Primaris
Healthcare Business Solutions

2020 External Quality Review

Information Systems Capabilities Assessment: Interim

UnitedHealthcare®

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MoHealthNet

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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 UnitedHealthcare's most recent full ISCA last year in External Quality Review (EQR) 2019. 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. 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

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 UnitedHealthcare 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.

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

UnitedHealthcare reported three changes to their information systems since the last ISCA in EQR 2019. Upon review of the changes and related documentation it is determined that the changes do not have major impact to UnitedHealthcare's information systems or performance measure outcomes. All changes reported proved to enhance UnitedHealthcare's use of their current infrastructure and data management. Impact of each change is determined by comparing the change-related documentation to the key scoring components in the corresponding ISCA section. Specific details and score of each change to UnitedHealthcare'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 UnitedHealthcare's provider data management system. UnitedHealthcare 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.

Primaris verified UnitedHealthcare has one integrated systems platform for care management and utilization management that provides both physical health and behavioral health information. During interviews, Primaris asked UnitedHealthcare staff to demonstrate data integration mapping and processing by walking through a series of data collection, update, and validation exercises. UnitedHealthcare 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 and procedures readily available to staff on a need-to-know basis.
- Availability of thorough and accurate information system mapping documents.
- A clear training and continued education program for 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.
- Implementation of adequate validation edits in data processes.
- Encounter data not altered by UnitedHealthcare but sent back to source for correction.
- Well managed system upgrade processes.

Weaknesses

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

3.1 Reported Change Review

3.1.1 Change 1: Claim and Encounter Suspend Process

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

Score: Met

Summary: UnitedHealthcare reported a change to the Medicaid claims/encounter suspend ("pend") process including timeliness of reconciling pended services. A provider outreach program was implemented on August 14, 2019 for coordination of benefits-related denials including missing or invalid explanation of benefits. In this process a trained examiner/processor reaches out to a provider to obtain required information to allow

claims payment rather than sending the provider a denial. UnitedHealthcare reports this reduces rework and prevents unnecessary provider abrasion. For this program, claims are pended internally, and external outreach is completed by trained processors to obtain necessary information for claim adjudication.
UnitedHealthcare walked Primaris through the interface of this change and demonstrated the new processes for comparison to the previous during onsite (virtual) activities on July 30, 2020. The change proved to be minor in relation to UnitedHealthcare's information systems and capability to produce accurate data for performance measures. Primaris was able to verify UnitedHealthcare's 2020 Operation Scorecard, showing claims processing times improving from 7.15 days to 4.76 days in a span of six months.
Supporting Material: Appendix A: UnitedHealthcare 2020 Operation Review

3.1.2 Change 2: Community & State Strategic Platform (CSP) Facets

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

Score: Met

Summary: UnitedHealthcare reported an upgrade to their claims processing system, CSP Facets. The CSP Facets 5.5 R4 release was put into production environment on February 23, 2019. UnitedHealthcare is now utilizing the most current release available of the CSP Facets platform, avoiding extended maintenance costs of being on an unsupported version of the software. The CSP Facets 5.5 R4 update contained several feature upgrades to modules such as Accumulators and the Benefit Management Application as well as defect fixes for all functional areas of Facets. In addition, the CSP Facets 5.6 R2 release was introduced in UnitedHealthcare's production environment on August 17, 2019. Features for this release included implementing CMS's Medicare Fall 2018 changes as well as updating Facets Batch and Open access to run as 64-bit processes.
Primaris reviewed the specific updated interfaces during interviews on July 30, 2020. All statements made by UnitedHealthcare were supported by documentation and demonstrations of the upgraded features in CSP Facets. Primaris determines this change has no major effect on UnitedHealthcare's information systems, provider data management, or encounter data management capabilities. This change has no adverse effect on calculation of performance measures.

3.1.3 Change 3: Independent Processor Reviews

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

Score: Met
Summary: UnitedHealthcare reported a change to Independent Processor Reviews. Prior to June 2019, Independent Processor Reviews were post-disbursement reviews completed by QuEST Quality. Effective June 2019, independent processor reviews transitioned to claim operations. Claim operations has shifted focus to pre-disbursement quality audits to ensure claim processing accuracy. UnitedHealthcare reports this allows for immediate identification and correction of potential claim payment inaccuracies prior to payment. Utilizing pre-payment resources now allows for real-time coaching and developmental feedback.
Primaris reviewed the new process documentation and participated in a virtual demonstration of the production system for independent processor reviews on July 30, 2020. UnitedHealthcare also shared operation statistics for claims processed prior to the change versus after the change, and there is significant improvement. Primaris was made aware of this change during onsite activities in June of EQR 2019, and confirmed no major change affecting the information system(s) capabilities, interoperability, or performance measure calculation.
Supporting Material: Appendix A: UnitedHealthcare 2020 Operational Review

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: UnitedHealthcare attested all network providers are enrolled with MHD as Medicaid providers. During live demonstrations on July 30, 2020, UnitedHealthcare staff

displayed documents and explained their provider credentialing process and provider enrollment process. UnitedHealthcare 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 UnitedHealthcare ensure the accuracy of data published into the provider directory over time?" UnitedHealthcare's process for this portion of maintenance is to rely on the provider to fill out the appropriate form to notify the MCO. 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 UnitedHealthcare's thoughts on a more proactive approach, such as regular outreach to the providers. MCO responded by expressing concern about causing additional time and burden on the providers and office staff, especially currently with added pandemic stress. 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 UnitedHealthcare 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 UnitedHealthcare staff to demonstrate data integration mapping and processing by walking through a series of data collection, update, and validation exercises

during onsite activities July 30, 2020. UnitedHealthcare 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 (i.e. CSP Facets or CommunityCare) 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: UnitedHealthcare Data Integration Flow Chart. Additionally, a more detailed system map with directional data flow is provided in Appendix B.
Supporting Material: Appendix B: UnitedHealthcare System Architecture

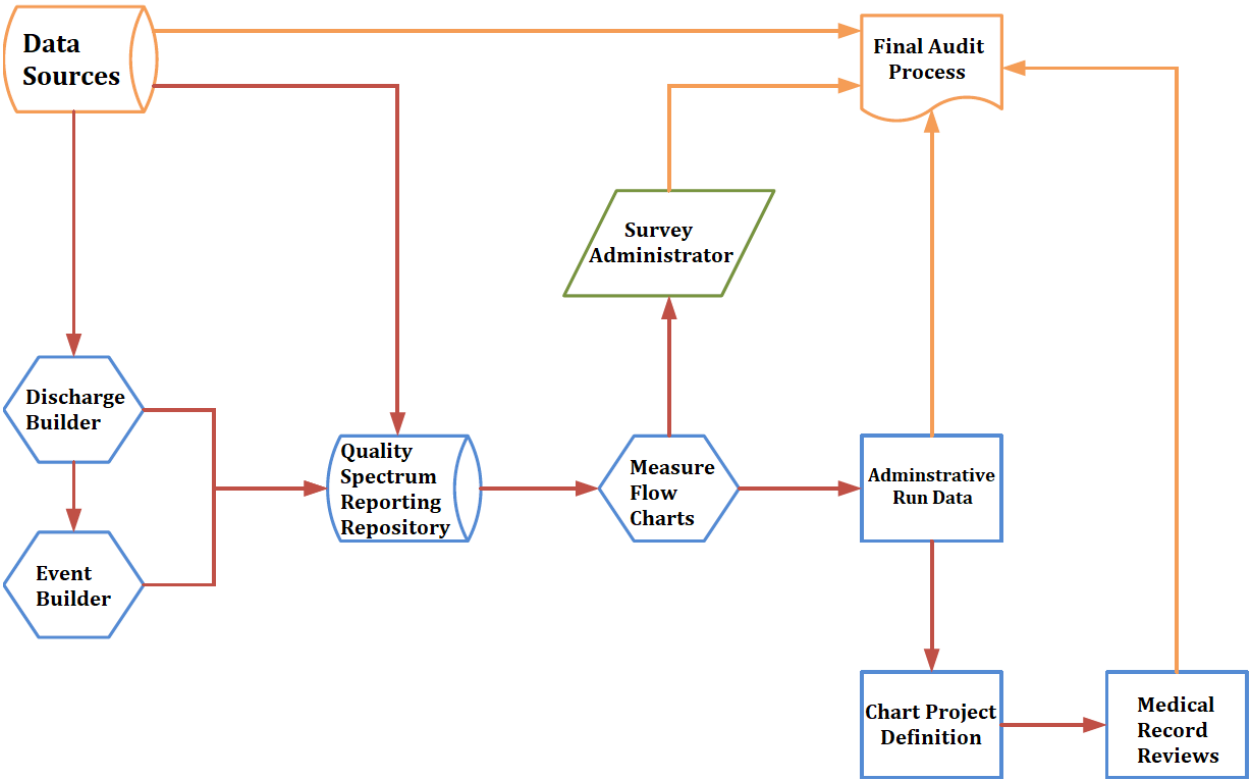

Figure 1. UnitedHealthcare Data Integration Flowchart (Source: UnitedHealthcare)

3.3 Scored Results

UnitedHealthcare's changes affected a total 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 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
Provider Directory Management	Reactive process to maintain provider demographic information	Partially Met		42 CFR 438.242, 438.608, Section 2.12.17, 2.18.8 MHD Contract

	published in the provider directory.			
Payment Reconciliation	None	Met		42 CFR 438.242, 438.608
TOTAL SCORE		**Partially Met**		

4.0 Recommendations

4.1 UnitedHealthcare

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. UnitedHealthcare in concurrence with MHD, may decide on a time frame that is maintainable for both UnitedHealthcare 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 UnitedHealthcare 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. MCO 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 UnitedHealthcare 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.

Appendices

Appendix A: UnitedHealthcare 2020 Operational Review

Source: Opening presentation from UnitedHealthcare

2019 Operational Improvements

- Eligibility System Migration – May 2019
  - Reduced manual fallout over 50%
- Improved Claims Turn Around Times
  - Daily claims scrubbing to ensure timeliness
  - Inventory managed to shorter timeframe that PG requirements
- Improved Claims Quality
  - Implementation of front end auditing
  - Implementation of Claims Outcome Task Force
- Encounters Workgroup with MO HealthNet and MCO's
  - Identified areas of opportunity for system updates

2019 Operational Scorecard

	Claims Processing Turn Around Time (In Days)	Claims Auto-Adjudication Rate	Claims EDI Submission Rate	834 Entry Requiring Manual Intervention
January	8.02	92.33%	96.48%	1827 Members 0.27%
February	7.71	92.05%	96.51%	1789 Members 0.26%
March	7.31	92.22%	96.82%	1735 Members 0.26%
April	7.51	92.45%	96.68%	1740 Members 0.25%
May	7.89	91.75%	97.02%	1902 Members 0.28%
June	7.64	90.59%	96.74%	1284 Members 0.19%
July	7.11	90.06%	96.52%	1562 Members 0..30%
August	5.76	91.70%	96.81%	1956 Members 0.30%
September	7.9	91.54%	97.39%	1120 Members 0.20%
October	7.93	92.50%	97.00%	521 Members 0.13%
November	7.81	92.87%	97.23%	487 Members 0.11%
December	7.69	92.30%	96.50%	519 Members 0.14%

3

2020 Operational Scorecard

	Claims Processing Turn Around Time (In Days)	Claims Auto-Adjudication Rate	Claims EDI Submission Rate	834 Entry Requiring Manual Intervention
January	7.15	91.75%	97.47%	553 Members 0.10%
February	7.29	97.35%	93.35%	739 Members 0.10%
March	6.71	93.05%	97.36%	536 Member 0.001%
April	6.68	92.36%	97.02%	947 Member 0.014%
May	5.36	91.76%	96.96%	846 Members 0.09%
June	4.76	93.78%	97.39%	561 Members 0.08%

Encounters Reporting

Central Region

	Quarter 1 (07/01/2019 - 09/30/2019)	Quarter 2 (10/01/2019 - 12/31/2019)	Quarter 3 (01/01/2020 - 03/31/2020)	Quarter 4 (04/01/2020 - 06/30/2020)
Total Claims	156,973	192,691	171,826	107,059
Up Front Rejections	-	-	-	-
Voids	2,248	1,816	1,963	1,600
Accepted	153,581	189,269	168,312	104,156
Rejected	1,144	1,606	1,551	1,091
Adjusted (+/-) From Notes	-	-	-	-
Acceptance Percentage	99.3%	99.2%	99.1%	99.0%

Eastern Region

	Quarter 1 (07/01/2019 - 09/30/2019)	Quarter 2 (10/01/2019 - 12/31/2019)	Quarter 3 (01/01/2020 - 03/31/2020)	Quarter 4 (04/01/2020 - 06/30/2020)
Total Claims	134,550	150,450	138,545	93,370
Up Front Rejections	-	-	-	-
Voids	1,399	1,598	1,832	1,477
Accepted	132,147	147,662	135,479	90,822
Rejected	1,004	1,170	1,234	1,000
Adjusted (+/-) From Notes	-	-	-	-
Acceptance Percentage	99.2%	99.3%	99.1%	98.9%

Southwest Region

	Quarter 1 (07/01/2019 - 09/30/2019)	Quarter 2 (10/01/2019 - 12/31/2019)	Quarter 3 (01/01/2020 - 03/31/2020)	Quarter 4 (04/01/2020 - 06/30/2020)
Total Claims	78,043	92,219	83,707	54,406
Up Front Rejections	44	-	-	-
Voids	807	834	1,124	864
Accepted	76,572	89,998	81,931	52,955
Rejected	620	1,387	652	587
Adjusted (+/-) From Notes	-	-	-	-
Acceptance Percentage	99.2%	99.0%	99.2%	98.9%

Western Region

	Quarter 1 (07/01/2019 - 09/30/2019)	Quarter 2 (10/01/2019 - 12/31/2019)	Quarter 3 (01/01/2020 - 03/31/2020)	Quarter 4 (04/01/2020 - 06/30/2020)
Total Claims	101,767	107,771	108,147	63,407
Up Front Rejections	-	-	-	-
Voids	2,080	2,508	1,228	881
Accepted	98,682	104,176	105,942	61,494
Rejected	1,005	1,087	977	923
Adjusted (+/-) From Notes	-	-	-	-
Acceptance Percentage	99.0%	99.0%	99.1%	98.5%

Submission Timeliness – 99.52%

% Encounters Submitted within 30 days of claim paid **SFY2020 Q4 (04/01/2020 - 06/30/2020)**

Appendix B: UnitedHealthcare System Architecture

(Source: UnitedHealthcare)