



# Medicaid Encounter Data Workshop



# Compliance Activities – Summary Reports and Analyses

- ❑ To ensure accuracy of encounter data, monthly validation and volume reports are posted to the Health Commerce System(HCS)to assist managed care plans in identifying potential reporting issues.
- ❑ In the future, reports will highlight areas where your reporting is outside the normal range relative to other managed long term care plans.
- ❑ Reports located via MEDS Home Page on HCS  
[https://commerce.health.state.ny.us/hcsportal/hcs\\_home.portal](https://commerce.health.state.ny.us/hcsportal/hcs_home.portal)
- ❑ MEDS Compliance will utilize these reports as well as internal reports as a basis to evaluate compliance with reporting standards and reach out to those plans identified to confirm reporting is accurate/complete as submitted or assist in resolving issues.

# FOCUS OF DATA VALIDATION REPORTS

- Allow health plans to compare/assess reported encounter data in these areas with that of other managed long term care plans:

Acute Care/ Other	Inpatient Care	Prescriptions
Home Health Care	Nursing Facility	
Other MLTC	Personal Care	

- Validation report highlights:
  - Member Months
  - Units and Unit Cost
  - Sum & Total Paid Amount of encounters on file
  - Paid Amounts Per Member Per Months (PMPM)
  - Medicare Paid Amount (PACE and MAP)

# Service Classification

## Acute Care/Other PACE/MAP)

- Inpatient Care (Medical/Surgical, Psychiatric, Acute Detoxification, Substance Abuse, Newborn, Maternity)
- Emergency Room Visits
- Prenatal and Postpartum Care Services
- Family Planning Visits
- Primary Care
- Physician Specialist
- Ambulatory Surgery
- Diagnostic Testing, Laboratory and X-Ray
- Outpatient Drug and Alcohol Services
- Outpatient Mental Health Services
- Outpatient Pharmacy (Service line revenue code reporting)
- Renal Dialysis
- Other Professional, Medical Services

## Home Health Care

- Medical Social Services
- Nursing
- Occupational Therapy
- Physical Therapy
- Respiratory Therapy
- Speech Therapy
- Social and Environmental Supports
- Nutrition

## **Nursing Facility**

Nursing Facility Care (Units are days)

## **Other MLTC Services**

Dental Care  
Durable Medical Equipment  
Personal Emergency Response System  
Emergency Transportation (PACE/MAP)  
Non-Emergency Transportation  
Audiology  
Podiatry  
Physical Medicine / Rehab  
Vision Care  
Social Day Care  
Adult Day Health Care  
Home Delivered Meals

## **Personal Care**

Paraprofessional Services Level 1:Homemaker/Housekeeper  
Paraprofessional Services Level 2:Personal Care  
Paraprofessional Services Level 3:Home Health Care Aide

## **Prescriptions and Refills**

NDC Scripts & Refills (PACE/MAP)

# Interpreting Validation Reports

Column Name	Description
Plan Name	Health Plan Name
Plan Type	Type of health plan: MLTC, PACE or MAP
Service Class	One of six aggregate groupings of service classifications (Acute Care/Other; Home Health Care; Other MLTC Services; Nursing Facility; Personal Care; and Prescriptions. Not all service classifications apply to all plan types.
Paid Member Months	Number of member months during the service period with paid capitation dollars.
Unique Service Lines	Number of unique service lines reported in the category. For Nursing Facility lines are events, for Prescriptions lines are scripts and refills dispensed.
Paid Amount	Sum of the raw reported paid amount by the health plan for the service category.
Pct Admin Denied	Number of service lines reported by the health plan as "Administratively Denied". $(\text{Number of Lines Submitted as Administratively Denied} / \text{Total Number of Lines Submitted}) * 100$
Lines Denied Submitted with Paid Amt	Number of service lines reported by the health plan as "Administratively Denied" but reflecting a paid amount greater than zero. These lines need to be corrected by the health plan through the adjustment/void process as soon as possible for accurate data reporting.
Pct Lines Submitted Zero	Number of service lines reported by the health plan as paid, but containing zero paid amount dollars. $(\text{Number of Lines Submitted with Zero Paid Amount} / \text{Number of Paid Service Lines}) * 100$ . Accuracy in encounter data cost reporting is important for the annual risk rate development process.
PMPM Cost	The Per Member Per Month average cost $(\text{Paid Amount} / \text{Member Months})$ .
Units or Days	Sum of the raw reported units by the health plan for the service category. For Nursing Facility, the sum is unique days per recipient. For Prescriptions, units are the sum of quantity dispensed. Units are a very important piece of information reported on the encounter record that quantifies the unit of measurement for each of the service areas. Depending on the type of service, the unit of measurement will change. Plans should take into account the unit of measurement for each service when choosing CPT/HCPCS codes and reporting the number of units for each encounter record.
Per Unit Cost	The Per Unit average cost $(\text{Sum of Paid Amount} / \text{Sum of Units or Days})$ .

# Interpreting Validation Reports

## Managed Long Term Care Medicaid Encounter Data Validation 1/1/2012 Through 12/31/2012

Service Class	Plan Name	Plan Type	Member Months	Service Lines	Pct Lines Submitted Zero	Pct Admin Denied	Lines Denied Submitted w Paid Amount	Paid Amount M.M.C.	Paid Amount Medicare	PMPM Cost M.M.C.	PMPM Cost Medicare	Units / Days	Per Unit Cost M.M.C.	Per Unit Cost Medicare
Acute Care/Other	ARCHCARE SENIOR LIFE	PACE	2,693	32,811	62.40	5.72	0	\$1,072,319.61	\$0.00	\$398.19	\$0.00	16,177	\$66.29	\$0.00
	CENTERLIGHT HEALTHCARE PACE	PACE	38,145	375,207	57.83	0.34	0	\$12,865,346.42	\$4,605,190.67	\$337.27	\$120.73	204,080	\$63.04	\$22.57
	CHS BUFFALO PACE - LIFE	PACE	1,240	11,895	45.75	8.45	0	\$271,091.34	\$0.00	\$218.62	\$0.00	7,878	\$34.41	\$0.00
	COMPLETE SENIOR CARE	PACE	506	2,018	21.37	10.26	0	\$94,343.10	\$0.00	\$186.45	\$0.00	1,526	\$61.82	\$0.00
	INDEP LIVING FOR SENIORS	PACE	4,018	51,055	75.25	2.54	0	\$1,452,539.57	\$13,657.44	\$361.51	\$3.40	40,841	\$35.57	\$0.33
	PACE CNY	PACE	5,451	89,946	74.60	0.00	0	\$2,636,493.27	\$0.00	\$483.67	\$0.00	27,129	\$97.18	\$0.00
	SENIOR CARE CONNECTION	PACE	1,542	15,411	83.50	0.00	0	\$201,610.12	\$79,935.60	\$130.75	\$51.84	2,550	\$79.06	\$31.35
	TOTAL SENIOR CARE	PACE	1,007	14,850	52.70	4.10	0	\$406,678.43	\$0.00	\$403.85	\$0.00	7,917	\$51.37	\$0.00
	AMERIGROUP MEDICAID ADVANTAGE	MAP	122	2,161	99.71	5.18	0	\$339.55	\$0.00	\$2.78	\$0.00	8	\$42.44	\$0.00
	ELDERPLAN	MAP	8,162	73,127	77.04	0.00	0	\$547,225.00	\$1,327,088.53	\$67.05	\$162.59	30,001	\$18.24	\$44.23
	FIDELIS CARE OF NY	MAP	1,331	23,941	39.37	6.84	0	\$1,382,358.02	\$2,547.10	\$1,038.59	\$1.91	14,137	\$97.78	\$0.18
	GUILDNET ADVANTAGE PLUS	MAP	4,554	58,248	51.87	5.03	3	\$1,807,974.91	\$2,450,602.63	\$397.01	\$538.12	82,074	\$22.03	\$29.86
	HEALTHFIRST COMPLETE CARE	MAP	2,645	29,942	99.26	13.21	0	\$14,532.92	\$49.20	\$5.49	\$0.02	3,713	\$3.91	\$0.01
	HIP OF GREATER NY	MAP	4,286	48,178	54.80	3.84	633	\$3,528,308.18	\$1,765.87	\$823.22	\$0.41	820,471	\$4.30	\$0.00
	SENIOR WHOLE HEALTH ADV PLUS	MAP	3,439	51,843	40.41	0.00	0	\$2,303,846.38	\$0.00	\$669.92	\$0.00	46,751	\$49.28	\$0.00
	VNS CHOICE ADVANTAGE PLUS	MAP	1,150	34,113	99.95	0.04	0	\$1,059.77	\$494.30	\$0.92	\$0.43	886	\$1.20	\$0.56
	WELLCARE ADVANTAGE PLUS	MAP	599	78	43.59	0.00	0	\$774.80	\$6,034.39	\$1.29	\$10.07	49	\$15.81	\$123.15
	<b>SERVICE CLASS TOTAL</b>		<b>80,890</b>	<b>914,824</b>	<b>63.24</b>	<b>1.83</b>	<b>636</b>	<b>\$28,586,841.39</b>	<b>\$8,487,365.73</b>	<b>\$353.40</b>	<b>\$104.92</b>	<b>1,306,188</b>	<b>\$21.89</b>	<b>\$6.50</b>

# FOCUS OF SUBMISSION VOLUME REPORTS

- ❑ Used to identify variances in reporting and potential issues in submission of data.
  - ❑ Unique Enrollees
  - ❑ Encounters Per Person
  - ❑ Encounters Submitted
- ❑ Submission Volume compliance efforts will focus on a comparison of the plans reporting for CY 2013.
- ❑ Should issues be identified, MEDS Compliance Unit will contact plan for confirmation and or explanation of data.
- ❑ Reporting issues that are not properly addressed may result in issuance of Statement of Deficiency.





MEDS to MMCOR

# Overview

- ❑ PMPM cost data comparisons are conducted on raw encounter cost data, shadow priced cost data and reported MMCOR costs
- ❑ Performed on a calendar year basis
- ❑ For SFY 12-13, shadow pricing ratio had to fall within the range of 0.69-1.02
- ❑ 14 of 22 Plans reported sufficient data to be included in the SFY 12-13 rates
- ❑ PC/HHC, Nursing Facility, and Other categories are reviewed

# Plans Included in SFY 12-13 Model Development (CY 2010 data)

- ❑ Amerigroup New York, LLC
- ❑ CCM Select
- ❑ Comprehensive Care Management
- ❑ Eddy Senior Care
- ❑ Fidelis Care at Home
- ❑ GuildNet, Inc.
- ❑ HHH Choices Health Plan
- ❑ HomeFirst, Inc.
- ❑ Independence Care System
- ❑ Independent Living for Seniors
- ❑ Senior Health Partners
- ❑ Senior Network Health
- ❑ Total Aging in Place Program
- ❑ VNS Choice

# MEDS to MMCOR - April/July 2012 Rates

<b>Health Plan Name</b>	<b>Type</b>	<b>Raw Total</b>	<b>Shadow Total</b>
Eddy Senior Care	PACE	0.92	1.02
Senior Network Health	MLTC	0.87	1.01
Comprehensive Care Management	PACE	1.02	1.00
Senior Health Partners	MLTC	0.97	0.97
Fidelis Care at Home	MLTC	0.90	0.97
GuildNet, Inc.	MLTC	0.94	0.95
CCM Select	MLTC	0.93	0.92
HomeFirst, Inc.	MLTC	0.89	0.90
Amerigroup New York, LLC	MLTC	0.89	0.90
HHH Choices Health Plan	MLTC	0.88	0.89
VNS Choice	MLTC	0.83	0.84
Total Aging in Place Program	MLTC	0.73	0.76
Independent Living for Seniors (ILS)	PACE	0.73	0.73
Independance Care System	MLTC	0.69	0.69
Total Senior Care	PACE	0.39	0.43
CHS Buffalo LIFE	PACE	0.27	0.41
PACE CNY	PACE	0.08	0.29
Wellcare Advocate	MLTC	0.26	0.27
Archcare Senior Life	PACE	0.24	0.24
Elderserve	MLTC	0.21	0.21
Elant Choice	MLTC	0.11	0.18
<b>GRAND TOTAL</b>		<b>0.86</b>	<b>0.86</b>

# Accuracy

- ❑ What can plans do to improve accuracy?
  - ❑ Check units
  - ❑ Check price
  - ❑ Check specialty code



QUESTIONS?

# MEDS RESOURCES

- ❑ Questions on MEDS III reporting requirements and associated activities should be directed to [MEDSSupport@csc.com](mailto:MEDSSupport@csc.com)
- ❑ Questions on MEDS III policy and compliance issues should be directed to: [omcmeds@health.state.ny.us](mailto:omcmeds@health.state.ny.us)
- ❑ Date information on MEDS III reporting requirements and associated activities, please visit <http://commerce.health.state.ny.us/hcsportal/appmanager/hcs/home>
- ❑ Questions about the Medicaid Encounter Data Validation Report should be directed to Bureau of Managed Long Term Care at: [mltcmads@health.state.ny.us](mailto:mltcmads@health.state.ny.us)