2020 External Quality Review
Information Systems Capabilities Assessment: Interim

home state health.

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Information Systems Capabilities Assessment: Home State Health

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Primaris
Healthcare Business Solutions

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1.0 Overview and Purpose

1.1 Background

Missouri HealthNet Division (MHD) requires Primaris to perform a detailed Information Systems Capabilities Assessment (ISCA) once in every three years. Primaris performed Home State Health's most recent full ISCA in External Quality Review (EQR) 2018. The purpose of this year's (EQR 2020) ISCA is to analyze only the changes reported from previous year. Primaris determines if any major changes occurred that would affect the Managed Care Organization's (MCO) information systems and related performance measures outcomes. In addition, MHD contract and communications specified additional validation of the two points below.

- All network providers must be enrolled with MHD as a Medicaid provider as of January 1, 2018 per 42 Code of Federal Regulations (CFR) 438.602(b) and 438.608(b) (MHD contract 2.18.8c).
- MCO shall have one integrated information system platform for care management and utilization management that provides both physical health and behavioral health information, including but not limited to claims data, notes, and prior authorizations. MCO shall have one integrated information system platform implemented by June 30, 2019 (MHD contract 2.26.10).

1.2 Methodology

Primaris bases their methodology directly on the Centers for Medicare and Medicaid Services (CMS) EQR protocol, Appendix A-Information Systems Capabilities Assessment including Tool for Assessing MCO Information Systems, Information System Review Worksheet and Interview Guide. Data collection, review, and analysis were conducted via the ISCA data collection tools, interview responses, security walk-throughs, and claim/encounter data lifecycle demonstrations.

A complete ISCA involves seven sections.
- A – Information Systems
- B – IT Infrastructure
- C – Information Security
- D – Encounter Data Management
- E – Eligibility Data Management
- F – Provider Data Management
- G – Performance Measures and Reporting

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The section(s) rescored for this ISCA-Interim report are those where change occurred or concern for data integrity was raised. Thus, if there was no change reported or detected, the section was not rescored.

The ISCA change review process consists of four phases, focused and applied to areas of change.

Phase 1. Change notification: Primaris sends the official ISCA change notification request to the MCO with a deadline to be completed and returned electronically to Primaris prior to the scheduled onsite (virtual) review activities. Each MCO is asked to proactively report any change throughout the year to Primaris. The official notice serves as a final chance to report changes prior to the live interviews and demonstrations.

Phase 2. Change review: Primaris reviews change reports and supporting documentation. All submitted documentation is thoroughly reviewed, flagging answers that seem incomplete or indicating an inadequate process for follow-up. The follow-up questions and review take place during the onsite activities.

Phase 3. Onsite activities: Primaris conducts interviews with the MCO's staff to review any proprietary material, live system demonstrations and security walk-throughs. Open interviews with other members of staff related to their information systems management presentation(s) are expected.

Phase 4. Analysis: Primaris compares and scores the findings against industry standards and contract requirements, determining if any major system changes have occurred. If a change was reported or detected during analysis, then the coordinating ISCA subsection(s) will be rescored and reported. 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 section of the ISCA is awarded one of the three scoring options: Met, Partially Met, Not Met. In the event 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. Scores for the ISCA align with other EQR protocols (e.g., compliance with regulations) and are based on the standards for Met, Partially Met, or Not Met criteria. Table 2-1 presents the scoring key used and descriptions.

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Table 2-1: Scoring Key

Scoring Key	Description
🟢 **Met**	All necessary requirements were proven to be satisfied with supporting documentations, system demonstrations, and staff interviews.
🟡 **Partially Met**	Some supporting evidence and/or positive results that meet some of the requirements and industry standards.
🔴 **Not Met**	No supporting evidence or positive results to meet requirements and industry standards.

2.2 Scoring Standards

Scoring Standards Table 2-2 presents the detailed Federal regulations, MHD Managed Care contract requirements, and industry standards against which Home State Health was evaluated.

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.
Section 2.26 MHD Contract	Missouri HealthNet Division (MHD)	Claims Processing and Management Information Systems section.
Section 2.18.8c MHD Contract	Missouri HealthNet Division (MHD)	All network providers must be enrolled with MO HealthNet as a Medicaid provider as of January 1, 2018.

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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 Findings

Home State Health reported one significant change to their information systems since the last ISCA, in EQR 2018. Upon review of the change and related documentation it is determined there is no major impact to Home State Health's information systems or performance measure outcomes. The reported change enhances Home State Health's provider data management capabilities and aligns with requirements of MHD contract 2.26.10: One Integrated Information System Platform and 2.18.8c: Networked Providers Enrollment. Impact of change is determined by comparing the change-related documentation to the key scoring components in the corresponding ISCA section. Specific details and score of the change to Home State Health's information systems are documented below in section 3.1 Reported Changes Review.

Primaris also queried the provider data leadership and staff while viewing virtual walk throughs of Home State Health's provider data management system. Home State Health was able to show data samples and provide documentation per requirements of MHD contract 2.18.8c: All network providers must be enrolled with MO HealthNet as a Medicaid provider. Primaris found opportunity for improvement on maintaining accurate provider data, specific details on data accuracy and scoring are below in section 3.2 MHD 2.18.8c: Networked Providers Enrollment.

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Primaris verified Home State Health has one integrated systems platform for care management and utilization management that provides both physical health and behavioral health information. During interviews, Primaris asked Home State Health staff to demonstrate data integration mapping and processing by walking through a series of data collection, update, and validation exercises. Home State Health was able to satisfy the requirements of MHD contract 2.26.10: One Integrated Information System Platform. Details and scoring are below in section 3.2.

Strengths
- Strong platform for provider communication with Home State Health's Provider Portal.
- 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.
- 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
- Risk of publishing incorrect provider information in the provider directory.

3.1 Reported Change Review: Provider Portal

ISCA section(s) affected: A–Information Systems, D–Encounter Data Management, F–Provider Data Management.
ISCA section(s) not affected: B–IT Infrastructure, C–Information Security, E–Eligibility Data Management, G–Performance Measures and Reporting.

🟢 **Score: Met**
Summary: Home State Health demonstrated their own Provider Portal to the Primaris team on July 27, 2020. Implementing the full capabilities of this system has been in development and released this year at no additional cost for providers. The Provider Portal allows providers to check eligibility, submit, correct, and check claim status, submit and

view prior authorizations, view patient care gaps and more. The portal is online and available 24/7, truly enhancing communication efforts. The portal does not house any of the information accessed, it merely displays information from Home State Health's back-end systems. Empowering providers with access to real-time information is a great effort in data accuracy maintenance. Primaris determines this change has no adverse effect on calculation of performance measures or systems integration. The Provider Portal serves as a new documented strength for Home State Health's ISCA.

3.2 Additional Requirements for Validation

3.2.1 Network Providers Enrollment

All network providers must be enrolled with MO HealthNet as a Medicaid provider as of January 1, 2018 per 42 CFR 438.602(b) and 438.608(b) (MHD Contract 2.18.8c).

ISCA section(s) affected: F–Provider Data Management.
ISCA section(s) not affected: A-Information Systems, B-IT Infrastructure, C-Information Security, D- Encounter Data Management, E-Eligibility Data Management, G-Performance Measures and Reporting.

🟡 **Score: Partially Met**
Summary: Home State Health attested all networked providers are enrolled with MHD as Medicaid providers. During live demonstrations on July 27, 2020, Home State Health staff displayed documents and explained their provider credentialing process and provider enrollment process. Home State Health has a robust system for processing and storing data proactively sent from providers and/or rosters. Primaris addressed the question of provider data accuracy: "Once a provider has been enrolled how does Home State Health ensure the accuracy of data published into the provider directory over time?" Home State Health responded with highlighting the provider portal. Though the portal opens the line of communication between Home State Health and the provider, the initial notification or request for change must still be initiated by the provider. This process does not address unreported changes in specialty, phone number, address, hours, etc. Primaris questioned Home State Health's thoughts on a more proactive approach, such as regular outreach to the providers. Home State Health responded by expressing concern about causing additional time and burden on the providers and office staff, especially currently with added pandemic stress. Home State Health also assured there is validation checking performed by the provider data management team but is focused on data type accuracy (street validation, date) versus accuracy of published provider data (services offered). The

setback is the risk of having undetected, incorrect data published in the provider directory. There is an opportunity for collaboration to help reduce the burden while lessening the chance of incorrect data being stored and published. The goal is to provide members with the most accurate data possible to increase quality and timeliness of care.

This finding results in a Partially Met score rating. Though Home State Health utilizes very strong systems (i.e., Provider Portal) and processes, simple efforts to improve this metric will result in positive impact on the quality of services offered to members. Please see the recommendations section 4.0 for suggestion on how to improve this rating.

3.2.2 One Integrated Information System Platform

The MCO shall have one integrated information system platform for care management and utilization management that provides both physical health and behavioral health information, including but not limited to claims data, notes, and prior authorizations. The health plan shall have one integrated information system platform implemented by June 30, 2019 (MHD 2.26.10).

ISCA section(s) affected: A–Information Systems.
ISCA section(s) not affected: B-IT Infrastructure, C-Information Security, D- Encounter Data Management, E-Eligibility Data Management, F-Provider Data Management, G-Performance Measures and Reporting.

● **Score: Met**

Primaris requested Home State Health staff to demonstrate data integration mapping and processing by walking through a series of data collection, update, and validation exercises during onsite activities July 27, 2020. Home State Health was able to provide several samples of thorough data integration between all systems into one unified platform. Data was input or updated in several different fields of the front-end collection systems and then followed the exact data field through processing to verify updates at the storage level. Integration walk throughs for various data elements were verified in direct conversation with leadership staff and additionally reviewed on each performance measure member sample review. A high-level integration map is shown below in Figure 1: Home State Health Data Integration Flow Chart. Additionally, a more detailed system map with directional data flow is provided in Appendix A.
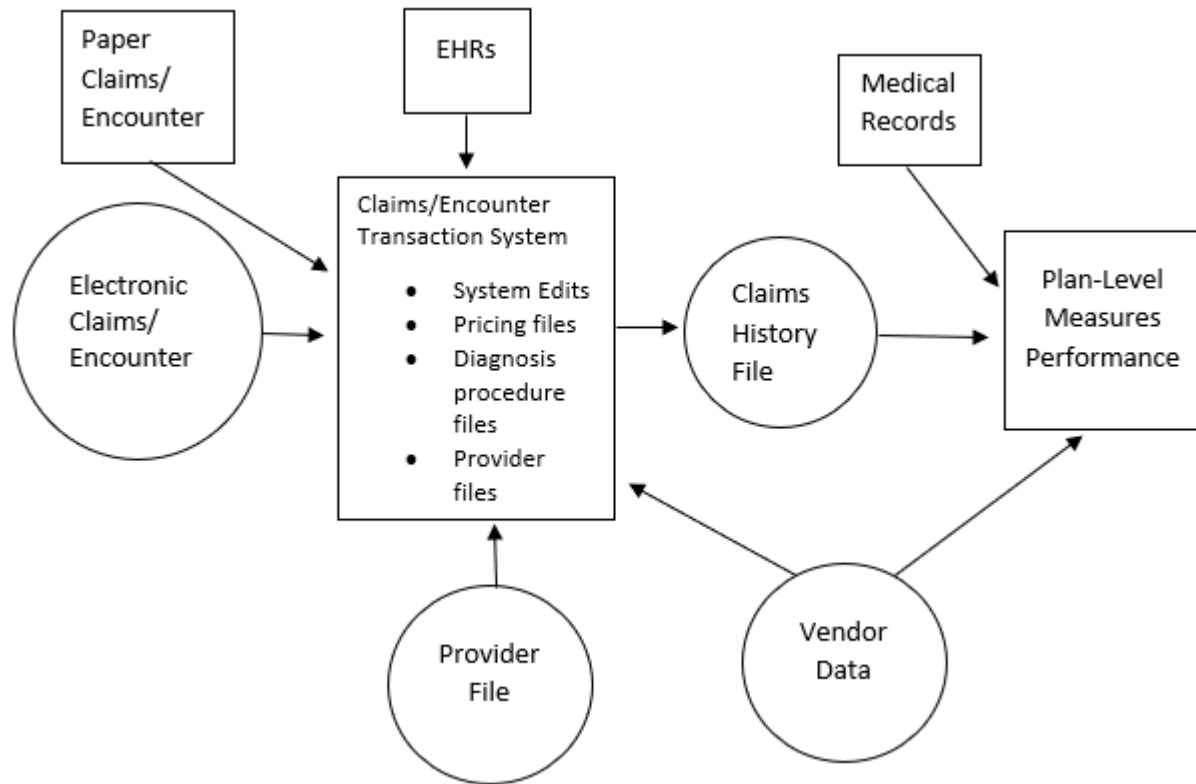**Supporting Material:** Appendix A: Centene System Diagram

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Figure 1. Home State Health's Data Integration Flow Chart (Source: Home State Health)

3.3 Scored Results

Home State Health's change affected three of seven scoring sections within the ISCA protocol: A–Information Systems, D–Encounter Data Management and F–Provider Data Management.

Additional review points from MHD's contract affected one of the seven scoring sections within the ISCA protocol: F–Provider Data Management.

Rescored table results for the affected sections and subsections are below.

Table 3-3 A: Information System Rescore Results

Sub section	Issues	Score		Citation/Standard
IS Management Policies	None	Met	🟢	45 CFR 160, 45 CFR 164, Section 2.26.8 MHD Contract
Reconciliation and Balancing	None	Met	🟢	Section 2.26.5 MHD Contract
Training	None	Met	🟢	45 CFR 164.132

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

Table 3-3 D: Encounter Data Management Rescore Results

Sub section	Issues	Score		Citation/Standard
Redundancy	None	Met	🟢	45 CFR 164.308, NIST, Section 2.26.5 MHD Contract
Data Center/Server Room	None	Met	🟢	45 CFR 164.308, Section 2.26.5 MHD Contract
Backup	None	Met	🟢	45 CFR 164.308, NIST, Section 2.26.5 MHD Contract
Network Availability	None	Met	🟢	Section 2.26.5 MHD Contract
TOTAL SCORE		**Met**	🟢	

Table 3-3 F: Provider Data Management Rescore Results

Sub section	Issues	Score		Citation/Standard
Provider Directory Management	Reactive process to maintain provider demographic information published in the provider directory.	Partially Met	🟡	42 CFR 438.242, 438.608, Section 2.12.17, 2.18.8 MHD Contract
Payment Reconciliation	None	Met	🟢	42 CFR 438.242, 438.608
TOTAL SCORE		**Partially Met –**	🟡	

4.0 Recommendations

4.1 Home State Health

Develop a proactive approach for maintaining accurate provider data published in the provider directory. Currently, the providers must initiate the process to notify for change of specialty, new patient appointments, hours, phone number(s), etc. As a result, provider service and contact information are published without detection of inaccuracies. Primaris suggests planning for proactive outreach to the providers ensuring accuracy. Home State Health in concurrence with MHD, may decide on a time frame that is maintainable for both Home State Health and the providers. A suggestion is to outreach any provider with data that has not been updated in a set time frame and run a query in the provider database to pull all provider rows without change in the 4-6-month (or desired) time frame. Notification or outreach to the providers can utilize the robust Provider Portal demonstrated to reduce burden on providers who are enrolled with the service. This solution will begin to offer statistics needed to track provider data accurately.

4.2 MHD

Support Home State Health in efforts to implement a process similar to or accomplishing the objective towards improving provider data accuracy. Currently, there is concern expressed for the burden this may add, more so during a pandemic, to providers. This effort will be more successful and less burdensome to all, if done as a unified task, coordinated with MHD's support and other MCOs. To meet industry standards, ideally there should be a single source provider database. Home State Health and MHD should have the ability to update and access this database. Having one source reduces redundancy and coordinates efforts performed by all, while increasing productivity and decreasing the risk of storing inaccurate data undetected. All stakeholders working to maintain one data source is a highly effective way to reduce burden.

Primaris recommends MHD consider a similar approach to maintain member contact information regarding improving quality of care management. There is continued conversation and reports of receiving inaccurate data on the 834 files from MHD. Data such as member contact information (phone, address, etc.) is sometimes out of date or missing. The MCO often has the correct information presented to them through contact with a member. Since Home State Health cannot update the member's information globally, the data is updated internally, and each member is directed back to the state to update data again. The probability of a member contacting their MCO and MHD with every contact/demographic update is considered low as a consensus. Giving the MCO an opportunity to update one database shared with the state eliminates the need of sending members back to the state. It is recommended that MHD should have a process in place where an MCO is enabled to update members' most recent, accurate demographic

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information so that it is corrected in State's database in real time. MHD should decide the validation process the MCO should follow when collecting updated contact information (e.g., voice recording between MCO and member). This effort shares the responsibility of creating state-wide interoperability amongst members, MCO, and MHD as an operational team.

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Appendix A: Centene System Diagram
(Source: Home State Health)