



Pennsylvania's Office of Mental Health and Substance Abuse Services

2022 Information Systems Capabilities Assessment

Community Behavioral Health

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Introduction

The Pennsylvania (PA) Department of Human Services (DHS), Office of Mental Health and Substance Abuse Services (OMHSAS) has partnered with its external quality review organization (EQRO), IPRO, to conduct a Behavioral Health (BH) managed care organization (BH MCO), system and process review in 2022 in accordance with the Centers for Medicare & Medicaid Services (CMS) external quality review (EQR) protocol as part of an encounter data validation task.

IPRO customized and uploaded the information systems capabilities assessment (ISCA) worksheet provided in Appendix A of CMS's protocols to REDCap®. The worksheet was emailed to all the MCOs on April 20, 2022, and the MCOs were requested to complete and return the responses by June 20, 2022. During the months of August and September 2022, IPRO conducted a meeting with OMHSAS and the BH MCOs via a remote meeting.

Knowledge of the capabilities of a BH MCO's information system (IS) is essential to perform the following task elements effectively and efficiently:

- assess an MCO's IS;
- validate MCO encounter data;
- calculate or validate BH MCO performance measures (PMs);
- assess an MCO's capacity to manage the health care of its enrollees; and
- review the MCO's encounter data submission and reconciliation processes.

The purpose of this assessment is to pose standard questions used to assess the strength of the BH MCOs with respect to these capabilities. Responses to these questions will assist the EQRO in assessing the extent to which the BH MCO's IS is capable of producing valid encounter data, PMs, tracking encounter data submissions and other data necessary to support quality assessment and improvement, as well as managing the care delivered to its enrollees.

The remote meetings and ISCA completed by the BH MCOs were organized into five sections:

1. Enrollment System(s) and Processes,
2. Claims/Encounter Data System(s) and Processes,
3. Provider Data System(s) and Processes,
4. Oversight of Contracted Vendor(s), and
5. Data Integration and Systems Architecture.

The results and findings presented here are based on data IPRO collected through the completed ISCA worksheet and subsequent remote meetings.

General Information

Community Behavioral Health has participated in the Pennsylvania Behavioral HealthChoices Medicaid Managed Care product line since 1997. Table 1 lists the average monthly enrollment for Community Behavioral Health from January 2018 through December 2020.

Table 1: Average Monthly Enrollment Counts, 2018–2020

Insurer	Year 1 – 2018	Year 2 – 2019	Year 3 – 2020
Medicaid only	716,935	733,926	726,771

Source: Community Behavioral Health ISCA response

Community Behavioral Health provided IPRO a completed ISCA and supplemental documentation on June 21, 2022. A 2-hour remote meeting was held on September 6, 2022, to discuss the ISCA responses and review of Community Behavioral Health's systems. Community Behavioral Health, XeoHealth, Allan Collautt Associates, Inc. (ACA), HealthChoice Contractors, OMHSAS, and IPRO staff attended the remote meeting.

Community Behavioral Health uses XeoHealth for claims processing and XeoRules™ for adjudication processing. MASTRR™ Sync is used for enrollment processing.

Information Systems Capabilities Assessment

Enrollment System(s) and Processes

PA BH Medicaid Managed Care eligibility files are updated through MASTRR Sync. MASTRR Sync (and the IBM® Informix® system) is updated daily upon receipt and processing of Daily 834 eligibility files. ACA downloads and processes the files on behalf of Community Behavioral Health and transfers the data to Community Behavioral Health. Community Behavioral Health is responsible to load to MASTRR Sync system. If any updates are necessary to the member record, the electronic client information system (eCIS) is used to manually investigate.

The 834 files are processed via MASTRR Sync by ACA, the only entity with change authority. Ethnicity codes are stored as received in the 834 file. Race codes received in the 834 file are translated to DHS proprietary codes prior to being stored.

Community Behavioral Health uses the member's Medical Assistance recipient identification number from the client information system (CIS) to uniquely identify enrollees. Enrollment and disenrollment are handled via the receipt of the State-submitted eligibility files. Community Behavioral Health's systems are updated accordingly. Members retain their same member identification number. Community Behavioral Health can track an enrollee's initial enrollment date with their MCO. Currently, Community Behavioral Health can track and link previous claims/encounter data across product lines when a member number is changed.

Community Behavioral Health utilizes the monthly 820 file for reconciliation.

An individual can be known by multiple Medicaid recipient identification numbers (IDs) in the DHS CIS system. Community Behavioral Health advised that most commonly this occurs in the event of an adoption. In these cases, DHS usually terminates eligibility under the initial CIS number and reopens the member record under a new CIS number. In MASTRR Sync, each CIS number is associated with a unique client ID. The two instances can be linked by identifying the CIS number with which the index member's social security number (SSN) was previously associated.

Claims/Encounter Data System(s) and Processes

Community Behavioral Health receives, and processes claims from providers in electronic and paper formats. 99.88% of mental health and substance abuse claims/encounters are submitted electronically, and 0.12% of claims/encounters are submitted on paper. Electronic claims conform to Institutional (837I) and Professional (837P) formats, and paper claims are submitted using HCFA-1500 and UB-04 formats (Table 2). Community Behavioral Health providers have the ability to enter claims via the provider portal; these claims will be identified as electronic data interchange (EDI) claims.

Community Behavioral Health has a 100% auto-adjudication rate and does not pend any claims.

Table 2: Claims/Encounter Data Sources and Types

Data Source	Data Type
Behavioral health	HCFA-1500 and UB-04

Source: Community Behavioral Health ISCA response

Community Behavioral Health's systems and procedures handle validation and payment of Medicaid claims when procedure codes are not provided through their system in XeoRules. Community Behavioral Health advised the system does not permit EDI claim data to be edited/changed by Community Behavioral Health staff. All claims, electronic and paper, are captured in XeoRules and are processed as 837 EDI files. Paper claims are entered into Community Behavioral Health's claim entry module. The system creates the EDI based on the data entry.

Community Behavioral Health utilizes OMHSAS's Behavioral Health Services Reporting Classification Chart (BHSRCC) to educate their providers on the claims that would be adjudicated and paid.

Currently, Community Behavioral Health's quality assurance (QA) program monitors the accuracy of claims keyed into the system by staff. Monthly reports are generated. Community Behavioral Health's most recent report, for May 2022, indicates 100% accuracy.

Provider Data System(s) and Processes

Community Behavioral Health maintains provider profiles on its website.

Community Behavioral Health maintains a provider directory on the website, cbhphilly.org, that includes the following of each service provider: practitioner name, gender, race/ethnicity, address, telephone number, population served (adult/child), languages spoken, accepting new patients, board certifications, affiliations, and residency.

Community Behavioral Health uses the software MapInfo Pro to assess network adequacy. Community Behavioral Health produces an annual member needs assessment across the city, geographically and across language access groups.

All alternative payment arrangements are either combined services (i.e., case rates) or population-based (i.e., capitation) as an alternative to traditional fee-for-service (FFS) rate. The payment arrangements are designed to motivate providers to provide efficient and effective service to members.

Oversight of Contracted Vendor(s)

Community Behavioral Health does not subcontract with any vendor(s) that provide services to members. Community Behavioral Health advised that there are no contracted vendors that provide services to members which would require oversight of vendor policies and activities.

Data Integration and Systems Architecture

During the remote meeting, Community Behavioral Health provided a comprehensive walkthrough of their IS and all the data sources maintained by the BH MCO for operations and reporting. Community Behavioral Health follows a standard system development life cycle model (SDLCM) for the development of performance measures.

Community Behavioral Health's programmers use languages and tools such as Microsoft® Structured Query Language (SQL)/SQL Server Integration Services (SSIS) for data extracts, and SQL Server Reporting Services (SSRS) and MS® Power BI for analytic reports.

All claims are processed through XeoHealth and stored in SQL Server Database Management System (DBMS). All claims and encounters are extracted, stored, and managed in another repository that uses SQL Server DBMS.

Community Behavioral Health retains 12.5 years of online data for the BH Medicaid Managed Care product line with the earliest date of service being January 22, 2001. For claims processed in XeoRules, BH Medicaid Managed Care claims data can be accessed via the applicable XeoRules Modules.

Data sources include transactional systems for claims processing, enrollment processing, provider data, vendor data and supplemental sources, such as registry data, and lab values received from the state and their providers.

Disaster Recovery

Community Behavioral Health has a disaster recovery (DR) plan and DR system. XeoHealth's DR system is in Denver, Colorado. XeoHealth's DR plan does provide failover capability and is tested annually. XeoHealth performs daily, weekly, and monthly backups that are stored offsite. Additionally, XeoHealth data are replicated in real time to the XeoHealth DR site. Community Behavioral Health backups are stored offsite with a third-party vendor. XeoHealth performs a test restore of backups to an alternate location, which is performed on a quarterly basis. XeoHealth SQL database backups are also verified automatically after each backup. As data are processed into the XeoHealth system, the counts are once again verified against the records in the XeoHealth database. This also occurs when XeoHealth data are replicated from one XeoHealth database to another.

Access to System

For XeoHealth environments, levels of access are multilevel. Infrastructure and security staff members have administrator access to all systems. Database administrators (DBA) have administrator access to the database (DB) applications; tech support staff members are given local administrator access to all workstations and laptops; and

application owners are given administrator access to their applications. Domain users are granted read-only access to systems. Any other user that needs to be granted more rights than read-only will need to have manager's approval before they are assigned access.

Within the XeoHealth system, Community Behavioral Health providers have access to a dedicated web application which provides providers the ability to submit claims online through direct data entry (DDE) forms and monitor the adjudication results of both their DDE claims and their previously submitted EDI claims. Providers do not have the ability to modify claims once submitted to the system.

Performance Measures

Community Behavioral Health uses a PM repository. Community Behavioral Health's PM repository contains all the key information necessary for BH Medicaid Managed Care PM reporting. The PA BH Medicaid Managed Care report production logs and run controls involve the following steps:

1. Receive the report request from IPRO.
2. Check the report requirements to see if there are any changes in the logic or code sets.
3. Make needed modifications.
4. Test and debug the modifications.
5. Document the modifications made and the rationales.
6. Run the program to produce the reports and log the execution information into a table.
7. Supervisory staff reviews the results.
8. Submit the reports to IPRO.

The PA BH Medicaid Managed Care PM report generation process involves the following: Community Behavioral Health uses an SQL server DB to process the PMs. Community Behavioral Health's data warehouse is the main data source. A series of stored procedures are developed, maintained, and updated according to the IPRO technical specifications to generate the rates and submission files.

Community Behavioral Health uses Microsoft source control tool, Azure DevOps Server, formerly Team Foundation Server (TFS), to document the report generation programs. Community Behavioral Health's Data Analytics Team have check points for all Healthcare Effectiveness Data and Information Set (HEDIS®) specifications, such as criteria for creating numerators and denominators for each metric.

Community Behavioral Health's data for HEDIS metrics are stored in the data warehouse. The HEDIS repository is maintained and developed in-house and shared with the National Committee for Quality Assurance (NCQA)-certified vendor, The Mihalik Group (TMG), regularly or as needed.

OMHSAS is requiring that Primary Contractors and its BH MCOs contract directly with National Committee for Quality Assurance (NCQA) or with an NCQA-certified HEDIS® vendor to verify the measure logic used to run HEDIS® measures. The Primary Contractor and its BH MCO are responsible for assessing and completing all necessary related steps and must plan appropriately to ensure compliance with this requirement for HEDIS® MY 2023.

Physical Health Service History Files

Community Behavioral Health receives physical health service history data files and processes the data through a series of deduplication logic and quality checks. The processed information is available for end users and analysts for reporting purposes. Community Behavioral Health incorporates the service history files and incorporates the data into their data warehouse and several OMHSAS reporting requirements.

PA BH Encounter Data

PA BH MCOs' are required to submit encounter data files to DHS. Community Behavioral Health does not submit encounter data directly to CMS Transformed Medicaid Statistical Information System (T-MSIS). Community Behavioral Health has a separate repository for encounter data to be submitted to the state's Medicaid Management Information System (MMIS), Provider Reimbursement and Operations Management Information System (PROMISe). Community Behavioral Health utilizes ACA to handle the submission and reconciliation of the encounters submitted to PROMISe. XeoHealth submits encounters to PROMISe on a weekly basis.

Community Behavioral Health's timeliness and acceptance rates are between 99% and 100%. The top three reasons for PROMISe denials for January to June 2022, were:

1. rendering taxonomy does not match any registered, error status code 385;
2. Medicaid paid must be greater than zero if Medicare coinsurance present, error status code 191; and
3. preoperative and post-operative diagnosis

Summary of Findings

CMS requires that, at the conclusion of the ISCA review, the EQRO compiles and analyzes the information gathered through the preliminary ISCA review and from the BH MCO staff interviews. After completing its analysis, the EQRO writes a statement of findings about the BH MCO's IS. Table 3 summarizes the EQRO's findings.

Table 3: Summary of Findings

Findings	Results (Met, Not Met or Partially Met)	Review Notes
Completeness and accuracy of encounter data collected and submitted to the state	Met	Community Behavioral Health' IS has processes in place that generate encounter data for submission to OMHSAS's MMIS, PROMISE, for all encounter types. XeoHealth handles the submission and reconciliation of the encounters submitted to PROMISE.
Validation and/or calculation of PMs	Met	Community Behavioral Health utilizes a SQL Server database to produce OMHSAS's three annual PMs. Community Behavioral Health will be utilizing The Mihalik Group (TMG), an NCOA-certified vendor for MY 2022 HEDIS PM development to comply with OMHSAS' MY 2023 requirement.
Utility of the IS to conduct MCO quality assessment and improvement initiatives	Met	Community Behavioral Health' IS supports various data reporting requests both internally and externally.
Ability of the IS to conduct MCO quality assessment and improvement initiatives	Met	Community Behavioral Health' IS has the ability to conduct quality assessments and conduct improvement initiatives.
Ability of the IS to oversee and manage the delivery of health care to the MCO's enrollees	Met	Community Behavioral Health receives and processes the daily 834 files. The daily 834 files are transferred to a proprietary file system that is loaded to Community Behavioral Health's eligibility system, XeoRules.
Ability of the IS to generate complete, accurate and timely T-MSIS data	Not applicable	Community Behavioral Health does not submit encounter data to T-MSIS. Community Behavioral Health submits encounter data to OMHSAS's MMIS, PROMISE.
Utility of the IS for review of provider network adequacy	Met	Community Behavioral Health utilizes MapInfo software and reporting to monitor provider network adequacy across geographic areas.
Utility of the MCO's IS for linking to other information sources for quality-related reporting (e.g., immunization registries, health information exchanges, stat vital statistics, public health data)	Met	Community Behavioral Health' IS has processes in place to receive, validate and incorporate claims data, and produce internal and regulatory reports.

IS: information system; OMHSAS: Office of Mental Health and Substance Abuse Services; MMIS: Medicaid Management Information System; PROMISE: Provider Reimbursement and Operations Management Information System; PM: performance measure; SQL: Structured Query Language; MCO: managed care organization; T-MSIS: Transformed Medicaid Statistical Information System.