Primaris
Healthcare Business Solutions

2018 External Quality Review

Information Systems Capabilities Assessment

home state health

Measurement Period: Calendar Year 2017

Validation Period: June-August 2018

Publish Date: Dec 07, 2018

MoHealth Net

ISCA: Home State Health

Table of Contents

Primaris
Healthcare Business Solutions

ISCA: Home State Health

Information Systems Capabilities Assessment (ISCA)

1.0 Introduction and ISCA Methodology

Primaris Holdings Inc. (Primaris), assessed Home State Health's Information Systems, Resource Management, Data Processing, and Reporting Procedures. The purpose is to analyze interoperability and reveal the extent to which Home State Health's information systems can support the production of valid and meaningful performance measures in conjunction with their capacity to manage care of their members.

Primaris bases their methodologies directly on the CMS protocol, External Quality Review (EQR) APPENDIX V- Information Systems Capabilities Assessment.

- Attachment A: Tools for Assessing Managed Care Organization (MCO) Information Systems; and
- Attachment B: Information System Review Worksheet and Interview Guide.

Data collection, review, and analysis were conducted for each review area via the ISCA data collection tools, interview responses, security walk-throughs, and claim/encounter data lifecycle demonstrations. Scores for the ISCA portion align with the other sections of this EQR and are based on the standards for a Met, Partially Met, or Not Met criteria.

The ISCA review process consists of four phases:

- Phase 1: The MCO's information systems standard information is collected. Primaris sends the ISCA data collection worksheet to the MCO with a deadline to be completed and returned electronically to Primaris prior to the scheduled on-site review activities.
- Phase 2: Review of completed worksheets and supporting documentation. All submitted documentation is thoroughly reviewed, flagging answers that seem incomplete or indicate an inadequate process for follow-up. The follow-up questions and review happens during the on-site visit.
- Phase 3: Onsite review and walk-throughs. Primaris utilizes time on-site to review any propriety material, live system and security walk-throughs, and interview other members of staff related to their information systems management.

ISCA: Home State Health

- Phase 4: Analysis of data collected during pre and on-site activities**.** Primaris compares and scores the findings directly against industry standards. Specific focus to 45 CFR Part 160 & 164, section 2.26 of MHD contact, and Medicaid Management Information Systems (MMIS). Scoring standards are described in detail in the following section (Scoring Standards Table 2-2).

2.0 ISCA Scoring Key and Standards

2.1 Scoring Key

Each subsection of the ISCA is awarded one of the three scoring options: Met (pass), Partially Met (pass), or Not Met (fail). In the event of a Partially Met or Not Met score is awarded, recommendations will be provided to the MCO by Primaris. Additionally, the MCO has the option to request technical assistance from Primaris via MHD, to assist with any recommended improvement activities.

Table 2-1 Scoring Key

Scoring Key	Description
● **Met** (pass)	All necessary requirements were proven to be satisfied with supporting documentations, system demonstrations, and staff interviews.
● **Partially Met** (pass)	Some supporting evidence and/or positive results that meet majority *(at least half plus one)* of the requirements and industry standards. *Example: MCO has well-structured documentation around information system processes, and mostly positive results. MCO is fully aware of their opportunity for improvement around their paper claims process and tracking. They have a plan in place working on improvement, provided evidence like meeting minutes, calendar invites, etc. All supporting active improvement activities.*
● **Not Met** (fail)	No supporting evidence or positive results to meet requirements and industry standards.

ISCA: Home State Health

	Example: MCO has no documented processes in place to support their ability to track a claim, which was originally paper, back to its original source. In fact, in the on-site interviews 3 employee mentioned their lack of ability to backtrack as a pain point in their day-to-day activities.

2.2 Scoring Standards

Scoring Standards Table 2-2 presents the detailed Federal regulations, Missouri HealthNet Division (MHD) State contract requirements, and industry standards Home State Health was evaluated against.

Table 2-2 Scoring Standards

Citation	Source	Description
45 CFR Part 160	Health & Human Services (HHS)	Code of Federal Regulations for General Administrative Requirements' compliance and enforcement for maintaining security and privacy.
45 CFR Part 164 Subpart C	Health & Human Services (HHS)	Code of Federal Regulations Subpart C Security Standards for the Protection of Electronic Protected Health Information.
45 CFR Part 164 Subpart E	Health & Human Services (HHS)	Code of Federal Regulations Subpart E Privacy of Individually Identifiable Health Information.
42 CFR Part 438 Subpart E	Health & Human Services (HHS), Centers for Medicare and Medicaid Services (CMS)	Code of Federal Regulations Subpart E Quality Measure and Improvement; External Quality Review.
42 CFR Part 438 Subpart H	Health & Human Services (HHS), Centers for Medicare and Medicaid Services (CMS)	Code of Federal Regulations Subpart H Additional Program Integrity Safeguards.

ISCA: Home State Health

Section 2.26 MHD Contract	Missouri Health Department (MHD)	Claims Processing and Management Information Systems section.
NIST	National Institute of Standards and Technology	"The Information Systems Group develops and validates novel computational methods, data/knowledge mining tools, and semantic services using systems-based approaches, to advance measurement science and standards in areas such as complex biological systems, translational medicine, materials discovery, and voting, thus improving the transparency and efficacy of decision support systems" **
ANSI ASC X 12	American National Standards Institute, the Accredited Standards Committee	"The American National Standards Institute (ANSI) chartered the Accredited Standards Committee (ASC) X12 to develop uniform standards for inter-industry electronic exchange of business transactions, namely electronic data interchange." ***

References: ** - *https://www.nist.gov/*

          *** - https://www.edibasics.com/edi-resources/document-standards/ansi/

3.0 Summary of Results: Home State Health

Home State Health passed the ISCA in all seven (7) areas, receiving a fully 'Met' score result for the overall ISCA. Home State Health meets all contractual obligations for information systems management and have well documented processes and procedures in place to allow their information systems to be adequately monitored and maintained. During the on-site review the team focused on data integrations and data integrity. We were informed about the lack of accurate data received on the enrollment/eligibility files, or the ability to update, creates hurdles for the delivery of quality care. Home State Health expressed that about 60% of the expected data is inaccurate or missing from 834 file received from the State.

Table 3-1 Section Score Results

ISCA Section	Description	Score Result
Overall ISCA Score	Total Score for Home State Health.	🟢 **Met** (pass)
A. Information Systems	Assess MCO's management of its information systems.	🟢 **Met** (pass)
B. IT Infrastructure	Assess MCO's network and physical infrastructure.	🟢 **Met** (pass)
C. Information Security	Assess the security level of MCO's information systems.	🟢 **Met** (pass)
D. Encounter Data Management	Assess MCO's ability to capture and report accurate and meaningful encounter data.	🟢 **Met** (pass)

ISCA: Home State Health

E. Eligibility Data Management	Assess MCO's ability to capture and report accurate and meaningful Medicaid eligibility data.	● **Met** (pass)
F. Provider Data Management	Access MCO's ability to maintain accurate provider information.	● **Met** (pass)
G. Performance Measures and Reporting.	Assess the MCO's performance measure and reporting process.	● **Met** (pass)

A. Information Systems

This section of the ISCA evaluates the MCO's management, policies, and procedures surrounding their information systems. Detailed review is conducted to thoroughly assess the information systems capacity for collecting, filtering, transforming, storing, analyzing, and reporting Medicaid data.

Key scoring points of well-managed systems include:

- Data structure that support complex queries that can be changed by well-educated staff.
- Secure access via authentication with role-based permission levels.
- Written policies and procedures that support industry standards and best practices for IT management.
- Reasonable system response times, bidirectional.
- Complete and consistent testing procedures, with documentation and access logs.
- Clear version control procedures with documents access instructions.
- Ability to make changes to systems with minimal disruption to users.
- Adequate training and user documentation for new employees and on-going training programs.

ISCA: Home State Health

- Open communication with end users of information systems changes, issues reporting, and updates.

🟢 **Home State Health is fully compliant with the key scoring points of a well-managed Information Systems structure.**

Home State Health's claims data is housed in Amisys and is loaded into their Enterprise Data Warehouse (EDW) which runs on a Teradata warehouse appliance. Home State Health utilizes Amisys Advanced as the primary claims system to administer medical claims which uses Oracle RAC as the backend DBMS. This is used for analytical, compliance and operational reporting. This data is continuously staged from Amisys to the EDW using Informatica PowerExchange, and then nightly batch loaded into the analytical and reporting layers. MicroStrategy is the primary tool used for reporting and executive dash boarding of the EDW data.

For HEDIS reporting, all claims and member data is loaded from EDW into the Catalyst Quality Spectrum Insight (QSI) application which utilizes MS SQL Server as a DBMS. Ingenix ImpactPro is another analytical tool used by Home State Health medical management for assessing gaps in care and acuity for Care Management of members. Encounter Data Manager (EDM) is a source for the data used to reconcile against claims payables to validate completeness and compliance encounters submission to the State Department of Health and Human Services.

Home State Health has a formal change control process and follows a detailed and documented procedure for changes to existing applications. The change request (CR) process is controlled through the use of a software change management solution which is a process workflow, approval, and documentation tool. All changes to Home State Health's applications are initiated with a CR. The CR requires the requestor to provide information regarding the change: type of change, description of systems, business areas affected, and the impact to IT and business areas. This information is used to evaluate the risk of the change and will determine the required levels of approval necessary before the change is completed and migrated into production. Both configuration and program changes are tested by Information Systems and the end user before they are submitted for migration into production. For programming changes, a staff person from the Release Team follows a checklist to ensure all are met prior to moving code into production. Home State Health has separate development, test and production environments used to control programming activities. To migrate a change between

ISCA: Home State Health

environments, specific approvals are required. The approval requirements are established through policy and process documentation and enforced through the change management system.

Data extracts, transformations and loads (ETL) are done using industry standard 4GL tools: Informatica PowerCenter and Microsoft SSIS products. Direct SQL is used where necessary to fine tune performance of the ETL. There are approximately 573 people (261 employees and 312 contingent workers) trained and capable of making changes to the programs.

Home State Health's programmers have diversified experience in programming languages such as SOAP, COBOL, Java, JavaScript using Node and Angular .NET, C#, and object oriented methodologies and operating systems such as UNIX and Linux. Home State Health provides training through outside training companies, and vendors to gain the skills necessary for the current IT environment as well as future technologies. They also provide internal training through Pluralsight and the Corporate University. In addition the programmers have been trained in Health Insurance portability and Accountability Act (HIPAA) and methodologies such as IT infrastructure Library (ITIL) and Agile development.

Strengths

- Policies, procedures, and robust training documentation readily available to all necessary staff.
- Testing processes and development methodologies meet and exceed industry standards.
- Change requests processed in-house with strict guidelines and managed by current staff members.

Weaknesses

No weaknesses discovered or calculated for the Information Systems section of the ISCA.

Table A-1 – Information Systems Scoring Results

Sub-section	Issues	Score	Citation/Standard
IS Management Policies	None	🟢	45 CFR 160, 45 CFR 164, Section 2.26.8 MHD Contract

ISCA: Home State Health

Reconciliation and Balancing	None	🟢	Section 2.26.5 MHD Contract
Training	None	🟢	45 CFR 164.132
Testing Procedures	None	🟢	NIST
System Changes and Version Control	None	🟢	NIST, Section 2.26.2 MHD Contract
EDI	None	🟢	45 CFR 164.312, ANSI, Section 2.26.5 MHD Contract
TOTAL SCORE	None	🟢	**Met – Pass**

B. IT Infrastructure

This section of the ISCA evaluates the MCO's network infrastructure and ability to maintain its equipment and telecommunicates capacity to support end users' needs.

Key points of well-managed and maintained IT Infrastructure include:

- Adequate maintenance staff of maintenance contracts to ensure timely replacement of computer equipment and/or software.
- Adequate staff or contracts that ensure timely responses to emergent and critical system failures.
- Redundancy within the data center hardware that minimizes the length of system outages, loss of data, and disruption of end user service.
- Business continuity and disaster recovery (BC/DR) plans that are maintained and tested regularly.

🟢 **Home State Health is fully compliant with the key scoring points of a well-managed and maintained IT Infrastructure.**

Centene, parent company of Home State Health, operates two data centers. Their primary data center is located in St. Charles County, Missouri and their disaster recovery back-up site is located in Sacramento County, California. Both data centers operate in a "hot backup"

ISCA: Home State Health

contingency mode for essential business functions. The primary data center is a LEED certified, Tier 3 site with capacity for 384 IT racks, and over 18,000 square feet of raised datacenter floor. Both facilities employ redundant environmental, power, and networking systems, and backup capability, and are hardened to withstand natural disasters (e.g., tornado, earthquake, fire). If a site-disabling event does occur in the Primary Datacenter, in which the Datacenter is destroyed or damaged, critical voice and networking processes would be redirected to the secondary data center in near real-time. The secondary data center can quickly recover critical voice network operations and resume essential business and IT functions including those related to key member care and provider payment services within 24 hours from the time the disaster is declared. In addition, the two data centers are connected by a fully redundant wide area network (WAN) to ensure that an outage by either telecommunication provider (AT&T and Verizon Communications) will not result in system unavailability.

Systems, storage and network infrastructure is based on a modern multi-tiered design. At the heart of this architecture design are three fundamental principles: reliability, scalability and flexibility. This design approach allows Home State Health to rapidly scale their infrastructure and capacity requirements to more easily adapt to growing business needs while also providing highly-available services to customers. This is accomplished via redundant hardware services and clustering technologies used in everything from enterprise storage to application servers and corporate network.

The claims processing systems are comprised of four integrated servers forming an application cluster. If any node, application, or database experiences a problem, the claim processing service would be redirected to one of the surviving nodes in the cluster thereby averting an outage. This same technology is used to help manage scheduled maintenance activities to reduce the outages for claims processing activities.

In addition, Centene has developed a comprehensive and secure business continuity/disaster recovery plan. Both of Centene's Business Continuity Plan (BCP) and a Disaster Recovery Plan (DRP) meet operational requirements. Once a disaster has been declared the necessary business recovery procedures would be invoked and restoration of all critical business functions would begin at the Secondary Datacenter recovery facility. Critical services would be recovered within 24-36 hours of the declared disaster. The BCP and DRP are updated and tested annually.

ISCA: Home State Health

Strengths

- Primary and back-up disaster recovery physical site servers.
- Comprehensive and secure business continuity/disaster recovery plan.
- Clear documented infrastructure allowing for comprehensive maintenance.

Weaknesses

No weaknesses discovered or calculated for the Information Systems section of the ISCA.

Table B-1 IT Infrastructure Score Results

Sub-section	Issues	Score	Citation/Standard
Redundancy	None	🟢	45 CFR 164.308, NIST, Section 2.27 MHD Contract
Data Center/Server Room	None	🟢	45 CFR 164.308
Backup	None	🟢	45 CFR 164.308, NIST
Network Availability	None	🟢	Section 2.26.8 MHD Contract
TOTAL SCORE			**Met - Pass**

C. Information Security

This section of the ISCA evaluates the MCO's information systems and the safeguards in place to proactively avoid malicious access to facilities and/or data systems, intrusions, and breaches of protected health information (PHI) and personally identifiable information (PII).

Key points of well-managed Information Security protocols include:

- Physical security safeguards in place and at all facilities.

ISCA: Home State Health

- Policies and procedures that comply with national healthcare security standards, include specific references and guidelines for mobile devices, and are routinely reviewed and updated.

- Procedures to remove/modify access to systems when an employee, contractor, or user leaves. Includes a plan in place for expedited access removal as needed.

- Dedicated security administration staff, adequate to support the organization and its internal and external users.

- Policies and procedures that comply with HIPAA Security and Privacy standards, including the reporting and remediate of security and privacy breaches.

🟢 **Home State Health is fully compliant with the key scoring points of well-managed information security protocols.**

The following provisions are in place for physical security of Home State Health's computer system and manual files:

a. Premises: The premises are guarded with security personnel, monitored surveillance cameras, and require authorized electronic badge access to gain entry to any area within the premises.

b. Documents: Home State Health has eliminated hard copies of patient records and secured the electronic data through multiple layers. This includes mechanisms designed to keep people from accessing systems, such as complex passwords, secure file systems, encryption, and strict policies and procedures surrounding the handling and use of PHI.

c. Computer facilities: Computer systems are maintained at the Centene Corporate Primary Datacenter facility in O'Fallon, MO.

d. Terminal access and levels of security: The Incident Response Operations Center (IROC) monitors network access attempts to protect systems and databases from unauthorized access. All of these measures work together to ensure the protection of data.

Providers have access to select Home State Health Plans' systems. Providers with access through the Web to view data can access data through a secured process and view only a copy of the data provided through Home State's Operational Data Store processes. Strict controlled security measures are in place to prevent anyone from accessing core systems such as Amisys. Files for vendors and providers are posted on their SFTP site. These business partners are given logon and passwords in order to secure transactions and limit access to restricted data elements.

ISCA: Home State Health

Strengths

- Security policies readily available, well documented, and well maintained.
- Provides HIPAA training and health care data best practices review.
- Security procedures in place and documented for quick removal of a terminated employee.

Weaknesses

No weaknesses discovered or calculated for the Information Security section of the ISCA.

Table C-1 Information Security Score Results

Sub-section	Issues	Score	Citation/Standard
Physical Security	None	🟢	45 CFR 164.310, NIST, Section 2.26.4 MHD Contract
Security Policies	None	🟢	45 CFR 164.308, 164.312, NIST, Section 2.26.4 MHD Contract
Security Testing	None	🟢	NIST
Access Removal Policies	None	🟢	45 CFR 164.308, 164.312, Section 2.26.12 MHD Contact
Mobile Device Security and Policies	None	🟢	45 CFR 164.308, 164.312, NIST, Section 2.26.4 MHD Contract
TOTAL SCORE		🟢	**Met - Pass**

Primaris
Healthcare Business Solutions

ISCA: Home State Health

D. Encounter Data Management

This section of the ISCA evaluates the MCO's ability to capture and report accurate encounter data.

Key points of well-managed encounter data practices include:

- Documented procedures on encounter data submission, which include timeframes and validation check.

- Automated edit and validity checks of key fields.

- Production of error reports and procedures to correct those errors.

- Periodic audits to validate the encounter data.

- Reconciliation procedures that compare MCO's data to provider data.

● **Home State Health is fully compliant with the key scoring points of well-managed encounter data practices.**

Home State Health adheres to National Committee for Quality Assurance (NCQA), American Medical Association (AMA) coding, Uniform Billing (UB-04) Editor, National Council on Compensation Insurance (NCCI), and MHD standards regarding the definition and treatment of certain data elements captured on claims, use of standard codes (including CPT Category I and II, HCPCS Level II and ICD-10-CM), counting methods, units, etc. In addition to pre-adjudication edits, all claims that successfully pass the pre-processing edits are immediately loaded for adjudication into AMISYS Advance, the claims processing system. AMISYS Advance performs six primary steps of adjudication that a claim must successfully pass through in logical succession to reach a "finalized" (paid or denied) status, or internally pended status including: field and general edits, member data edits (e.g., eligibility for services), provider data edits (e.g., eligibility and status), prior-authorization validated when required, services are covered, pricing including member third party liability (TPL) or coordination of benefits (COB) financial responsibilities, copayments or deductible amounts, and provider specific contractual and financial agreements. The payment step also applies state reimbursement rules.

Home State Health processors cannot change the data that was submitted on the claim. If the provider submits incorrect information or wishes to change key data elements on the claim they are required to submit a corrected claim in a timely manner. If the information provided on the claim is not valid, it is rejected before it makes it into the claim adjudication system.

ISCA: Home State Health

All Medicaid claims are audited regularly, with the results reported monthly. A random sample of adjudicated claims is audited for financial, payment and processing accuracy. In addition, production standards are monitored by Claims Operations Management on a daily and monthly basis to ensure compliance to the following standards:

- 100% of clean claims will be finalized to a paid or denied status 30 calendar days from receipt.
- 99% of non-clean claims will be finalized to a paid or denied status 60 calendar days from receipt.
- 100% of all claims, including adjustments will be processed and paid 90 calendar days from receipt.

Encounters are reviewed weekly for medical and vendor claims data. The response files (HIPAA 835 and NCPDP- National council for Prescription Drug Programs), are reviewed for completeness and acceptance by the state. The acceptance performance is tracked and reported weekly while rejections are reviewed for resubmission.

Strengths

- Implemented adequate validation edits in its data processes.
- Encounter data is not altered by Home State Health, but sent back to source for correction.
- Consistent communication regarding upcoming changes.

Weaknesses

No weaknesses discovered or calculated for the Encounter Data Management section of the ISCA.

Table D-1 Encounter Data Management Score Results

Sub-section	Issues	Score	Citation/Standard
Redundancy	None	🟢	45 CFR 164.308, NIST, Section 2.26.5 MHD Contract
Data Center/Server Room	None	🟢	45 CFR 164.308, Section 2.26.5 MHD Contract

ISCA: Home State Health

Backup	None	●	45 CFR 164.308, NIST, Section 2.26.5 MHD Contract
Network Availability	None	●	Section 2.26.5 MHD Contract
TOTAL SCORE		●	**Met - Pass**

E. Eligibility Data Management

This section of the ISCA evaluates the MCO's ability to capture and report accurate Medicaid eligibility data.

Key points of well-managed and maintained eligibility data practices include:

- Uploading of monthly eligibility data from the State with reconciliation processes in place.
- Uploading and applying eligibility data changes from the State in between monthly file.
- Managing internal eligibility files to eliminate duplicate member records.
- Running reports to identify changes in eligibility that effect service data.

● **Home State Health is fully compliant with the key scoring points of well-managed and maintained eligibility data practices.**

Eligibility files-834, from the State are received daily/monthly and loaded into Home State Health's system processes. Additional eligibility files are loaded the day they are received. Home State Health does not have any change authority on any discrepancies noted. The files are all loaded electronically, eligibility is verified via the State's website when an issue arises around claims payment or access to services. Providers are expected to verify eligibility at time of service rendered.

Home State Health generates a Member ID based on Medicaid ID on the 834 file received. They also have reports to assist in identifying any duplicate members. If a duplicate member is confirmed, they merge the member in their system and retain both Medicaid IDs for that

ISCA: Home State Health

member. All membership history pertaining to that Medicaid member is retained within their information systems.

Members are dis-enrolled and re-enrolled per instruction from the state via the 834 enrollment files. The member will retain the same ID unless the state assigns a new Medicaid ID, in which case additional checks are used to identify potential duplicate members using member Social Security Number (SSN), Date of Birth (DOB), and Name.

Strengths

- Unique members ID assignment and duplicate member safeguards.
- Uploads monthly and/or daily eligibility files, keeping information as updated as possible.
- Reporting in place to identify changes in eligibility status and reconcile.

Weaknesses

Home State Health has indicated that the data provided in the eligibility files creates many issues and hurdles when contacting eligible members. Staff alleged that about 60% of the data included in the eligibility/enrollment file is unusable; missing data, incorrect data. The lack of data creates a large bottle neck in processes and requires work arounds when storing new-found data. This weak point of data collection does affect other areas of care management as well. The lack of usable data creates additional work for when trying to reach the members, especially when bound by a timeline constraint. The additional work and resources required to successfully contact a member tends to exceed the acceptable time frame, directly contributing to poor performance score for Care Management.

Table E-1 Eligibility Score Results

Sub-section	Issues	Score	Citation/Standard
Eligibility Updates and Verification Process	It is difficult and a large pain point for Home State Health to receive accurate and/or useful member contact information. Often, quoted at "60%" of the information sent in the eligibility file is missing or incorrect.	🟢	42 CFR 438.242, 438.608, Section 2.28.5 MHD Contract

Primaris
Healthcare Business Solutions

ISCA: Home State Health

	There is no substantial evidence to support a good process to obtain or bi-directionally update member eligibility/contact data. The health plan is fully aware and diligently work with the information they are passed or able to collect.		
Duplicate Management	None	🟢	42 CFR 438.242, 438.608
Eligibility Loss Management	None	🟢	42 CFR 438.242, 438.608
TOTAL SCORE		🟢	**Met - Pass**

F. Provider Data Management

This section of the ISCA evaluates the MCO's ability to maintain accurate and timely provider information.

Key points of well-managed provider data include:

- Establishing a communication process to update and maintain provider credentials, licenses, and skill sets.

- Supporting information systems that integrate provider information with member and service data.

- Developing and maintaining policies and procedures that support timely exchange of provider information.

- Using provider data to edit encounter data to ensure that qualified providers are performing services they are qualified to perform.

🟢 **Home State Health is fully compliant with the key scoring points of well-managed provider data practices.**

Home State Health updates its hard copy provider directory in accordance with the state contract and typically on an annual basis, or more often if there are significant network changes or

ISCA: Home State Health

regulatory requirements. Provider directories are sourced from the Portico Provider Data Management System.

The web based provider directory is updated within 48 hours of a change being made to the provider database management system, Portico. Changes to provider demographic or payment information are not made unless the information is submitted in written format from the provider. Changes, Additions or Deletions are submitted to the Provider Relations team, from the Provider, and are used to update Portico. Once Portico has been updated, Find A Provider (FAP) webpage will be updated within 48 hours as stated above.

Medicaid fee schedules are maintained in the claims system and updated through communication from the State with weekly review of the published fee schedules and Medicaid bulletins.

Strengths

- Home State Health has an active directory available to the public both in paper and online.

Weaknesses

No weaknesses discovered or calculated for the Provider Data Management section of the ISCA.

Table F-1 Provider Data Management Score Results

Sub-section	Issues	Score	Citation/Standard
Provider Directory Management	None	🟢	42 CFR 438.242, 438.608, Section 2.12.17 MHD Contract
Payment Reconciliation	None	🟢	42 CFR 438.242, 438.608
TOTAL SCORE		🟢	**Met - Pass**

G. Performance Measures and Reporting

This section of the ISCA evaluates the MCO's performance measure and reporting processes.

Key points of well-managed performance measures and reporting include:

ISCA: Home State Health

- Use of encounter data, member data, and service data from an integrated database as the primary source for performance measurements.

- Policies and procedures that describe how the organization maintains data quality and integrity.

- Staff dedicated and trained in all tools to develop queries and tools for reporting.

- Support for continuing education of staff responsible for reporting metrics.

- Use of data for program and finance decision making.

- Use of analytics software and other industry standard reporting tools.

● **Home State Health is fully compliant with the key scoring points of well-managed performance measures and reporting.**

Medical claims data is generated from Amisys and stored in Home State Health's Enterprise Data Warehouse (EDW). Vendor data is also stored in EDW. EDW is the data repository to produce Medicaid Performance Reports. Report production logs and run controls are maintained by Home State Health's Computer Operations department. These logs document all jobs that are run, start times, run durations, complete times, abends, warnings, and input/output statistics. All of the performance measure reports are placed in schedules and are run based on the schedule requested. Medicaid report generation occurs from the online production database from AMISYS.

All programs and reports developed for Home State Health follow Software Development Life Cycle (SDLC), requiring complete documentation. Initially, new reports and changes to existing reports come from the state or internal business unit. Change tickets are submitted to the IT staff to work on new reports or changes to existing reports in a development environment. Report requirements are attached to the change ticket. As questions arise, IT personnel work with the business unit and the state to resolve questions. Those resolutions/decisions are added as documentation to the change ticket. The reports are created or revised in a development environment.

When a new report or changes are made to an existing report, the IT staff performs an internal review on the report. This internal review includes ensuring that the report matches the specification, checking for misspellings, and checking that the data seems reasonable from a

ISCA: Home State Health

technical perspective. Once the report changes pass the internal review, the new report is sent to the business unit for review and approval.

For ongoing established reports, reasonableness and real count checks of abstracts from EDW to QSI are reviewed to ensure they reconcile. An external auditor verifies and certifies the data prior to submitting the final numbers to the state.

Strengths

- Experienced staff members and documentation for developing queries and reports.
- Robust processes and documentation is available regarding performance measure reports.

Weaknesses

No weaknesses discovered or calculated for the Encounter Data Management section of the ISCA.

Table G-1 Performance Measures and Reporting Score Results

Sub-section	Issues	Score	Citation/Standard
Performance Measure Processes	None	🟢	42 CFR 438.242, Section 2.29.3 MHD Contract
Validation of Performance Metrics	None	🟢	Section 2.29.3 MHD Contract
Documentation of Metrics	None	🟢	Section 2.29.3 MHD Contract
TOTAL SCORE		🟢	**Met - Pass**

4.0 Recommendation

A complete assessment of Home State Health's Information System's documentation and related onsite activities revealed an opportunity for improvement concerning the data collection and integration structure around the 834 file routinely received from the State. The Home State

ISCA: Home State Health

Health officials alleged that the file has 60% of missing/incomplete/erroneous data related to members' primary demographic information.

These unusable data elements are not due to any systems integration issue but arise from the inability to bilaterally update member information obtained from various other sources by Home State Health. Consequently, it impacts the quality of Care Management Home State Health is able to provide to its members. This creates a need for extra resources in order to successfully contact a member, especially within an obligated short timeframe. The staff at Home State Health work diligently to contact members to the best of their ability, by contacting multiple times, leaving messages, having calendar reminders for follow up, and are often able to collect correct contact information for their members. Subsequently, they have to store that information in a separate area to avoid its loss when they receive the next 834 file, as the 834 file overrides all the other previously stored data.

Primaris strongly recommends that the State and Home State Health work towards a collaborative solution for the ability to update and access more accurate and useful member contact data. This will create a complete data integration solution delivering trusted data from various sources.

Efforts in this area will positively affect the number of Care Management offerings to members within effective timeframes. Improvement here will also increase Home State Health's ability to reach the member with educational materials and important plan updates, thus improving their quality outcomes.