2012 EXTERNAL QUALITY REVIEW (EQR) PROTOCOLS

APPENDIX V: INFORMATION SYSTEM CAPABILITIES ASSESSMENT – ACTIVITY REQUIRED FOR MULTIPLE PROTOCOLS

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Attachments

PURPOSE AND OVERVIEW OF THE APPENDIX

The purpose of this appendix is to define the desired capabilities of the MCO's information system and assess the strength of the MCO's information system capabilities. Please note that although this appendix is not mandatory, States are mandated to perform information system capability assessments as part of the mandatory protocols. Furthermore, 42 C.F.R. § 438.242 requires the State to ensure that each MCO maintains a health information system that collects, analyzes, integrates, and reports data for areas including, but not limited to, utilization, grievances and appeals, and disenrollment for other than loss of Medicaid eligibility. Per 42 C.F.R. § 438.242, the system must be able to achieve the following:

1. Collect data on enrollee and provider characteristics as specified by the State and on services furnished to enrollees through an encounter data system or other methods as may be specified by the State;
2. Ensure that data received from providers are accurate and complete by:
    a. Verifying the accuracy and timeliness of reported data;
    b. Screening the data for completeness, logic, and consistency; and
    c. Collecting service information in standardized formats to the extent feasible and appropriate; and

3. Make all collected data available to the State and upon request to CMS, as required in this subpart.

This appendix provides a basic overview of the processes of collecting, processing, and reporting data, four activities for performing the assessment, and information about the future of information system assessments.

Assessment of MCO's information systems is a process of 4 consecutive activities. The MCO will complete Activity 1, which involves the collection of standard information about its information system using an Information Systems Capability Assessment (ISCA) (found in Attachment A) or similar tool. Activities 2 and 3 are reviews of the ISCA performed by the EQRO and based on interactive sessions with MCO staff to validate the completed ISCA and gather additional information to assess the integrity of the information in the ISCA. The EQRO can use the Managed Care Organization Information System Review: Worksheet & Interview Guide (Worksheet) in Attachment B to conduct interviews with MCO staff who completed the ISCA, as well as other necessary MCO staff. Activity 4 involves analyzing the findings from both the completed ISCA and the follow-up discussions with MCO staff.

DATA COLLECTION, PROCESSING, AND REPORTING PROCESSES

A basic overview of the data process flow from healthcare encounter to EQRO is provided here to provide a context for the information system assessment for which the State and EQRO are responsible. The process is described in more detail below Diagram 1.

Diagram 1: Data Process Flow

1. Provider Data

1.1 Enter data about services in IS	1.2 Process encounter data	1.3 Submit requested data and/or elements to MCO

2. MCO Data

3.1 Validate MCO data (in 2.3)	2.2 Validate provider data processing and submission (in 1.2 and 1.3)	2.3 Submit data processed by MCO IS to EQRO

3. EQR Data Activities

3.1 Validate MCO data (in 2.3)	3.2 Validate MCO processing (in 2.1)	3.3 Validate MCO's validation of provider data processing (in 2.2)

1. Provider data activities
   - 1.1. Provider records their encounters in a hybrid of paper/ electronic format (increasingly electronic)
   - 1.2. Provider uses its information system to process and clean the data, compile it, scrub it, etc.

1.3. Provider submits processed encounter data to the MCO for payment, for specific measures, for audit, etc.

2. MCO data activities
   - 2.1. MCO receives provider data (claims, encounters, certified EHR technology), uses it for payment (claims) or other purposes (received in a transaction file), and enters it into a data repository
   - 2.2. MCO validates the provider's accurate capture, processing, and submission of their data to the MCO by performing edit checks on claims, random medical record reviews, and/or other methods
   - 2.3. MCO processes data in its data repository and submits data to the EQRO (or State)
3. EQRO data activities
   - 3.1. EQRO validates the data in its repository or that the MCO or other organization (e.g., claims processing vendor, State repository) submitted for EQR purposes
   - 3.2. EQRO validates the accuracy of the provider's data and the accuracy with which it was processed by the MCO (instructions for this validation are provided in Protocols 2, 4, 6, and 9)
   - 3.3. EQRO validates that the MCO is ensuring the providers are accurately processing and submitting data to the MCO

ACTIVITY 1: MCO COMPLETES INFORMATION SYSTEM CAPABILITY ASSESSMENT (ISCA)

Some States assess the capabilities of the MCO's information system as part of pre-contracting, contract compliance, or contract renewal activities. If an assessment has been completed by the State through these or other means (e.g., private sector accreditation or performance measures validation), and the information gathered is the same as or consistent with what is described in this assessment, it may not be necessary to repeat this assessment process. However, information from previously conducted assessments must be accessible to EQRO reviewers.

Completing the ISCA provided in Attachment A requires that the MCO provide all requested documentation identified on a checklist at the end of the assessment tool and return it to the EQRO within a State-defined time frame.

ACTIVITY 2: REVIEW ISCA AND ACCOMPANYING DOCUMENTS

The EQRO assesses the adequacy of MCO policies and procedures as portrayed by the information submitted by the MCO on the ISCA. MCO answers should be evaluated against the information system standards established by the State to calculate and report specific plan-level performance measures, and collect and submit encounter data to the State. The EQRO should note incomplete or insufficient sections of the ISCA to identify specific policies, procedures, and documentation most likely to affect the integrity of information collected by the MCO. The EQRO should discuss and further review such issues during the MCO site visit.

ACTIVITY 3: INTERVIEW MCO STAFF

The EQRO reviewer(s) conduct(s) interviews with MCO staff responsible for completing the ISCA, as well as additional staff responsible for aspects of the MCO's information system function. The interviews focus on the topics outlined in the structured ISCA interview guide, with additional topics covered as necessary based on the pre-onsite analysis of the ISCA in Activity 2. Attachment B

provides a worksheet and interview guide for reviewing the ISCA. The information system interview with the MCO should be closely coordinated with the MCO site visit performed in Protocol 1. Refer to Protocol 1, Activity 3 for steps in conducting a successful MCO site visit.

ACTIVITY 4: ANALYZE ISCA FINDINGS

The EQRO will write a statement of findings at the conclusion of the review of the ISCA. This statement of findings about the MCO's information system should include implications of the finding for the following:

1. Completeness and accuracy of encounter data collected and submitted to the State;
2. Validation and/or calculation of performance measures;
3. Ability of the information system to conduct MCO quality assessment and improvement initiatives; and
4. Ability of the information system to oversee and manage the delivery of health care to the MCO's enrollees.

THE FUTURE OF INFORMATION SYSTEMS ASSESSMENT

With the increasing uptake of more sophisticated and comprehensive information systems, it will be important to adapt the way information systems' capabilities are assessed. As information systems evolve, so will the tools and rules with which States and EQROs can use to assess them. Currently, the industry has a clear understanding of physical security and integrity of information systems, but is much less clear on how to assess the technical security and integrity of those same information systems. As noted elsewhere (see Methodology), existing statutory requirements regarding privacy and security supports, as well as guidance and tools, might be considered suitable topics for voluntary special projects in performance improvement, as in Protocols 7 and 8.

Given the ongoing and accelerating accumulation of health information technology (HIT) standards, HIT certification requirements, and HIT qualifications proposed and imposed by Federal payers, organizations must anticipate near-term changes in assessments of new information system requirements. Particularly pertinent to the future of information systems assessment is Section 4201 of the American Recovery and Reinvestment Act of 2009 (ARRA) which allows for the payment of incentives to eligible professionals and hospitals to promote the adoption and meaningful use of certified electronic health records (EHRs). Under the Medicaid Electronic Health Record Incentive Program, eligible providers can receive 100 percent federal financial participation (FFP) to adopt, implement, upgrade, and meaningfully use certified EHR technology. Additionally, States can benefit from 90 percent FFP for any State administrative expenses related to the implementation of the program. Therefore, it is important for both States and MCOs to work cooperatively in the planning and use of certified EHRs and health information exchange systems. The design and utilization of secure EHRs will become an increasingly important element in the EQR process and is reflected in Appendix B of this Appendix V.

Finally, with the enactment and implementation of the Affordable Care Act, States and MCOs must coordinate their HIT planning efforts to ensure interoperability between systems that effectively provide for future data needs to meet eligibility, enrollment, Health Insurance Exchange, and Accountable Care Organization statutory and regulatory requirements. EQROs should continually assess MCO planning activities to ensure alignment with and responsiveness to these initiatives.

In order to learn from and share State experiences with emerging HIT and EHR initiatives that can impact reporting of performance measure and performance improvement project outcomes, CMS strongly encourages States to contract with EQROs to include results of State HIT and EHR initiatives in annual EQR reports. This may include successful implementation of health information exchange with other State agencies to improve data source collection efforts for performance measures or performance improvement projects. Similarly, including lessons learned from challenging or unsuccessful HIT initiatives are just as informative to Federal and other State partners, and may be a valuable source of information to be included in the Annual Secretary's Report on Quality published each September.

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