



# 2018 External Quality Review

## Information Systems Capabilities Assessment



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## Information Systems Capabilities Assessment (ISCA)

### 1.0 Introduction and ISCA Methodology

Primaris Holdings Inc. (Primaris), assessed Missouri Care's Information Systems, Resource Management, Data Processing, and Reporting Procedures. The purpose is to analyze interoperability and reveal the extent to which Missouri Care'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.

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- 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 contract, and Medicaid Management Information Systems (MMIS). Scoring standards are described in detail in the following section, see Scoring Standards Table 2-2 below.

## 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
 <b>Met</b> (pass)	All necessary requirements were proven to be satisfied with supporting documentations, system demonstrations, and staff interviews.
 <b>Partially Met</b> (pass)	Some supporting evidence and/or positive results that meet majority ( <i>at least half plus one</i> ) of the requirements and industry standards. <i>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.</i>
 <b>Not Met</b> (fail)	No supporting evidence or positive results to meet requirements and industry standards.

	<i>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.</i>
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## 2.2 Scoring Standards

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

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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: Missouri Care

Missouri Care passed the ISCA in all seven (7) areas, receiving a fully 'Met' score result for the overall ISCA. Missouri Care 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. Primaris was 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. Missouri Care 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
<b>Overall ISCA Score</b>	Total Score for Missouri Care.	 <b>Met</b> (pass)
A. Information Systems	Assess MCO's management of its information systems.	 <b>Met</b> (pass)
B. IT Infrastructure	Assess MCO's network and physical infrastructure.	 <b>Met</b> (pass)
C. Information Security	Assess the security level of MCO's information systems.	 <b>Met</b> (pass)
D. Encounter Data Management	Assess MCO's ability to capture and report accurate and meaningful encounter data.	 <b>Met</b> (pass)

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



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- Adequate training and user documentation for new employees and on-going training programs.
- Open communication with end users of information systems changes, issues reporting, and updates.

### **Missouri Care is fully compliant with the key scoring points of a well-managed Information Systems Structure.**

Missouri Care uses Oracle and Microsoft SQL Server (MSSQL) for its relational data base management systems. *PL/SQL*, *SAS*, *COGNOS*, *Informatica*, *PostgreSQL* are the programming languages used to create Medicaid data extracts and/or analytic reports. IT uses a highly centralized model in which a pool of WellCare (Missouri Care's parent company) employees and contractors execute programming tasks according to demand across all product lines, including Missouri. Approximately 200 employee programmers are trained and capable of modifying the utilized programs.

WellCare's Quality Assurance team utilizes the ALM testing tool to document and track all defects found during the testing cycles for each project and release. Metrics are created for each project which include weekly and cumulative opened and closed defects with trending, open defect counts by status and severity, closed defects by root cause, and defect ageing. These metrics are provided to the project team weekly to monitor progress of the testing effort and establish the risk levels of the delivery based on quantity and severity of defects found.

WellCare establishes project plans and expected completion times for all activities and tasks, including programmer activities. The estimated efforts and durations are established based on the complexity and scope of the task and the experience level of the individual. Actual delivery with respect to the established deadlines are one of the primary measures of productivity utilized to evaluate programmer performance. Peer code reviews are conducted prior to deployment to ensure code quality.

All application source code is managed and maintained in Microsoft Team Foundation Server version control tool. Every change made to the code is versioned via checkout-check-in process and managed and tracked. Every deployment to non-production environment is captured in Work Item Tracking feature in TFS. This Work Item goes through the approval process from (DEV- QA- RM- Deployers) before any code is deployed.

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All reports generated via Missouri Care systems are reviewed by the Business and IT Owners for completeness and accuracy. When issues are discovered, an incident ticket is created via the IT Service Desk and a project is undertaken to review and solution the issue(s) for correction. Following the IT software development life cycle (SDLC) process, a correction is developed and tested by IT. Once completed, the Business provides User Acceptance Testing to validate the issue(s) have been resolved. The incident generates a Request for Change (Change Order) which is reviewed and approved for deployment to the production environment by IT. The Business provides verification that the subsequently generated reports no longer reflect the issues of concern.

### Strengths

- Policies, procedures, and robust training documentation readily available to all necessary staff.
- Experienced IT 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
<b>IS Management Policies</b>	None	●	45 CFR 160, 45 CFR 164, Section 2.26.8 MHD Contract
<b>Reconciliation and Balancing</b>	None	●	Section 2.26.5 MHD Contract
<b>Training</b>	None	●	45 CFR 164.132
<b>Testing Procedures</b>	None	●	NIST

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<b>System Changes and Version Control</b>	None	●	NIST, Section 2.26.2 MHD Contract
<b>EDI</b>	None	●	45 CFR 164.312, ANSI, Section 2.26.5 MHD Contract
<b>TOTAL SCORE</b>	None	●	<b>Met – Pass</b>

**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.

● **Missouri Care is fully compliant with the key scoring points of a well-managed and maintained IT Infrastructure.**

Missouri Care has access to its parent company, WellCare's original copies of all Medicaid source data from claims and encounters, in both the form submitted (paper or electronic) and an initial processing copy. As a result, all claim submissions are able to be re-executed if needed due to system failures or issues.

Claim and encounter applications are backed up on a nightly basis and database logs of the original systems are maintained. In addition, read-only replica copies are maintained on a real-time basis and are able to be utilized as a recovery source. Back up information is stored at a secure off site facility as the primary assurance of recovery capabilities, with recent copies being

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retained locally for faster, more convenient processing demands if needed. Quarterly backup recovery tests are conducted, as well as an annual Disaster Recovery test.

WellCare completes a formal Quality Assurance and User Acceptance testing process on all changes prior to deployment to protect against program errors. Further, WellCare's implementation of Virtual servers and built in redundancy in the infrastructure (power supplies, RAID disc strategies, and load balanced servers) provides for fully automated failover of primary components.

WellCare leverages a leading class data center that provides multiple environmental and physical controls. Environmental controls include N+1 redundant UPS's, N+1 Generators, N+1 HVAC systems to control temperature and humidity, multiple geographically diverse electrical substations, Shell within a shell building structure leveraging bullet proof glass and steel reinforced walls, Very Early Smoke Detection Apparatuses, and 24X7 systems monitoring from multiple locations. Physical controls include 24X7 onsite security, biometric restricted access, multi-level authorization protections, and video surveillance of facility and WellCare equipment.

### 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
<b>Redundancy</b>	None	●	45 CFR 164.308, NIST, Section 2.27 MHD Contract
<b>Data Center/Server Room</b>	None	●	45 CFR 164.308
<b>Backup</b>	None	●	45 CFR 164.308,

			NIST
<b>Network Availability</b>	None		Section 2.26.8 MHD Contract
<b>TOTAL SCORE</b>			<b>Met - Pass</b>

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

#### **Missouri Care is fully compliant with the key scoring points of well-managed information security protocols.**

Missouri Care uses Wellcare's information security program consisting of policies, standards, and procedures that define how resources are provisioned and access controls are managed.

Access control standards define the requirements for user account password policies and network access. Changes in the environment are reflected in security systems in a timely manner through both automated and manual processes. For each significant application, WellCare has

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documented and published Standards and Guidelines. The policies are approved by senior IT Management, located on a WellCare shared drive, and communicated to all IT Associates.

Access to IT computing resources is restricted by the implementation of identification, authentication, and authorization mechanisms. User authentication is required to access WellCare's applications, data, and key financial reports. The Provisioning Procedures document the formalized process for requesting, establishing, suspending, and closing a user account.

In order to access applications, data used in member load and premium reconciliation processing, and key financial reporting data, users must authenticate through the network layer. Access to any WellCare desktop or server requires a valid user ID (UID) and password in Microsoft Active Directory (Active Directory). Authentication rules are enforced through Active Directory including password minimum length, expiration, history, and account lockout.

For external users, only active members and providers with an open contract with WellCare can register for portal access. Group and Independent Physician Associations (IPA) provider accounts are provisioned via Web Customer Support who verifies the provider information before setting up the account. Members are only allowed to view data (Eligibility, Claims, Authorizations, etc.) that pertains to themselves. Primary Care Physician (PCP) providers may view member data only for members that are assigned to them. Specialty providers may view member data for any member that belongs to a line of business for which they are contracted with WellCare. Group and IPA providers with administrative privileges may view information pertaining to any provider associated with the Group/IPA as indicated by WellCare's provider system of record. Missouri Care/WellCare employees may view member and provider data for any member or provider in WellCare's system.

### **Strengths**

- Security policies readily available, well documented, and well maintained.
- Provides HIPAA training and health care data best practices review.
- Security procedures are 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
<b>Physical Security</b>	None	●	45 CFR 164.310, NIST, Section 2.26.4 MHD Contract
<b>Security Policies</b>	None	●	45 CFR 164.308, 164.312, NIST, Section 2.26.4 MHD Contract
<b>Security Testing</b>	None	●	NIST
<b>Access Removal Policies</b>	None	●	45 CFR 164.308, 164.312, Section 2.26.12 MHD Contract
<b>Mobile Device Security and Policies</b>	None	●	45 CFR 164.308, 164.312, NIST, Section 2.26.4 MHD Contract
<b>TOTAL SCORE</b>		●	<b>Met - Pass</b>

**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.

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- 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.

### **Missouri Care is fully compliant with the key scoring points of well-managed encounter data practices.**

Missouri Care validates the consistency and integrity of procedure and diagnosis codes for both professional and institutional claims to ensure alignment with CMS and State specific rules.

There are several areas in which these edits occur for both professional and institutional claims: a) SNIP b) Pre-processing edits in the Front End c) During the adjudication process prior to the accounts payable cycle.

All codes are compared to HIPAA codes sets via X-engine software purchased by WellCare from Edifecs. The codes sets are updated quarterly or as regulations are posted. Claims are rejected by Front-End Edits for missing, invalid or incomplete Codes. Paper Submitters get paper rejection letters. Electronic Data Interchange (EDI) submitters get appropriate 999 and 277/277U.

The completeness of the data varies based on the category of service. Most Dental, Professional, and Outpatient claims are adjudicated and paid within 3 to 6 months. Inpatient claims take the longest to complete since an individual may be hospitalized for an extended period of time. Inpatient claims are mostly complete after 6 months of run out is available. The completion factor is estimated by using lag triangles to determine the completion pattern using historical data. For more recent months, an alternative methodology such as the projection method may be used since the most recent months lack sufficient credibility. Completeness is defined as the ratio of claims paid to date, divided by the estimated incurred amount once all claims are adjudicated and paid.

WellCare conducts internal audits on Encounter processing every three years or more often as deemed necessary by the senior management team. The hierarchy of claims adjudication edits results in a claim either auto-adjudicating to paid or denied status or suspended for manual review to resolve. The suspended claims are managed on a daily basis by the claims management



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team to ensure claims are processed accurately and within the 90% of claims processed within the 30 day regulatory time frame.

### Strengths

- Implemented adequate validation edits in its data processes.
- Encounter data is not altered by Missouri Care, but sent back to source for correction.
- Consistent communication regarding upcoming changes.
- Frequent internal audits.

### 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
<b>Redundancy</b>	None	●	45 CFR 164.308, NIST, Section 2.26.5 MHD Contract
<b>Data Center/Server Room</b>	None	●	45 CFR 164.308, Section 2.26.5 MHD Contract
<b>Backup</b>	None	●	45 CFR 164.308, NIST, Section 2.26.5 MHD Contract
<b>Network Availability</b>	None	●	Section 2.26.5 MHD Contract
<b>TOTAL SCORE</b>		●	<b>Met - Pass</b>

## 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.

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

Missouri Care receives an 834 file daily from the State. The files are loaded as received and files cannot be modified, the data sent on this 834 will update/override any stored information.

Missouri Care expresses that 60% of the data is missing or incomplete.

Disenrollment and re-enrollment transactions are received via the 834 eligibility file according to the transaction provided by the State. The member retains the same Subscriber ID assigned from initial enrollment. In regards to continuous enrollment, this information is provided through Enrollment files which we upload to Inovalon (software vendor) as the Inovalon Quality Spectrum software handles the calculation.

Missouri Care processes the transactions received from the 834 eligibility file in order of receipt. If a term transaction is received, a termination date is applied to the eligibility span in Xcelys, a claims processing service, according to the data received on the file. If an additional transaction is received on the following day for a reinstatement with no gap in coverage, then plan will process the transactions received from the 834 eligibility file and apply the update to the eligibility span according to the data received on the file. This action does not affect continuous enrollment calculations.

### Strengths

- Unique members ID assignment and duplicate member safeguards.
- Uploads monthly and/or daily eligibility files, keeping information as updated as possible.

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- Reporting in place to identify changes in eligibility status and reconcile.

**Weaknesses**

Missouri Care has indicated that the data provided in the enrollment files creates many issues and hurdles when contacting eligible members. Staff alleged that about 60% of the data included on the eligibility/enrollment file is incorrect or missing. 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 accurate 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 scores for care management.

**Table E-1 Eligibility Score Results**

Sub-section	Issues	Score	Citation/Standard
<b>Eligibility Updates and Verification Process</b>	It is difficult and a large pain point for Missouri Care to receive accurate and/or useful member contact information. 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.	●	42 CFR 438.242, 438.608, Section 2.28.5 MHD Contract
<b>Duplicate Management</b>	None	●	42 CFR 438.242, 438.608
<b>Eligibility Loss Management</b>	None	●	42 CFR 438.242, 438.608
<b>TOTAL SCORE</b>			<b>Met - Pass</b>

## 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.

### **Missouri Care is fully compliant with the key scoring points of well-managed provider data practices.**

Missouri Care's online provider directory is updated on a daily basis. Printed directories are updated on a quarterly basis. The directories pull directly from Missouri Care's primary database. If the change is a non-critical demographic change (phone number, address, accepts new patients, bus route, hours of operation, handicap access) the Provider Operations Coordinator has change authority. For any other change only the Shared Services Configuration Department or the Shared Services Network Integrity Department have change authority.

Provider information maintained in the provider profile database includes: Name, Address, Phone number, Fax, Hours of operation, Handicap access, Buss route, Gender, Languages Spoken, Ages seen, specialty, Directory include, License, Medicaid ID, License Number, Social Security Number, Drug Enforcement Administration Number, National Provider Identifier, Date of Birth.

To stay informed about fee schedule and provider compensation rules, the WellCare Fee Schedule team monitors the MO DSS website using a Website Watcher application that sends out notification emails whenever new files are published. The site is also reviewed by this team manually to capture any updates or bulletins that Website Watcher may have missed. In addition,

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the Market sends emails to notify the Fee Schedule team about new fee schedules and bulletins. Only the Fee Schedule team has the authority to update fee schedule pricing in the system.

### Strengths

- Has an active directory available to the public both in paper and online.
- Has a dedicated Fee Schedule Team monitoring updates.

### 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
<b>Provider Directory Management</b>	None	●	42 CFR 438.242, 438.608, Section 2.12.17 MHD Contract
<b>Payment Reconciliation</b>	None	●	42 CFR 438.242, 438.608
<b>TOTAL SCORE</b>		●	<b>Met - Pass</b>

## 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:

- 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.

**● Missouri Care is fully compliant with the key scoring points of well-managed performance measures and reporting.**

WellCare collects the data from multiple sources and loads it into a database and files are sent to Inovalon to load into Quality Spectrum Insight (QSI)™ that is used for all reporting. To ensure data merges are accurate and complete, historical trending and benchmarking are conducted, when possible, to check the reasonableness of data. Query results are also visually inspected for accuracy based on previous experience. When Possible, results are compared to similar measures. All processes are audited throughout the data integration process. Trends are monitored on a monthly basis and any anomalies are investigated.

Inovalon: QSI™ rejects data if it does not pass the following edits:

- Correct and consistent record formatting.
- Blank and duplicate record identification.
- Unique keys (unique identifiers for every record) and referential integrity of key values.
- Duplicate key identification.
- Completeness and validity of required fields.
- Length of data consistent with width of field.

The Xcelys™ system has processes in place to handle erroneous data. The extract programs have error checking written into them, and the QSI software creates log files that are reviewed to identify errors. Erroneous data is then corrected, or omitted. Furthermore, a log is created at the end of each load/process. WellCare log files produce record counts for items that were loaded, as well as detailed error logs to indicate items that were not loaded. Users use these numbers to audit the process.

Inovalon's QSI™ is updated on a monthly basis. Missouri Care uses month over month and year over year comparisons to validate each monthly build. All anomalies are researched as they occur. Inovalon sends a check figures report with each build that is reviewed for any inaccuracies.

All data files are archived monthly and labeled with the year and month in question.





**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
<b>Performance Measure Processes</b>	None		42 CFR 438.242, Section 2.29.3 MHD Contract
<b>Validation of Performance Metrics</b>	None		Section 2.29.3 MHD Contract
<b>Documentation of Metrics</b>	None		Section 2.29.3 MHD Contract
<b>TOTAL SCORE</b>			<b>Met - Pass</b>

### 4.0 Recommendation

A complete assessment of Missouri Care'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 Missouri Care 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 Missouri Care. Consequently, it impacts the quality of Care Management Missouri Care is able to provide 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 Missouri Care work diligently to contact members to the best of their ability, by contacting multiple times, leaving

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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 Missouri Care 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 the Missouri Care's ability to reach the member with educational materials and important plan updates, thus improving their quality outcomes.