



2020 External Quality Review

Information Systems Capabilities Assessment: Interim



Measurement Period: Calendar Year 2019

Validation Period: May-July 2020

Publish Date: Oct 19, 2020

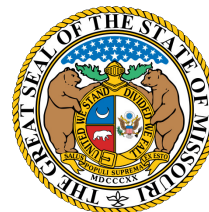


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1.0 Overview and Purpose

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 Missouri Care's most recent full ISCA in the 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's 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).
- MCOs 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. MCOs 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 EQRO 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.

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 Missouri Care 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

Missouri Care reported one 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 Missouri Care’s information systems or performance measure outcomes. The reported change enhances Missouri Care’s care management capabilities and aligns with requirements of MHD contract 2.26.10: One Integrated Information System Platform. Impact of the 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 Missouri Care’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 Missouri Care’s provider data management system. Missouri Care 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 Missouri Care has one integrated systems platform for care management and utilization management that provides both physical health and behavioral health information. During interviews, Primaris asked Missouri Care staff to demonstrate data integration mapping and processing by walking through a series of data collection, update, and validation exercises. Missouri Care 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

- 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.
- 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

- Risk of publishing incorrect provider information in the provider directory.

3.1 Reported Change Review: Virtual Health Launch

ISCA section(s) affected: A–Information Systems, D–Encounter Data Management.

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

Score: Met

Summary: As part of Missouri Care's continuing enhancements of CareCentral, the Case Management component was launched powered by Virtual Health®. This new component was available for Missouri membership beginning June 1, 2019. The platform provides automated capabilities to manage all aspects of care and program monitoring for members. The system allows care managers to follow members from pre-enrollment to program

completion in a systematic process. It also supports the use of data-driven algorithms to determine urgency and prioritization of assignment and outreach. Care Managers then use a proprietary Comprehensive Needs Assessment (CNA) that auto-populates information from medical and pharmacy claims and Health Risk Assessment (HRA) data. Members' unique responses to the CNA auto generate an individualized and customizable set of problems, goals and interventions. Additionally, there are offline capabilities for field staff to complete assessments and care plans with an auto synchronization upon upload. The system is designed to be member-centric, allowing all assessments and care plan information to be utilized across programs and managed holistically by multiple care team members. Primaris determines this change has no adverse effect on calculation of performance measures or systems integration.

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: Missouri Care attested all networked providers are enrolled with MHD as Medicaid providers. During live demonstrations on July 28, 2020, Missouri Care staff displayed documents and explained their provider credentialing process and provider enrollment process. Missouri Care 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 Missouri Care ensure the accuracy of data published into the provider directory over time?” Missouri Care relies on the providers to fill out the appropriate form to notify Missouri Care. The form begins an automated change management request and log that gets cleared daily/weekly by the provider data team. This process does not address unreported changes in specialty, phone number, address, hours, etc. Primaris questioned Missouri Care on a more proactive approach, such as regular outreach to the providers. Missouri Care responded by expressing concern about causing additional time and burden on the providers and office

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staff, especially currently with added pandemic stress. Missouri Care also assured that 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. Though Missouri Care utilizes very strong systems 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 Missouri Care staff to demonstrate data integration mapping and processing by walking through a series of data collection, update, and validation exercises during onsite activities July 28, 2020. Missouri Care 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.

3.3 Scored Results

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Missouri Care's change affected a total two of seven scoring sections within the ISCA protocol, A–Information Systems and D–Encounter Data Management.

Additional review points from MHD's contract affect 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
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
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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 Missouri Care

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. Missouri Care in concurrence with MHD, may decide on a time frame that is maintainable for both Missouri Care 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. This solution will begin to offer statistics needed to track provider data accurately.

4.2 MHD

Support Missouri Care 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, again 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. Missouri Care 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.

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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. Missouri Care often has the correct information presented to them through contact with a member. Since Missouri Care 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 information so that it is corrected in State's database in real time. MHD should decide the validation process 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.