



Information Officer Report – March 2020

Summary:

1. **MCIS Software** – PCE Systems has been working with MDHHS staff to identify and explain issues in the MDHHS generated 834 enrollment data and 820 payment details, which have been discovered to be inaccurate and incomplete for FY20.

2. **Planned Data Exchanges with Beacon Health Options:** These efforts continue moving forward:
 - **Authorizations and Paid claims details** (*CMHSP to Beacon, to inform UM analyses*): Implementation of these data feeds is moving through the final testing stages and is nearing completion.
 - **Encounters and BH-TEDS:** Building this data pathway to get Encounters and BH-TEDS data into the Beacon data warehouse for further in-depth reporting and data analytics. Work on the BHTEDS data extract has begun. Work on the Encounters extract will begin in April.
 - **Provider Data:** CMH IT and contract management staff have submitted additional information to LRE for use in generating the provider directory. LRE is in the midst of preparing analysis and feedback based on those submissions to highlight any remaining refinements that are required. Following those final remediations, a DRAFT regional directory will be generated for review and feedback prior to publication.

3. **FY19 & FY20 data reporting to MDHHS:**

Encounter reporting for FY19 is effectively complete (as complete as the final record will be able show, since year-end financials have been submitted). A small number of correcting entries are anticipated before the end of March which will be included in the year-end financial statements. The issue affecting secondary billings from Cherry Health is still being worked through with Cherry Health and Network180 with assistance from LRE and in consultation with MDHHS. It is unlikely at this point that these will be resolved in time to be reflected in the FY19 financial statements. At the moment, the path forward to a final resolution of that issue rests with MDHHS where internal discussions are occurring regarding the desired billing methods and formats for these services, and how they are to be represented in the PIHP encounters.

SUD BH-TEDS completeness remains above the compliance threshold for FY19 (at **97.3 %**.)

Mental Health BH-TEDS – FY19: submissions for FY19 data have been strong over the last month with regional completeness increasing from **94.9 %** to **96.0 %**, bringing us above the 95 % compliance threshold for FY19. CMHSPs and providers have our thanks for working hard and hitting this critical target!!

Mental Health BH-TEDS – FY20: MDHHS continues working to re-align their BH-TEDS completeness measurement for all PIHPs so that Mental Health BH-TEDS records will only count toward the completeness measure if they are “fresh” with in a 15-month look-back. This new measurement will more closely align with the 15-month look-back that the MDHHS actuary (Milliman) does during their analysis of the data for rate setting purposes. MDHHS has not yet published FY20 completeness statistics for PIHP’s. They are waiting for the new measurement methodology to be implemented. When the measures are released, they are planning to show both the original “since forever” and the new “within

15 months” calculations (for comparative purposes so that everyone will have visibility to how the calculation change impacts the measurements).

4. **MDHHS FY20 Funding: while some overdue retro payments have come through this last period, total actual FY20 funding continues to fall below anticipated levels:** Many additional retro HSW payments for October and February (*over \$300,000*) came in last week, however there are approximately 30 overdue payments that are still missing (*approximately \$150,00*). A list has been sent to MDHHS detailing those 30 which are still overdue so that they can research them further.

In addition, an MDHHS/Milliman meeting conducted with PIHPs on March 9th provided additional information regarding inaccuracies that have been documented in the MDHHS generated 834 eligibility records and the 820 payment detail data. To date, the flaws have not all been discovered and documented yet. In addition to the HSW payment lags, the other known flaws that were identified on March 9th include:

- Some 834 eligibility records were sent by MDHHS to the wrong PIHP.
- Some 834 eligibility records that should have been issued were mistakenly “pending” – the resulting payments then, of course, also did not go out.
- MDHHS made a change to use some 834 eligibility records in a “multi-month range” fashion, rather than a “single period only” fashion. This change was not announced ahead of time, so receiving systems were not (are not) aware of the difference in meaning within the receiving systems.
- Some retro PMPM records were not sent due to a misunderstanding in how to interpret eligibility.
- FY20 payment amounts were deflated by approximately 3 % due to a misunderstanding between MDHHS and Milliman (*an estimated \$ 70 Million state-wide FY20 impact*) – per MDHHS, a 3% mid-year rate increase is anticipated to overcome this (*3 % per annum, which would be ‘felt as’ a 6 % change if enacted over the remaining 6 months of FY20*). This preliminary figure (3 %) is approximate and may change still based on any additional defects that are discovered and the potential influence of trend analysis over FY20 year-to-date encounters.
- MDHHS is using “work arounds” to force some correcting entries out of their systems currently – permanent fixes will be installed into their systems at the next scheduled release date (in June).

Once the 834/820 data challenges are all known and documented, MDHHS indicated that they will provide a detailed summary that will allow downstream systems which consume the 834/820 data (PIHP, Beacon, CMHSPs) to be appropriately modified to correctly onboard and interpret the data.

5. **Encounter Data Integrity:** The FY19 Medicaid Utilization Net Cost (‘MUNC’) report was submitted to MDHHS on 03-13-2020 after MDHHS announced a two-week delay in the financial reporting timeline. Both MUNC corrections and encounter corrections were offered by CMHSPs to bring the MUNC and the encounters into closer alignment (regarding clients served and total units of service), providing the state’s actuary with more complete and more accurate data to inform the FY21 rate setting process. Additional work remains to be done in the go-forward, for FY20 encounters, to move the encounter based costs closer to the reality of the final MUNC costing. Improving our performance in this area will allow MDHHS/Milliman to have a more realistic picture of current year cost trends and will provide MDHHS with the ability to see more accurate cost-per-consumer metrics by population within the data.
6. **LRE staff and Coronavirus protocols:** LRE staff have been a very mobile-compatible workforce for a long time now. Our infrastructure and equipment are well-adapted to handle the increasingly “work remote” environment we are now entering. We have no technical concerns in this area [assuming the internet service provider resources we also rely on for connectivity stay up and running].

Please remember to also visit the LRE on-line dashboards at: <http://www.lsre.org/board-dashboard>