Pennsylvania's Office of Mental Health and Substance Abuse Services

2022 Information Systems Capabilities Assessment

PerformCare of Pennsylvania

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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

PerformCare of Pennsylvania has participated in the Pennsylvania Behavioral HealthChoices Medicaid Managed Care product line since 1995. Table 1 lists the average monthly enrollment for PerformCare 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/CHIP without Medicare or private insurance	204,968	194,173	200,412
Medicaid/CHIP with Medicare coverage with other insurance organization or FFS	27,335	25,023	25,023
Medicaid only	204,968	194,173	200,412
Others (specify)	265,976	251,362	266,027

CHIP: Children's Health Insurance Program; FFS: fee-for-service.
Source: PerformCare of Pennsylvania ISCA response

PerformCare of Pennsylvania provided IPRO a completed ISCA and supplemental documentation on June 22, 2022. A 2-hour remote meeting was held on August 29, 2022, to discuss the ISCA responses and review of PerformCare of Pennsylvania's system. PerformCare of Pennsylvania, AmeriHealth Caritas, primary contractors, Allan Collautt Associates, Inc. (ACA), OMHSAS, and IPRO staff attended the remote meeting.

PerformCare of Pennsylvania processes Medicaid service and utilization data through all of the following systems. This list demonstrates how the data enters the system:

- Jiva Care Management System
- Medicaid prior authorization and case management data created and maintained to support member care management. Prior authorization data are passed to Facets® to facilitate claim adjudication.
- Facets Claim Adjudication System
- Medicaid claims for BH services are adjudicated against clinical and administrative edits.
- PeopleSoft Accounting System
- Medicaid claim payments are assigned to general ledger (GL) accounts.

Information Systems Capabilities Assessment

Enrollment System(s) and Processes

PerformCare of Pennsylvania's enrollment system process involves eligibility being updated based on files received from DHS. 834 eligibility files are received and processed daily.

Enrollment is determined from the 834 files received from the state on a daily and monthly basis. The member eligibility segment records are imported and processed into the Facets system.

ACA receives 834 eligibility files on behalf of the Behavioral Health HealthChoices Contractors, transfers the daily 834 file to a proprietary file system and provides it to PerformCare of Pennsylvania to load to their eligibility system, Facets. The member data on the daily inbound file are loaded into Facets within 24 hours of file receipt. ACA resolves any discrepancies and cleans the data programmatically. ACA indicated the discrepancy volume is 1–2 records per week that are not able to be handled systematically; the 834 file may have enrollment discrepancies related to behavioral health (BH) plan coverage, and Medicaid eligibility spans, which would require record review on the electronic client information system (eCIS).

PerformCare of Pennsylvania utilizes the 788 third-party liability (TPL) file, which is received monthly and includes the program status code with and without Medicare and the 820-capitation file which is used for reconciliation.

PerformCare of Pennsylvania stores a unique subscriber identification number and the recipient identification number on Facets.

An individual can be known by multiple Medicaid recipient identification (ID) numbers in the DHS client information system (CIS). PerformCare of Pennsylvania advised that, most commonly, this occurs in the event of an adoption or foster care. In these cases, DHS usually terminates eligibility under the initial eCIS number and reopens the member record under a new CIS number. PerformCare of Pennsylvania has the ability to store all recipient identification numbers associated with the member and the ability to transfer the historical claims and authorization records.

PerformCare of Pennsylvania identifies 5% of the work performed manually by their Enrollment Unit is audited for quality. The records are randomly selected from the work of all employees who complete enrollment functions. Detailed quality reports that document overall accuracy and error trends are provided to the manager monthly. This information is subsequently used for training and performance monitoring purposes.

Claims/Encounter Data System(s) and Processes

PerformCare of Pennsylvania receives and processes claims from providers in electronic and paper formats; 97% of claims in 2021 and 96.8% of claims in 2022 were submitted electronically. PerformCare of Pennsylvania providers can enter claims via the provider portal; these claims will be identified as electronic data interchange (EDI) claims. Approximately 90.5% of all claims are auto adjudicated. If a claim is submitted, and one or more required fields are missing, incomplete, or invalid, the claim is denied for resubmission. The paper and electronic claim formats received are Institutional (UB-04 and 837I) and Professional (CMS-1500 and 837P);Table 2.

Table 2: Claims/Encounter Data Sources and Types

Data Source	Data Type
Hospital	837 institutional and UB-04
Physician	837 professional and CMS-1500
Behavioral health	837 institutional and professional; CMS-1500 and UB-04

Source: PerformCare of Pennsylvania ISCA response

Claims/encounters are submitted by providers via EDI methods or on a paper claim form, which is converted to electronic format, through a clearinghouse. All claims are processed through Facets, which verifies the completeness and accuracy of provider numbers IDs, member IDs, diagnosis codes, and procedure codes and auto adjudicates the

claims. Claim acknowledgements are returned to providers via the clearing house. A control process ensures all claims received are acknowledged. Discrepancies are identified, researched and corrected. The Facets claims processing system sets claim to a status of deny, pend, or pay.

Denied claims are claims with missing or inaccurate information, such as no authorization, or invalid procedure code; exact duplicates will also deny. Denied claims are given a denial reason code which is identified on the remittance advice (RA). Pended claims require a manual review before adjudication can be finalized. Facets automatically adjudicates claims unless there is a rule in the processing control agent (PCA) that forces the system to pend or deny. The PCA reviews claims for processing in Facets based on set rules and filters encoded in the PCA. Claims that fail the PCA pend rule set will require manual review. Pend categories include but are not limited to: missing prior authorization; other insurance; coordination of benefit (COB); possible match for authorization; possible duplicate; and procedure codes may not have a fee attached. Pended claims are routed to claims examiners via an automated workflow system. The workflow system tracks each pended claim until adjudication is finalized.

Supervisors review pended claim inventory reports daily to ensure PerformCare of Pennsylvania meets DHS's timeliness standards for payment of 90% of all clean claims paid in 30 days, 100% of all claims paid in 45 days and 100% of all claims paid in 90 days. If the claim is not paid in 30 days, the PerformCare of Pennsylvania supervisor re-prioritizes the workload and coordinates across departments when necessary to ensure the claim is processed.

Providers receive one RA each week; the RA includes information on all claims paid, denied, and adjusted in that week. The associated payment to the provider is the net of all debits and credits. Facets contains edits that are applied during the adjudication process to determine which claims need to pend for manual review. Specifically, if the system cannot find an authorization in Facets, the claim will pend to a queue for a claims examiner to process manually. The claims examiner will search the Utilization Match dataset in Facets to validate that there is no authorization on file for the service. If an authorization is found, the claims examiner manually attaches the authorization to the claim and adjudicates the claim for payment; if the authorization is not found, the claims examiner will check the Jiva® system to see if there is an authorization that did not cross over to Facets. If there is no authorization in Jiva, the claim is denied. If the authorization is on file in the Medical Management system, the examiner will authorize the claim for payment and document that the authorization is in Jiva.

Every morning, the PerformCare of Pennsylvania claim examiners are required to review and complete all pended claims from the prior day. Supervisors are able to monitor the status of pended claims by utilizing a variety of system reports. These reports show claims in different processing situations and by age. Supervisors perform regular follow-up on claims as the claims age or if they are pended for unnecessary reasons.

PerformCare of Pennsylvania has a system for handling encounters for capitated services by payment functions with a message appearing to notify processors that they are handling a capitated service. Capitated services are configured within Facets. Any service that is identified as a capitated service will be updated with a capitation indicator or explanation code at the claim-line level and/or the claim level, depending on whether the claim is fully capitated or specific claim line(s) are capitated. When the entire claim is capitated, all claim lines have the indicator set as well as the claim header. Capitated services are then reported out on the claim payment RA, paper and EDI as a capitated service for processing by the provider.

Provider Data System(s) and Processes

PerformCare of Pennsylvania maintains provider profiles on its IS. Profiles include provider reported specialties, target population served, languages spoken, and accessibility. PerformCare of Pennsylvania additionally maintains provider profiles on its website.

PerformCare of Pennsylvania utilizes Quest Analytics GeoAccess software to assess network adequacy.

PerformCare of Pennsylvania has an Alternative Payment Arrangement approved by OMHSAS for crisis intervention services which is a monthly, flat-fee payment, Multisystemic Therapy (MST) and is funded via a weekly case rate also approved by OMHSAS. During the 2019 novel coronavirus (COVID-19) pandemic, public health emergency (PHE) PerformCare of Pennsylvania had several COVID-19–related alternative payment arrangements approved by OMHSAS, including a monthly payment for ambulatory services, a temporary 10% rate add-on for substance use (SU) facilities, and gap payments or lump-sum payments for qualified residential treatment facilities (RTFs) and SU facilities.

Oversight of Contracted Vendor(s)

PerformCare of Pennsylvania does not subcontract with any vendor(s) that provide services to members. PerformCare 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 Data Integration and Systems Architecture session, the plan provided a comprehensive walkthrough of their IS and all the data sources maintained by the BH MCO for operations and reporting. PerformCare of Pennsylvania follows a standard system development life cycle model (SDLCM) for the development of performance measures.

During the Data Integration and Systems Architecture session, PerformCare of Pennsylvania outlined the following steps of the maintenance cycle for PerformCare of Pennsylvania's reporting requirements for the mandated reports developed by the Data and Analytics Team (DAT). Data extracts utilize Microsoft® Structured Query Language (SQL)/SQL Server Integration Services (SSIS), and analytic reports utilize SQL Server Reporting Services (SSRS) and Tableau®. PerformCare of Pennsylvania's staff is trained and capable of modifying these programs, including two developers and two business analysts for data extracts, and seven analysts for analytic reports.

Data sources included transactional systems for claims processing, enrollment processing, provider data, vendor data and supplemental sources such as registry data, and lab values received from DHS and their providers.

All PerformCare of Pennsylvania's claims and encounters are extracted, stored, and managed in another repository that uses SQL Server database management system (DBMS). PerformCare of Pennsylvania retains historical claims data for 36 months in their production environment where they are available in real time, online, and accessible through Facets claims system. Claims data older than 36 months are archived and can easily be restored as needed, either individually or in batch, back into PerformCare of Pennsylvania's production Facets database. PerformCare of Pennsylvania's data warehouse stores all historical claims up to 10 years. Data warehouse claim data are primarily utilized for informatics and analytic needs. Claims are archived using Facet's archival system to an archive database.

Disaster Recovery

PerformCare of Pennsylvania has a disaster recovery (DR) plan, and the DR system is located in Collegeville Data Center (CGV) in Collegeville, PA and in the Plano Data Center (PLZ) in Plano, TX. The system provides failover capability. All business-critical applications and services have matching infrastructure in both data centers, thereby allowing PerformCare of Pennsylvania to run data from either data center. It takes less than 8 hours to switch over to the DR system when the primary system fails. The DR system is tested for performance annually. Backups are performed daily and weekly. All production environments, including operating instructions, procedures, reference files, system documentation and operational files are backed up daily to DataDomain and replicated within 1 hour to the DR Data Domain unit. AmeriHealth uses DataDomain as the primary onsite storage for 2 months of Production data retention. Backups are done directly to the local DataDomain and replicated to the Disaster Recovery site. Month end backups are replicated to the Disaster Recovery DataDomain unit, and also duplicated to tape. The backup tapes are picked up within 24 hours and stored offsite for their 10-year retention period. Backup data are stored through AmeriHealth Caritas, which uses DataDomain as PerformCare of Pennsylvania's primary onsite storage for 2 months of production data retention.

Backups are tested often to make sure that the backup procedure is functioning properly. Monthly restore tests are run to ensure system functionality. In addition, restores are performed almost daily on an as-needed basis.

Access to System

PerformCare of Pennsylvania grants access with each account being unique and individual user accounts. PerformCare of Pennsylvania does not grant access to the Facets claim processing system to members or providers. PerformCare of Pennsylvania maintains rigorous policies and procedures to protect health care management data. Policies are in place so that no data are to be shared without prior written permission that outlines the specific data elements and entities with which it is to be shared. PerformCare of Pennsylvania uses technology to restrict access to data using data access profiles and follows a hierarchical model for privilege assignments. Access profiles include a detailed description of which types of data, pertaining to specific types of patients, that workforce members in each job class are permitted to access. These profiles are managed through a rigorous process and overseen by a committee. Access profiles are sufficiently restricted to afford patients as much information privacy and security as possible, but access to information must not be so restricted as to interfere with the efficiency of operations or the quality of services provided by PerformCare of Pennsylvania. To prevent unauthorized access, individual user accounts for the health care management system are disabled after a predetermined number of failed access attempts. System administrators are able to unlock an account after it has been disabled. System accounts are also disabled after a period of pre-determined time for non-use.

Performance Measures

PerformCare of Pennsylvania Healthcare Effectiveness Data and Information Set (HEDIS®) repository that is utilized to develop the HEDIS- and PA-specific PMs is currently in-house.

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. PerformCare of Pennsylvania has a project underway to move PA HEDIS PMs development to an National Committee for Quality Assurance (NCQA)-certified HEDIS vendor, Inovalon.

Currently, PerformCare of Pennsylvania's HEDIS repository includes several components, including data source, the SQL job flow, the HEDIS reference tables and the HEDIS measurement outputs. The data are sourced from the Facets system and the PH service history files. These data are transformed into unique encounters of BH and PH measurement data sources that are used for the HEDIS PMs.

PerformCare of Pennsylvania report generation process involves the use of an SQL SSIS for application of the algorithm of the measurement and reporting of information into a relational database for PM reporting.

Physical Health Service History Files

PerformCare of Pennsylvania incorporates the PH service history files data received from DHS. PerformCare of Pennsylvania utilizes the Facets system data in their repository and the PH Service History files to calculate the annual PMs.

Encounter Data

PA BH MCOs are required to submit encounter data files to DHS. PerformCare of Pennsylvania does not submit encounter data directly to CMS Transformed Medicaid Statistical Information System (T-MSIS). PerformCare of Pennsylvania has a separate repository for encounter data to be submitted to the state's Medicaid Management Information System (MMIS), PROMISe. The repository is characterized by a relational DBMS, indexed, and proprietary. PerformCare of Pennsylvania utilizes ACA to handle the submission and reconciliation of the encounters submitted to PROMISe. ACA submits encounters to PROMISe on a monthly basis.

PerformCare of Pennsylvania's encounters extracted for submission to PROMISe are housed in one separate repository. Each primary contractor has a separate repository with encounters received from the PerformCare of Pennsylvania repository. The primary contractor repositories are used to generate encounter data files for submission to ACA. ACA transforms the encounters into the 837 format for submission to PROMISe.

PerformCare of Pennsylvania's standards regarding timeliness of encounter data submissions to PROMISe are:

- 90% of clean claims paid within 30 days of receipt,
- 100% of all claims paid within 45 days of receipt, and
- 100% of all claims paid within 90 days of receipt.

PerformCare of Pennsylvania indicated PROMISe encounter submission acceptance rates are 99%–100%. The top reason for PROMISe rejections is HealthChoices ineligibility, which arises from two sources:

- Retroactive eligibility terminations; and
- A known PROMISe bug, of which OMHSAS is aware of.

PerformCare of Pennsylvania utilizes OMHSAS's Behavioral Health Services Reporting Classification Chart (BHSRCC) for submission of encounters to PROMISe. The chart is incorporated within Facets and is utilized during the adjudication process. PerformCare of Pennsylvania reviews the encounter data submission process related to the BHSRCC requirements and mapping which is tied to encounter data reporting.

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 2: 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	PerformCare of Pennsylvania's IS has processes in place that generate encounter data for submission to OMHSAS's MMIS, PROMISe, for all encounter types. PerformCare of Pennsylvania utilizes Allan Collautt Associates to handle the submission and reconciliation of the encounters submitted to PROMISe.
Validation and/or calculation of PMs	Met	PerformCare of Pennsylvania utilizes a homegrown SQL procedure to develop OMHSAS's three annual PMs. PerformCare of Pennsylvania is establishing a contract with an NCQA-certified vendor, Inovalon, for 2023 HEDIS PMs to comply with OMHSAS' MY 2023 requirement.
Utility of the IS to conduct MCO quality assessment and improvement initiatives	Met	PerformCare 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	PerformCare of Pennsylvania's IS has the ability to 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	PerformCare of Pennsylvania receives and processes the daily 834 files. The daily 834 files are transferred to a proprietary file system that is loaded to PerformCare of Pennsylvania's eligibility system, Facets.
Ability of the IS to generate complete, accurate and timely T-MSIS data	Not applicable	PerformCare of Pennsylvania does not submit encounter data to T-MSIS. PerformCare of Pennsylvania submits encounter data to OMHSAS's MMIS, PROMISe.
Utility of the IS for review of provider network adequacy	Met	PerformCare of Pennsylvania utilizes Quest Analytics, GeoAccess 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	PerformCare 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; NCQA: National Committee for Quality Assurance; HEDIS: Healthcare Effectiveness Data and Information Set; MCO: managed care organization; T-MSIS: Transformed Medicaid Statistical Information System.