Improving the Quality of Medicaid Encounter Data

Medicaid Innovation Accelerator Program - Data Analytics National Webinar

October 12, 2017
3:00 – 4:30 PM EDT
Logistics for the Webinar

• All lines will be muted
• Use the chat box on your screen to ask a question or leave a comment
  – Note: chat box will not be seen in “full screen” mode
• Slides and a transcript will be posted online within a few weeks of the webinar
Welcome!

- Jessie Parker, GTL and Analyst on Medicaid IAP Data Analytic Team, Data and Systems Group, CMCS
Today’s Speakers

• Teresa Gibson, PhD, Senior Director, Health Outcomes Research, Federal Government Health and Human Services, Truven Health Analytics

• Jon Huus, Supervisor Data Quality and Analytics, Encounter Data Quality Unit, Minnesota Department of Human Services

• Denise Love, Executive Director, National Association of Health Data Organizations (NAHDO)
Agenda for Today’s Webinar

- Overview of Medicaid Innovation Accelerator Program
- Encounter Data: Definitions, Challenges, Strategies
- Improving Medicaid Encounter Data
- Minnesota Managed Care Encounter Data Processes
- Lessons Learned about Encounter Data from State All-Payer Claims Databases (APCD)
Medicaid Innovation Accelerator Program (IAP)

Medicaid Delivery System Reform

Program Areas

- Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs
- Promoting Community Integration Through Long-Term Services and Supports
- Supporting Physical and Mental Health Integration
- Reducing Substance Use Disorders

Functional Areas

- Data Analytics
- Quality Measurement
- Performance Improvement
- Value-Based Payment and Financial Simulations
Goals for Today’s Webinar

In this interactive webinar, states will learn about:

• Importance of high quality encounter data;
• Challenges to high quality encounter data;
• Approaches to cleaning encounter data; and
• Minnesota Medicaid’s approach to ensuring data accuracy, completeness, and standardization.
Data Quality & Encounter Data Definitions, Challenges, Strategies

Teresa B. Gibson, PhD
Truven Health Analytics, an IBM Company
Information on Encounter Records

- Patient
- Provider
- Diagnoses
- Service Date(s)
- Payments
  - Third Party
  - Patient
- Place of Service
- Procedure Code
Managed Care Organizations (MCOs)

- Administration
- Financial Risk
- Impact on administration
2014 Medicaid Managed Care Trends

• 77% of Medicaid beneficiaries were enrolled in managed care organizations (MCO)

• 39% of all Medicaid dollars were paid to MCOs

• 600+ comprehensive Medicaid MCO contracts
High Quality Encounter Data is Needed

- Risk adjustment
- Program oversight and integrity
- Quality measurement

States may also use encounter data for quality review, federal reporting, policy analysis, measuring network access and adequacy, and MCO contract monitoring.
Challenges to High Quality Encounter Data

- File formats
- Rejections
- Variations in timing and quality
- Coding and completeness
Data Cleaning

• Modification of Medicaid Management Information System (MMIS) edits

• Modernization of state MMIS

• Implementation of regular data monitoring

• Collaboration to reduce provider roster issues
Example: CA Dashboard Summary

California’s Encounter Data Improvement Project publishes Quality Measures for Encounter Data (QMED) via a public quarterly performance dashboard.

Source: “Now That You Have Encounter Data, What Ya’ Gonna Do With it?”, MESC Presentation, California Department of Health Care Services, 2017
Example: WA Dashboard Summary

Washington’s MC-Track Dashboard Project provides an overview of encounter data quality, as well as HEDIS and CAHPS measures, by plan.

Source: “Enterprise Management Through the MITA Program Office and Managed Care Contracts,” MESC Presentation, Washington State Health Care Authority, 2017
Example: State & MCO Partnerships

FQHC/RHC Wraparound Process
Webinars Available

To better assist the health plan community with this new process, the Agency for Health Care Administration and the fiscal agent, Hewlett Packard Enterprise, are announcing an upcoming FQHC/RHC Wraparound webinar, available:

November 19, 2015 from 9:30AM-10:30AM EST and 2:00PM-3:00PM EST.

Providing:
- In depth view of the FQHC/RHC wraparound process
- Focusing on vital FQHC/RHC encounter data requirements
- Resolving common errors identified in FQHC/RHC Encounter Data reported during the month of October 2015

Pre-registration is available! Health Plans may register by contacting the Florida Encounter Support Team at florida.encounter.support@hpe.com

Source: Florida Medicaid Update, November 2015
Tools

- Data scrubbing or data auditing
- Detecting data anomalies and correcting them can have a high payoff.
  - Address inconsistent field lengths, inconsistent descriptions, inconsistent value assignments, missing entries and violation of integrity constraints.
- Optional fields in data entry forms are significant sources of inconsistent data.
  - Limit the use of optional fields, provide guidance for populating optional fields, and pay particular attention to optional fields.
Example: Data Anomalies

New York State processes encounter data through eMedNY which automatically notifies plans if an encounter file does not pass through processing.

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<thead>
<tr>
<th>Tier 1 Edit</th>
<th>Explanation</th>
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<tbody>
<tr>
<td>‘Incomplete “”, Header Record’</td>
<td>Record is not 1200 bytes; will give the size and record that is not 1200 bytes</td>
</tr>
<tr>
<td>Required “” record missing’</td>
<td>Require records missing; will include the record type missing (H1, D1, or T1)</td>
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<tr>
<td>‘Record “” is of unknown type or invalid sequence’</td>
<td>Require records not in sequence; will include the record type in error (H1, D1, or T1)</td>
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<tr>
<td>‘Specified mode “” does not match’ ‘Test/Prod Indicator’</td>
<td>Test/Prod indicator is incorrect; must be PROD</td>
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<td>‘Misaligned ASCII “”, “CR” in record “” column’</td>
<td>Carriage return (CR) is to short, long or misaligned</td>
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<tr>
<td>OR ‘Unexpected ASCII “”, “CR” in record “” column’</td>
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</table>

Source: New York State Medicaid Program, Managed Care Reference Guide: Encounter Data Submission, Version 2005
Improving Data Quality

- Provide regular information and feedback
- Clarify requirements in MCO contracts
- Set consequences for performance

Source: Modern Healthcare, January 30, 2017
Evaluating Encounter Data Quality

- Benchmarks
- Data validation
- Quality scorecard
- Standardization
Example: Benchmarks

Source: Kentucky Encounter Data Rate Benchmarking Study: MCO HEDIS 2014 Rates Versus Plan Encounter Data Calculated Dates
Example: Data Validation Reports

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<th>Variable Name</th>
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<th>% Missing</th>
<th># Invalid Data</th>
<th>% Invalid Data</th>
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NOTE: Includes all encounters submitted to IPRO. Includes paid, denied, adjusted and void encounters.

Source: Encounter Data Validation, Paul Henfield, Managed Care, IPRO, November 13, 201
Questions?
Minnesota Managed Care
Encounter Data
Ensuring Data Accuracy, Timely Submissions, Completeness and Standardization

Jon Huus, Supervisor Data Quality and Analytics, Encounter Data Quality Unit, Minnesota Department of Human Services
Agenda

- Mission: Accuracy, Completeness, Timeliness, and Consistency/Standardization
- About Minnesota Medicaid
- Encounter Claim Data Process Flows
- Where Managed Care Data Becomes Compromised
- Strategies
- Notes
- Questions
About Minnesota Medicaid

Population
- Minnesota Medicaid and Basic Health Plan: 1.2 million enrollees at any given point (and growing)
- 75% enrolled in managed care, 25% handled via Fee for Service
- 8 Managed Care Organizations currently

Encounter Data Quality Unit (EDQU)
- 7 full time staff transitioned from mainframe to data analytics focus over past 3 years
- SAS and Teradata data warehouse
- Automated web reporting environment for MCOs
- Rely on MMIS capabilities for editing
- Closely associated with the health care data analytics groups within DHS
- Quarterly meeting with all data analysts and researchers
Encounter Data Quality Unit (EDQU) Mission

Accuracy
Completeness
Timeliness
Standardization

Bottom line: Data quality is all the things that go into making managed care encounter data usable for analytics for policy, rate setting, research, CMS requirements and executive and legislative decision-making.
Encounter Claim Data Process Flows

Process:

– Client receives service
– Provider bills MCO by claim submission
– MCO adjudicates and “pays” provider (some payments are $0)
– MCO claims are moved into varying types of data warehouses
– MCO regathers claim data from data warehouse and creates encounter claim files
– X12s and NCPDP encounter claim files are submitted to DHS
– DHS processes encounter claims through MMIS
– MMIS processing is parallel to the processing of our FFS claims
– Claims data is stored on the MMIS mainframe system
Where Managed Care Data Often Becomes Compromised

We believe that this process at the MCOs is where the breakdown of data quality occurs.
Strategies for Controlling the Quality of Encounter Data

- Extensive, Timely Feedback to MCOs
- Corrected Claims Penalty
- Benchmarking
- Quality Assurance Protocols (QAPs)
- Data Editing
- Control Reporting Project
Strategies for Controlling the Quality of Encounter Data

Reporting/Transparency:
Extensive, Timely Feedback to MCOs
Corrected Claims Penalty

Purpose: Hold MCOs accountable for correction of managed care encounter claims data found to have errors

Process: Grace period (to make corrections) of one 3-month quarter following the end of the quarter in which the claim was processed by DHS

Note:
20 MMIS mainframe edits included
Significant investment in SAS programming
Financial realization relatively small
Effective – errors are being corrected
Complex rules by definition
Benchmarking

**Purpose:** Assess *completeness* of data submissions (‘...has DHS received all the data from the MCO?’)

**Process:** Compares actual to expected claim submissions and paid amounts

**Challenge:** ACA and redistribution of enrollees among Minnesota’s MCOs, make creating good predictors more challenging.
Quality Assurance Protocols (QAPs)

10 Protocols

• 1: Timeliness of Submissions
• 2: Resubmissions
• 3: MCO Quality Checks Against Benchmarks
• 4: Duplicate Encounter Records Submitted
• 5: Rejections and Denials by DHS
• 6: Control Reporting and Reconciliation
• 7: Claim Reviews
• 8: Remediation Plans
• 9: Data Quality Assurance Report
• 10: MCO Review of Provider Data
Data Editing

- The vehicle for processing managed care encounter claim data is via the MMIS claim system
- 5 years ago, all but one of about 1,000 FFS edits were turned off and the process of writing new MMIS edits for managed care data began
- Currently approximately 60 managed care specific edits in MMIS
- The conundrum of what to do (or not to do) with encounter claims that fail one or more edits
- We have gradually come to the realization that REPORTING on errors for post-adjudicated claims can sometimes be more useful than mainframe edits, far more flexible
Control Reporting

**Purpose:** This large on-going project requires the MCOs to reconcile financial reporting submitted to the State at an aggregate level with aggregated paid amounts from the managed care encounter claim data submitted to DHS.

Two major activities:

1. **Aggregate Reconciliation:** DHS works with MCOs to reconcile differences between MCO reported aggregate paid amounts, and DHS summarized encounter claim paid amounts.

2. **Detail Reconciliation:** DHS provides the MCOs feedback at least semi-annually in a data file with granular, line-by-line claim status of encounter claims they have submitted to DHS.
• All data quality efforts depend on DHS internal analytics --- this has changed dramatically from a mainframe orientation

• Edits vs. reporting

• MCO denied claims <- TMSIS

• TPL

• How good is the Minnesota encounter data now?
Contact Information

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Questions?
Improving Medicaid Encounter Data
Lessons Learned from APCDs

Denise Love
National Association of Health Data Organizations (NAHDO)
The Big Picture

- Use of state data systems to drive system transformation (payment reform and evaluation)
  
  - State All Payer Claims Database (APCDs):
    - 16 in implementation with additional in planning phases.
    - Medicaid claims/eligibility are important components of most of these APCDs

- Use of shared/public data requires:
  - Credible underlying data for broad buy-in of results
  - State involvement in data collection, analytics, use
State APCDs
Use Case Examples for APCDs

• Comprehensive, statewide All-Payer Data:
  – More comprehensive risk adjustment across payers
  – Larger sample size for network, clinic, physician metrics
  – Value-based purchasing
  – Policy evaluation
  – Support and evaluate payment/health care reform
  – Total Cost of Care Measure
  – Coordination of benefits resource
  – Retrospective and predictive analytics (opioids, case-managed populations, key diagnoses)
Good Data Are Essential for Good Decision Making, Intelligent Action, and Continued Improvement
Data Quality is a Priority for State APCDs

- Data specification and reporting requirements developed with input from stakeholders, including plans
- Testing with each carrier prior to onboarding
- Extensive editing
- Payer review and remediation after initial validation and post-processing edit checks
- Review of known issues and QC prior to analytics
- Carrier feedback reports for payer review/remediation
- Compliance is important
- APCDs usually can link the processed data back to raw data files to verify accuracy
Data Quality Key Best Practices

• State involvement in all stages:
  – Data collection
  – Analytic methods
  – Reports

• Clarity on data use and shared access policies

• Standard and custom reports
Contact Information

Denise Love
dlove@nahdo.org
Questions?
Takeaways

• High quality encounter data is imperative to completing accurate risk adjustment, program oversight and integrity, and quality measurement

• State involvement in data collection, analytics, and use may support MCOs in improving data quality

• Strategies to improve data include:
  – Providing extensive, timely feedback to MCOs;
  – Implementing a corrected claims penalty;
  – Benchmarking;
  – Developing Quality Assurance Protocols (QAPs); and
  – Editing data
Thank You

Thank you for joining today’s webinar!

Please take a moment to complete the post-webinar survey.
We appreciate your feedback!

For more information & resources, please contact MedicaidIAP@cms.hhs.gov