedures. PM reports and data can be accessed from a few different entry points. Clinical and quality staff has access to monitoring reports through a self-service reporting tool, which is parameter-driven and accesses the most recent PM logic or archived versions of previous source logic. Additionally, select-data-reporting staff can trigger stored procedures directly from the database graphical interface and view or export the raw data. The report generation process includes a series of error checking routines to ensure that the field values are validated and reasonable.

Magellan Behavioral Health of Pennsylvania's report generation programs are documented through stored procedure code. Each year, when the new PM specifications are released, there is a team meeting to review the requirements. If there are necessary changes to the source code, the programmers/analysts will build them into a test procedure/environment. During this testing, each field is reviewed and validated for reasonableness. If there are fields that can be cross-referenced by a lookup table, comparison reports are created and reviewed. Year-over-year data are analyzed to track and trend data for reliable outcomes. Magellan Behavioral Health of Pennsylvania's BH Medicaid Managed Care PM reporting programs are reviewed by supervisory staff.

Magellan Behavioral Health of Pennsylvania develops and maintains all data in their in-house repository. The data tables and source code are housed in an SQL Server database. All lookup and reference tables are uploaded to the server and utilized for development of PMs.

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. Magellan Behavioral Health of Pennsylvania is establishing a contract with a National Committee for Quality Assurance (NCQA)-certified vendor for 2023 Healthcare Effectiveness Data and Information Set (HEDIS®) PM development and reporting.

Physical Health Service History Files

Magellan Behavioral Health of Pennsylvania incorporates physical health (PH) service history claims data into the repository on an as-needed basis as required for the development of state-specific PMs. The weekly PH service history files with medical claims data are loaded without loss or alteration of any of the information in the files and utilized.

Encounter Data

PA BH MCOs are required to submit encounter data files to DHS. Magellan Behavioral Health of Pennsylvania does not submit encounter data directly to CMS Transformed Medicaid Statistical Information System (T-MSIS). Magellan Behavioral Health of Pennsylvania has a separate repository for encounter data to be submitted to the department's Medicaid Management Information System (MMIS), Provider Reimbursement and Operations Management Information System (PROMISE); 95% of Magellan Behavioral Health of Pennsylvania's encounters are accepted by PROMISE.

Magellan Behavioral Health of Pennsylvania receives institutional outpatient claims from providers, converts and crosswalks the data, and submits the encounter to PROMISE on a professional encounter, 837P.

Magellan Behavioral Health of Pennsylvania utilizes OMHSAS's Behavioral Health Services Reporting Classification Chart (BHSRCC) to crosswalk modifiers, when appropriate, prior to submitting the encounter to PROMISE. During the remote meeting, Magellan Behavioral Health of Pennsylvania noted that the biggest challenge is the volume of changes based on the semi-annual BHSRCC.

Magellan Behavioral Health of Pennsylvania's paid and denied claims are sent to PROMISE as encounters based on specific claim adjustment reason codes (CARC).

The top three reasons for encounter denials were:

1. recipient not eligible with Magellan Behavioral Health of Pennsylvania;
2. issues surrounding the member's date of death; and
3. issues surrounding the member's alien status.

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

Finding	Result (Met, Not Met or Partially Met)	Review Note
Completeness and accuracy of encounter data collected and submitted to the state	Met	Magellan Behavioral Health of Pennsylvania'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	Magellan Behavioral Health of Pennsylvania utilizes a homegrown SQL procedure to develop OMHSAS's three annual PMs. Magellan Behavioral Health of Pennsylvania is establishing a contract with an NCOA-certified vendor for 2023 HEDIS PMs to comply with OMHSAS' MY 2023 requirement.
Utility of the IS to conduct MCO quality assessment and improvement initiatives	Met	Magellan Behavioral Health of Pennsylvania's IS supports various data reporting requests both internally and externally.
Ability of the IS to conduct MCO quality assessment and improvement initiatives	Met	Magellan Behavioral Health of Pennsylvania's IS can conduct quality assessments and conduct improvement initiatives.
Ability of the IS to oversee and manage the delivery of health care to the MCO's enrollees	Met	Magellan Behavioral Health of Pennsylvania receives and processes the daily 834 files. The daily 834 files loaded to Magellan Behavioral Health of Pennsylvania's eligibility system, CAPS.
Ability of the IS to generate complete, accurate and timely T-MSIS data	Not applicable	Magellan Behavioral Health of Pennsylvania does not submit encounter data to T-MSIS. Magellan Behavioral Health of Pennsylvania submits encounter data to OMHSAS's MMIS, PROMISe.
Utility of the IS for review of provider network adequacy	Met	Magellan Behavioral Health of Pennsylvania utilizes Quest Analytics Suite software and reporting to monitor provider network adequacy across geographic areas.
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	Magellan Behavioral Health of Pennsylvania'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; NCOA: National Committee for Quality Assurance; HEDIS: Healthcare Effectiveness Data and Information Set; MCO: managed care organization; CAPS: Claim Adjudication and Payment System; T-MSIS: Transformed Medicaid Statistical Information System.